

(Copy and cut the following set of scenarios into strips for each small group)

Communication about consequences	Decision about using condoms
Decision about using a birth control method	Decision about what to do if pregnancy occurs
Both tested for STIs	Agree to not have sex with other people
Both partners gave clear and verbal consent	Have thought about their personal boundaries

FOR REVIEW ONLY

Communicating Consent

FOR REVIEW ONLY

Skills

1. Think about your sexual boundaries
2. Have a conversation with your partner about each other's sexual boundaries
3. Give and receive consent or walk away

Copy and cut so that each small group will have a copy of each scenario.

Communicating Consent Scenarios



Scenario 1

Jo and Ky talked about having sex this weekend, but after that conversation Ky thought about it and doesn't feel ready yet.

Scenario 1

Jo and Ky talked about having sex this weekend, but after that conversation Ky thought about it and doesn't feel ready yet.

Scenario 1

Jo and Ky talked about having sex this weekend, but after that conversation Ky thought about it and doesn't feel ready yet.

Scenario 1

Jo and Ky talked about having sex this weekend, but after that conversation Ky thought about it and doesn't feel ready yet.

Copy and cut so that each small group will have a copy of each scenario.



Communicating Consent Scenarios

Scenario 2

Mikala is at a party with Taylor. They really like each other, and Taylor suggests they go upstairs to be alone. Mikala doesn't want to.

Scenario 2

Mikala is at a party with Taylor. They really like each other, and Taylor suggests they go upstairs to be alone. Mikala doesn't want to.

Scenario 2

Mikala is at a party with Taylor. They really like each other, and Taylor suggests they go upstairs to be alone. Mikala doesn't want to.

Scenario 2

Mikala is at a party with Taylor. They really like each other, and Taylor suggests they go upstairs to be alone. Mikala doesn't want to.

Copy and cut so that each small group will have a copy of each scenario.



Communicating Consent Scenarios

Scenario 3

Emerson and CJ are sexually involved and have always used protection. CJ is now pressuring Emerson to have sex without protection.

Scenario 3

Emerson and CJ are sexually involved and have always used protection. CJ is now pressuring Emerson to have sex without protection.

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Emerson and CJ are sexually involved and have always used protection. CJ is now pressuring Emerson to have sex without protection.

Copy and cut so that each peer educator will have a copy of each skill card. Each skill card should be printed on a different colored paper.



Skills Cards

**1. Think about
your sexual
boundaries**

Copy and cut so that each peer educator will have a copy of each skill card. Each skill card should be printed on a different colored paper.



Skills Cards

**2. Have a
conversation with
your partner
about each other's
boundaries**

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about each other's
boundaries**

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Copy and cut so that each peer educator will have a copy of each skill card. Each skill card should be printed on a different colored paper.



**3. Give and
receive consent or
walk away**

POSTPONING SEXUAL INVOLVEMENT

PARENT/GUARDIAN - TEEN HOMEWORK



Student name: _____ Date: _____

? PURPOSE

To provide a structure for communication between parents/guardians and teens on the topic of postponing sexual involvement.

➔ DIRECTIONS

STEP 1

Together, read out loud the workshop take home messages below.

TAKE HOME MESSAGES

- There are many reasons why teens have sex, but many of these are unhealthy.
- There are many healthy reasons to wait to engage in sexual activity.
- A healthy, respectful, and mutually satisfying relationship is possible when both partners invest the time and commitment necessary to develop trust, communication, intimacy, and ask permission for any sexual behavior.
- It is important to talk to our partners about what we are comfortable and not comfortable with, listen to them, respect their boundaries, and to both give and seek explicit consent.

STEP 2

Teens should share with parents/guardians their answers to the following question:

1. What was the most important thing you learned in this workshop?

STEP 3

Teens and parents/guardians should discuss together their responses to the following questions:

1. What are some of the healthy reasons to choose not to engage in sexual activity?
2. What are some of the characteristics you look for in a healthy relationship?
3. How would you talk to a friend about what consent is and why it's important?

STEP 4

Parents/guardians should share with teens their answer to the following question:

1. What values do you want your child to receive from you regarding this topic?

STEP 5

Please sign and date below, indicating to the advisor that this assignment has been completed.



Parent/Guardian signature _____

Date _____



Let's Wait Awhile: Postponing Sexual Involvement Workshop Evaluation

Please rate how much you agree or disagree with each statement by placing a check mark in the appropriate box.

	Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree
This workshop has helped me identify reasons for waiting to engage in sexual activity.					
This workshop has made me more aware of the possible consequences of engaging in sexual activity.					
This workshop has helped me understand what relationship qualities I want to have before beginning a healthy, responsible sexual relationship.					
This workshop has taught me how to communicate consent.					

Name 3 reasons why someone might wait to have sex.

1. _____
2. _____
3. _____

Name 3 possible consequences of having sex.

1. _____
2. _____
3. _____

Name 3 steps to communicating consent.

1. _____
2. _____
3. _____

Please rate the presenters on the following by placing a check mark in the appropriate box.

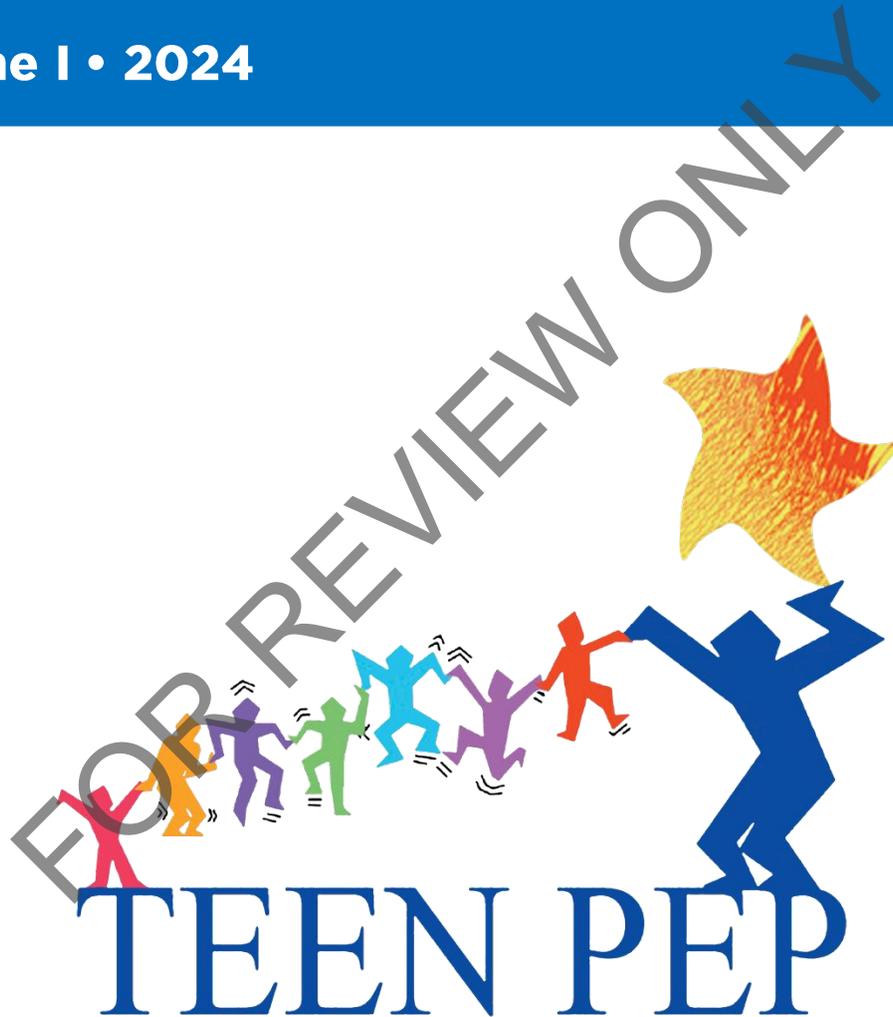
	Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree
The presenters clearly explained the directions for each activity.					
The presenters were well prepared and organized.					

Please use the back of the page to write any comments and suggestions. Thank you for completing this evaluation.

Unit Four

Puberty & Human Reproduction

Volume I • 2024



TEEN PREVENTION EDUCATION PROGRAM

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TEEN PREVENTION EDUCATION PROGRAM
Unit Four
Puberty & Human Reproduction

★ **Overview** 1
(10 minutes)

★ **Puberty Pre-Tests** 4
(15 minutes)

★ **Puberty with Sam & Sydney** 7
(45-60 minutes)

★ **Menstruation: How Does It Work?** 15
(20 minutes)

★ **Spermatogenesis: How Does It Work?** 23

★ **It's All Normal** 30
(15 minutes)

★ **Revisit Puberty Pre-Tests** 32
(15 minutes)

★ **Where Did I Come From? Human Reproduction Review** 35
(45 minutes)

★ **Putting It All Together** 42
(45-60 minutes)

★ **The Real Thing: Preparing for the Construction of Pelvic Models** 58
(15 minutes)

 **Preparation Needed Before Class**

★ **The Real Thing: Constructing Pelvic Models** 60
(90 minutes)

★ **Human Reproduction Video** 61
(30-60 minutes)

Puberty & Human Reproduction Overview

Bridge

Build a bridge from the last activity. For example, “In the last activity we...” or “Yesterday, we learned...” and connect it to the theme.

Theme

The purpose of this activity is to provide peer educators with a general overview of the topics to be discussed in the unit.

Directions

1. Distribute copies of the handout, *Puberty & Human Reproduction: Overview* to each peer educator. Have students go around, reading aloud one paragraph at a time.

Reflections

Discuss the following questions.

1. What are some of the physical and emotional changes young people struggle with during puberty?
2. What is something you remember wanting to know more about when you were going through puberty?
3. How would knowing more about human reproduction, (what it is, what to respect) helped you during puberty?
4. Why is empathy emphasized as a skill for peer educators leading workshops?



Total Time:

10 minutes



Materials

- Puberty & Human Reproduction Overview* handout for each peer educator

FOR PREVIEW ONLY

Puberty & Human Reproduction Overview

This unit will review both puberty and human reproduction in a level of detail that is necessary to build a foundation for future units. In order to understand how birth control methods work, where and how sexually transmitted infections (STIs) and HIV infections occur, it is essential to understand puberty and human reproduction. In addition, having the right language and information to talk about our bodies helps eliminate embarrassment and leads to open and honest communication with friends, partners, health care providers, and parents/guardians, and enables peer educators to converse with, and provide accurate information to *all* peers and workshop participants.

It's imperative that everyone who Teen PEP serves sees that they are included in the information taught, and thus this curriculum intentionally uses a non-binary, gender expansive approach to puberty and reproductive health education. Through this lens, Teen PEP can provide medically-accurate, age-appropriate information on puberty that is more inclusive and affirming of all bodies. As we know from our work in Unit 2, that sex and gender are complex and on a spectrum, that includes people who are cisgender, transgender, nonbinary, intersex, asexual, and more. We also know that all bodies—regardless of sex assigned at birth and gender identity—are physiologically diverse, including height, body shape, and hormone level differences. It's important to recognize that not all students' gender identities and gender expressions will line up with their reproductive systems, and that's okay—our bodies are all unique and worthy, deserving of access to affirming, judgement-free information and support. Thus, throughout this unit we intentionally use the following language:

- Body with a penis
- Body with testicles
- Assigned male at birth
- Body with a vulva
- Body with ovaries
- Assigned female at birth

Puberty is the period of time when the body goes through profound physical, mental, and emotional changes as the reproductive organs mature. It typically begins between the ages of 10 and 13 and progresses over several years. Bodies with vulva/ovaries usually begin puberty about a year ahead of bodies with penis/testicles and finish the process earlier. What causes the onset of puberty is unknown, but researchers note that people with ovaries are beginning puberty and menstruating earlier each decade. Some possible explanations are childhood obesity, stress, and hormones in food.

The changes of puberty begin in all bodies when a hormone produced in the hypothalamus of the brain stimulates production of estrogen in the ovaries or testosterone in the testicles. These hormones circulate in the blood and cause what is known as the "secondary sex characteristics" (breast and penis enlargement, pubic hair growth, voice deepening, and increase in height and body mass). Following these changes, ovulation, menstruation, and spermatogenesis begin.

As hormones surge, emotional changes occur as well. Young people may experience intense feelings of happiness, anger, sadness, and excitement in rapidly changing mood swings. Conflicts with friends and family are common as teens struggle to cope with changes and also establish their independence. Puberty is often a physically awkward and emotionally confusing time. And that's okay too.

Human reproduction can be defined as any process by which sexual reproduction occurs, resulting in fertilization, or the production of a baby. In order to understand reproduction, it's essential to understand certain biological processes: **ovulation**, when an egg matures and is released from an ovary; **menstruation**, the shedding of the lining of the uterus when fertilization doesn't occur; and **spermatogenesis**, the production of sperm in the testicles, which mix with fluid and are released with **ejaculation**. When an egg cell from an ovary and a sperm cell from testicles unite **fertilization** of the egg, **pregnancy**, and birth can occur. This happens following vaginal **sexual intercourse** or via *in vitro fertilization*.

For many young people the topic of human reproduction is often shrouded in fear, mystery, and shame. Many adults find it difficult to talk openly about puberty and human reproduction, resulting in an inability for young people to ask questions and find factual information they need. Knowing your body also helps you communicate better with health care providers so that you can more clearly advocate for your own healthcare. This is all essential for healthy relationships and to protect yourself from unintended pregnancy, STIs, and HIV.

Objectives



By the end of this unit, you should be able to:

- Describe the hormonal, physical, and emotional changes that happen during puberty
- Identify the parts of the reproductive system for a body with a vulva/ovaries and explain how the system functions
- Identify the parts of reproductive system for a body with a penis/testicles and explain how the system functions
- Understand the processes of menstruation
- Understand the processes of spermatogenesis

- Explain how fertilization occurs and how this relates to preventing pregnancy by using different birth control methods

Take-Home Messages



- Puberty happens on an individual timetable over a period of several years. There is a wide range of "normal" in each change of puberty.
- All bodies are unique and worthy of recognition, affirmation, and inclusion.
- Understanding how bodies work is important for us in order to take care of our body.
- Understanding how pregnancy occurs helps us learn how to take responsibility in prevention.

Puberty Pre-Tests

Bridge

Build a bridge from the last activity. For example, “In the last activity we...” or “Yesterday, we learned...” and connect it to the theme.

Theme

The purpose of this activity is to test peer educators’ knowledge about puberty.

Directions

1. Hand out *Pre-Tests* and give everyone 10 minutes to answer the questions.
2. Have everyone put their quizzes into their folder when they have finished, as you will go over the answers later.



Total Time:

15 minutes



Materials

- Puberty Pre-Test: Body with a Vulva/Ovaries* for each peer educator
- Puberty Pre-Test: Body with a Penis/Testicles* for each peer educator

Note: It's imperative that everyone who Teen PEP serves sees that they are included in the information taught, and thus this curriculum intentionally uses a non-binary, gender expansive approach to puberty and reproductive health education. Through this lens, Teen PEP can provide medically accurate, age-appropriate information on puberty that is more inclusive and affirming of all bodies.

We know, from our work in Unit 2, that sex and gender are complex, and on a spectrum, and that includes people who are cisgender, transgender, nonbinary, intersex, asexual, and more. We also know that all bodies—regardless of sex assigned at birth and gender identity—are physiologically diverse, including height, body shape, and hormone level differences. It's important to recognize that not all students' gender identities and gender expressions will line up with their reproductive systems and that's okay—our bodies are all unique and worthy, and we all deserve access to affirming, judgment-free information and support. Thus, throughout this unit we intentionally use the following language:

- Body with a penis
- Body with testicles
- Assigned male at birth
- Body with vulva
- Body with ovaries
- Assigned female at birth



Puberty Pre-Test: Body with a Vulva/Ovaries

Circle T if you believe the statement is true.

Circle F if you believe the statement is false.

- T F** 1. A person should avoid swimming and reduce the amount of exercise during menstruation (also known as "having your period").
- T F** 2. Dysmenorrhea (cramping during menstruation) is related to prostaglandin release and can be relieved by medication.
- T F** 3. A person with ovaries cannot get pregnant by having vaginal sex during menstruation.
- T F** 4. A person can figure out an absolutely safe time between menstrual periods to avoid getting pregnant.
- T F** 5. The average menstrual cycle lasts 28 days with ovulation occurring on day one.
- T F** 6. 3-5 eggs are usually released each month during ovulation.
- T F** 7. Exercise helps to reduce unpleasant symptoms of menstruation, like cramps, for some people.
- T F** 8. The endometrium, or lining of the uterus, is reabsorbed if fertilization of an egg with sperm (pregnancy) does not occur.
- T F** 9. If a person has irregular menstrual periods, it may be a sign of uterine cancer.
- T F** 10. Masturbation is a normal behavior for a person with a vulva.
- T F** 11. A person can use a tampon and still be a virgin.
- T F** 12. If one breast is bigger than the other, a doctor's visit is necessary.
- T F** 13. The primary hormone produced by bodies with ovaries is called estrogen.



Puberty Pre-Test: Body with a Penis/Testicles

Circle T if you believe the statement is true.

Circle F if you believe the statement is false.

- T** **F** 1. The hormone which causes puberty changes in a body with a penis is called progesterone.
- T** **F** 2. Sperm are made in the penis.
- T** **F** 3. Wet dreams (ejaculating during sleep) are normal and will decrease as a person gets older.
- T** **F** 4. Masturbating several times a day will cause physical and psychological damage.
- T** **F** 5. The tubule inside the testes, if stretched end-to-end, would be the length of a yard stick.
- T** **F** 6. Fresh sperm is made every 24 hours in the testicles.
- T** **F** 7. The maturation of sperm in the epididymis takes about 4-6 weeks.
- T** **F** 8. If a person with a penis masturbates before having vaginal sex with a partner, then a pregnancy can't occur.
- T** **F** 9. The testicles are positioned outside the body because sperm cannot be produced at body temperature.
- T** **F** 10. The amount of semen expelled in one ejaculation is about $\frac{1}{4}$ of a cup.
- T** **F** 11. The sperm are mixed with fluids from the seminal vesicles, prostate gland, and bladder before passing out of the penis.
- T** **F** 12. Having sex in a hot tub will decrease the risk of pregnancy due to heating of the testicles.
- T** **F** 13. There are about 100 million sperm in each ejaculation.

Puberty with Sam & Sydney

Bridge

Build a bridge from the last activity. For example, “In the last activity we...” or “Yesterday, we learned...” and connect it to the theme.

Theme

The purpose of this activity is to (a) identify and describe the hormonal, physical, and emotional changes associated with puberty and (b) identify the internal and external organs of the reproductive systems for assigned female/male at birth.

Directions

1. Introduce your pre-pubescent characters to the class. One is Sydney, who was assigned female at birth, going through puberty and one is Sam, who was assigned male at birth, going through puberty.
2. Tell students that as you discuss the hormonal, physical, and emotional changes of puberty, you will be adding the internal and external parts to Sam and Sydney, showing how they mature.

Explain that the mastery of this material is essential for students to be able to understand reproductive physiology and birth control.

3. Using the *Facilitator’s Guide* that follows, engage students in the process by asking them the numbered questions, in order. Whenever you see a body part bolded in the guide, introduce the model body parts and apply them to the correct model.

 **Total Time:**

45-60 minutes

 **Materials**

Choose one of the following materials options for this activity:

Option 1:

- Digital Slide deck (links found at the end of the directions for this activity)

Option 2:

- Felt *Sam & Sydney Kit* (directions can be [found here](#) if you want to make your own, or you can contact your TA provider at CSS to purchase a felt kit)

Note:

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- Body with testicles
- Assigned male at birth
- Body with vulva
- Body with ovaries
- Assigned female at birth

Sam & Sydney Facilitator's Guide

Important note: Regardless of whether you choose the Sam & Sydney felt kit or PowerPoint presentation, you should use this guide and follow the script closely from start to finish to ensure all students receive the same messaging and information about puberty.

Take note of the following facilitator's directions, marked by four distinct symbols throughout:

 **Read** aloud to students the text that follows this symbol.

 **Point out** the body part that is bolded as you read the information pertaining to it whenever you see this symbol.

 **Place** the body part listed on Sam or Sydney when prompted by the symbol if using felt or advance to the next slide if using PowerPoint.

 **Ask** the questions that follow this symbol. For each question, make sure students know the correct answers, and make sure to give any information that follows a question before moving on.

Read:

Meet Sam and Sydney. Sam was assigned male at birth, and Sydney was assigned female at birth. We don't know how they identify or express their genders, but we do know that their bodies are about to change. Sam and Sydney are between the ages of 9 and 11 and haven't yet started the process of puberty.

? Ask:

1. What is puberty? (*Puberty is the period of time when the body matures physically and emotionally, and reproduction becomes possible.*)
2. What do you notice about Sam and Sydney's bodies? What similarities do they share? (*Body shape is straight up and down. They share body parts, including belly buttons and nipples.*) What differences? (*Sam has a penis and testicles. Sydney has a vulva and ovaries.*)

Read:

A lot of people say, "Sydney has a vagina." That's true, but you can't see the vagina from the outside; you can only see the opening to the vagina between Sydney's legs. The **external** part of Sydney's genitals is called the **vulva**, which protects the **urethra** and **vaginal opening**. You can also see the clitoris on the outside of Sydney's body. The **clitoris** is a small projection of erectile tissue that is filled with nerve endings making it sensitive to touch.

? Ask:

3. Can you identify the parts of Sydney's **internal** reproductive organs? (*Vagina, cervix, uterus, fallopian tubes, ovaries*)

🔗 Read and point:

- ☞ This sex organ is called the **vagina**. It is a channel that extends from the opening between Sydney's legs up to the cervix. The vagina is about 3 inches long in an un-aroused state. The vagina is stretchy muscle tissue. If you put your finger or a tampon into it, the muscle conforms around it. The vagina elongates during arousal and can accommodate a penis with vaginal sexual intercourse and stretches enough in childbirth to vaginally deliver a baby.
- ☞ The **cervix** is the opening to the uterus where the menstrual fluid comes out and someday, possibly, opens up to allow a baby to pass through during a vaginal delivery.
- ☞ The **uterus** in an adult body is about the size of my fist. The uterus is where menstrual fluid is accumulated and expelled each month, or where a fetus grows if Sydney becomes pregnant. The cells that line the uterus are known as the **uterine lining**. This tissue is normally shed monthly as the menstrual period. In pregnancy, this tissue stays to support and shelter the growing fetus.
- ☞ These are the **fallopian tubes**, one on each side of the uterus, and two **ovaries**, one at each end of the tubes. The fallopian tubes help transport **eggs/ovum** from the ovaries to the uterus. The **ovaries** produce hormones and store immature sex cells called eggs, until they can be released during ovulation.

? Ask:

4. Can you identify the parts of Sam's **external** reproductive organs? (*Penis, scrotum, testicles*) Sam's **internal** reproductive organs? (*Epididymis, vas deferens, seminal vesicle, prostate gland, urethra*)

🔗 Read and point:

- ☞ This sex organ is called the **penis**. The **urethral tube or urethra** inside the penis transports urine and semen out of the body. The penis is made of stretchy muscle tissue, becoming harder during erections. As a reproductive organ, the penis becomes erect during sexual intercourse and delivers semen during ejaculation.
- ☞ The **scrotum** is a protective sac of skin that supports the testicles and helps regulate body temperature to support sperm production.
- ☞ The **testicles** are stored within the scrotum. There are usually two. The testicles produce hormones and the sex cell called **sperm**.
- ☞ The **epididymis**, a long tube connected to each testicle, stores and transports mature sperm until they can be released during ejaculation.

- ☞ The **Vas Deferens**, another set of tubes, transport, and propel sperm/semens from the epididymis to the **urethra** during ejaculation.
- ☞ The **seminal vesicles** are two glands that secrete fluid to combine with sperm to form **semen**. This fluid helps the sperm swim and provides nourishment.
- ☞ The **prostate gland** also secretes fluid to combine with sperm to form semen, helping sperm to swim and provides them nourishment.

? Ask:

5. What difference is there between the openings in Sam & Sydney's genitalia? (*Sam has 2 openings: the urethra at the tip of the penis where urine and semen come out and the anus from where bowel movements occur. Sydney has 3 openings: the urethra is at the top of the vulva where urine comes out, the vaginal opening is in the middle where menstrual fluid comes out and the anus for bowel movements is in the back.*)
6. As a group, who starts puberty first, bodies with vulvas or bodies with penises? (*Bodies with vulvas, though things can be different for individuals within a group*)

☞ Read

There are exceptions, but as a group, bodies with vulvas begin puberty one to two years earlier than bodies with penises. That's why bodies with ovaries are often much taller than the bodies with testicles in elementary and middle school, though this can vary among individuals within a group.

Let's start looking at the hormonal changes that happen with Sydney. It all begins in the pituitary gland in the brain. The pituitary gland makes a hormone that goes to the ovaries and tells the ovaries to produce hormones.

? Ask:

7. What is the name of the primary hormone that bodies with ovaries produce, which signal the start of changes in Sydney's body? (*Estrogen*)

☞ Read:

The ovaries begin to produce higher levels of estrogen and this chemical circulates around Sydney's body and starts to make changes.

? Ask:

8. What are the first changes that Sydney will probably experience? (*Breast development and under arm hair.*)

 **Read:**

The first changes to the breasts are not very dramatic. Usually there will be a little bump under the nipple that feels sensitive and itchy. These are called breast buds.

 Give Sydney breast buds.

Hair grows in new places: pubic hair and underarm hair. The first pubic hair is thinner and softer than more mature pubic hair. There may only be a few strands in the beginning.

 Give Sydney pubic hair #1.

Underarm hair is something Sydney will get too. In our society, many people who identify as female shave the hair under their arms. In many cultures it is left alone. Either way, hair does grow under the arms for most bodies and whether a person wants to shave, or not, is their choice.

 Give Sydney underarm hair.

? Ask:

9. What else is starting to happen with Sydney? (*The growth spurt*)

 **Read:**

The growth spurt usually occurs about a year after the first changes. It is the most rapid growth period since Sydney was a baby. This is when Sydney may pass Sam in height.

Menstruation usually doesn't start until two and a half years after the first changes. So if a person with a vulva gets breast buds at 10, the first menstrual period will probably start at about 12 ½ years old. Bodies with ovaries usually stop growing a year or two after the onset of menstruation.

 **Read:**

Now let's take a look at Sam. It all begins in the pituitary gland in the brain for Sam, too. The pituitary gland makes a hormone that goes to the testicles and tells the testicles to produce their hormones.

? Ask:

10. What is the name of the primary hormone in bodies with testicles, which begins to cause changes in Sam's body? (*Testosterone*)

 **Read:**

The testicles begin to secrete higher levels of testosterone and the chemical circulates around Sam's body and begins to make changes.

? Ask:

11. What is usually the first sign that Sam will experience? (*Penis and testicles will get bigger.*)

🌀 Read:

The testicles begin to produce sperm and the penis gets longer.

👉 *Give Sam penis and testicles #2.*

? Ask:

12. What's the next thing that will probably happen to Sam? (*Pubic hair and underarm hair. Again, first pubic hair is thinner and softer and becomes curlier and courser with time.*)

13. What happens next to Sam, about a year after all this begins? (*Growth spurt*)

🌀 Read:

Bodies with testicles start growing on average at around 14 and can keep growing until they are 20. Ages vary depending on the person.

Let's look now at the body shape of Sam and Sydney. Before puberty, we noticed that they were both relatively straight up and down.

? Ask:

14. What changes can occur in body shape during puberty? (*Sydney gets wider hips and Sam gets broader shoulders.*)

🌀 Read:

Fat and muscle tissue increase for Sam and Sydney. Sydney begins to get rounder, as fat tissue forms around the hips, buttocks, and thighs. Sam's shoulders broaden and hips seem narrower in comparison. Shoulders and arms become more muscular and muscles all over the body get bigger.

👉 *Give Sydney hips. Give Sam shoulders and biceps.*

🌀 Read:

Remember that puberty is a period of time, and it begins at different times for different people. So, it would be normal if puberty changes started anywhere between 8 and 15 years old. It's hard to be the first of your friends to start puberty and it's hard to be the last; but it doesn't mean that there is anything wrong with a person because they start changing early or late—and everyone's timetable for what the journey to an adult body will look different, too.

The changes of puberty are very gradual. Over the next few years, the beginning changes get more pronounced. The breasts continue to get larger for many people.

 Give Sydney breast size #1.

What Sydney ends up with in terms of breast size depends on weight and genetics. Some bodies have very small breasts, and some have very large breasts—it is all normal. It is not unusual for one breast to be larger or a different shape than the other. All breasts are normal, regardless of shape and size. Sam's testicles continue to get bigger, and Sam's penis grows longer as well. All penises are normal, regardless of shape, size, and whether circumcised or uncircumcised—and none of these traits have anything to do with functionality.

 Give Sam penis and testicle size #3.

Read:

As puberty progresses over time, changes increase. With time, breasts get larger.

 Give Sydney breast size #2.

Pubic and underarm hair matures and becomes thicker and courser.

 Give both Sam and Sydney pubic hair #2.

? Ask:

15. What are some other changes that happen for all bodies? (*Acne/pimples, body odor, emotions [mood swings, anxiety, sensitivity], voice deepens, weight changes, bone growth and mineralization, wanting more independence, developing personal identity and physical attraction.*)

Read:

Acne/Pimples. During puberty, oil glands in the skin become more active and an oily substance can block pores in the skin causing pimples. Acne is a severe case of infected pimples and can be treated by a dermatologist. Good hygiene and a healthy diet can sometimes help to control pimples.

 Give both Sam and Sydney pimples.

Body odor. The sweat glands in the body become more active in puberty. All bodies sweat more under their arms and in general during physical activity or nervousness. Good hygiene and deodorant can help control body odor.

 Give both Sam and Sydney body odor excretions.

Emotions. Puberty is a time of extreme emotional fluctuation. Young teens can feel bored, stressed, elated, depressed, loved, hated, rebellious, and needy. One minute they can feel great and the next minute like crying. This is a normal response to the ebb and flow of increased hormones in our bodies.

 Give both Sam and Sydney emotions.

Body hair. Chest hair and body hair are later developments of puberty. During puberty, body hair on arms and legs may become a little heavier and darker. General body hair increases for bodies with penis/testicles, with some having heavy hair growth on their chest. This varies from person to person.

 *Give Sam chest hair.*

Bodies with penis/testicles also commonly start growing facial hair. The heaviness of the beard varies from person to person.

 *Give Sam a mustache.*

Voice changes. Both Sam and Sydney will have a deepening of their voices, though Sam's may be much more pronounced. As the bodies voice goes deeper, the voice may crack and squeak when least expected.

 *Give both Sam and Sydney voice changes.*

Independence and Identity. As adolescents mature, they develop a stronger sense of self and begin to seek out opportunities for independence and forge their own identities separate from their parents. Emotional attachments, physical attractions, and social relationships with their peers become increasingly more important.

 *Give both Sam and Sydney identity.*

Reflections

? Ask to close the activity:

16. What other questions or thoughts do you have about the internal and external changes of puberty for Sam and Sydney?

Menstruation: How Does It Work?

Bridge

Build a bridge from the last activity. For example, “In the last activity we...” or “Yesterday, we learned...” and connect it to the theme.

Theme

The purpose of this activity is to better understand the process of menstruation.

Directions

1. Hand out *Reproductive Anatomy: Bodies with Vulvas/Ovaries*.
2. Reading the following narrative and ask the corresponding questions.

Read:

Most bodies with ovaries menstruate about once a month. This is the average menstrual cycle. We’re going to talk about the average menstrual cycle.

? Ask:

How long does the average menstrual cycle last? (28 days.)

Read:

Some people have shorter cycles, some have longer, and some are irregular, meaning they vary from month to month. In an average 28-day cycle, the first day of bleeding (the period) is considered day 1.

? Ask:

Does anyone know what day ovulation occurs in an average cycle? (Day 14)

Read:

Ovulation occurs in the middle of the cycle on day 14 and then in another 14 days (28 altogether) the period starts again.

During the first half of the cycle from days 1-14, the eggs are ripening in the ovaries. Usually, only one egg from one ovary will come to full maturity and will pop out of the ovary on day 14.



Total Time:

20 minutes



Materials

- Reproductive Anatomy: Bodies with Vulvas/Ovaries* handout for each peer educator
- It's the Truth: The Facts about Puberty and Reproduction for Bodies with Vulvas* handout for each peer educator

? Ask:

Again, what is this process called? (*Ovulation*)

🌀 Read:

The egg then travels into one of the fallopian tubes, where tiny hairs called cilia move the egg along the tube into the uterus. By this time, the uterus has built up a nice spongy lining.

? Ask:

Does anyone know what that spongy lining inside the uterus is called? (*Endometrium*)

🌀 Read:

If the egg is not fertilized by a sperm cell, it disintegrates and is shed with the endometrium, or lining of the uterus.

? Ask:

And what is that called? (*The menstrual period*)

🌀 Read:

Then the whole process begins again: the egg matures, the lining builds up, ovulation occurs and the egg travels through the fallopian tube into the uterus. If pregnancy does not occur, the egg dies off and the lining is not needed, resulting in a menstrual period. This happens every month from puberty until menopause, when the ovaries stop functioning between the ages of 45 and 55.

? Ask:

How long can an egg live in the fallopian tube? (*24-48 hours*)

If a person with ovaries has vaginal sex with a person with testicles and does not use a reliable form of birth control, what can happen? (*Pregnancy can occur*)

🌀 Read:

During vaginal sexual intercourse, semen containing sperm is deposited in the vagina. The sperm travel through the cervix, into the uterus, and into the fallopian tubes. This is a very hazardous journey for sperm. Many do not survive this long trip.

? Ask:

How many sperm do you think are in one ejaculation? (*300-500 million*)

🌀 Read:

Only about 50 get to the egg. Usually, only one will penetrate the outer shell of the egg and **fertilization** occurs. The fertilized egg travels through the tube and implants in the endometrium (*lining of the uterus*) where the fetus grows.

? Ask:

How long can sperm live in the reproductive tract of a person with a vagina? (*3-5 days*)

🌀 Read:

Twins occur in one of two ways. Fraternal twins are when two eggs are ovulated at one time and fertilized by two different sperm. These fetuses have different genetic material from the two eggs and two sperm, just like any other siblings. They just grow in the uterus at the same time. Identical twins are when one egg is fertilized by one sperm and the fertilized egg splits in two, making two babies with identical genetic material.

3. Hand out *It's the Truth: The Facts about Puberty and Reproduction for Adolescent Bodies with Vulvas* and have everyone take turns reading each fact aloud.

Reflections

Discuss the following questions:

1. What was it like to participate in this activity?
2. What did you learn that is sticking with you?
3. What questions do you still have that you'd like to share?

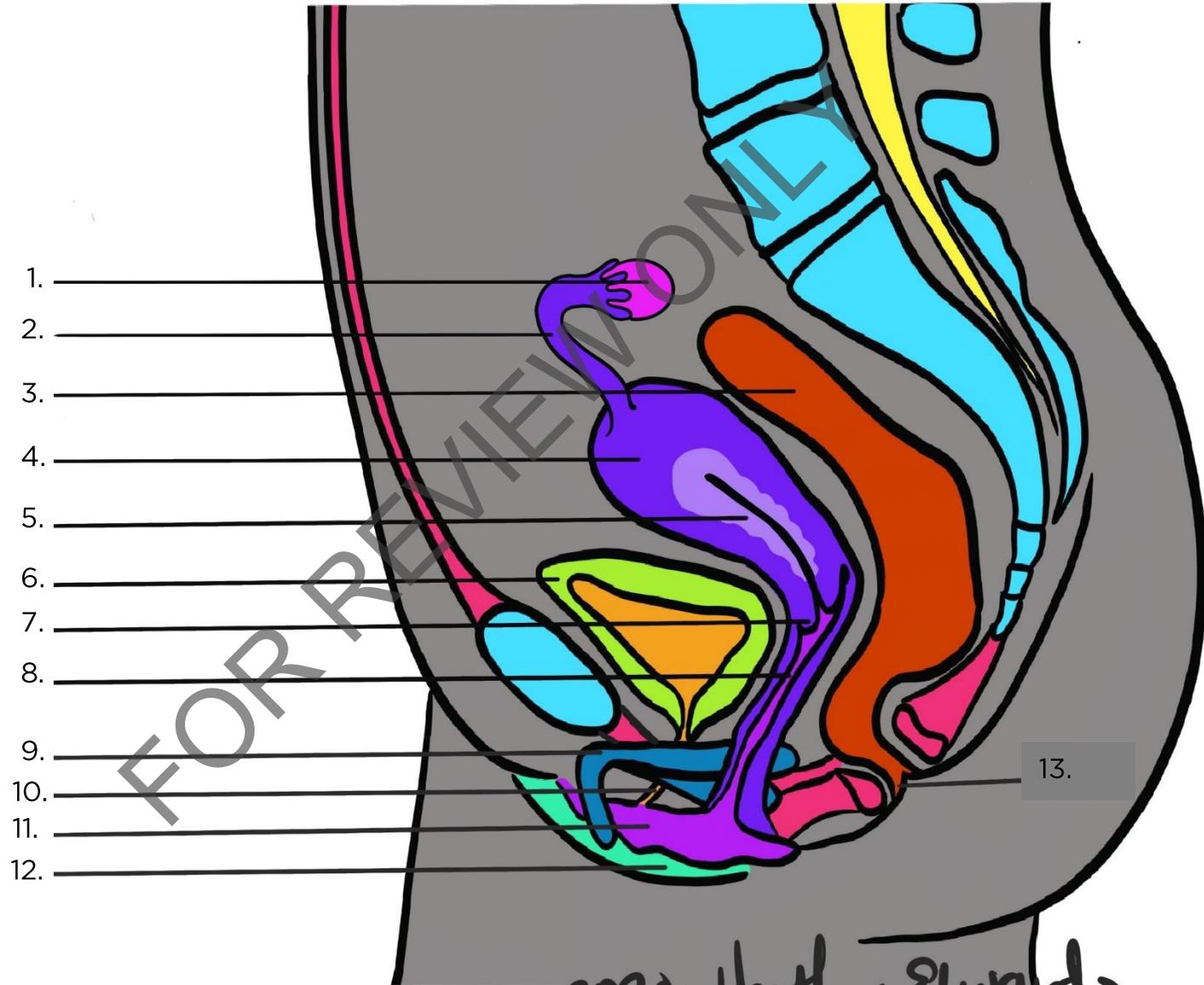
Note:

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We know, from our work in Unit 2, that sex and gender are complex, and on a spectrum, and that includes people who are cisgender, transgender, nonbinary, intersex, asexual, and more. We also know that all bodies—regardless of sex assigned at birth and gender identity—are physiologically diverse, including height, body shape, and hormone level differences. It's important to recognize that not all students' gender identities and gender expressions will line up with their reproductive systems and that's okay—our bodies are all unique and worthy, and we all deserve access to affirming, judgment-free information and support. Thus, throughout this unit we intentionally use the following language throughout this unit:

- Body with a penis
- Body with testicles
- Assigned male at birth
- Body with vulva
- Body with ovaries
- Assigned female at birth

Reproductive Anatomy: Body with a Vulva/Ovaries (Side View)

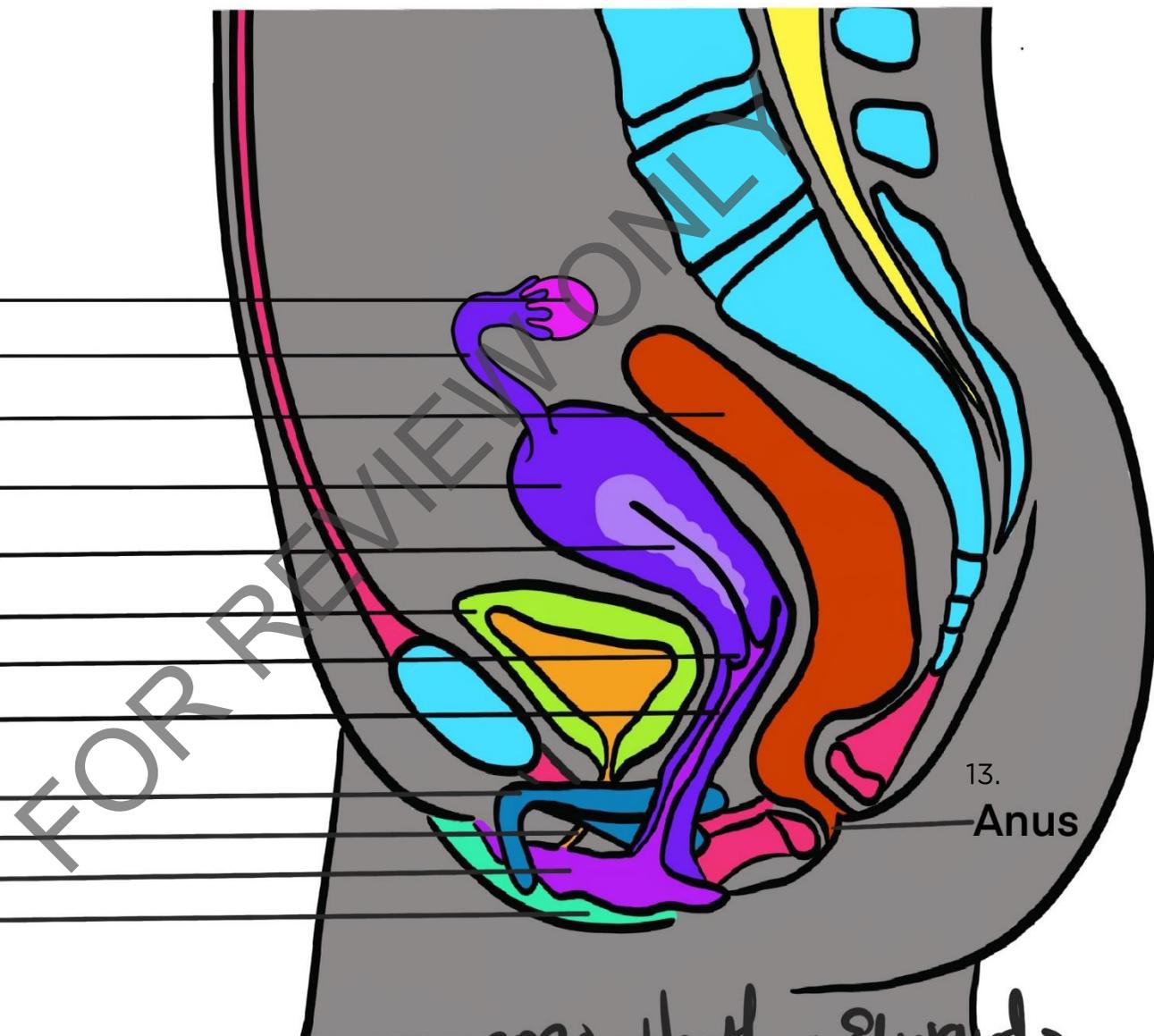


*A portion is part of the Vulva (external genitals)

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Reproductive Anatomy: Body with a Vulva/Ovaries (Side View) Facilitator's Guide

1. Ovary
2. Fallopian Tube
3. Rectum
4. Uterus
5. Endometrium
6. Bladder
7. Cervix
8. Vagina*
9. Clitoris*
10. Urethra*
11. Inner Labia*
12. Outer Labia*

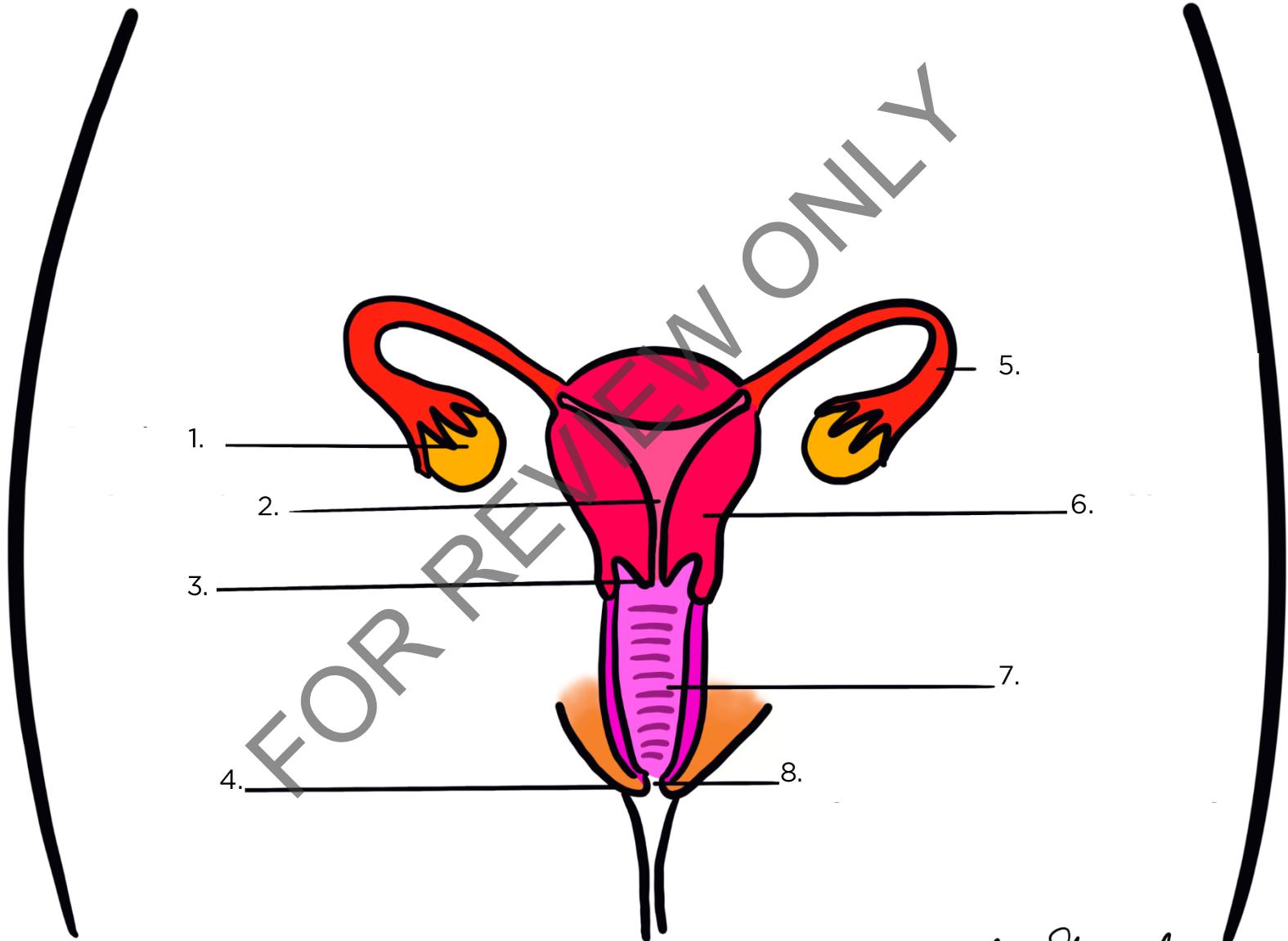


13. Anus

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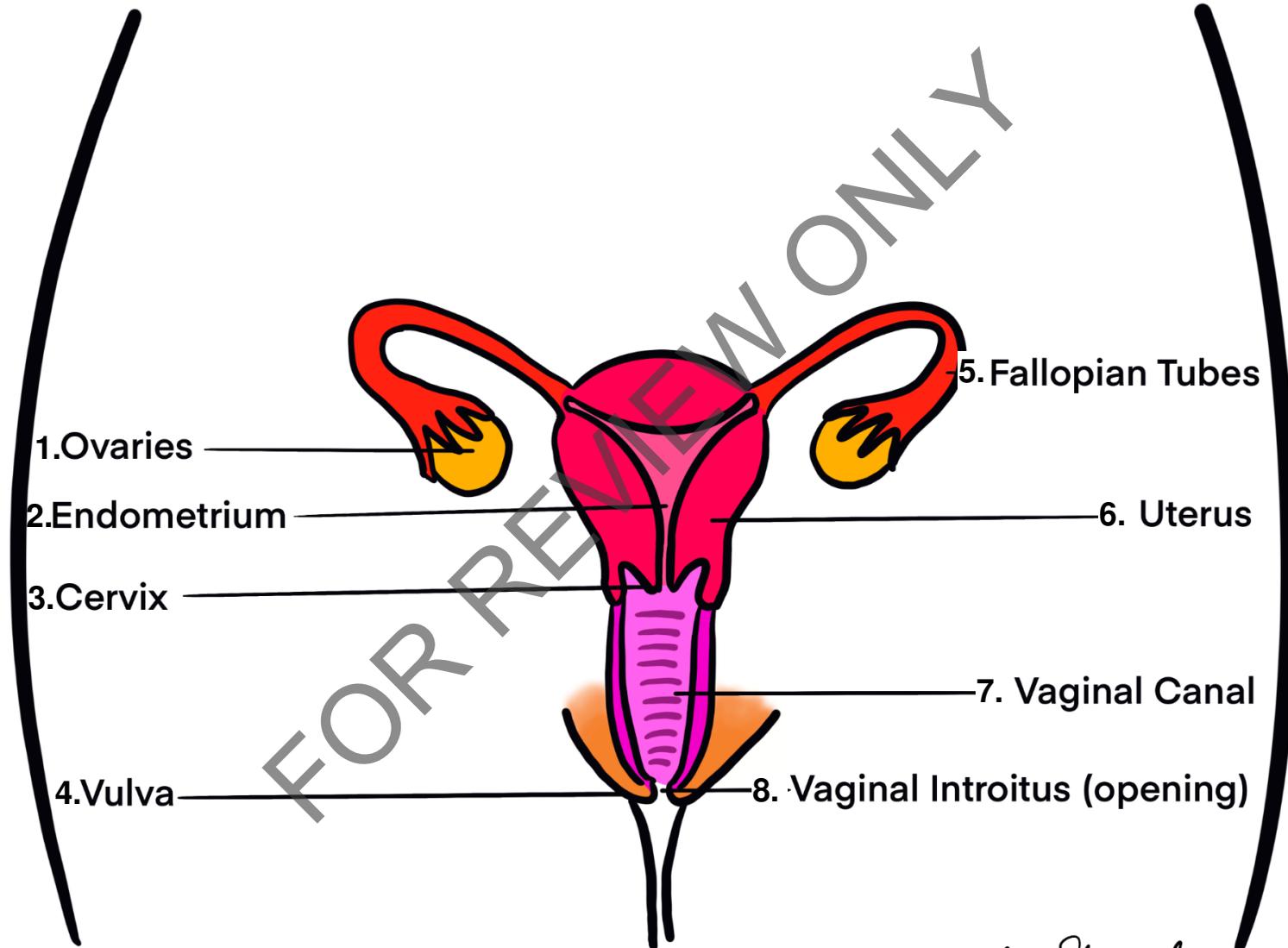
*A portion is part of the Vulva (external genitals)

Reproductive Anatomy: Body with a Vulva/Ovaries (Front View)



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Reproductive Anatomy: Body with a Vulva/Ovaries (Front View) Facilitator's Guide



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It's the Truth:

The Facts about Puberty & Reproduction for Adolescent Bodies with Vulvas

It is COMMON for ADOLESCENT BODIES WITH VULVAS to:

- Have labia, breasts, nipples of various sizes, shapes, and skin tones.
- Have breasts of slightly different sizes and shapes.
- Be at a different stage of physical development from peers of the same age.
- Have occasional lumps in their breasts.
- Have breast swelling and tenderness just before their menstrual periods.
- Have nipples that turn in instead of sticking out, or hair around the nipples.
- Have occasional clear or milky discharge from nipples.
- Have some natural, healthy genital odor.
- Have genital hair of a different color from hair on other parts of their bodies.
- Have cramps before and/or during their periods.
- Have irregular menstrual periods.
- Have a "regular" menstrual cycle length between 21 and 35 days.
- Have a total menstrual discharge equal to approximately $\frac{1}{2}$ cup (4 to 6 tablespoons of blood plus other fluids and some tissue).
- Have wetness in the vaginal area when sexually aroused.
- Have varying amounts of clear or cloudy discharge from the vagina, as part of their monthly cycle.
- Have hymens of different thicknesses, with different natural openings (*rarely covering the opening*).
- Have hymens stretched during physical activities or have no hymen at all (*therefore is not evidence of virginity*).

It's always okay to seek out a trusted adult or health care provider if you are curious or concerned about your body!

From Education for Sexuality, Concepts and Programs for Teaching, by Burt and Meeks

Spermatogenesis: How Does It Work?

Bridge

Build a bridge from the last activity. For example, “In the last activity we...” or “Yesterday, we learned...” and connect it to the theme.

Theme

The purpose of this activity is to better understand the process of spermatogenesis.

Directions

1. Hand out *Reproductive System: Body with Penis/Testicles*.
2. Reading the following narrative and ask the corresponding questions.

Read:

Sperm are made in tiny, coiled **tubules** located inside the **testicles**.

? Ask:

Does anyone know how far the tubules could stretch if they were laid end to end? (*The length of a football field.*)

Read:

The testicles are located within a sac called the **scrotum**.

? Ask:

What is the function of the scrotum? (*To keep the testicles at the correct temperature for sperm production and protect the testicles.*)

Read:

Bodies with testicles begin to make sperm during puberty and continue for the rest of their lives. Sperm collect in the **epididymis** where they mature for 4-6 weeks.

When mature, sperm travel out of the epididymis and up the vas deferens—two 14-inch-long tubes—and are stored in a small organ called the ampulla (located near the prostate gland) until ejaculation. Just prior to ejaculation, the sperm mix with fluids made in the seminal vesicle and prostate, which provide energy for the sperm to travel. The sperm and the fluid together are called semen.



Total Time:

20 minutes



Materials

- *It's The Truth: The Facts about Puberty and Reproduction for Adolescent Bodies with Penises* handout for each peer educator
- *Reproductive Anatomy: Body with Penis/Testicles* handout for each peer educator (2 sided)

? Ask:

What is the name of the tube inside the penis where the semen travel to the outside of the body during ejaculation? (*Urethra.*)

🔗 Read:

At the point of ejaculation, a valve shuts off the **urethra**, so that urine cannot be discharged with the semen. The semen is released and travels down the urethra and out of the head of the penis. The ejaculate is about 1 teaspoon of fluid, nine tenths of which is semen, and the other tenth is sperm.

3. Distribute copies of the *It's the Truth: The Facts about Puberty and Reproduction for Bodies with Penises* and have everyone take turns reading each fact aloud.

Reflections

Discuss the following questions:

1. What was it like to participate in this activity?
2. What did you learn that is sticking with you?
3. What questions do you still have that you'd like to share?

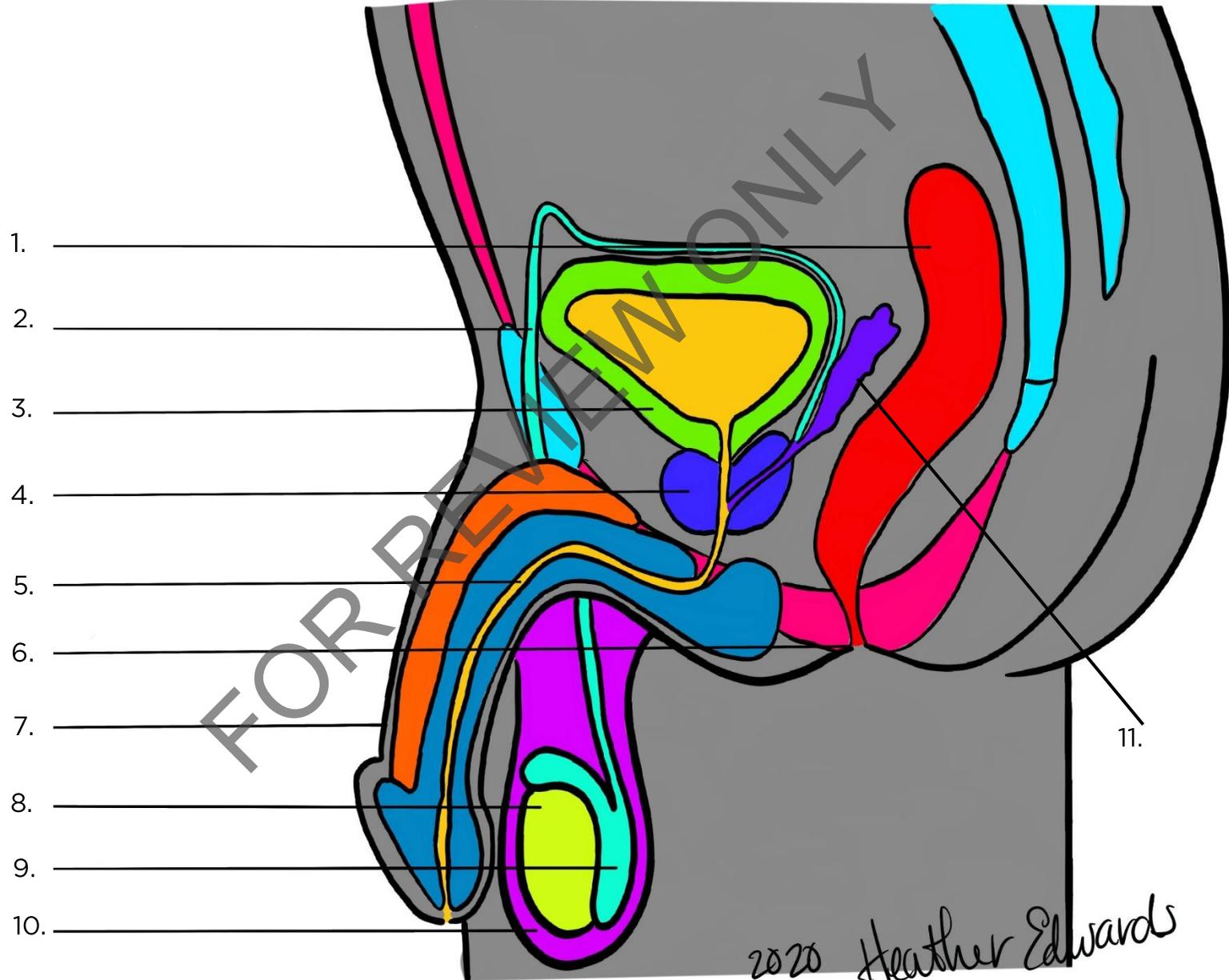
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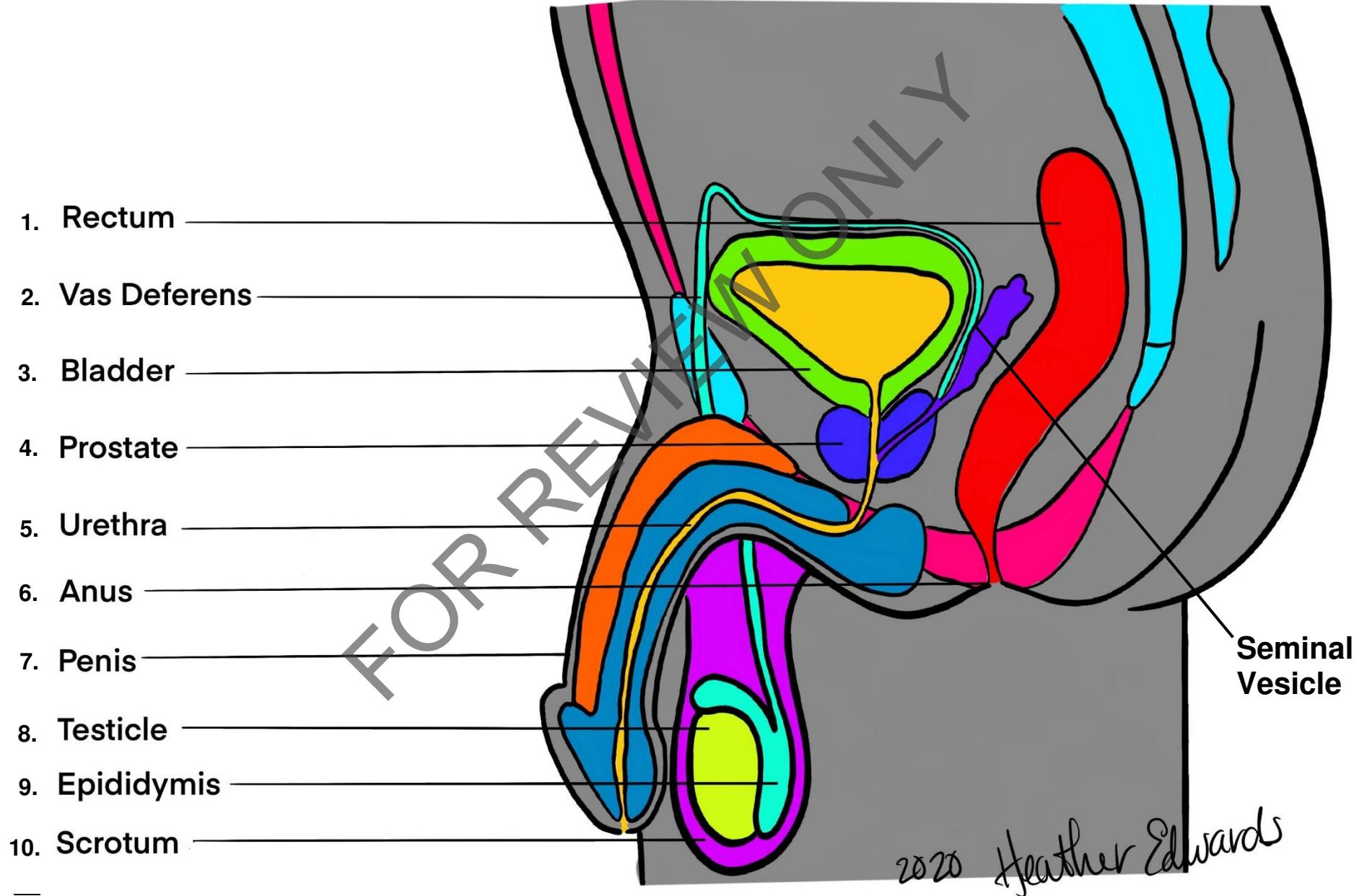
- Body with a penis
- Body with testicles
- Assigned male at birth
- Body with vulva
- Body with ovaries
- Assigned female at birth

Reproductive Anatomy: Body with a Penis/Testicles (Side View)



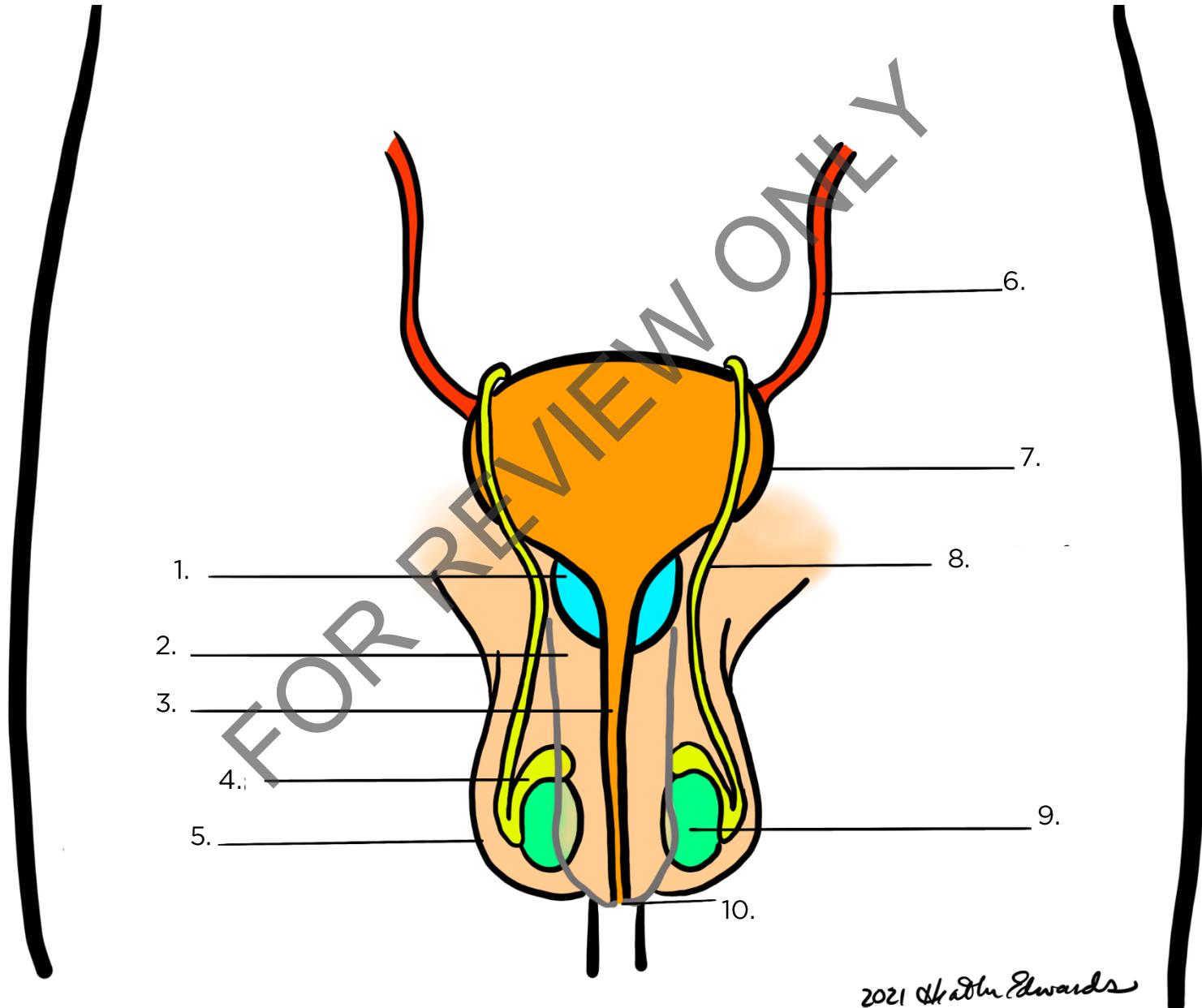
handout

Reproductive Anatomy: Body with a Penis/Testicles (Side View) Facilitator's Guide

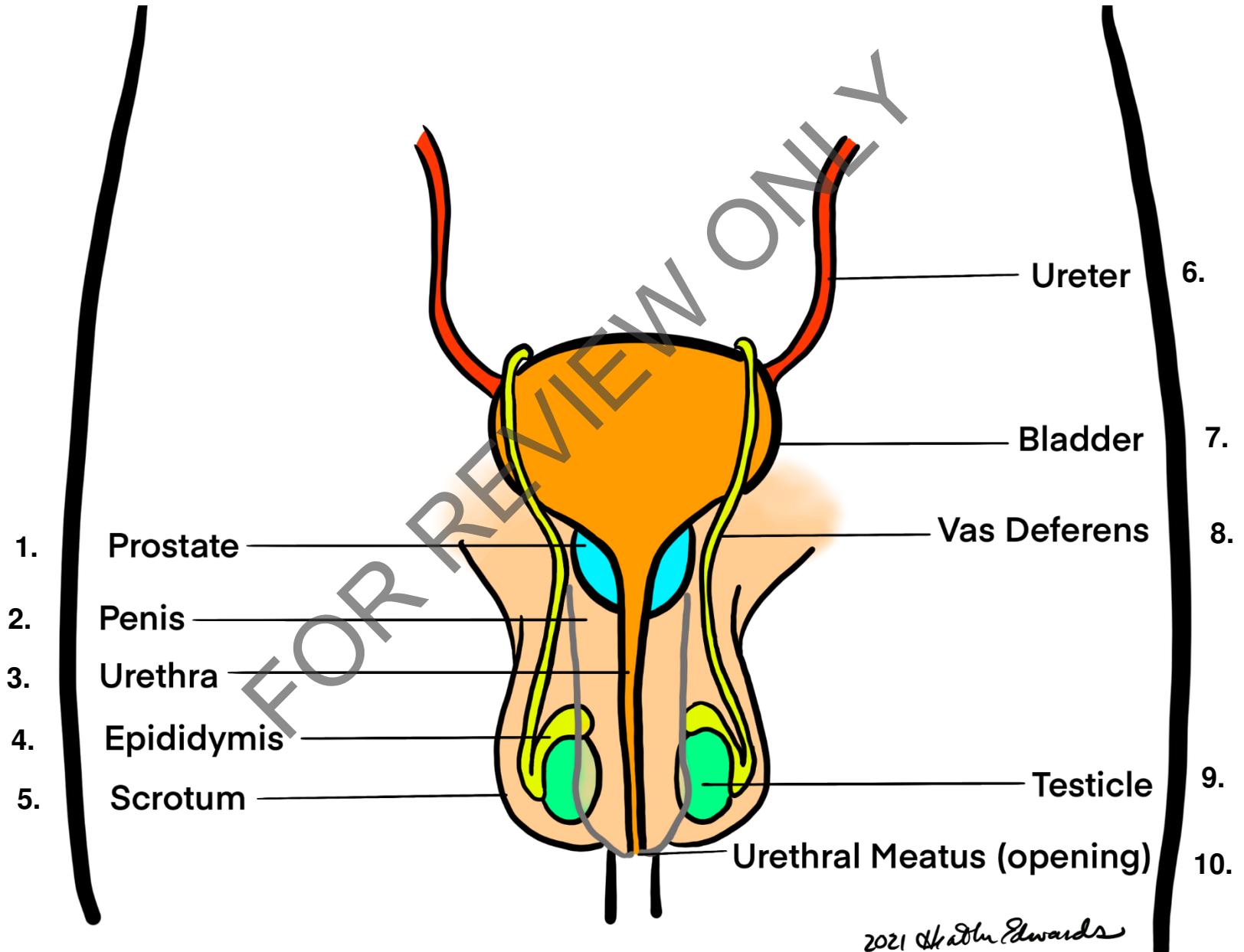


handout

Reproductive Anatomy: Body with a Penis/Testicles (Front View)



Reproductive Anatomy: Body with a Penis/Testicles (Front View) Facilitator's Guide



2021 *Hadley Edwards*

It's the Truth:

The Facts about Puberty and Reproduction for Bodies with Penises

It is COMMON for ADOLESCENT BODIES with penises to:

- Be at a different stage of physical development from peers of the same age.
- Have an increase in breast tissue during puberty, which decreases after puberty (*gynecomastia*).
- Have some breast swelling or tenderness, or a sore spot under one or both nipples.
- Have a flaccid (limp) penis length of 3" to 4"-but all bodies are normal and size and shape does not impact sexual functioning!
- Have an erect penis length from 5" to 7".- but all bodies are normal and size and shape does not impact sexual functioning!
- Have a penis that becomes erect at any angle, or which curves to the right or left.
- Have an ache in the testicles after prolonged sexual arousal (*which will go away by itself and doesn't cause harm*).
- Have one testicle larger and lower hanging than the other.
- Have their testicles hang closer to, or further from, the body, depending upon temperature change, stress, or sexual arousal.
- Be "normal" with either a circumcised or uncircumcised penis.
- Have a whitish, cheesy substance (*smegma*) under the foreskin, if uncircumcised.
- Have a pimple or hairs on the penis.
- Have genital hair of a different color from hair on other parts of their bodies.
- Have some natural, healthy genital odor.
- Have frequent erections, sometimes due to sexual arousal, stress, or general excitement, and sometimes for no apparent reason.
- Wake up in the morning with an erection.
- Sometimes lose an erection during intercourse.
- Have approximately one teaspoon of milky, "globby" fluid come out of the penis when sexually aroused, or while sleeping (*ejaculate, "cum," wet dream*).
- Have erections without ejaculation.
- Be unable to urinate at the same time they ejaculate.
- Have occasional, short-lived itching around testicles and/or inside thighs.
- Feel a thickening ridge (*epididymis*) in the top back portion of the testicle.

It's always okay to seek out a trusted adult or health care provider if you are curious or concerned about your body!

From Education for Sexuality, Concepts and Programs for Teaching, by Burt and Meeks

It's All Normal

Bridge

Build a bridge from the last activity. For example, “In the last activity we...” or “Yesterday, we learned...” and connect it to the theme.

Theme

The purpose of this activity is to reinforce that all bodies are normal.

Directions

1. Hand out *It's all Normal!**
2. Explain that the illustrations are nonbinary and aren't intended to be gender-specific, but show the diversity of genitalia among people—everyone is different and it's all normal.
3. Ask students what they notice about the poster and clarify any questions they have.

**If you cannot hand these out, ensure a poster is available in your classroom.*

Reflections

Discuss the following questions:

1. What was it like to participate in today's activity?
2. What is the value in seeing different examples of non-binary genitals? *(Oftentimes, medical diagrams only depict slender Caucasian bodies and look similar and popular culture can send the message that there is only one way to look “normal”. It's important to see that bodies—including genitals—come in all skin tones, shapes, and sizes and that all bodies are normal and worthy.)*



Total Time:

15 minutes



Materials

- It's all Normal!* handout for each peer educator OR an *It's All Normal poster* hanging in classroom.

handout

IT'S ALL NORMAL!



All genitals are normal genitals.
Promote body positivity with us! www.teenpep.org



Revisit Puberty Pre-Tests

Bridge

Build a bridge from the last activity. For example, “In the last activity we...” or “Yesterday, we learned...” and connect it to the theme.

Theme

The purpose of this activity is to ensure that peer educators have the correct information and knowledge about the processes of puberty.

Directions

1. Have everyone retrieve both *Puberty Pre-Tests* they completed earlier.
2. Go around, having volunteers read quiz questions aloud one at a time. Use the provided answer key to discuss each answer. Ensure every student understands the correct answers before moving on to the next question.

Reflections

Discuss the following question:

1. What is standing out to you from this revisit of our pretests?



Total Time:

15 minutes



Materials

- Puberty Pre-Test: Bodies with Vulva/Ovaries* handout completed at the beginning of the unit
- Puberty Pre-Test: Bodies with Penis/Testicles* handout completed at the beginning of the unit

FOR REVIEW ONLY

Pre-Test: Body with a Vulva/Ovaries - ANSWER KEY

- False** 1. A person should avoid swimming and reduce the amount of exercise during menstruation (also known as “having your period”).
Menstruating people may exercise or swim as much as they choose.
- True** 2. Dysmenorrhea (cramping during menstruation) is related to prostaglandin release and can be relieved by medication.
Advil or Motrin are anti-prostaglandin medications and are very useful for relieving cramps.
- False** 3. A person with ovaries cannot get pregnant by having vaginal sex during menstruation.
Suppose a person's period lasts 7 days and then that body with ovaries has vaginal sex at the end of the period. The sperm can live inside the uterus for 5 days, which means sperm could be present at ovulation on day 14.
- False** 4. A person can figure out an absolutely safe time between menstrual periods to avoid getting pregnant.
A person who menstruates should never assume it is “safe” to have vaginal sex without protection. Cycles can be irregular, and ovulation can be unpredictable.
- False** 5. The average menstrual cycle lasts 28 days with ovulation occurring on day one.
Day one is the first day of menstruation (bleeding). Ovulation (release of egg) usually occurs mid-cycle which would be on day 14 of a 28-day cycle.
- False** 6. 3-5 eggs are usually released each month during ovulation.
One egg is usually released each month. Occasionally, more than one egg may be released and, if fertilized by sperm, could result in twins or other multiples.
- True** 7. Exercise helps to reduce unpleasant symptoms of menstruation, like cramps, for some people.
Exercise can be especially helpful in decreasing cramps.
- False** 8. The endometrium, or lining of the uterus, is reabsorbed if fertilization of an egg with sperm (pregnancy) does not occur.
The endometrium or lining of the uterus is shed as menstrual fluid if the person does not become pregnant.
- False** 9. If a person has irregular menstrual periods, it may be a sign of uterine cancer.
Irregular periods are very normal for bodies with ovaries, especially teenagers.
- True** 10. Masturbation is a normal behavior for a person with a vulva.
Masturbation can be a normal and healthy experience for anyone who chooses to masturbate.
- True** 11. A person can use a tampon and still be a virgin.
With practice, anyone who menstruates can use a tampon. It will not affect the concept of virginity.
- False** 12. If one breast is bigger than the other, a doctor's visit is necessary.
It is very common for people to have one breast that is somewhat smaller or different shape than the other. It is especially common during puberty when bodies are growing and is perfectly normal.
- True** 13. The primary hormone produced by bodies with ovaries is called estrogen.
Estrogen is essential to the growth and development of the reproductive system of bodies with vulva/ovaries.

Pre-Test: Body with a Penis/Testicles - ANSWER KEY

- False** 1. The hormone which causes puberty changes in a body with a penis is called progesterone.
The primary hormone in bodies with a penis/testicles is testosterone.
- False** 2. Sperm are made in the penis.
Sperm are made in the testicles.
- True** 3. Wet dreams (ejaculating during sleep) are normal and will decrease as a person gets older.
Nocturnal emissions (wet dreams) are a common and normal experience during adolescence.
- False** 4. Masturbating several times a day will cause physical and psychological damage.
Masturbation does not cause physical or psychological damage. However, anything that interferes with daily living has the potential to become a problem.
- False** 5. The tubule inside the testes, if stretched end-to-end, would be the length of a yard stick.
It would be the length of a football field.
- True** 6. Fresh sperm is made every 24 hours in the testicles.
This daily process of spermatogenesis is continuous from puberty until death.
- True** 7. The maturation of sperm in the epididymis takes about 4-6 weeks.
This is known as the regeneration cycle.
- False** 8. If a person with a penis masturbates before having vaginal sex with a partner, then a pregnancy can't occur.
Although masturbation before sexual activity may decrease sperm count temporarily for a person with a penis and testicles, it does not ensure that a partner will not get pregnant.
- True** 9. The testicles are positioned outside the body because sperm cannot be produced at body temperature.
Optimal sperm production requires a lower temperature than body temperature by 1-2 degrees Celsius.
- False** 10. The amount of semen expelled in one ejaculation is about $\frac{1}{4}$ of a cup.
The amount of semen in one ejaculate is about 1.5-5 milliliters (up to about a teaspoon).
- False** 11. The sperm are mixed with fluids from the seminal vesicles, prostate gland, and bladder before passing out of the penis.
Semen does not travel through the bladder and sperm does not contain urine.
- False** 12. Having sex in a hot tub will decrease the risk of pregnancy due to heating of the testicles.
Keeping the testicles too warm may decrease future sperm production for the next regeneration cycle but does not decrease sperm that is ready for ejaculation.
- False** 13. There are about 100 million sperm in each ejaculation.
There is a range of about 20-150 million sperm per milliliter of semen (a range of 300-500 million sperm per ejaculation).

Where Did I Come From?

Human Reproduction Review

Bridge

Build a bridge from the last activity. For example, “In the last activity we...” or “Yesterday, we learned...” and connect it to the theme.

Theme

The purpose of this activity is to review reproductive systems in preparation for the Pregnancy Prevention unit.

Directions

1. Divide peer educators into pairs.
2. Hand out *Human Reproduction Quiz* and give pairs 10 minutes to discuss and answer the questions.
3. Hand out both *Reproductive Anatomy* and review as a large group.
4. Have volunteers read the questions aloud one at a time. Have students refer to the *Reproductive Anatomy* handouts when reviewing the quiz.
5. Use the provided answer key to discuss each answer. Ensure every student understands the correct answers before moving on to the next question.

Reflections

Discuss the following questions:

1. What is sticking with you from this activity?



Total Time:

45 minutes



Materials

- Human Reproduction Quiz* for each peer educator
- Reproductive Anatomy: Body with a Penis* handout for each peer educator
- Reproductive Anatomy: Body with a Vulva* handout for each peer educator



Human Reproduction Quiz

Name: _____

Date: _____

Fill in the blank or circle the correct answer for each question.

1. The primary hormone that causes changes of puberty in a body with testicles is called _____.
2. The primary hormone that causes changes of puberty in a body with ovaries is called _____.
3. The average menstrual cycle lasts _____ days.
4. The average menstrual period lasts _____ days.
5. It is common for teenagers to have irregular menstrual periods. **True / False**
6. Menstrual cramps are related to prostaglandin release and can be relieved by medication. **True / False**
7. During the menstrual cycle, when an egg is released from an ovary, it is called _____. This usually occurs in the **Beginning / Middle / End** of the cycle.
8. Most of the time, 1 egg is released each month. **True / False**
9. Sperm are made in the _____, located in a sac called the _____.
10. Testicles are located on the outside of the body because sperm cannot be produced at body temperature. **True / False**
11. New sperm are made every week. **True / False**
12. During vaginal intercourse a penis deposits sperm into the _____.
13. The sperm then travels through the opening to the uterus which is called the _____.

handout

14. The amount of semen expelled in one ejaculation is about _____.
15. There are about _____ sperm in each ejaculation.
16. The number of sperm it takes to get someone pregnant is _____.
17. Every month, pregnancy can occur if a reliable form of birth control is not used. **True / False**
18. If a pregnancy does not occur, the lining of the uterus is not needed and is shed as the menstrual period. **True / False**
19. If the sperm and the egg meet, it is called _____, which occurs in the _____.
20. After fertilization, the fertilized egg implants in the _____.
21. During pregnancy, a period will still occur every month. **True / False**
22. The average pregnancy lasts _____.
23. Fraternal twins can occur the ovary releases two eggs during ovulation and they are fertilized by two different sperm. **True / False**
24. Identical twins can occur when one egg is fertilized by one sperm and then it splits in two. **True / False**
25. In a vaginal birth, the baby is birthed through the _____.
26. Under some circumstances, a baby needs to be born through a surgical procedure called a _____.

Human Reproduction Quiz

ANSWER KEY

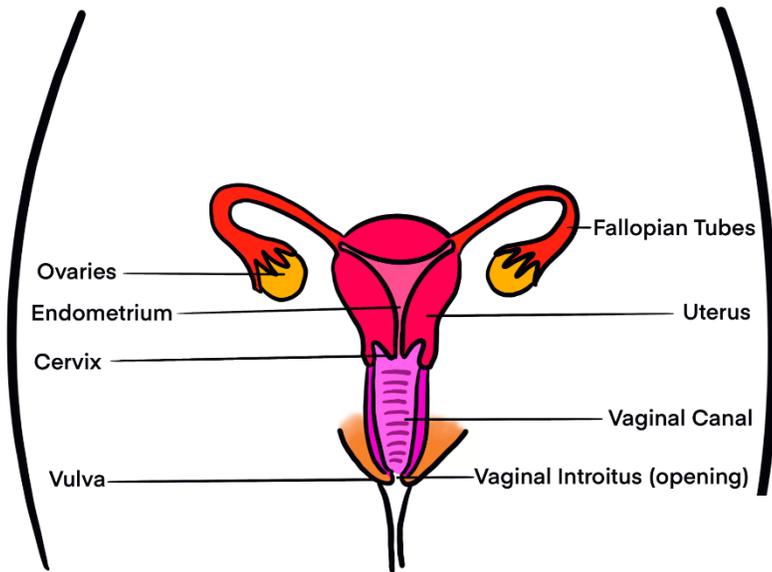
Fill in the blank or select true/false for each of the following questions.

1. The primary hormone that causes changes of puberty in a body with testicles is called **testosterone**.
2. The primary hormone that causes changes of puberty in body with ovaries is called **estrogen**.
3. The average menstrual cycle lasts **28** days.
While the average cycle is 28 days long, cycles can be longer or shorter than 28 days.
4. The average menstrual period lasts **4-7** days.
Some periods are long and heavy, while others are shorter, lighter periods. It varies from person to person.
5. It is common for teenagers to have irregular menstrual periods. **True**
If a teenager has irregular periods, it does not mean there is something wrong. This is common during the teenage years. If someone feels very concerned, they can see a health care provider.
6. Menstrual cramps are related to prostaglandin release and can be relieved by medication. **True**
Medications that contain ibuprofen are effective in relieving cramps. Ibuprofen (such as Advil or Motrin) is a prostaglandin inhibitor.
7. During the menstrual cycle, when an egg is released from an ovary, it is called **ovulation**. This usually occurs in the **Middle** of the cycle.
In an average 28-day cycle, ovulation occurs on day 14.
8. Most of the time, 1 egg is released each month. **True**
9. Sperm are made in the **testicles**, located in a sac called the **scrotum**.
10. Testicles are located on the outside of the body because sperm cannot be produced at body temperature. **True**
11. New sperm are made every week. **False**
New sperm are made every day in the testicles.
12. During vaginal intercourse the penis deposits sperm into the **vagina**.

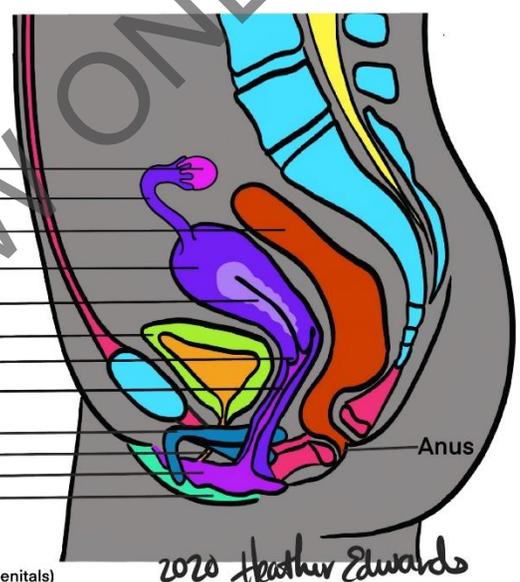
13. The sperm then travels through the opening to the uterus which is called the **cervix**.
14. The amount of semen expelled in one ejaculation is about **1.5 to 5 milliliters**. (*About 1/3 to 1 teaspoon.*)
15. There are about **30-750 million** sperm in each ejaculation.
16. The number of sperm it takes to get someone pregnant is **1**.
17. Every month, pregnancy can occur if a reliable form of birth control is not used. **True**
If a penis deposits sperm into a vagina without using protection, there is a risk for pregnancy as well as sexually transmitted infections.
18. If a pregnancy does not occur, the lining of the uterus is not needed and is shed as the menstrual period. **True**
19. If the sperm and the egg meet, it is called **fertilization**, which occurs in the **fallopian tubes**.
20. After fertilization the fertilized egg implants in the **uterus**.
21. During pregnancy, a period still occurs every month. **False**
While spotting may occur during a pregnancy, there is not a period. A menstrual period sheds the lining of the uterus. When pregnancy occurs, the lining of the uterus stays intact, and the fetus grows in the uterus.
22. The average pregnancy lasts **9 months**.
23. Fraternal twins can occur when an ovary releases two eggs during ovulation and they are fertilized by two different sperm. **True**
24. Identical twins can occur when one egg is fertilized by one sperm and then it splits in two. **True**
25. In a vaginal birth, the baby is birthed through the **vagina**.
26. Under some circumstances a baby needs to be born through a surgical procedure called a **caesarian section**.

handout

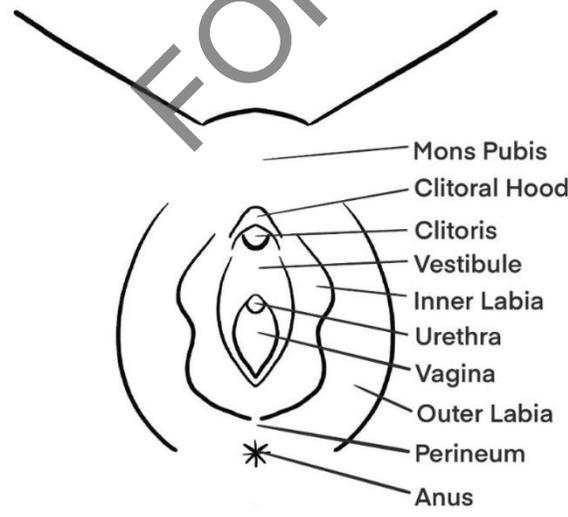
Reproductive Anatomy: Body with a Vulva



- Ovary
- Fallopian Tube
- Rectum
- Uterus
- Endometrium
- Bladder
- Cervix
- Vagina*
- Clitoris*
- Urethra*
- Inner Labia*
- Outer Labia*



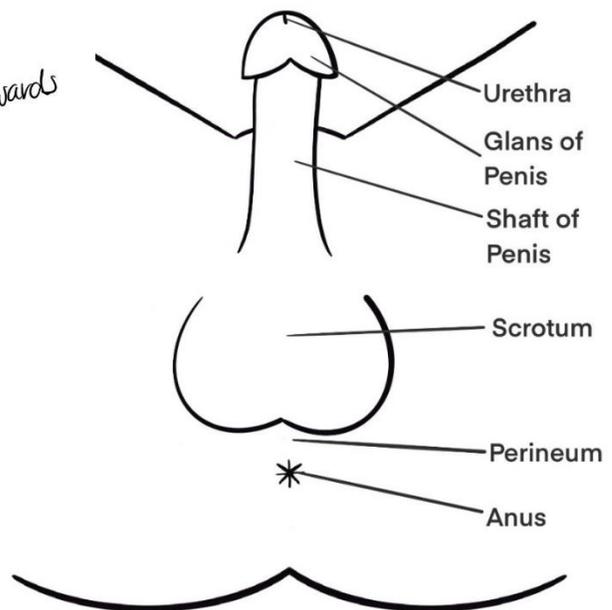
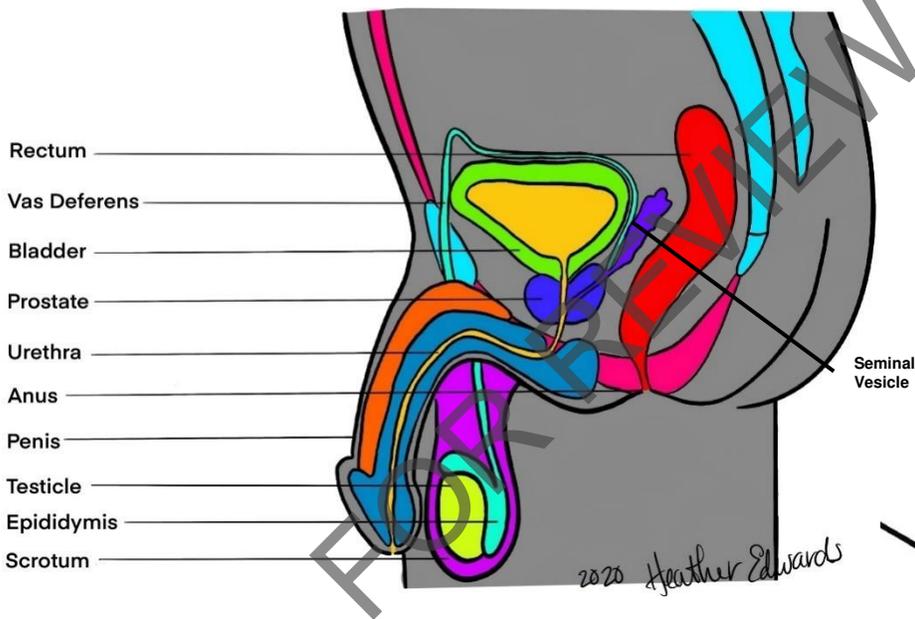
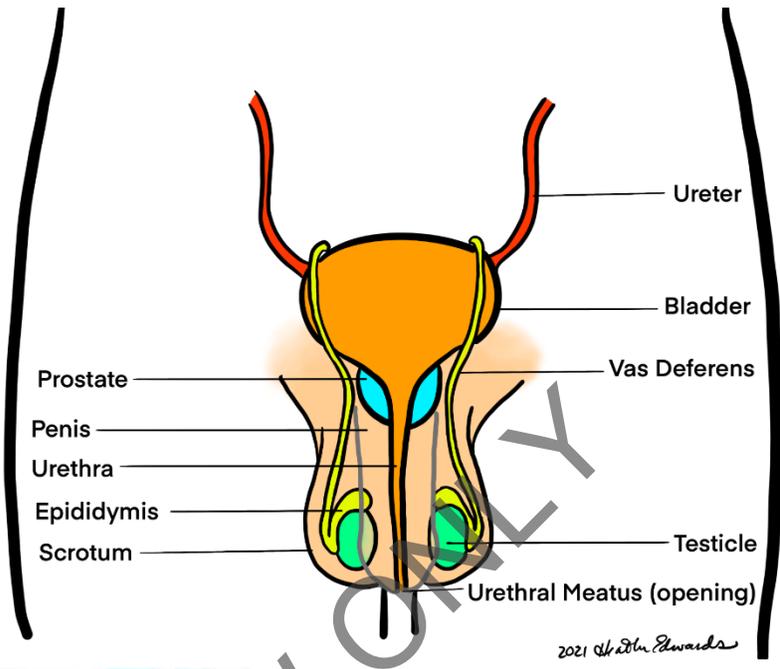
*A portion is part of the Vulva (external genitals)



© Heather Edwards, PT 2019

handout

Reproductive Anatomy: Bodies with a Penis



Putting It All Together

Bridge

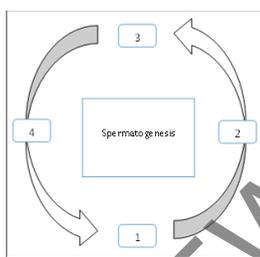
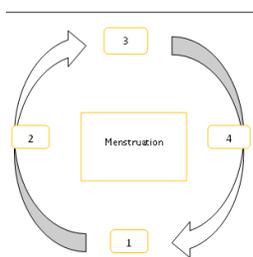
Build a bridge from the last activity. For example, “In the last activity we...” or “Yesterday, we learned...” and connect it to the theme.

Theme

The purpose of this activity is to review the processes of menstruation and spermatogenesis and show their relevance to the process of fertilization.

Directions

1. Set up the *Menstruation & Spermatogenesis* boards in the middle of the circle next to each other with room in between:



2. Review the following:

So far in our exploration of puberty and human reproduction, we have learned about the processes of menstruation for bodies with ovaries and spermatogenesis for bodies with testicles. In this activity, we will use your knowledge in three ways: (1) to describe the processes, (2) to learn more about their relevance to fertilization, and (3) to better understand how the three types of birth control methods work to prevent fertilization.

3. Divide students into 4 groups and randomly distribute the eight *Menstruation* and *Spermatogenesis* cards evenly among the groups.
4. Explain to students that the processes of menstruation and spermatogenesis happen inside their bodies in a continuous cycle. Ask students to place their cards in the correct spot within the corresponding cycle, using their prior knowledge to do so.
5. After all the cards have been positioned, use the diagrams on the following *Facilitator's Guides* to ensure accuracy. Starting with menstruation, have a volunteer read the cards, in order, aloud. Then, use the provided questions and summary statements to lead the group through a discussion of the cards.
6. Repeat this process for spermatogenesis.

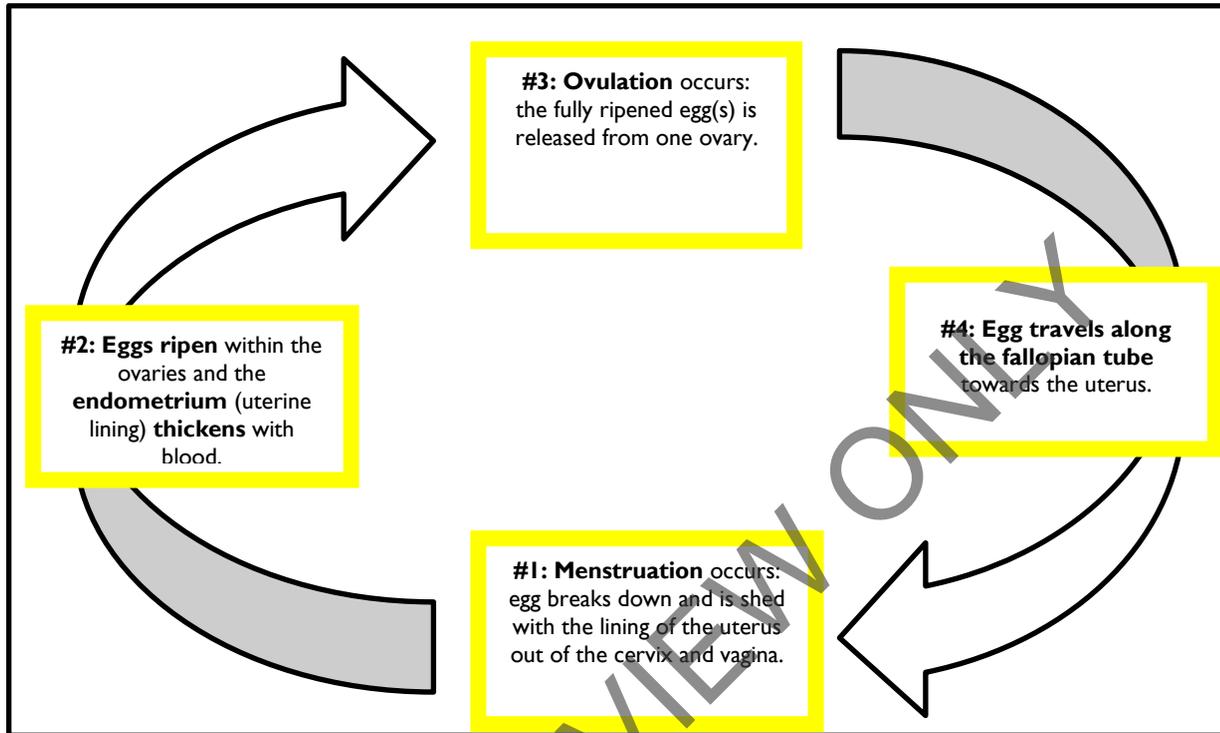
⌚ Total Time:

45-60 minutes

✍ Materials

- Three sets of *Putting it All Together* cards:
 - Menstruation cards (4)
 - Spermatogenesis cards (4)
 - Fertilization & Implantation cards (6)
- Three *Putting It All Together* boards:
 - Menstruation
 - Spermatogenesis
 - Fertilization & Implantation
- One set of *Birth Control Methods* cards:
 - Abstinence
 - Barrier
 - Hormonal
- One *Fertilization & Implantation Diagram*

Menstruation (*Facilitator's Guide*)



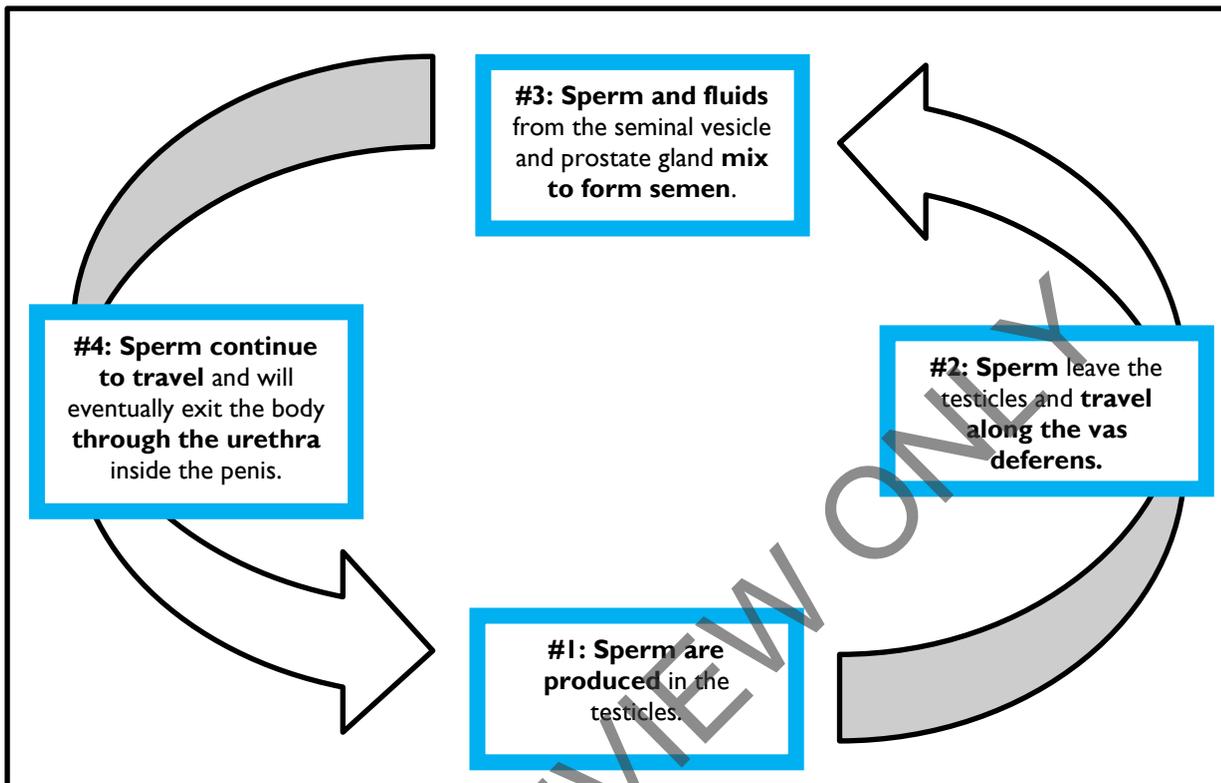
Discussion Questions:

1. What is menstruation and what is its purpose?
(Menstruation, or the menstrual period, is when the uterine lining is shed and expelled out of the body. This happens monthly whenever fertilization does not occur, making the lining no longer necessary for implantation. The old lining is shed to prepare for the next cycle.)
2. What is ovulation and what is its purpose?
(Ovulation is when a mature egg(s) is released from an ovary. This happens in the middle of the cycle for the purpose of human reproduction, allowing the egg to travel down the fallopian tube to be met by a sperm and become fertilized.)

Summary Review:

Every month in a body with ovaries, an egg is released from an ovary. It travels through the fallopian tube into the uterus. If fertilization of the egg doesn't occur and there is no pregnancy, the menstrual fluid (period) comes out of the vagina. If a pregnancy does occur, the egg implants in the uterus and the fetus grows for 9 months. During birth, the baby comes out of the vagina unless delivered via a cesarian section (c-section).

Spermatogenesis (Facilitator's Guide)



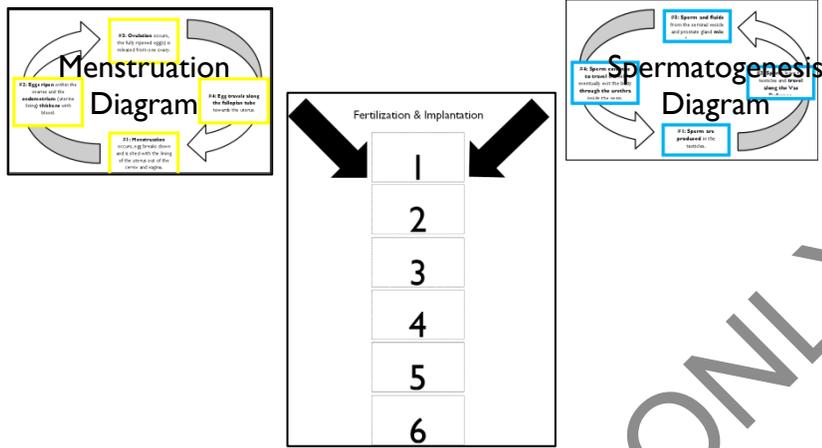
Discussion Question:

1. What is spermatogenesis and what is its purpose? (*Spermatogenesis is the production of sperm in the testicles and maturation in the epididymis. The role of sperm in human reproduction is to be ejaculated into the vagina during vaginal sexual intercourse and travel up the reproductive system of a body with ovaries to meet and fertilize an egg(s).*)

Summary Review:

In a body with testicles, sperm are made daily in the testicles and stored in the epididymis. They travel up the vas deferens where they combine with fluids from the prostate and the seminal vesicle to make semen. When ejaculation occurs, semen travels through the urethra and is released through the opening of the penis.

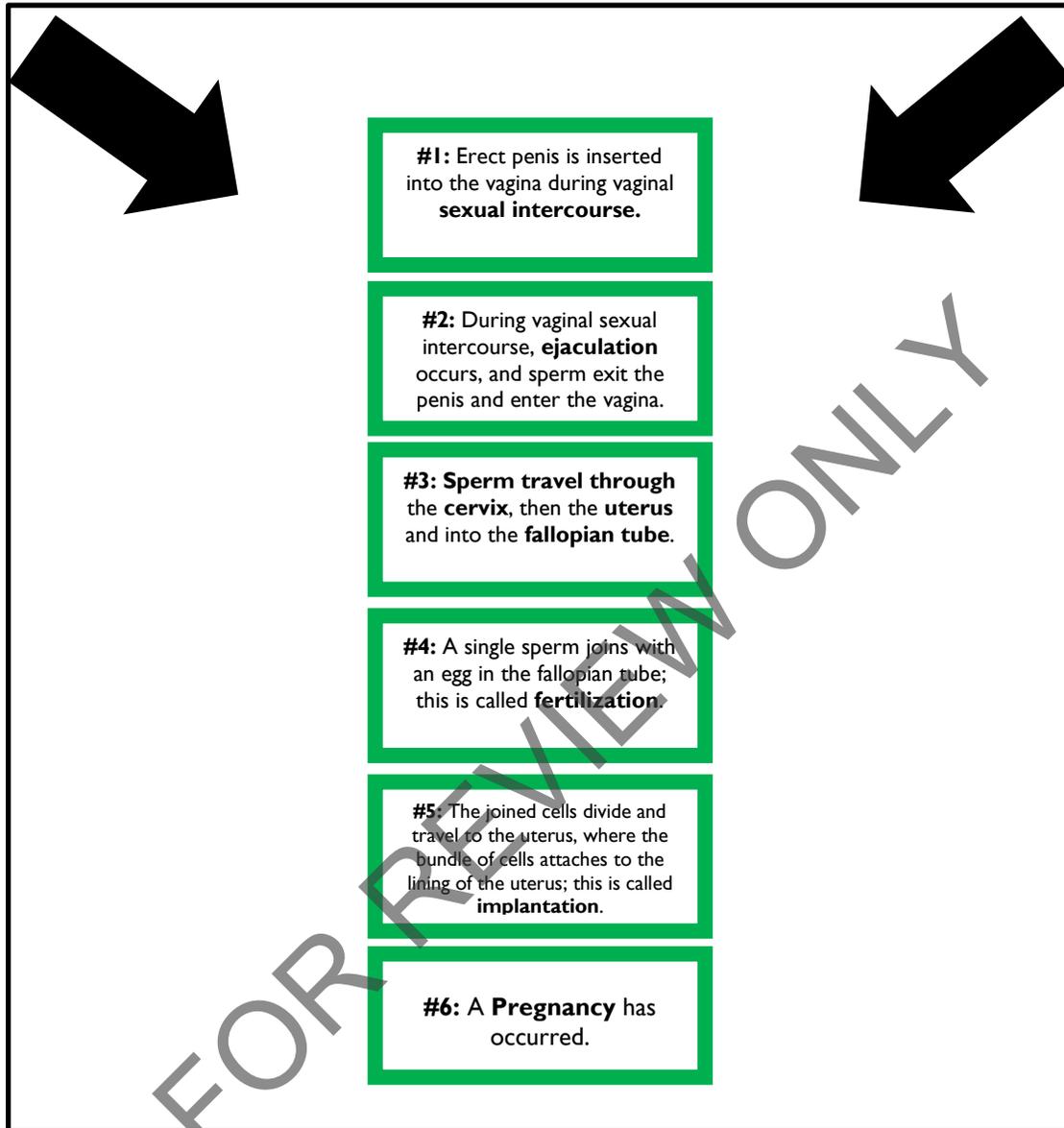
7. Read the following: *Now that we understand where the egg and sperm come from, we will look at how they can come together in fertilization and implantation, which result in pregnancy.*
8. Place the *Fertilization & Implantation* board between the two completed boards in the middle of the circle, as shown in the diagram, below.



9. Randomly distribute the six *Fertilization & Implantation* cards evenly amongst the groups.
10. Ask students to properly place their cards in order from 1-6, representing the processes of fertilization and implantation.
11. After all the cards have been positioned, use the diagram on the following *Facilitator's Guide* to ensure accuracy.
12. Have a volunteer read the cards, in order, aloud and then ask essential questions before moving on.

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Fertilization & Implantation (*Facilitator's Guide*)



Discussion Questions:

1. For the purpose of human reproduction, which type of sexual intercourse needs to take place? (*Vaginal intercourse/vaginal sexual activity.*) What other types of sexual intercourse or sexual activity are there? (*Oral and anal.*)
2. What has to happen for fertilization to occur? (*At least one sperm must survive its journey up the vagina, through the cervix, and into the uterus, find a viable egg inside one of the fallopian tubes, and penetrate the eggs' shell so that they can join together = fertilization.*)
3. Why might a couple want to use a reliable birth control method if they are having sexual intercourse? (*To prevent an unintended pregnancy, STIs, and HIV.*)

4. Why doesn't menstruation occur during pregnancy? (*Because the endometrium/lining of the uterus is needed to supply nutrients and support the pregnancy.*)
5. Why is it important to understand how the reproductive systems work? (*It is important to understand how each of our bodies work. In addition, understanding how all bodies work during human reproduction allows us to understand how a pregnancy can occur and in turn help us understand how to avoid an unintended pregnancy.*)

Summary Review:

Place the *Fertilization & Implantation Diagram* in the center of the circle underneath card #6. Explain the following:

Once a sperm has broken through the egg's protective shell, that egg is fertilized. The sperm and egg cell combine and continue to divide and multiply. This bundle of cells travels together from the fallopian tube and into the uterus where it attaches to the endometrial lining. The result of the cells implanting in the lining is a pregnancy.

-
13. Remind students that a sperm from the testicles and an egg from the ovaries are needed to join together/fertilize and implant in order for pregnancy to occur.
 14. Use the following *Facilitator's Guide* to place the three *Birth Control Methods cards* in the appropriate places on the completed boards and ask the corresponding discussion questions as you place each card.

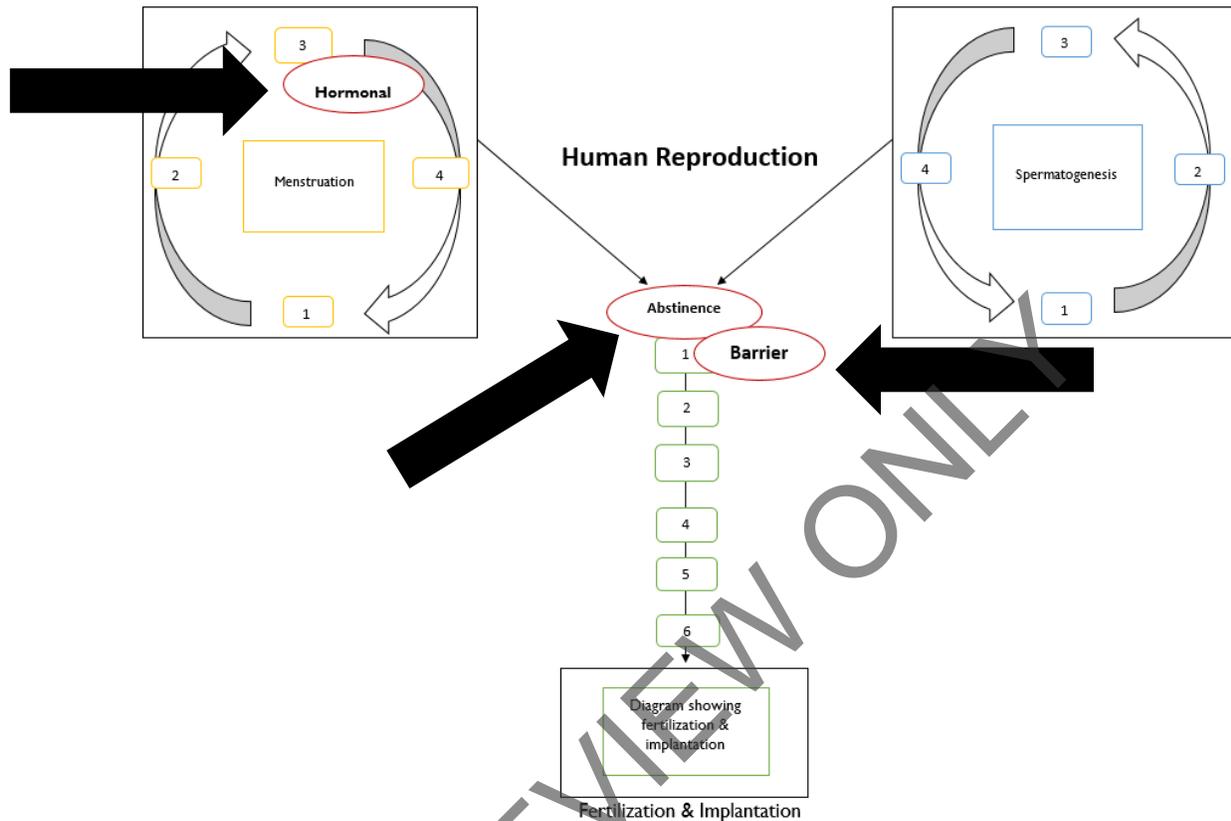
Note:

It's imperative that everyone who Teen PEP serves sees that they are included in the information taught, and thus this curriculum intentionally uses a non-binary, gender expansive approach to puberty and reproductive health education. Through this lens, Teen PEP can provide medically accurate, age-appropriate information on puberty that is more inclusive and affirming of all bodies.

We know, from our work in Unit 2, that sex and gender are complex, and on a spectrum, and that includes people who are cisgender, transgender, nonbinary, intersex, asexual, and more. We also know that all bodies—regardless of sex assigned at birth and gender identity—are physiologically diverse, including height, body shape, and hormone level differences. It's important to recognize that not all students' gender identities and gender expressions will line up with their reproductive systems and that's okay—our bodies are all unique and worthy, and we all deserve access to affirming, judgment-free information and support. Thus, throughout this unit we intentionally use the following language throughout this unit:

- Body with a penis
- Body with testicles
- Assigned male at birth
- Body with vulva
- Body with ovaries
- Assigned female at birth

Birth Control Methods (Facilitator's Guide)



Discussion Questions and Summary Statements

Read the following statements and discuss the corresponding questions, placing the appropriate birth control method card in the correct position as indicated in the diagram above as you discuss it.

There are three main categories or types of contraceptives that can prevent pregnancy:

1. **Sexual abstinence** means not having sex or engaging in sexual activity. For the purposes of human reproduction, it specifically means not having vaginal sex so that the sperm and the egg cannot meet. Abstinence is the only 100% effective method to prevent pregnancy. (Place Abstinence card over top of card #1 in Y-Diagram above card #1 in Fertilization process.)
 - What is needed to make abstinence effective? *(You have to practice it every time, requires the commitment and respect from both partners.)*
2. **Barrier Methods** keep the sperm and egg apart by creating a shield to block sperm. (Place Barrier Method card over top of card #2 in Y-Diagram next to card #1 in Fertilization process.)
 - What is a commonly used barrier method? *(External Condom (for use on penis) and Internal Condom (for use in vagina).)*

- How does the condom work? (*The condom forms a barrier between the sperm and egg, not allowing them to join. External condoms are placed over the penis to prevent semen from entering the vaginal canal by trapping sperm inside the condom. Internal condoms are placed inside the vaginal canal to prevent semen from passing through the cervix by trapping sperm inside the condom.*)
3. **Hormonal Methods** are used by people with vulvas to prevent ovulation—the release of an egg. (**Place Hormonal Method card over top of card #3 in Menstruation Diagram.**)
- What are some examples of hormonal methods? (*Birth control pills, patch, ring, LARC methods: shot, implant, some forms of Intra-Uterine Device [IUD]*)
 - How do hormonal methods work for people with vulvas? (*Hormonal methods increase the level of hormones, causing the ovaries to stop ovulation so the body doesn't release an egg.*)

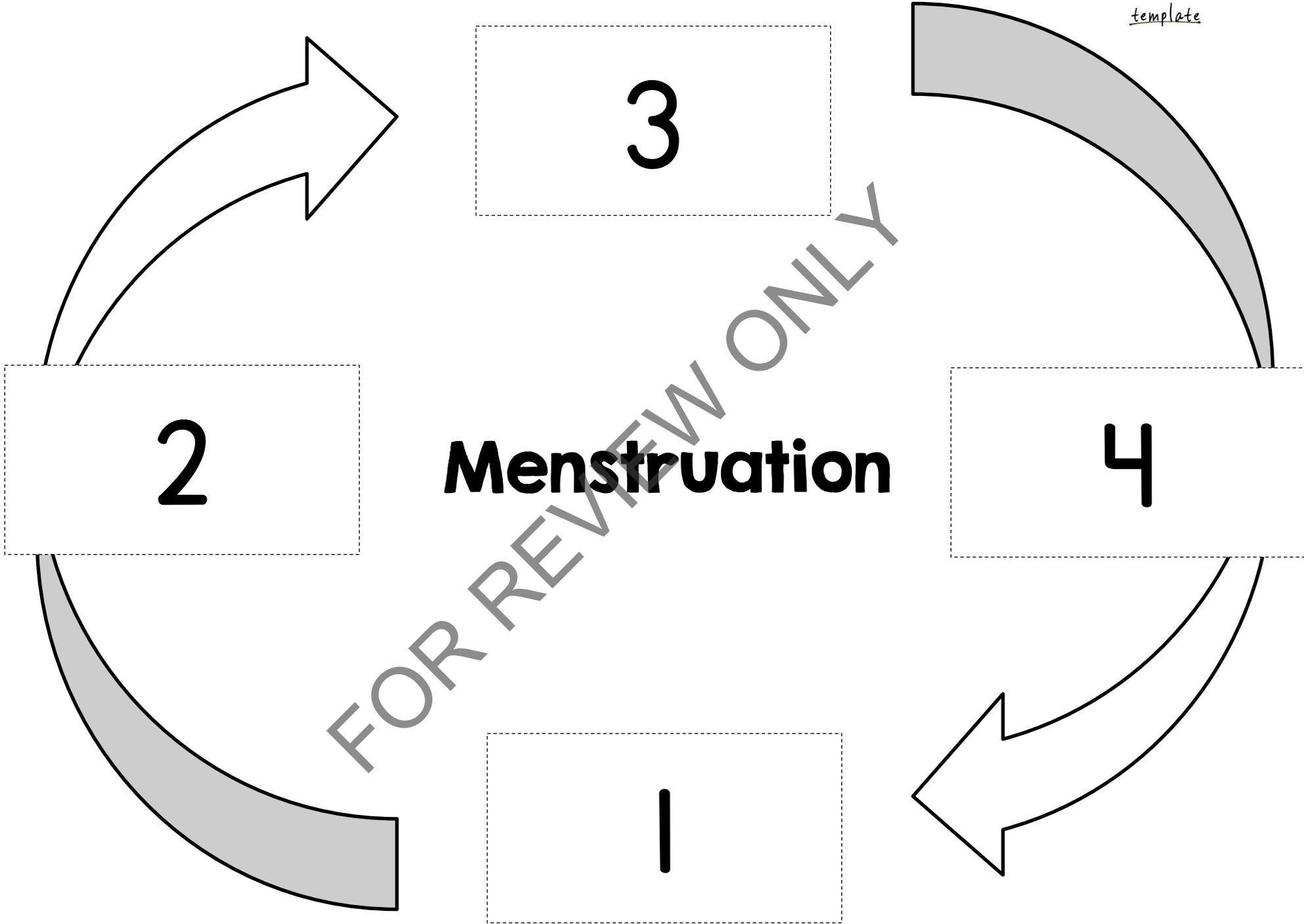
Reflections

Discuss the following questions:

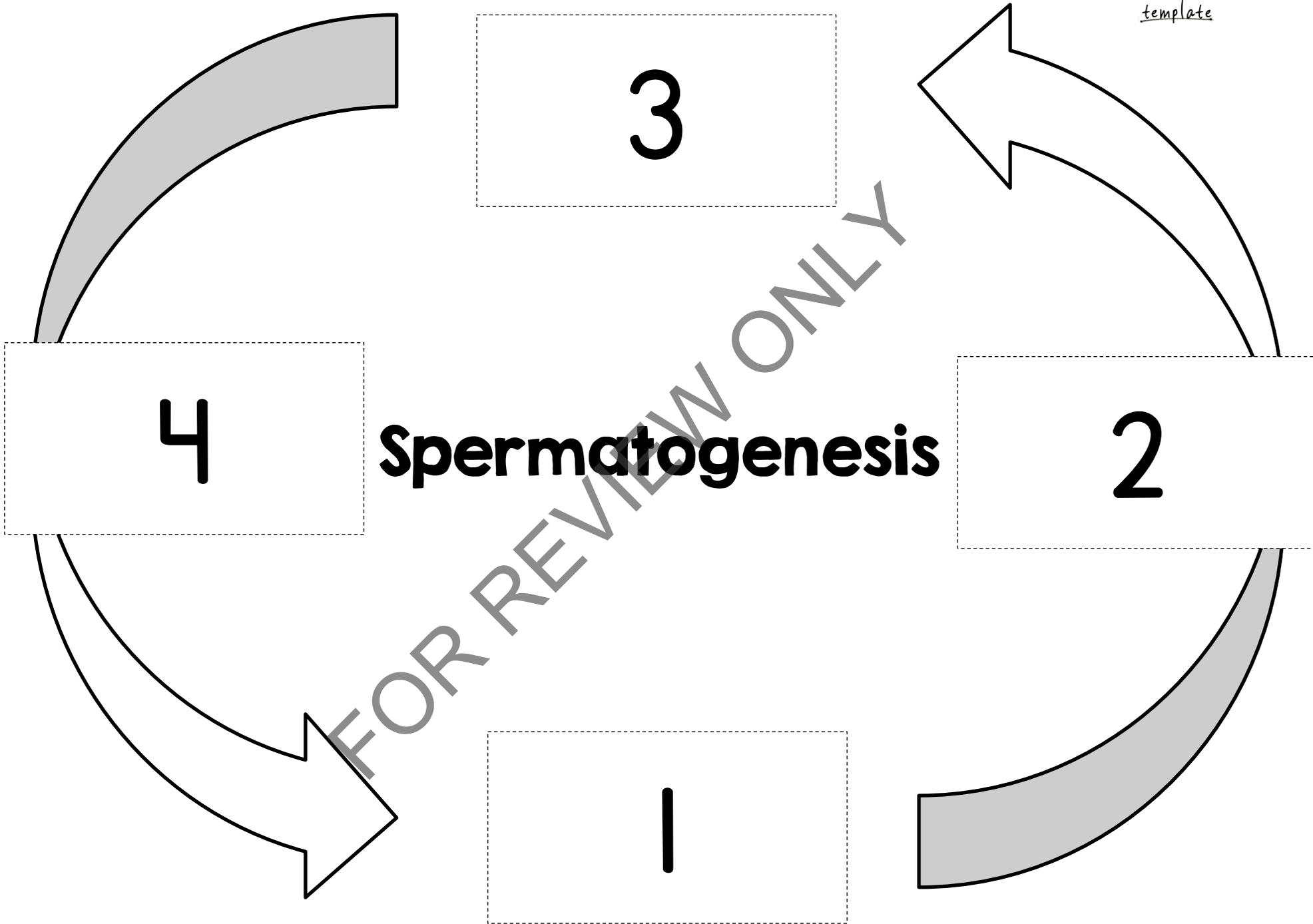
1. What was it like to participate in this activity?
2. What are you walking away thinking about, that you weren't before?
3. Why is this activity so important in Teen PEP?

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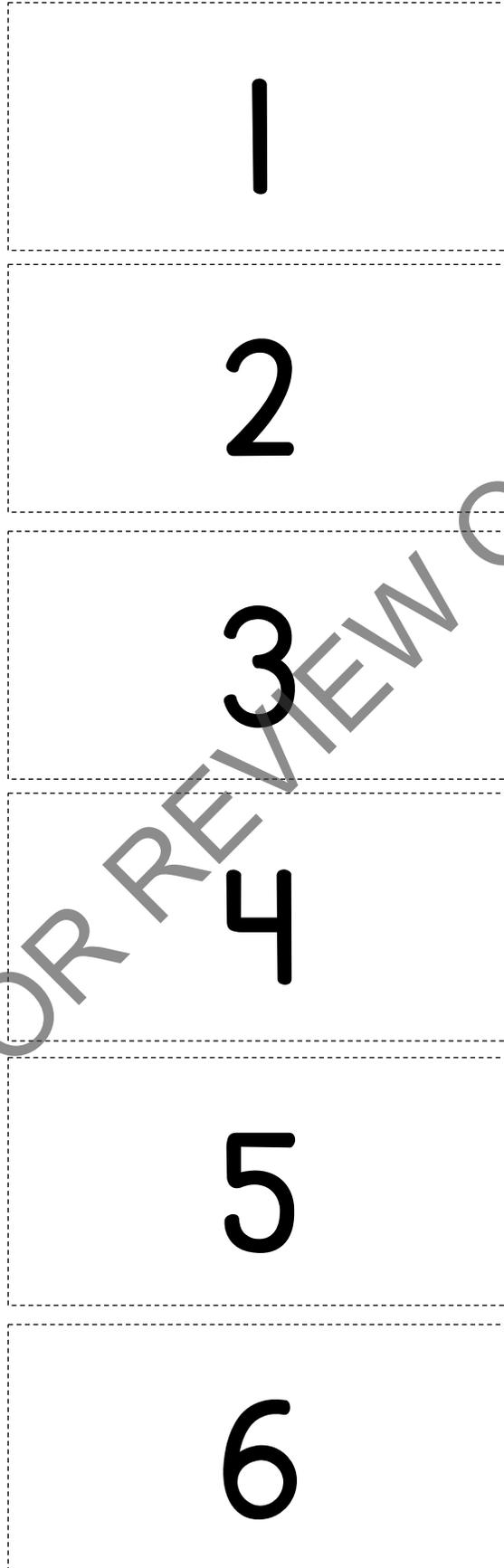
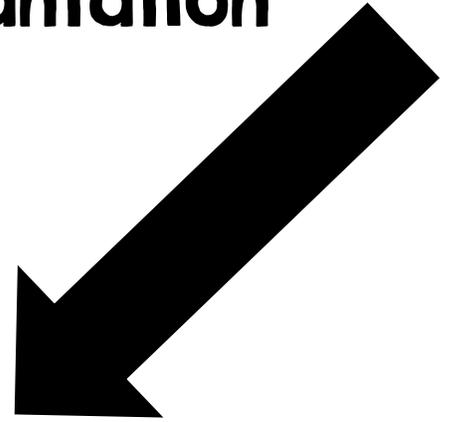
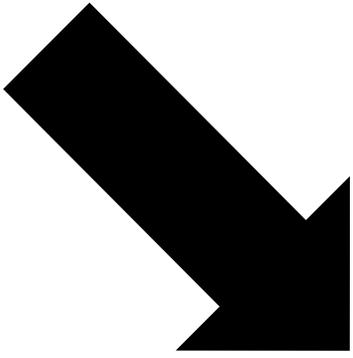
template



template



Fertilization & Implantation



FOR REVIEW ONLY

Spermatogenesis Cards

(Print on blue cardstock)

Sperm are produced
in the testicles.

Sperm leave the testicles
and travel along the
vas deferens.

Sperm and fluids from the
seminal vesicle and
prostate gland mix to form
semen.

Sperm continue to travel
and will eventually exit the
body through the urethra
inside the penis.

FOR REVIEW ONLY

Menstruation Cards

(Print on yellow cardstock)

Menstruation occurs; egg breaks down and sheds with the lining of the uterus out of the cervix and vagina.

Eggs ripen within the ovaries and the **endometrium** (uterine lining) **thickens** with blood.

Ovulation occurs, the fully ripened egg(s) is released from one ovary.

Egg travels along the fallopian tube towards the uterus.

Fertilization & Implantation Cards

(Print on green cardstock)

Erect penis is inserted into the vagina during vaginal **sexual intercourse**.

During vaginal sexual intercourse, **ejaculation** occurs, and sperm exit the penis and enter the vagina.

Sperm travel through the **cervix**, then the **uterus**, and into the **fallopian tube**.

A single sperm joins with an egg in the fallopian tube; this is called **fertilization**.

The joined cells divide and travel to the uterus, where the bundle of cells attach to the lining of the uterus; this is called **implantation**.

A **pregnancy** has occurred.

Birth Control Methods Cards

(Print on red cardstock)

Abstinence

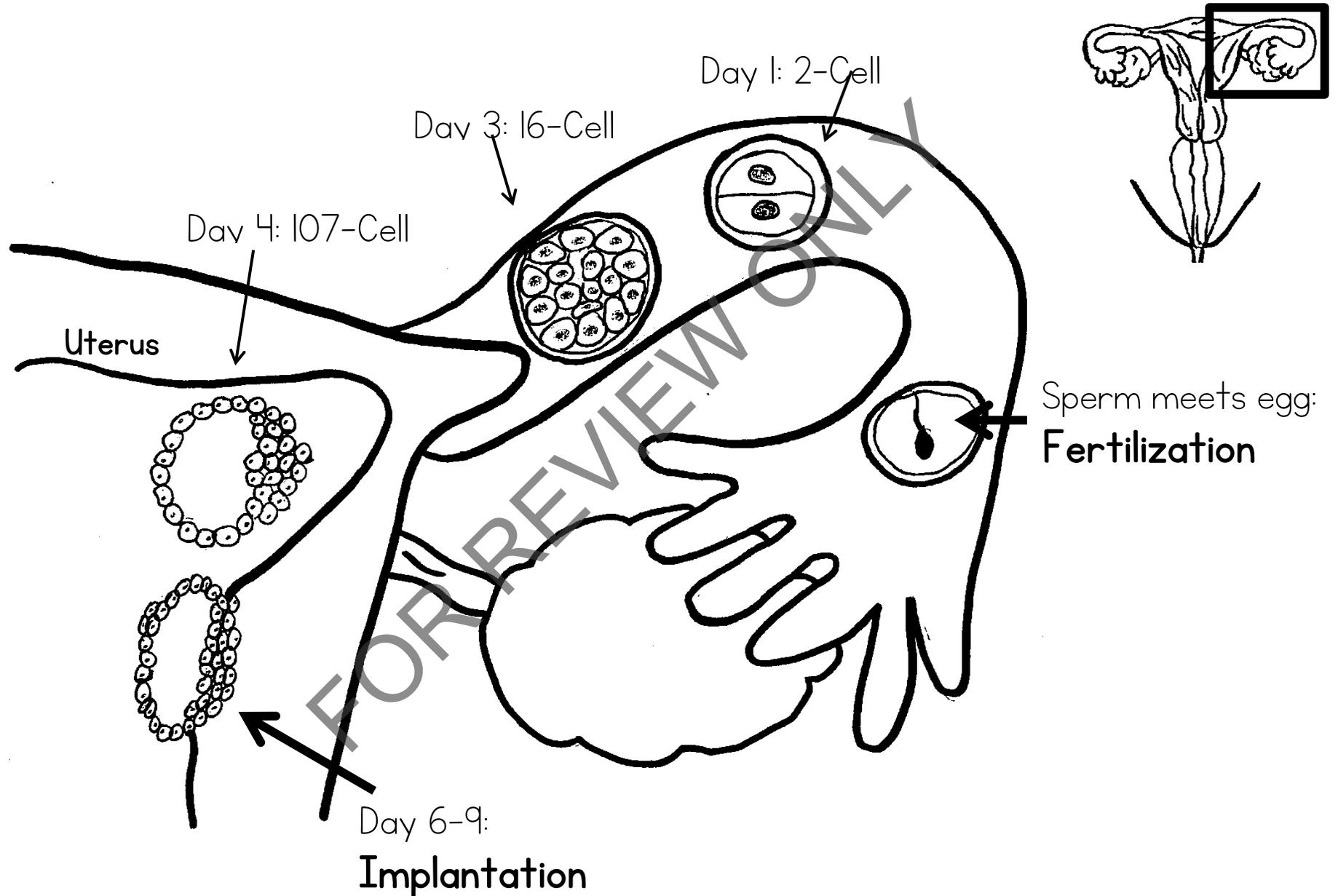
**Barrier
Methods**

**Hormonal
Methods**

FOR REVIEW ONLY

handout

Fertilization & Picture Diagram



The Real Thing: Preparing for the Construction of Pelvic Models

Bridge

Build a bridge from the last activity. For example, “In the last activity we...” or “Yesterday, we learned...” and connect it to the theme.

Theme

The purpose of this activity is to demonstrate an understanding of the process of reproduction in preparation for the pregnancy prevention unit by constructing pelvic models.

Directions

1. Divide the class into 4 small groups.
2. Assign two groups to construct a pelvic model for a body with a penis and two groups to construct a pelvic model for a body with a vulva.
3. Explain that the models should be close to life-size and may be free standing or attached to a large piece of paper or cardboard.

Homework

4. Hand out *Constructing Pelvic Models* to everyone and give groups 10 minutes to discuss ideas for constructing their assigned model and what materials each student will bring from home.



Preparation Needed Before Class

Reflections

Discuss the following questions:

1. What questions do you have at this point?
2. What are you looking forward to about constructing your models in this way?



Total Time:

15 minutes



Materials



Constructing Pelvic Models handout for each peer educator

The Real Thing:

Constructing Pelvic Models¹

Directions

The next time class meets, you will be building a 3D pelvic model in your assigned group. As a team, you have been assigned to create a model to scale of either a body with a vulva or a body with a penis. Your model must include the following parts, which should be clearly labeled:

- **Model for Body with Penis/Testicles:**

Penis, testicles, scrotum, urethra, anus, vas deferens, epididymis, seminal vesicle, prostate gland

- **Model for Body with Vulva/Ovaries:**

Vulva, labia, clitoris, vagina, cervix, uterus, fallopian tubes, ovaries, urethra, anus

Your group will present their model, point out the reproductive organs, describe their function, and explain how a pregnancy could occur. Work together as a team to come up with materials you will each bring from home to help construct these models. Refer to the sample list of possible materials or use your creativity to come up with your own.

Possible materials:

- Large piece of cardboard
- Colored paper
- Scissors
- Tape
- Glue
- Yarn
- Fur
- Cloth
- Styrofoam balls
- Dried beans
- Pipe cleaners
- Noodles
- Almonds
- Rice
- Buttons
- Straws
- Pipe cleaners
- Balloons
- Foil
- Baggies

Adapted from Center for Family Life Education, PPGNNJ, Positive Images: A New Approach to Contraceptive Education, Brick and Cooperman, 1987.

The Real Thing: Constructing Pelvic Models

Bridge

Build a bridge from the last activity. For example, “In the last activity we…” or “Yesterday, we learned…” and connect it to the theme.

Theme

The purpose of this activity is to demonstrate an understanding of the process of reproduction in preparation for the pregnancy prevention unit.

Directions

1. Have peer educators retrieve both of their *Reproductive Anatomy* handouts.
2. Ask students to name the reproductive organs using the handout as a guide.
3. Have peer educators break into the groups they were assigned during the last session. Give groups 30 minutes to construct their 3D pelvic models using the materials they were assigned to bring in from home.
4. Have each group present their model, naming all of the parts and describing the functions.
5. Ask for one volunteer each from each group to describe how fertilization takes place.

Reflections

Discuss the following questions.

1. Why is it important to understand how the reproduction system works? (*Understanding how a pregnancy can occur can help us understand how to avoid an unintended pregnancy.*)
2. How will understanding reproduction help us when we learn about the birth control methods? (*If we understand how pregnancy can occur, we will be able to understand how the different methods work to prevent pregnancy.*)
3. Some birth control methods, like the condom, are called barrier methods. What does the condom form a barrier between? (*The sperm and the egg; body parts and fluid exchange*)
4. Some birth control methods are called hormonal methods. What part of the reproductive system do you think those methods affect? (*The ovaries, cervical mucus, and lining of the uterus*)

 **Total Time:**

90 minutes

 **Materials**

- A set of labels for each group
- Glue, scissors, colored paper, and markers for each group

NOTE:

Keep the models and refer to them during the Pregnancy Prevention Unit, asking students to show how various methods work on their models.

Human Reproduction Video

Bridge

Build a bridge from the last activity. For example, “In the last activity we…” or “Yesterday, we learned…” and connect it to the theme.

Theme

The purpose of this activity is to reinforce the learning from the unit with a real-life look at the process of human reproduction.

Directions



Preparation Needed Before Class

Choose the video you wish to show to the class ahead of time. Possible choices include:

- *The Miracle of Life* and PBS’s *Life’s Greatest Miracle*, Chapters 2 & 3.
- Check <http://www.pbs.org/wgbh/nova/body/life-greatest-miracle.html> for online viewing of the *Life’s Greatest Miracle*.

Additional options to consider for your classroom include:

- Amaze.org’s Human Reproduction: <https://youtu.be/OejdOS4IqcE>
- CrashCourse on YouTube – The Reproductive System: How Gonads Go: https://www.youtube.com/watch?v=_7rsH2loIY8&list=PL3EED4C1D684D3ADF&index=35&t=0s
- National Geographic Channel’s Naked Science on YouTube – Life Before Birth: In the Womb: <https://www.youtube.com/watch?v=0gAsdEUNUJY>

1. Show your selected video to the class.

Reflections

Discuss the following questions.

1. What stood out most to you from the video?
2. What points did the video reinforce that you had learned in this unit?
3. What questions remain about the process of human reproduction, if any?



Total Time:

30-60 minutes



Materials

- Human reproduction video of your choice



Unit References

1. Center for Family Life Education, PPGNNJ, Positive Images: A New Approach to Contraceptive Education, Brick and Cooperman, 1987.

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Curriculum Feedback Form

Unit 4: Puberty & Human Reproduction



Name of Advisor: _____

School: _____

Today's Date: _____

No. of (40-45 min.) class periods to complete unit: _____

No. of (80 min.) class periods to complete unit: _____

Please circle the month the unit was taught:

September October November December January February March April May

Advisor feedback is critically important in developing and revising curricular resources that work for schools. We appreciate you completing this form (or logging into www.supportiveschools.org/teenpepcurriculum to complete it online) so we can use your feedback in our process!

Please consider responding to any or all of the following questions in your feedback:

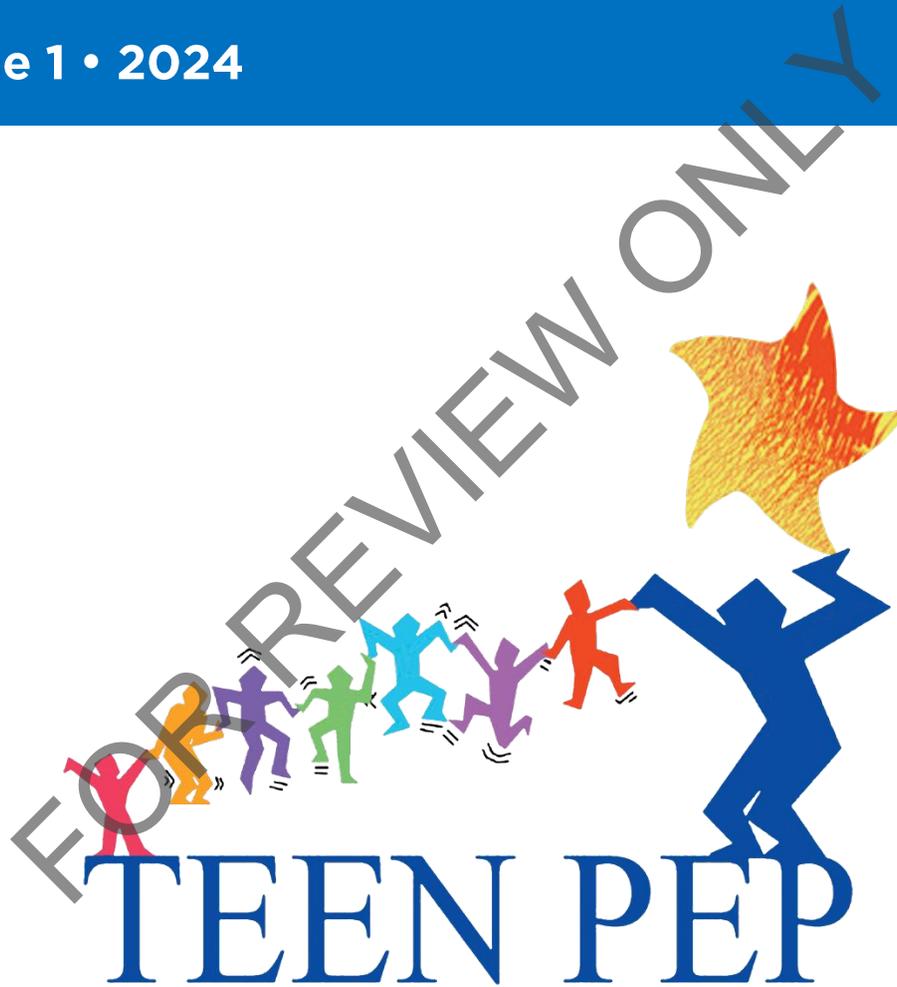
- How effective were the activities in increasing students' knowledge?
- How engaging were the activities for students?
- How clear are the objectives and directions for each activity?
- What, if anything, did you do differently for a particular activity? Why? What was the result for your group?

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Unit Five

Pregnancy Prevention

Volume 1 • 2024



TEEN PREVENTION EDUCATION PROGRAM

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TEEN PREVENTION EDUCATION PROGRAM
Unit Five
Pregnancy Prevention

★ **Pregnancy Prevention Overview**..... 1
(15 minutes)

★ **Learning Contraceptive Methods**..... Homework 3
(5 minutes)

★ **Pregnancy Prevention Barriers**..... 5
(20 minutes)

★ **Problem-Solving the Barriers** 8
(20 minutes)

★ **Teen Pregnancy: The Real Deal**..... Homework 17
(40 minutes)

★ **The Price of Parenthood**..... 21
(10 minutes)

★ **A Day in the Life** 23
(45 minutes)

★ **Presenting Contraceptive Methods**..... 27
(120 minutes)

★ **What is Abstinence?**..... 44
(30 minutes)

★ **Creating a Resource List of Local Clinics**..... Homework 47
(15 minutes)

★ **Pregnancy Prevention: Unit End Quiz**..... 50
(30 minutes)

★ **School-Wide Campaign Check-In**..... 55
(5 minutes)

★ **Parent/Guardian-Teen Homework**..... Homework 57
(5 minutes)

Pregnancy Prevention Overview

Bridge

Build a bridge from the last activity. For example, “In the last activity we...” or “Yesterday, we learned...” and connect it to the theme.

Theme

The purpose of this activity is to provide peer educators with a general overview of the topics to be discussed in the unit.

Directions

1. Hand out *Pregnancy Prevention: Overview*.
2. Have students go around, reading aloud one paragraph at a time.

Reflections

Discuss the following questions:

1. What is your reaction to the statistics about the U.S. pregnancy rates?
2. How is teen pregnancy viewed or portrayed in the media? Has the media been helpful or harmful in preventing teen pregnancy?
3. How do you think this unit will help your peers avoid unintended pregnancy?
4. Take a look at the workshop take home messages. Which ones do you think will be the most helpful?



Total Time:

15 minutes



Materials

- Pregnancy Prevention Overview* handout for each peer educator

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Pregnancy Prevention Overview

The United States has one of the highest teen pregnancy rates in the developed world—twice as high as England, Wales, and Canada, and eight times as high as the Netherlands and Japan¹. While teens in the U.S. are not more likely to have sex than other teens around the world, they are less likely to use contraceptives consistently. This may be due in part to less access to birth control methods and less social acceptance of teen sexuality². Alarmingly, more than 750,000 teens become pregnant every year in the United States³. However, US birth rates have been declining in recent years (2017) with rates falling 10% for ages 12–17 years and 6% for ages 18–19 years⁴. The consequences of teen pregnancy are many; teen parents are less likely to finish high school, go to college, and be financially stable. Children born to teen mothers are more likely to be premature, be born into poverty, suffer from neglect, and become teen parents themselves. Still, many teens make the decision to have unprotected sex and, as a result, place themselves at risk for having an unintended pregnancy. In fact, a sexually active teen that does not use birth control has an 85% chance of becoming pregnant within a year⁵.

There are many barriers that prevent teens from being abstinent, from using a reliable form of birth control, or from accessing the appropriate reproductive healthcare services. This unit provides solutions to common barriers and provides information on abstinence, the best way to prevent pregnancy, as well as other reliable methods. In addition, peer educators will explore the consequences of teen pregnancy and parenthood.

Objectives



By the end of this unit, you should be able to:

- Identify at least five solutions to barriers that get in the way of teens using condoms, other birth control methods, and going to a clinic
- List at least five qualities that are important to consistently using abstinence as a method of birth control
- Describe how to correctly use ten birth control methods
- Identify the location of and list of services for a local clinic
- Describe three ways becoming a teen parent could negatively impact one's life

Take Home Messages



As peer educators, you will also be expected to make sure workshop participants understand the following Take Home Messages:

- There are many solutions to the barriers that get in the way of using condoms, other birth control methods, or going to a clinic.
- A sexually active couple must use a reliable method of birth control correctly and every time they have sex, in order to prevent pregnancy.
- Abstinence is the only 100% effective way to prevent pregnancy.
- Becoming a teen parent will have a dramatic impact on one's life and is 100% preventable.

Learning Contraceptive Methods

Bridge

Build a bridge from the last activity. For example, “In the last activity we...” or “Yesterday, we learned...” and connect it to the theme.

Theme

The purpose of this activity is to help peer educators become knowledgeable about and be able to explain some commonly used contraceptive (birth control) methods.

Directions

1. Divide peer educators into pairs or triads, assigning one or two methods to each group so that all 11 methods are covered.
2. Give each group a bag containing the method and a condom.

Condoms are in each bag (except internal/female condom) to reinforce the message that for couples capable of unintended pregnancy (heterosexual, bisexual and queer partners), it is important for both partners to use a method. This offers the best protection. Methods to be covered are:

- a. External/Male Condom
- b. Internal/Female Condom
- c. Spermicide: Film, Foam, Gel, Suppository
- d. Diaphragm/Sponge
- e. Hormonal Birth Control Pills
- f. The Patch
- g. The Ring
- h. The Shot
- i. Intra-uterine Device (IUDs)
- j. Implants
- k. Emergency Contraceptive Pills (ECPs)



Note:

Abstinence will be presented as a method of birth control by advisors after student presentations in *What is Abstinence?*



Total Time:

5 minutes



Materials

- 11 bags, each containing a different contraceptive method, description of how that method is used, a sample
- External condoms, Internal condoms
- Spermicides, Diaphragm/Sponge
- Hormonal Birth Control Pills
- The Patch, The Ring, The Shot
- IUDs, Implants
- Emergency Contraception Pills

Note:

Obtain samples of each method for students to examine during the class. Contact a local health clinic, a gynecologist's office, or a pharmaceutical company to request informational materials and free samples. You can also purchase over-the-counter methods at a drug store.

Faculty advisors should assist each student group to make sure they understand how to demonstrate their method. Be prepared to offer correct information and answer questions as they present each method to the large group.

Homework

3. Have groups research their assigned method and prepare a 5-10 minute presentation for the class during *Presenting Contraceptive Methods*. Encourage groups to find a creative way to explain and demonstrate their method. The following information should be included in the presentation:
 - a. Type of method (Abstinence, Barrier, Hormonal)
 - b. How the method works
 - c. How to use the method
 - d. Effectiveness
 - e. How and where to obtain method
 - f. Approximate cost
 - g. Pros and cons



Note:

Students should use reliable resources in conducting this research. Refer students to the following websites:

- <http://www.cdc.gov/reproductivehealth/unintendedpregnancy/contraception.htm>
- www.fda.gov/ForConsumers/ByAudience/ForWomen/FreePublications/ucm313215.htm
- www.familydoctor.org
- www.plannedparenthood.org/learn/birth-control
- www.sexetc.org
- www.stayteen.org
- www.womenshealth.gov
- www.youngwomenshealth.org

Reflections

Discuss the following questions:

1. What is your reaction to the statistics and facts you have found in your research on your method?
2. How is your method viewed or portrayed in the media? How knowledgeable are teens about your method?
3. How do you think your presentation will help teens avoid unintended pregnancy?
4. What pieces of information about your method do you think will be the most helpful for others to know?

Pregnancy Prevention Barriers

Bridge

Build a bridge from the last activity. For example, “In the last activity we...” or “Yesterday, we learned...” and connect it to the theme.

Theme

The purpose of this activity is to **examine the barriers to teens’ usage of contraceptives and utilization of clinic-based care.**

Directions

1. Have the group brainstorm answers to the question, “Why Don’t Some Teens Use Condoms?”. Record responses on newsprint.

Sample list:

Why Don’t Some Teens Use Condoms (External/Internal)?

- Think it doesn’t feel right
- Embarrassed to bring up topic
- May feel Awkward to use
- Didn’t plan on having sex—“it just happened”
- Think it Spoils the mood
- Don’t know how to use them or where to get them

2. Discuss the following questions:

- a. Why is it important to use a condom? (*Highly effective in reducing the risk of pregnancy, STIs, and sexually transmitted HIV*)
- b. What message do you send if you do use a condom? (*Shows you care about yourself and your partner and each other’s health*)
- c. What message are you or your partner sending if either person doesn’t want to use a condom? (*You’re willing to put you and your partner at risk for pregnancy, STIs, or HIV*)
- d. What makes it easier to use condoms? (*When partners are informed, care about each other, have good communication, have access to condoms, and are concerned about preventing pregnancy, STIs, and HIV/AIDS.*)
- e. What are some other methods of birth control, besides condoms? (*Internal/Female condom, spermicides, birth control pills, the ring, the patch, the shot, IUD, implant, diaphragm, sponge, emergency contraceptive, abstinence*)

 **Total Time:**

20 minutes



This activity appears in the workshop



Materials

- Newsprint and markers

- f. What are some other methods of birth control, besides condoms? (*Internal/Female condom, spermicides, birth control pills, the ring, the patch, the shot, IUD, implant, diaphragm, sponge, emergency contraceptive, abstinence*)
- g. Of these methods, which is 100% effective in preventing pregnancy? (*Abstinence*)
3. Have the group brainstorm answers to the question, “Why Don’t Some Teens Use Other Birth Control Methods?”. Record responses on a new piece of newsprint.

Sample list:

Why Don’t Some Teens Use Other Birth Control Methods (Hormonals)?

- Don’t have money
- Don’t know how to use them
- Don’t know how to get them
- Afraid to go to the doctor or clinic
- Worried about possible side effects
- Don’t think they’ll get pregnant the first time or any time

4. Discuss the following questions.
- a. What similarities do you notice about this list and the list about condom use? What are the differences?
- b. What are some benefits of using these other methods of birth control? (*They are effective ways to reduce the risk of pregnancy and provide both partners with control in protecting themselves.*)
- c. Why do we recommend that for couples capable of unintended pregnancy (heterosexual, bisexual and queer partners) who are not abstinent use both a condom and another hormonal method of birth control? (*To help reduce the risk of both pregnancy and STIs/ HIV, as a backup, and because both partners share responsibility*)
5. Have the group brainstorm answers to the question, “Why Don’t Some Teens Go to a Clinic/Health Center?”. Record responses on a new piece of newsprint.

Sample list:

Why Don’t Some Teens Go to a Clinic?

- No transportation
- No money
- Aren’t sure where to go
- Afraid to go alone
- Afraid parents or others will find out
- Embarrassed to be seen there

6. Discuss the following questions.
 - a. What are the benefits of going to a clinic if you are sexually active? (*It is an affordable and confidential way to get accurate information, access birth control, receive STI & HIV testing for you and your partner.*)
 - b. Why is it important for couples to go to the clinic together? (*Social support, shared responsibility, to get the same information to make informed decisions together*)
 - c. What assumptions do some teens make about their peers who use clinics?
 - d. How would knowing more about the services provided at a clinic help teens feel better about using one?

7. Explain that all of the items on the three lists are considered “barriers” that get in the way for teens. There are many ways peer educators can help their peers overcome the barriers that keep them from using protection and accessing health services.

Reflections

Discuss the following questions:

1. What is your reaction to the barriers that get in the way for teens using and accessing condoms, birth control, and clinic-based healthcare?
2. How are clinics and healthcare centers viewed or portrayed in the media? Has the media been helpful or harmful in encouraging teens to access care?
3. What are some solutions to these barriers?

FOR REVIEW ONLY

Problem-Solving the Barriers

Bridge

Build a bridge from the last activity. For example, “In the last activity we...” or “Yesterday, we learned...” and connect it to the theme.

Theme

The purpose of this activity is to examine and problem-solve some of the barriers that may get in the way of teens using condoms, other birth control methods, and going to a clinic for sexual health care.

Directions

1. Divide peer educators into pairs or triads and hand out at least one *Solution Card* to each group.
2. Place the entire stack of *Barrier Cards* face down in the middle of the circle on the floor. Read the following directions:
 - a. I will flip a *Barrier Card* face up in the middle of the circle and briefly describe what the image on the card represents.
 - b. Everyone will then look at their *Solution Card(s)*. If you have a solution that might help a teen to overcome this barrier lay card down so others can see.
 - c. Each pair/triad who lays a card down will have a chance to explain how they think it could help a teen overcome the barrier.
 - d. I will guide us in a discussion about the solutions using some additional questions, and then if any other group wants to add a *Solution card* they can.
 - e. Once all of the solutions have been discussed, you'll pick up your *Solution Cards* and I will flip a new *Barrier Card*.
 - f. You can offer the same solution for multiple barriers if you think it fits!
 - g. We'll repeat this process until all of the *Barrier Cards* have been thoroughly discussed.
3. Use the *Solution Discussion Questions Facilitator's Guide* for each card to make sure students have a good understanding of how the solution can address the barrier. The first time a solution is offered, be sure to discuss each question for that solution. The next time that solution is offered, only ask the discussion questions that apply.



Total Time:

20 minutes



This activity appears in the workshop



Materials

- 1 set of *Barrier Cards*
- 1 set of *Solution Cards*
- Solution Discussion Questions Facilitator's Guide* for each advisor

Reflections

Discuss the following questions:

1. What did this activity help you think differently about?
2. Why do you think it's important for young people to think about barriers and solutions in this way?

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Solution Discussion Questions

Facilitator's Guide

Accurate information

1. Where can you go to get accurate information on this topic?
2. How can you double-check what you've heard or read?
3. How do you know you've found a reliable source?

Confidentiality

1. What does confidentiality mean? (*Confidentiality is defined as ensuring that information is available only to those who have consent to knowing it*)
2. How is confidentiality helpful in overcoming this barrier?

Reliable Internet search

1. What search terms would you use in this situation?
2. What would you look for to make sure you have a reliable internet/online source? (*The site represents a credible organization or scholarly article, check to see if domain site is credible such as uses "edu" "gov" or "org", the information is not older than 5 years, and the document or website has a link to other references that can be fact checked*)
3. If you are worried about privacy in conducting internet searches, what should you do?

Local health clinic

1. What are the places in our community where you can go for care?
2. What services do they provide?
3. What can you do if you are worried about privacy?

Open and honest relationship

1. How would an open and honest relationship help in this example?
2. What would individuals need to be open and honest about?
3. What, specifically, would they say?

Public transportation

1. What are the specific buses/trains you can take to get to a location?
2. How easy is it for you to take public transportation?
3. What information or support do you need in order to use public transportation?

Sliding-scale fees

Make sure everyone understands what this means—a person will pay for services based on their ability to pay. Individuals with different financial resources will pay different amounts.

1. Why do you think some places offer this as an option?
2. How would you ask about this at a clinic?

Take a friend or partner with you for support

1. How can a friend be supportive or helpful in overcoming this barrier?
2. What could your friends do or say to be helpful in this situation?
3. How would you ask them for their support?

Talking with partner

1. Why is this important in addressing this specific barrier?
2. What do you need to talk about in this situation?
3. How would you get over the fear of talking to your partner?
4. What is an example of something you could say?

Teen PEP peer educator

1. How can you, as a peer educator, help in this example?

Trusted adult

1. How do you know which adults you can trust? What do they do to gain your trust?
2. Why might an adult perspective be important in this situation?
3. Do you feel comfortable talking with your parents/guardians/caregivers about these issues? Why or why not?
4. What would make it easier to talk to your parents/guardians/caregivers?

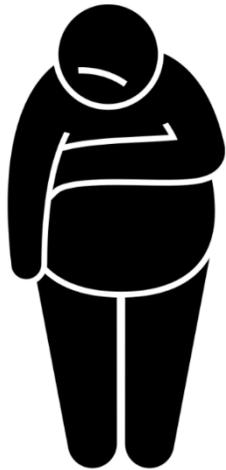
**Note:**

It is recommended that teens speak with parents/guardians /caregivers or another trusted adult when seeking health services.

Barrier Cards

(Print on card stock and cut out)

Barrier:



Embarrassment

Barrier:



No transportation

Barrier:



No money

Barrier:



**Don't know where
or when to go**

Barrier Cards

Barrier:



Afraid others
will find out

Barrier:



Don't know how to
use birth control

Barrier:



Believe in
condom myths

Barrier:



"It can't happen
to me."

Solution Cards

(Print on card stock and cut out)

Solution:



Talking with partner

Solution:



Sliding-scale fees

Solution:



Take a friend with you for support

Solution:



Public transportation

Solution Cards

Solution:



**Reliable
Internet search**

Solution:



**Accurate
information**

Solution:



Confidentiality

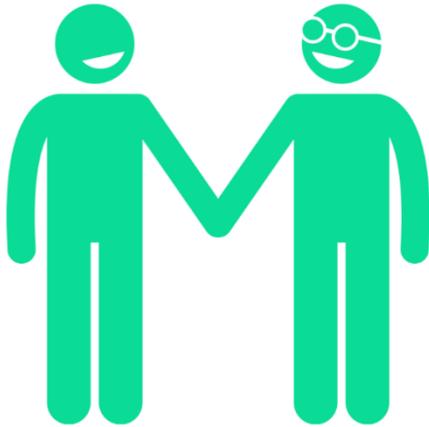
Solution:



Local health clinic

Solution Cards

Solution:



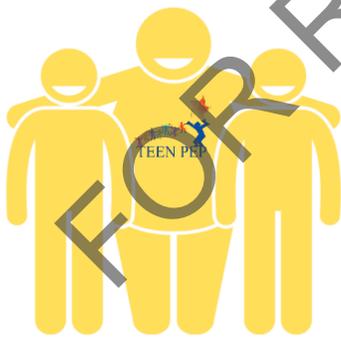
Open and honest relationship

Solution:



Trusted adult

Solution:



Teen PEP Peer Educator

Teen Pregnancy: The Real Deal

Bridge

Build a bridge from the last activity. For example, “In the last activity we...” or “Yesterday, we learned...” and connect it to the theme.

Theme

The purpose of this activity is to provide students with the opportunity to think about how they might react to an unintended pregnancy.

Directions

1. Remind students that in the previous activity, you discussed some of the reasons why teens don't use condoms and other forms of birth control. Highlight the fact that even though there are many solutions to those barriers, there are times when some teenagers will choose to have unprotected sex.
2. Discuss the following questions:
 - a. Under what circumstances might a teen decide to have sex without using an internal/external condom or other birth control methods?
 - b. What would you want your peers to think about in one of these situations? (*The possible consequences of unintended pregnancy and/or STI/HIV, how pregnancy would change their life, not meeting goals, disappointing parents, impacts on their relationships*)
3. Hand out a piece of lined paper to everyone.
4. Read the following directions:
 - a. I'm going to read a scenario.
 - b. We ask that you take this activity seriously and try to really imagine this scenario is happening in your life.
 - c. At certain points, we will pause for a minute and have you write responses to our prompts.
 - d. There should be no talking—only listening to the scenario and responding to the questions as they are asked.
5. **Begin reading:**

You are a junior/senior in high school. You just finished your mid-terms and have great grades in all of your classes. You are really looking forward to the rest of the year and can't wait to go to the prom with your new partner.



Total Time:

40 minutes



Materials

- Lined paper for each participant
- The Price of Parenthood* handout for each peer educator

On Saturday you go to your friend's birthday party. It was one of the best parties you've been to. Afterwards, you hang out with your partner. You have been together for 5 months and have had sex a few times, always with protection. On this night, you get so caught up in the moment that you have unprotected sex.

The next morning, you think about what happened.

(Pause #1)

Ask students to write their responses to the following question:

- a. What are the thoughts running through your mind the next morning?

Continue reading:

That day, you and your partner talk about what happened. Neither of you are really worried and don't think there is a chance of pregnancy. You have sex again, but this time make sure you use a condom.

A few weeks go by, and (if you are female bodied with a uterus) you start to feel nauseous and very tired at school one day. You also notice that you've been really moody.

A few weeks go by, and (if you are male bodied with testicles) your partner tells you they've been feeling sick and tired all the time. You also notice how moody they've been.

(Pause #2)

Ask students to write their responses to the following question:

- b. What are your thoughts now given this new information?

Continue reading:

(If you are female bodied with a uterus) Your partner suggests getting a pregnancy test. You buy a package that includes two tests. Your partner comes over and you take the first pregnancy test.

(If you are male bodied with testicles) You suggest they go get a pregnancy test. They get a package that includes two tests. You go over to their house and they take the first test.

The two of you wait three minutes in silence for the test results, starting now.

(Pause #3 for three minutes)

After three minutes, ask students to write their response to the following question:

- c. What was going through your mind during the last three minutes?

Continue reading:

The first test comes back positive. You take another test. Still Positive.

(Pause #4)

Ask students to write their responses to the following questions:

- d. How are you feeling? What are your next steps?
- e. Imagine sharing this information with your family and friends. What will they say?

6. Remind students that pregnancy is a real potential consequence to having unprotected vaginal sex, and that any sexually active couple capable of unintended pregnancy (heterosexual, some bisexual and queer partners) is at risk if they don't decide to use effective protection.
7. Share that a person/couple has several options for how to deal with an unintended pregnancy (i.e., adoption, abortion, parenthood). For now, your group will explore in further detail the option of teen parenthood. Discuss the following question.
 - a. When you think about being a teen parent at this point in your life, what comes to mind? (*How will that situation impact your life, your partners life, the potential life of your child if you choose parenthood; what changes will you have to make; what will you need to consider when making your decision*)
 - b. What are some other methods of birth control, besides condoms? (*Internal/Female condom, spermicides, birth control pills, the ring, the patch, the shot, IUD, implant, diaphragm, sponge, emergency contraceptive, abstinence*)

Homework

8. Hand out *The Price of Parenthood*. Have everyone complete it as a homework assignment.

**Note:**

If you have time in class to complete *The Price of Parenthood* worksheet together, ensure you have access to the internet or handouts with the information needed so that peer educators can still conduct research to fill in the worksheet.

Reflections

Discuss the following questions:

1. What was it like for you to participate in this activity?
2. What made it easy or challenging?
3. What did you get out of this exercise? What are your takeaway messages?



The PRICE of PARENTHOOD

Using the worksheet below, conduct in-store or internet research to determine the costs of the following items or services you'll need for your newborn.

Upfront Expenses (for the first year)

Item	Cost
Clothing	
Car Seat	
Stroller	
Crib with mattress and sheets	
Baby Bathtub	
Baby Care Products (soap, lotion, shampoo, clippers, pacifiers, bottles, bibs, etc.)	(about \$300)
Total	\$

Monthly Expenses for Infant

Item/Service	Monthly Quantity Needed for the Average Infant	Total Monthly Cost
Formula	About 12 12oz cans of dry formula	
Diapers (disposable or cloth)	About 400-600 diapers	
Ointment	About 2-3 tubes	
Wet wipes	About 3-4 packages	
Childcare	Depends upon frequency, quality, etc.	
Total		\$

Monthly Living Expenses

Item/Service	Total Monthly Cost
Utilities (electric, gas, water, cell/telephone, cable/streaming service, and internet)	
Groceries for teen parent(s)	
Medical Expenses (teen parent(s) and child)	
Transportation (public transportation or gas/insurance/maintenance of vehicle)	
Total	\$

The Price of Parenthood

Bridge

Build a bridge from the last activity. For example, “In the last activity we...” or “Yesterday, we learned...” and connect it to the theme.

Theme

The purpose of this activity is to provide students with the opportunity to think about how they might react to an unintended pregnancy.

Directions

1. Have everyone retrieve their completed *Price of Parenthood* handout.
2. Lead the group in a brief report out by recording tally marks for each category of expenses according to the following:

Upfront Expenses

Ask how many students had up-front expenses that were:

- less than \$1,000
- between \$1,000 and \$1,200
- more than \$1,200

Upfront Expenses	
>\$1,000	
\$1,000 - \$1,200	
<\$1,200	

Monthly Expenses

Ask how many students had monthly expenses that were:

- less than \$1,200
- between \$1,200 and \$1,400
- more than \$1,400

Monthly Expenses	
>\$1,200	
\$1,200 - \$1,400	
<\$1,400	

 **Total Time:**

10 minutes



Materials

- Newsprint and markers
- Completed *The Price of Parenthood* handout

Monthly Living Expenses

Ask how many students had living expenses that were:

- less than \$900
- between \$900 and \$1,200
- more than \$1,200

>\$900	
\$900 - \$1,200	
<\$1,200	

3. Conclude this report out by summarizing the range of expenses that students calculated.

Reflections

Discuss the following questions:

1. What surprised you most from this assignment?
2. How would you cover the expenses?
3. Considering the jobs available for teenagers, how much money can you expect to make? How many hours do you think you would have to work to cover these expenses?
4. What surprised you most from this assignment?
5. How would you cover the expenses?
 - a. Considering the jobs available for teenagers, how much money can you expect to make?
 - b. How many hours do you think you would have to work to cover these expenses?

A Day in the Life

Bridge

Build a bridge from the last activity. For example, “In the last activity we...” or “Yesterday, we learned...” and connect it to the theme.

Theme

The purpose of this activity is to provide students with the opportunity to think about how their schedule might change after an unintended pregnancy.

Directions

1. Let students know that in addition to balancing income and expenses, having a baby will require them to balance and manage their time in new ways. This activity will help us identify the time necessary to properly care for a baby while meeting other responsibilities.
2. Hand out *A Day in the Life* and give everyone 10 minutes to complete it.
3. Discuss as a large group the following questions:
 - a. How was the experience of making your schedule?
 - b. What was surprising?
 - c. What was the hardest thing to give up?
 - d. How many hours of sleep did you end up getting, and how does this compare to your current sleeping pattern?
4. Explain to peer educators that life as a teenage parent will not always allow for tightly planned schedules; that sometimes things will happen during the day to cause interruption and change plans.
5. Break everyone into pairs.
6. Post the following questions on newsprint:
 - a. How will this hardship interfere with your schedule?
 - b. What impact will this have on you?
 - c. What would you have to do to deal with this unexpected occurrence?
7. Read the following directions:
 - a. I will read scenarios to you.



Total Time:

45 minutes



Materials

- A Day in the Life* handout: single-sided, not stapled for each peer educator

- b. After each, we will pause for 2-3 minutes so pairs can discuss the questions displayed on the newsprint.
- c. For each scenario, we will hear from two pairs about how they would deal with the situation.

Scenario 1: Your parent/guardian/caregiver agreed to baby-sit for a few hours after school but is now sick.

Scenario 2: You get a call in the middle of the school day because your baby has a fever and needs to see the doctor—you must leave school to do so. You will need to make up the in-class essay you were working on tonight for homework.

Scenario 3: Your baby gets a cold and is awake every hour throughout the night crying.

Scenario 4: You were sick for three days and now have to work a double shift and make up missed schoolwork.

Scenario 5: In the morning when you're getting ready for the day you realize there are no more diapers.

- 8. Discuss the following questions as a large group.
 - a. In this activity you assumed responsibility without help from a partner. How common do you think this is? (*Eight out of 10 couples don't get married and most couples don't stay together at all.*)
 - b. Imagine your partner leaves or dumps you and you have sole responsibility for the child. What might you have to give up? How would life as a single parent have an impact on you?
 - c. How could this situation have been avoided? (*Abstaining, which is the only 100% effective method; using external/internal condoms, hormonal birth control, or emergency contraception*)
- 9. Remind students that this situation is preventable and that an unintended pregnancy can be avoided by choosing abstinence or greatly reduced by using an external/internal condom every time along with another reliable hormonal method of birth control.
- 10. Ask students to **think about** the following questions, **but do not discuss answers as a class.**
 - a. What decision would you make to prevent this from happening to you?
 - b. If at some point you want to change your decision, what will you need to do? For example, if you chose abstinence now, but choose to have sex later, what do you need to do? If you are sexually active now, but chose to be abstinent later, what will you need to be successful?

Reflections

Discuss the following questions:

- 1. Having experienced these activities, how does the reality of teen parenthood compare to your initial assumptions or what you have seen on TV?
- 2. What are you taking away with you now?



A Day in The Life



Purpose

The day in the life of a teenage parent can be hectic. In any given day, there are so many things to juggle. In this activity, you are the teenage parent who needs to incorporate the necessary activities for the day into the 24-hour time frame by completing the following three steps.

Directions

Follow steps 1-4 in order, using a pencil to fill in the chart on the second page of this handout. Time allotments have been provided for some of the activities; the others can be scheduled in whatever way works best for you. Assume that your partner is not present to help you with any of these activities today.

Step 1



You have to work a three-hour shift in order to support your child. Fill in any three-hour block you choose to work first.

Step 2



Your baby must be fed, burped, and have a diaper change every three hours from the time the last feeding started. This process takes one hour to complete. Following the schedule that you started at midnight, fill in the rest of the needed feeding times when you are with the baby.

Step 3



Choose activities from the following list and complete the chart by filling in any empty time slot that is left.

- Homework
- Afterschool club meeting or sport
- Sleeping
- Getting yourself ready for school
- Eating breakfast
- Eating dinner
- Doing household chores
- Take baby to childcare
- Pick up baby from childcare
- Tend to baby's needs/quality time
- Give baby a bath
- Hanging out with partner
- Hanging out with friends
- Put baby to sleep
- Personal time (internet, TV, etc.)

Step 4



Circle the things that you included on your list and cross off any activities that did not make it into your schedule.

handout

 Time	Activity 
12:00 am	Baby wakes up, cries until you feed, change, and rock back to sleep
12:30 am	
1:00 am	
1:30 am	
2:00 am	
2:30 am	
3:00 am	Baby wakes up, cries until you feed, change, and rock back to sleep
3:30 am	
4:00 am	
4:30 am	
5:00 am	
5:30 am	
6:00 am	Feed and change baby
6:30 am	
7:00 am to 2:30 pm	School and travel time
2:30 pm	
3:00 pm	
3:30 pm	
4:00 pm	
4:30 pm	
5:00 pm	
5:30 pm	
6:00 pm	
6:30 pm	
7:00 pm	
7:30 pm	
8:00 pm	
8:30 pm	
9:00 pm	
9:30 pm	
10:00 pm	
10:30 pm	
11:00 pm	
11:30 pm	

FOR REVIEW ONLY

Presenting Contraceptive Methods

Bridge

Build a bridge from the last activity. For example, “In the last activity we...” or “Yesterday, we learned...” and connect it to the theme. For this activity, be sure to also bridge back to *Learning Contraceptive Methods* from the beginning of the unit.

Theme

The purpose of this activity is to become knowledgeable about and be able to explain some commonly used contraceptive (birth control) methods.

Directions

1. Have students sit in their contraceptive methods group.
2. Hand out *Contraceptive Methods Worksheet* to take notes when the other groups present.

Remind groups that the following information should be included in their creative presentation:
 - a. Type of method (Abstinence, Barrier, Hormonal)
 - b. How the method works
 - c. How to use the method
 - d. Effectiveness
 - e. How and where to obtain
 - f. Approximate cost
 - g. Pros and cons
3. Have each group conduct their 5-10 minute presentation. If any misinformation is delivered, be sure to correct it before moving on.
4. Hand out a packet of all *Contraceptive Methods* and remind them that they will be responsible for knowing this information for the workshop.
5. Read the following statement to peer educators, explaining that it is important they understand the information, as it will come up during their pregnancy prevention workshop.

 **Total Time:**

120 minutes

 **Materials**

- Contraceptive Methods Worksheet* handout for each peer educator
- Contraceptive Methods* handout for each peer educator (given to students after all presentations are completed)

Family planning experts recommend Long-Acting Reversible Contraception (LARC) as the most effective methods for preventing teen pregnancy. They include the Implant, the IUD, and the Depo Provera shot. These methods are not dependent upon remembering to use or take the method each day because they last from 3 months to 10 years. They are also reversible: a female-bodied persons' fertility is restored whenever they stop using the method.

Reflections

Discuss the following questions:

1. Which method did you know the least about? What is something you learned about that method?
2. What does LARC stand for? (*Long-acting reversible contraception*) Which methods are considered LARC methods? (*Depo Provera shot, Intra-Uterine Devices [IUDs], implants*)
3. What is the advantage of a teen or young adult using a LARC method? (*They last a long time; doesn't have to remember every day; they are highly effective; cost effective over time*)
4. How would you respond if one of your small group participants made this statement: "I don't use birth control pills because they can make it harder to have a baby later in life."

(There is no evidence that any of the birth control methods cause someone not to be able to become pregnant once they stop the method. It is a myth that birth control pills or other hormonal methods cause infertility.)

FOR REVIEW ONLY

External/Male Condom



Type of Method: Barrier Method

What is it? How does it work?

An external/male condom is a thin membrane made of latex or polyurethane that fits over the erect penis to catch semen when ejaculation happens during sexual intercourse. Condoms protect against both unintended pregnancy and STIs/HIV. External/male condoms are used during sexual intercourse (oral, vaginal, or anal sex), between partners.

The most effective condoms:

- Are made from latex, or polyurethane or polyisoprene if allergic to latex
- Have a reservoir tip to collect semen at ejaculation
- Are lubricated and used with spermicides

How effective is it?⁷

- 98% effective for preventing pregnancy if used correctly every time
- Very effective in reducing the risk of HIV, chlamydia, gonorrhea, and syphilis; and partially effective in reducing the risk of herpes and HPV.

Tips for Using a Condom Correctly

- Check the package for its expiration date.
- Open the package carefully (not with teeth).
- Never use oil-based lubricants with a condom (baby oil, Vaseline, petroleum jelly, or skin lotions). Use only water-based lubricants.
- Put the condom on before you begin to have sexual intercourse—before the penis touches the other person.
- Place the unrolled condom on the head of the erect penis. With one hand, squeeze the air out of the tip of the condom, and with the other hand, unroll the condom to the base of the penis.
- After ejaculation, before the penis becomes limp, withdraw the penis, holding the rim of the condom against the base of the penis with your fingers, to prevent the condom from falling off and/or semen from spilling.
- Dispose of used condoms in the trash, not the toilet. Do not reuse condoms.

Pros

- There are no serious side effects.
- Anyone can buy external/male condoms in a store without a prescription.
- External/male condoms protect against pregnancy, HIV, and other STIs.

Cons

- Side effects include possible allergic reactions to spermicide or latex. If a rash occurs, use a polyurethane or polyisoprene condom, or try condoms with a different spermicide.

Where can you get it?

External/male condoms can be purchased at drug stores or supermarkets. Anyone can purchase them in a store without a prescription. Condoms are free at some hospitals and clinics.

When should you use it?

Every time you have sex. Using external/male condoms can prevent pregnancy, HIV, and other STIs, and it shows that you care about yourself and your partner.

What does it cost?

Contraceptive costs can vary depending upon insurance and where you receive your health care. Talk with a health care provider to determine what method is best for you.

Effectiveness rates are based on correct and consistent use of the method.
Actual effectiveness rate may be lower.

Centers for Disease Control & Prevention. 2015.
http://www.cdc.gov/reproductivehealth/unintended_pregnancy/contraception.htm



Internal/Female Condom



Type of Method: Barrier Method

What is it? How does it work?

An internal/female condom is a polyurethane pouch that fits inside a vagina. It has a soft ring on each end. The inner ring fits inside the vagina to hold the condom in place. The outer ring stays on the outside of the vagina and partly covers the labia.

Internal/female condoms protect against unintended pregnancy and the spread of sexually transmitted infections (STIs). Internal/female condoms are used during sexual intercourse (vaginal or anal sex), between partners.

How effective is it?

- 95% effective if used correctly
- You cannot use an external/male condom along with an internal/female condom.

Tips for Using a Female Condom Correctly

- Squeeze the inner ring of the condom and place the inner ring and pouch into the vagina or anus.
- With your finger, push the inner ring as far into the vagina or anus as it will go. The outer ring stays outside the vagina or anus.
- When the partner is male bodied, guide the penis into the lubricated condom.
- After intercourse, twist the outer ring to decrease spills, then put your index finger under upper ring and pull down and out.
- Dispose of used condoms in the trash, not the toilet. Do not reuse condoms.
- Use either an internal/female condom or an external/male condom, but not both together as this can create friction and cause the condoms to tear more easily.

Pros

- There are no serious side effects
- The internal/female condom contains no hormones
- Anyone can buy condoms in a store without a prescription.
- May be inserted hours before intercourse
- The internal/female condom is the only birth control method that can be controlled by a female bodied partner that also protects them against most sexually transmitted infections (STIs).

Cons

- Side effects include possible allergic reactions to spermicide.
- The internal/female condom may seem awkward to use.
- It is not as effective and is more expensive than a male condom.

Where can you get it?

Internal/female condoms can be purchased at drug stores or supermarkets. Anyone can purchase internal/female condoms in a store without a prescription.

When should you use it?

Every time you have sex. Using internal/female condoms can prevent pregnancy, HIV, and other STIs, and it shows that you care about yourself and your partner.

What does it cost?

Contraceptive costs can vary depending upon insurance and where you receive your health care. Talk with a health care provider to determine what method is best for you.



Effectiveness rates are based on correct and consistent use of the method.

Actual effectiveness rate may be lower.

Centers for Disease Control & Prevention. 2015.

<http://www.cdc.gov/reproductivehealth/unintendedpregnancy/contraception.htm>



Spermicides: Foams, Gels, Suppositories, Film



Type of Method: supports Barrier Methods

What are they? How do they work?

Spermicides like contraceptive foam, gels, suppositories, and film contain chemicals that kill sperm. They are inserted into the vagina before intercourse and should be used with barrier methods like internal/external condoms, diaphragm, or sponge. Spermicides are not the same thing a lubricant (lube).

How effective is it?*

- 82% effective for pregnancy prevention if used alone
- Alone, spermicides do not protect against HIV or STIs

How do you use them?

Read the directions on the package. Foam or gel is inserted into the vagina just before vaginal sex. Suppositories and film must be inserted 10-15 minutes before intercourse. Some products will go directly on or inside the barrier method you are using.

Pros

- There are no serious side effects
- Anyone can purchase spermicides in a store without a prescription.
- Used **with a, external/internal condom**, this method is very effective for pregnancy and STI/HIV protection.

Cons

- Side effects can include possible allergic reaction to chemicals in the product. If burning or irritation occurs, try another brand or type, or seek medical advice.
- **Note:** The use of spermicides (Nonoxynol 9) may irritate the skin of the vagina, penis, or anus and make it easier to contract HIV and other STIs.

Where can you get them?

Anyone can purchase spermicides in a store without a prescription.

When should you use them?

A spermicide is not very effective used alone. It should be used with an external/internal condom **every time you have sex**. Using condoms can prevent pregnancy, HIV, and other STIs, and it shows that you care about yourself and your partner.

What does it cost?

Contraceptive costs can vary depending upon insurance and where you receive your health care. Talk with a health care provider to determine what method is best for you.

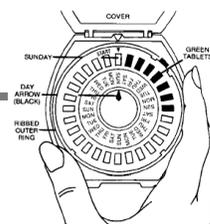


Effectiveness rates are based on correct and consistent use of the method.

Actual effectiveness rate may be lower.

Centers for Disease Control & Prevention. 2015.

<http://www.cdc.gov/reproductivehealth/unintendedpregnancy/contraception.htm>



Hormonal Birth Control Pills

Type of Method: Hormonal Method

What are they? How do they work?

Oral contraceptives or hormonal birth control pills ("the pill") may contain estrogen, progesterone, or both, which are hormones similar to those made by the ovaries. The hormones in the pill keep the ovaries from releasing eggs and thickens cervical mucus to block sperm from getting into the uterus. It also thins the lining of the uterus so that implantation is less likely to occur.

How effective are they?

- 99% effective for preventing pregnancy if taken every day
- The pill does not protect against HIV or other STIs.

How do you use them?

- People with ovaries (female bodied partners) take one pill by mouth around the same time every day.
- Most packs contain four weeks of pills. During the fourth week of pills, which are hormone-free and usually a different color, a person with ovaries will get their menstrual period. They are still protected from pregnancy during this time.
- When they take the last pill in the pack, they will start a new pack the next day.
- Some pills offer extended cycles, so people with ovaries have fewer periods a year than once per month.

Pros

- The pill is very effective.
- Can predict when their period will come.
- Menstrual periods are regular and are often shorter, lighter, and less painful.
- Lower incidence of non-cancerous breast cysts or lumps
- Lower incidence of cancer of the ovaries and lining of the uterus
- The pill is safe for healthy, non-smoking people with ovaries (female bodies).
- Little or no weight gain

Cons

- Hormones increase the clotting factors in the blood and put people with ovaries at a slightly higher risk for developing a blood clot that could cause a heart attack or stroke. Smoking increases this risk, so those who use hormonal contraceptives are strongly encouraged not to smoke.
- Side effects may include breast tenderness, headache, nausea, possible small weight gain, and spotting. (*Most side effects are not serious and often go away.*)

Where can you get them?

They can be obtained at a doctor's office or clinic and must be prescribed by a clinician.

When should you use them?

Birth control pills should be taken around the same time every day. An external/internal condom should be used along with birth control pills **every time you have sex**. Using condoms can prevent HIV and other sexually transmitted infections and it shows that you care about yourself and your partner.

What does it cost?

Contraceptive costs can vary depending upon insurance and where you receive your health care. Talk with a health care provider to determine what method is best for you.

Effectiveness rates are based on correct and consistent use of the method.

Actual effectiveness rate may be lower.

Centers for Disease Control & Prevention. 2015.

<http://www.cdc.gov/reproductivehealth/unintendedpregnancy/contraception.htm>

The Patch



handout

Type of Method: Hormonal Method

What is it? How does it work?

The patch (brand name Ortho Evra) is a transdermal contraceptive patch that contains estrogen and progesterone, similar to birth control pills. The patch is a thin, beige, flexible, two-inch square patch (like a band aid) worn on the body. It releases a continuous low dose of hormones that keep the ovaries from releasing eggs and thickens cervical mucus to block sperm from getting into the uterus. It also thins the lining of the uterus so that implantation is less likely to occur.

How effective is it?⁷

- 99% effective for preventing pregnancy if used correctly
- Ortho Evra patch does not protect against HIV or other STIs

How do you use it?

- Apply the patch once a week on the same day of the week for 3 weeks in a row. (For example, every Monday for 3 weeks.)
- The patch can be worn on the buttocks, abdomen, upper torso (not the breasts) or on the outside of the upper arm. Change the location each week.
- During week 4, do not wear a patch.
- During the one-week break, menstruation will occur. Still protected from pregnancy during this time.
- Following week 4, repeat the same application routine each month.

Pros

- The patch is very effective
- It only has to be changed once a week.
- A person with ovaries can predict when their period will come.

Cons

- Hormones increase the clotting factors in the blood and put people with ovaries at a slightly higher risk for developing a blood clot that could cause a heart attack or stroke. Smoking increases this risk, so those who use hormonal contraceptives are strongly encouraged not to smoke.
- Side effects may include breast tenderness, headache, nausea, weight gain, and spotting. (*Most side effects are not serious and often go away.*)

Where can you get it?

The patch can be obtained at a doctor's office or clinic and must be prescribed by a clinician.

When should you use it?

The patch must be applied every 3 out of 4 weeks. Ortho Evra does not protect against HIV and other STIs. An external/internal condom should be used along with the patch **every time you have sex**. Using condoms can prevent HIV and other sexually transmitted infections and it shows that you care about yourself and your partner.

What does it cost?

Contraceptive costs can vary depending upon insurance and where you receive your health care. Talk with a health care provider to determine what method is best for you.



Effectiveness rates are based on correct and consistent use of the method.

Actual effectiveness rate may be lower.

Centers for Disease Control & Prevention. 2015.

<http://www.cdc.gov/reproductivehealth/unintendedpregnancy/contraception.htm>



The Ring



Type of Method: Hormonal Method

What is it? How does it work?

The vaginal contraceptive ring (brand name NuvaRing) contains the hormones estrogen and progesterone (like birth control pills). The ring releases a continuous low dose of hormones that keep the ovaries from releasing eggs and thickens cervical mucus to block sperm from getting into the uterus. It also thins the lining of the uterus so that implantation is unlikely to occur.

How effective is it?

- 99% effective for preventing pregnancy if used correctly
- The NuvaRing does not protect against HIV or other STIs

How do you use it?

- Insert the ring into the vagina and leave it there for three weeks. (*You cannot feel it once inserted properly*)
- Remove the ring for the 4th week by hooking finger under the rim of the ring and pulling down and out.
- During the one-week break, they will have their menstrual period. They are still protected from pregnancy during this time.
- Insert a new ring after the one-week break.

Pros

- The ring is very effective and convenient. It only has to be put in once for 3 weeks.
- A person with ovaries can predict when their period will come.
- Menstrual periods are regular and are often shorter, lighter, and less painful
- Lower incidence of non-cancerous breast cysts or lumps
- Lower incidence of cancer of the ovaries and lining of the uterus
- Little to no weight gain

Cons

- Hormones increase the clotting factors in the blood and put people with ovaries at a slightly higher risk for developing a blood clot that could cause a heart attack or stroke. Smoking increases this risk, so those who use hormonal contraceptives are strongly encouraged not to smoke.
- Side effects may include breast tenderness, headache, nausea and spotting. (*Most side effects are not serious and often go away.*)
- It can be expensive but cheaper if you get it at a clinic or have health insurance.

Where can you get it?

It can be obtained at a doctor's office or clinic and must be prescribed by a clinician.

When should you use it?

The ring must be inserted into the vagina and left in place for 3 out of 4 weeks. The ring does not protect against HIV and other STIs. An external/internal condom should be used along with the ring **every time you have sex**. Using condoms can prevent HIV and other sexually transmitted infections and it shows that you care about yourself and your partner.

What does it cost?

Contraceptive costs can vary depending upon insurance and where you receive your health care. Talk with a health care provider to determine what method is best for you.



Effectiveness rates are based on correct and consistent use of the method.

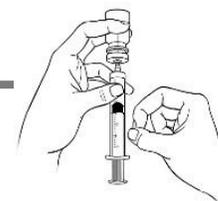
Actual effectiveness rate may be lower.

Centers for Disease Control & Prevention. 2015.

<http://www.cdc.gov/reproductivehealth/unintendedpregnancy/contraception.htm>



The Shot



Type of Method: Hormonal LARC Method

What is it? How does it work?

The shot (brand name Depo-Provera) is an injectable form of hormonal birth control. It is a progesterone-only shot given every three months. The hormone keeps the ovaries from releasing eggs and thickens cervical mucus to block sperm from getting into the uterus. It also thins the lining of the uterus so that implantation is less likely to occur.

How effective is it?

- 99% effective for preventing pregnancy if administered correctly and consistently every three months by a health care provider
- The shot does not protect against HIV or other STIs

How do you use it?

The shots are injected by a health care provider into the arm, thigh, or buttocks every three months.

Pros

- The shot is very effective
- Fewer periods or no periods; less menstrual cramps
- Lower incidence of cancer of the lining of the uterus
- Can be used by people who cannot take estrogen (history of blood clots, high blood pressure, migraine headaches, or breastfeeding)
- Eventually, Depo-Provera can cause menstrual periods to stop. This is normal and is not a health risk.

Cons

- The shot can cause an increased risk for bone fractures or osteoporosis. As a result, people with ovaries must take a calcium supplement every day and do weight-bearing exercise.
- It is recommended that the shot be used for no more than two years.
- Side effects may include irregular bleeding or spotting, increased appetite, weight gain, or headache.

Where can you get it?

The shot can be obtained at a doctor's office or clinic and must be administered by a clinician.

When should you use it?

A person with ovaries must return to their clinician on time (every three months) for the injections. The shot does not protect against HIV and other STIs. An external/internal condom should be used along with the shot **every time you have sex**. Using condoms can prevent HIV and other sexually transmitted infections and it shows that you care about yourself and your partner.

What does it cost?

Contraceptive costs can vary depending upon insurance and where you receive your health care. Talk with a health care provider to determine what method is best for you.



Effectiveness rates are based on correct and consistent use of the method.

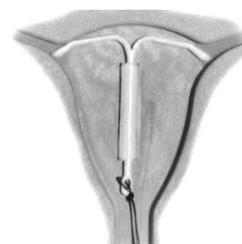
Actual effectiveness rate may be lower.

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<http://www.cdc.gov/reproductivehealth/unintendedpregnancy/contraception.htm>



Intra-Uterine Device



Type of Method: Hormonal LARC Method

What is it? How does it work?

The intra-uterine device (IUD) is a small, flexible device made of soft plastic. There are two types of IUDs available: hormonal IUDs (Mirena, Kyleena, Liletta, Skyla) which contain hormones like progesterone, and Copper-T IUDs (Paragard) which is made of plastic and copper. IUDs prevent pregnancy by thickening cervical mucus to block the sperm from reaching an egg and affecting the ability of the sperm to move towards the egg. The hormone in Mirena also keeps the ovaries from releasing eggs. IUDs can also prevent implantation.

How effective is it?

- 99% effective for preventing pregnancy if correctly in place
- An IUD does not protect against HIV or other STIs

How do you use it?

The IUD is inserted into the uterus by a health care provider. It can remain in place and be effective for 3-10 years, depending upon the type. It can be removed by a health care provider at any time.

Pros

- The IUD is highly effective
- Long term, worry-free contraception
- Minimal side effects
- Quickly reversible—a person with ovaries can become pregnant soon after removal

Cons

- Possible incorrect insertion of the IUD, which can lessen effectiveness
- Pain with insertion and removal
- Heavier, more painful periods with the Copper-T
- Possible hormone related side-effects with Mirena (headaches, weight gain)
- The IUD could slip out of place, although this is rare

Where can you get it?

It can be obtained at a doctor's office or clinic and must be inserted by a clinician.

When should you use it?

The IUD is a good method for people who want long term, reversible contraception. The IUD does not protect against HIV and other STIs. An external/internal condom should be used along with an IUD **every time you have sex**. Using condoms can prevent HIV and other sexually transmitted infections and it shows that you care about yourself and your partner.

What does it cost?

Contraceptive costs can vary depending upon insurance and where you receive your health care. Talk with a health care provider to determine what method is best for you.



Effectiveness rates are based on correct and consistent use of the method.

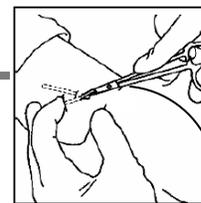
Actual effectiveness rate may be lower.

Centers for Disease Control & Prevention. 2015.

<http://www.cdc.gov/reproductivehealth/unintendedpregnancy/contraception.htm>

handout

The Implant



Type of Method: Hormonal LARC Method

What is it? How does it work?

The implant (brand names Nexplanon, Implanon) is a matchstick-size, flexible rod made of soft plastic that is implanted under the skin of the inner, upper arm. Implants contain the hormone progestin, which prevents pregnancy by thickening cervical mucus to block the sperm from reaching an egg and affecting the ability of the sperm to move towards the egg. In some cases, implants could also keep the ovaries from releasing eggs or thin uterine lining, which can prevent implantation.

How effective is it?

- 99% effective for preventing pregnancy if correctly in place
- The implant does not protect against HIV or other STIs

How do you use it?

The implant is inserted under the skin of the inner, upper arm by a health care provider. It can remain in place and be effective for 3 years. It must be removed by a health care provider three years from the date of insertion but can be removed at any time before then.

Pros

- Implants are highly effective
- Long term, worry-free contraception
- Minimal side effects
- Quickly reversible—a person with ovaries can become pregnant soon after removal

Cons

- Possible incorrect insertion of the implant, which can lessen effectiveness
- Pain with insertion and removal
- Irregular periods are possible, especially within the first 6-12 months

Where can you get it?

It can be obtained at a doctor's office or clinic and must be inserted by a clinician.

When should you use it?

The implant is a good method for people who want long term, reversible contraception. The implant does not protect against HIV and other STIs. An external/internal condom should be used along with an implant **every time you have sex**. Using condoms can prevent HIV and other sexually transmitted infections and it shows that you care about yourself and your partner.

What does it cost?

Contraceptive costs can vary depending upon insurance and where you receive your health care. Talk with a health care provider to determine what method is best for you.



Effectiveness rates are based on correct and consistent use of the method.

Actual effectiveness rate may be lower.

Centers for Disease Control & Prevention. 2015.

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Diaphragm



Type of Method: Barrier Method

What is it? How does it work?

A diaphragm is a soft rubber cup, which is inserted into the vagina and fits over the cervix. It keeps the sperm and egg apart by forming a barrier between the sperm and the cervix. The spermicides added to the diaphragm also kills sperm.

How effective is it?

- 94% effective for pregnancy prevention if used correctly every time
- Offers little or no protection against HIV and other STIs

How do you use it?

- Put spermicidal gel or cream inside the diaphragm cup
- Insert into vagina to cover the cervix before vaginal sex (you cannot feel it when it is in place)
- Must be left in place for eight hours after vaginal sex
- With an applicator, insert more spermicide into the vagina if intercourse is repeated before eight hours has passed. Diaphragm should be removed eight hours after last intercourse.
- Can be washed and re-used unless it has a hole in it, or if a woman gains or loses a large amount of weight.

Note:

The Today Sponge is another over-the-counter birth control method that is similar to the diaphragm. The sponge does not need to be fitted to a particular person and is to be disposed of after one use. It must be inserted into the vagina prior to vaginal sex and left in place for six hours afterwards. The sponge contains the spermicide nonoxynol-9, which may be irritating to some people, and is only 89% effective when used alone. Because it is not effective in preventing HIV and other STIs, a condom should be used along with the sponge every time you have sex. Using condoms can prevent HIV and other sexually transmitted infections and it shows that you care about yourself and your partner.

Pros

- The diaphragm is hormone-free. There are no serious health risks.
- May be inserted several hours before vaginal sex.
- One time cost—once you have it you can use it for several years.

Cons

- Using a diaphragm may be inconvenient. You must carry it with you and leave it in for 8 hours after vaginal sex.
- It is messy—you have to remove it and wash and dry it.
- Side effects include a possible allergic reaction to spermicide or latex. If burning or irritation occurs, consult a healthcare provider before continuing use.

Where can you get it?

A diaphragm must be obtained at a doctor's office or clinic. It must be sized by a clinician in a doctor's office or clinic. It can be purchased at the clinic or by prescription at a pharmacy.

When should you use it?

A diaphragm does not protect against HIV and other STIs. A condom should be used along with the diaphragm **every time you have sex**. Using external/internal condoms can prevent HIV and other sexually transmitted infections and it shows that you care about yourself and your partner.

What does it cost?

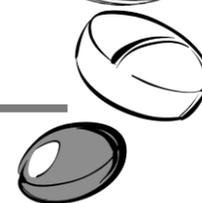
Contraceptive costs can vary depending upon insurance and where you receive your health care. Talk with a health care provider to determine what method is best for you.



Effectiveness rates are based on correct and consistent use of the method.
Actual effectiveness rate may be lower.

Centers for Disease Control & Prevention. 2015.
<http://www.cdc.gov/reproductivehealth/unintendedpregnancy/contraception.htm>

handout



Emergency Contraceptive Pill

Type of Method: Emergency Birth Control

What is it? How does it work?

Emergency Contraceptive Pills (ECPs; brand names Plan B, Plan B One-Step, and Ella) consists of one or two pills, which contain the hormone progesterone, to be taken within 3 to 5 days after unprotected sex for the purpose of preventing a pregnancy. The primary mechanism of action is believed to be prevention of ovulation or conception.

How effective is it?

- ECPs will prevent a pregnancy that would have occurred 88% of the time when taken as directed within 72 hours after unprotected vaginal sex, a condom failure, or if a sexual assault has occurred.
- Plan B is most effective when taken as soon as possible within 3 days. Ella is equally effective for up to 5 days.

Does EC cause an abortion?

ECP does not cause an abortion. Emergency contraceptive pills interrupt the regular menstrual cycle, preventing a pregnancy from occurring. If someone is already pregnant, ECPs will not disrupt an already established pregnancy.

How do you use it?

A person with ovaries should take ECP as soon as they get the pill(s). (If they receive 2 pills, they should take them at the same time.)

How will I know if it works?

After taking the pill(s), the person with ovaries next menstrual period may start a few days earlier or later than usual as a result. If their period does not start within 2 to 3 weeks, they should take a pregnancy test. The earliest they can have a pregnancy test is 10 days after the incident of unprotected sex.

Pros

- If taken correctly, ECPs can prevent a pregnancy that would have occurred 88% of the time after unprotected vaginal sex, a condom failure, or if sexual assault has occurred.
- There have been no serious health risks with ECPs and most people have no side effects.

Cons

- Possible side effects include nausea, headache, or irregular bleeding.

Where can you get it?

ECPs are available at most pharmacies and clinics, some require a prescription, however Plan B is available over the counter.

When should you use it?

ECPs should be taken within 3 days or up to 5 days of unprotected vaginal sex, in the event of condom failure, or if a sexual assault has occurred. **Remember, although ECPs are quite safe, it is not effective enough to be used as a regular method of contraception.** ECPs are intended for emergency use only.

What does it cost?

Contraceptive costs can vary depending upon insurance and where you receive your health care. Talk with a health care provider to determine what method is best for you.

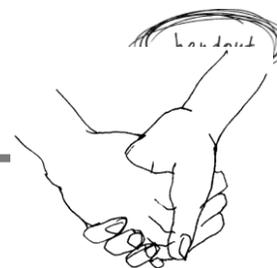


Effectiveness rates are based on correct and consistent use of the method.

Actual effectiveness rate may be lower.

Centers for Disease Control & Prevention. 2015.

<http://www.cdc.gov/reproductivehealth/unintendedpregnancy/contraception.htm>



Abstinence

Type of Method: Abstinence

What is it? How does it work?

To be abstinent is defined differently by different people. A common definition of abstinence is to not engage in vaginal sexual intercourse. The broader Teen PEP definition of abstinence is to not engage in any sexual behavior that involves the exchange of bodily fluids: this includes **oral, vaginal, and anal sex**.

How effective is it?

When used consistently, either definition of abstinence is 100% effective for preventing pregnancy. Abstinence can also prevent sexually transmitted infections (STIs) when a person does not engage in any of the three types of intercourse: oral, vaginal, and anal sex.

Pros

- 100% effective for preventing pregnancy when used consistently
- Most effective method for preventing sexually transmitted HIV/AIDS and other STIs when used consistently
- Free
- No side effects

Cons

- Abstinence can be hard to maintain.

When should you use it?

Abstinence should be used when your values do not include intimate physical behavior with another person or when you feel you are not emotionally, physically, or socially ready for sexual involvement. If a person decides to stop being abstinent it is important that they use an effective birth control method and an external/internal condom **every time they have intercourse**. Using condoms can prevent HIV and other sexually transmitted infections (STIs) and it shows that you care about yourself and your partner.

What does it cost?

Free!



Effectiveness rates are based on correct and consistent use of the method.

Actual effectiveness rate may be lower.

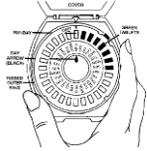
Centers for Disease Control & Prevention. 2015.

<http://www.cdc.gov/reproductivehealth/unintendedpregnancy/contraception.htm>

handout



CONTRACEPTIVE METHODS WORKSHEET

Method	How it Works	How to Use	Effectiveness	Where to Get It	Pros	Cons
External Condom (Male) 						
Internal Condom (Female) 						
Spermicides 						
Birth Control Pills 						

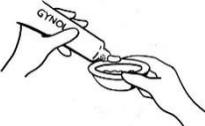
FOR REVIEW ONLY

handout

Method	How it Works	How to Use	Effectiveness	Where to Get it	Pros	Cons
<p>The Ring</p> 						
<p>The Patch</p> 						
<p>The Shot</p> 						
<p>Intrauterine Device</p> 						

FOR REVIEW ONLY

handout

Method	How it Works	How to Use	Effectiveness	Where to Get It	Pros	Cons
Implant 						
Diaphragm 						
Emergency Contraceptive Pills 						
Abstinence 						

FOR REVIEW ONLY

What is Abstinence?

Bridge

Build a bridge from the last activity. For example, “In the last activity we...” or “Yesterday, we learned...” and connect it to the theme.

Theme

The purpose of this activity is to explore abstinence; what it is and how it works.

Directions

1. Discuss the following questions.
 - a. Why are we considering abstinence as a birth control method? What makes this different from other methods? What makes it similar? (*Highest effectiveness of all methods, steps to use it, pros, cons*)
 - b. What is the effectiveness of abstinence in preventing pregnancy? (*Abstinence is 100% effective if used perfectly every time.*)
 - c. What happens if abstinence is not used perfectly every single time? (*It will fail, could lead to pregnancy, STIs, or HIV if partners don't choose another method*)
2. Explain that all methods have failure rates, mostly based on human error. Sometimes condoms are used incorrectly or inconsistently, or people may forget to take birth control pills. Commitments to or vows of abstinence can also “break” if not used every time.
3. Remind students that in order to use a birth control method correctly, they must know what it is and how it works. Just as they learned how the other methods work, they must do the same with abstinence.
4. Discuss the following questions:
 - a. What type of method is abstinence? How does it work?
 - b. What does abstinence look like? sound like?
 - c. Where do you get abstinence? How much does it cost?
5. Show students the empty abstinence object (ball or heart or box).

 **Total Time:**

30 minutes



This activity appears in the workshop



Materials

- A clear, hard plastic ball or heart that can be opened. (*These are often used for ornaments and are commonly found in craft stores.*)
- Slips of bright colored paper (*about 3/4 inch wide and 3 inches long*)

**Note:**

If your abstinence isn't heart-shaped, remind the group that abstinence doesn't have to mean lack of love, intimacy, romance, or sensuality.

6. Have participants think about things that are needed to make abstinence work (characteristics, concepts, etc.). Distribute small strips of colored paper and ask them to write their ideas on the paper and have them put their strips into the “abstinence” object. Be sure to have students read their strips out loud to the group as they place them into the “abstinence.”

Concepts may include:

- Being able to talk to each other
- Commitment
- Mutual agreement
- Assertiveness
- A positive vision for the future
- Self-esteem
- Respect for each other
- Self-control
- Information
- Awareness of your personal values
- Support from friends
- Communication about boundaries
- Alternatives to sex
- Shared values

7. Pull one strip out of the “abstinence”, read it out loud to the class, and ask the following question:

- What would happen if this item was missing?

8. Repeat this 3-4 times with other strips in the “abstinence.”

9. Discuss the following questions.

- a. What are some factors that could cause abstinence to fail? (*Alcohol/other drug use, pressure from peers or partner*)
- b. What if someone decides to use abstinence as their birth control method but their partner doesn't agree? How could they work through that? (*Talk to their partner, discuss alternatives to sexual activity, decide together to wait or use another birth control method, may need to leave relationship if they can't agree*)
- c. What are the possible pros of abstinence? (*Feel confident because you are not at risk for pregnancy, STIs, or HIV; feel good about yourself for sticking to your values; it's free, there's no side effects and everyone can use it*) What are the possible cons of abstinence? (*Possible frustration or sense of rejection if only one partner wants to be abstinent, might feel left out, may be hard to maintain*)
- d. In order for abstinence to work, it is important to think about why the decision was made. Why do some teens choose abstinence? If you were to choose abstinence, what would be your reasons?

10. Explain to students that as with other hormonal or barrier methods, there are things you need to do to make abstinence work. Stress the following points:
- Don't leave your abstinence at home. Keep it with you at all times. Abstinence won't work if you don't use it.
 - Take out your abstinence every once in a while, and think about it to reaffirm your commitment. Review your reasons for choosing abstinence. How well is it working? What are the strong points? The weak points?
 - Think about when and under what circumstances you will no longer abstain. If you decide abstinence is no longer the right choice for you, you need to choose another method to protect yourself from unintended pregnancy or STI/HIV infection.
 - If you are sexually active and feel that is no longer the right decision for you, you can become abstinent at any point, for any reason, and for whatever length of time you choose.

Reflections

Discuss the following questions:

1. What did you learn from this discussion? How useful was it?
2. If you were to decide to choose abstinence, how confident do you feel about your own skills for using abstinence consistently, correctly and every time? What would help you feel more confident?
3. As peer educators, what do you think are the most important messages about abstinence that you need to send to students in our school? (*Abstinence is the most effective way to avoid pregnancy, STIs/sexually transmitted HIV/AIDS; if you decide abstinence is no longer the right choice for you, you need to choose another birth control method to protect yourself and your partner; you can choose to become abstinent at any point, for any reason, and for whatever length of time you choose*)

Adapted from Family Life Educator, by F. Basche and A. Terrell, ETR Associates, Santa Cruz, CA, Winter 94/95

Creating a Resource List of Local Clinics

Bridge

Build a bridge from the last activity. For example, “In the last activity we...” or “Yesterday, we learned...” and connect it to the theme.

Theme

The purpose of this activity is to engage students in investigating the healthcare resources in their community, and to compile a list of healthcare sites into a handout to be distributed to all participants in the pregnancy prevention outreach workshops.

Directions

1. Remind students that as peer educators, it is important that they know where their peers can access pregnancy prevention methods and other reproductive health services.
2. Discuss the following question:
 - a. Where in our community can teens go for medically accurate and responsible reproductive healthcare (i.e., birth control methods; pregnancy testing and options planning, STI/HIV testing; reproductive health exams)?
3. In small groups, have students research the names, addresses, and phone numbers of at least three family planning clinics in their town or nearby towns. You may wish to take students to the library or a computer lab to do their research. Be sure to mention the following resources in conducting the search:

Use the internet:

- Go to a search engine and use key words such as “family planning” or “teen health clinics.” You may want to narrow the search by adding the name of your town or county. *Avoid “crisis pregnancy centers”.*
- Go to a search engine and search for clinics by zip code
- Go to the United States Department of Health and Human Services to search for reputable publicly funded family planning agencies in the United States.

Use the phone book:

- Look in the yellow pages under “clinics” or “teen health centers”



Total Time:

15 minutes



Materials

- Newsprint and markers
- My Community Clinic* handout for each peer educator

Note:

Try to avoid “*crisis pregnancy centers*” because these organizations are not regulated health care facilities and don’t employ licensed medical professionals. Services provided there are often inaccurate, misleading, and based on biased information.

- Look in the white pages under “family planning” to find family planning organizations that can tell you where clinics are located

Use the resources in your school or organization:

- Ask a nurse
- Ask a social worker or counselor
- Call your own pediatrician or doctor’s office and ask who they recommend

Homework

4. From the list of clinics compiled in step 2, assign each peer educator one clinic. If there is a limited number of clinics in your area, select volunteers or assign peer educators to small groups to do the additional research using the *My Community Clinic* handout.
5. Collect all of the completed worksheets from the peer educators and ask for a volunteer to compile them into a local resource list. Once the document is created, be sure that the peer educators distribute the list as a handout at all of the pregnancy prevention outreach workshops they conduct for the rest of the year.

Reflections

Discuss the following question:

1. What did you find valuable about this activity?

My Community Clinic

Directions

Be sure to fill in as much of the following information as you can **before** calling the clinic, using the phone book or websites. If necessary, call the clinic to complete the chart. You may want to use the following introduction below when you contact the clinic.

Hello, my name is _____ and I am a Teen PEP peer educator at _____ High School. We are collecting information about clinical services for our health class. May I ask you a few questions about the services you provide?

 Clinic Name
 Location
 How to get there
 Phone
 Website
 Hours of Operation
 Services Offered (include available telehealth options)

Pregnancy Prevention: Unit End Quiz

Bridge

Build a bridge from the last activity. For example, “In the last activity we...” or “Yesterday, we learned...” and connect it to the theme.

Theme

The purpose of this activity is to test students on the knowledge they’ve gained and reinforce this unit’s learning.

Directions

1. Hand out *Unit End Quiz*.
2. For homework, or as an in-class quiz, have students complete the quiz.
3. Use the *Quiz Answer Key* to grade assignments. Ensure all students walk away with the correct answers to their quiz.



Total Time:

30 minutes



Materials

- Unit End Quiz* handout for each peer educator
- Unit End Quiz: Answer Key* for each advisor

FOR REVIEW ONLY



Pregnancy Prevention • Unit End Quiz

Name: _____

Date: _____

True or false

- _____ 1. Plan B can only be taken one day after unprotected vaginal sex.
- _____ 2. Hormonal methods can prevent both pregnancy and STIs/HIV.
- _____ 3. You can skip two or more birth control pills in one month and still be 99% protected against pregnancy.
- _____ 4. There is very little to no evidence supporting that birth control pills cause weight gain.

Arrange the following in the correct order

5. What are the ten steps to using an external/male condom correctly?

(1 = Step 1; 10 = Step 10)

- | | |
|-------------------------------------|---|
| _____ Sexual Activity with consent | _____ Erection / Sexual arousal |
| _____ Withdraw penis with condom on | _____ Squeeze air out of tip |
| _____ Check expiration date | _____ Roll condom onto base of penis |
| _____ Loss of erection | _____ Dispose of condom |
| _____ Hold on to rim of condom | _____ Roll condom off away from partner |

Short answer

6. Why do we recommend both partners involved in sexual activity use a birth control method?

List

7. What are three solutions to the barrier of not knowing how to use birth control methods?

- 1.
- 2.
- 3.

Multiple Choice

8. After abstinence, which of the following birth control methods are most effective in preventing pregnancy when used correctly?
- External/internal condoms
 - External/internal condoms and birth control pills
 - External/internal condoms and spermicide
 - withdrawal
9. What is the main way hormonal methods prevent pregnancy?
- block sperm from meeting the egg
 - lower sperm count
 - prevents ovaries from releasing an egg
 - dissolves the egg
10. When using hormonal birth control pills, you must:
- take one pill at the same time every day
 - take a pill before you have sex
 - take 7 pills in one week, it doesn't matter what days
 - take one pill after you have sex

Check ALL that apply

11. Select the methods of birth control that can be purchased at a drug store without a prescription. (Mark with a ✓)

Diaphragm

IUD

External condoms (male)

Internal condoms (female)

Spermicides

Birth control pills

The patch

The ring

The shot

Plan B One-Step

12. Place a check mark next to all answers that explain why withdrawal is not an effective method of birth control:

the male bodied partner might not always know when they are going to ejaculate

there may be sperm in the pre-ejaculate

sometimes withdrawal doesn't always take place

pregnancy is also possible if semen is spilled on the vulva or near the vaginal opening



Pregnancy Prevention • Unit End Quiz

Answer Key

Name: _____

Date: _____

True or false

- F 1. Plan B can only be taken one day after unprotected vaginal sex.
- F 2. Hormonal methods can prevent both pregnancy and STIs/HIV.
- F 3. You can skip two or more birth control pills in one month and still be 99% protected against pregnancy.
- T 4. There is very little to no evidence supporting that birth control pills cause weight gain.

Arrange the following in the correct order

5. What are the ten steps to using an external/male condom correctly?

(1 = Step 1; 10 = Step 10)

- | | |
|--|--|
| <u>5</u> Sexual Activity with consent | <u>2</u> Erection / Sexual arousal |
| <u>7</u> Withdraw penis with condom on | <u>3</u> Squeeze air out of tip |
| <u>1</u> Check expiration date | <u>4</u> Roll condom onto base of penis |
| <u>9</u> Loss of erection | <u>10</u> Dispose of condom |
| <u>6</u> Hold on to rim of condom | <u>8</u> Roll condom off away from partner |

Short answer

6. Why do we recommend both partners involved in sexual activity use a birth control method?

To provide effective protection against both pregnancy STIs and HIV and because both partners share responsibility

List

7. What are three solutions to the barrier of not knowing how to use birth control methods?

- Accurate information
- Talking with partner
- Trusted adult
- Local health clinic
- Reliable Internet search
- Teen PEP peer educator
- Open & honest relationship

Multiple Choice

8. After abstinence, which of the following birth control methods are most effective in preventing pregnancy when used correctly?
- External/internal condoms
 - External/internal condoms and birth control pills**
 - External/internal condoms and spermicide
 - withdrawal
9. What is the main way hormonal methods prevent pregnancy?
- block sperm from meeting the egg
 - lower sperm count
 - prevents ovaries from releasing an egg**
 - dissolves the egg
10. When using hormonal birth control pills, you must:
- take one pill at the same time every day**
 - take a pill before you have sex
 - take 7 pills in one week, it doesn't matter what days
 - take one pill after you have sex

Check ALL that apply

11. Select the methods of birth control that can be purchased at a drug store without a prescription (mark with a check mark ✓).

Diaphragm

Birth control pills

IUD

The patch

External condoms (male)

The ring

Internal condoms (female)

The shot

Spermicides

Plan B One-Step

12. Place a check mark (✓) next to all answers that explain why withdrawal is not an effective method of birth control:

the male bodied partner might not always know when they are going to ejaculate

there may be sperm in the pre-ejaculate

sometimes withdrawal doesn't always take place

pregnancy is also possible if semen is spilled on the vulva or near the vaginal opening

School-Wide Campaign Check-In

Bridge

Build a bridge from the last activity. For example, “In the last activity we...” or “Yesterday, we learned...” and connect it to the theme.

Theme

The purpose of this activity is to ensure peer educators responsible for implementing a school-wide campaign following this unit’s corresponding workshop are on track.

Directions

1. Upon completion of the unit, distribute copies of the *School-Wide Campaign Check-In* handout to each peer educator in the group responsible for this unit’s topic. Students should start formulating ideas for their campaign as you begin preparing for the workshop.
2. Review the *School-Wide Campaign Guidelines* handout the peer educators received in *Unit One* to ensure they are on task. Remind students that they will need to submit ideas to you for approval. As advisors, be sure to get the proper approvals from the school or community before students implement their campaign ideas.



Total Time:

5 minutes



Materials

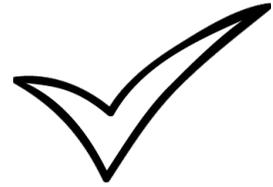
- Newsprint and markers
- School-Wide Campaign Check-In* handout for each peer educator in the group assigned to this topic

FOR REVIEW ONLY

handout

SCHOOL-WIDE CAMPAIGN CHECK-IN

Workshop Topic: Pregnancy Prevention



Group Members:

Structures:

- 1.
- 2.
- 3.

Plan for each structure: (Include frequency)

- 1.
- 2.
- 3.

FOR REVIEW ONLY

Parent/Guardian-Teen Homework

Bridge

Build a bridge from the last activity. For example, “In the last activity we...” or “Yesterday, we learned...” and connect it to the theme.

Theme

The purpose of this activity is to provide a structure for communication between parents/guardians/caregivers and teens on the topic of postponing sexual involvement.

Directions

1. Upon completion of the unit, distribute copies of the *Parent/Guardian-Teen Homework* handout to each peer educator.
2. In advance of the workshop, peer educators should complete the homework assignment with a parent/guardian/caregiver, have it signed, and turn it back into advisors.



Total Time:

5 minutes



Materials

- Parent/Guardian-Teen Homework* handout for each peer educator

Note:

Having peer educators complete this homework assignment before the workshop can help them create buy-in among workshop participants when asked to do the same.

FOR REVIEW ONLY

PREGNANCY PREVENTION

PARENT/GUARDIAN - TEEN HOMEWORK

 Student name: _____ Date: _____

PURPOSE

To provide a structure for communication between parents/guardians/caregivers and teens on the topic of postponing sexual involvement.

DIRECTIONS

STEP 1

Together, read out loud the workshop take home messages below.

WORKSHOP TAKE HOME MESSAGES

- There are many solutions to the barriers that get in the way of using condoms, other birth control methods, or going to a healthcare clinic.
- A sexually active couple must use a reliable method of birth control consistently, correctly and every time they have sex, in order to prevent pregnancy.
- Abstinence is the only 100% effective way to prevent pregnancy and sexually transmitted infections (STIs).
- Becoming a teen parent will have a dramatic impact on one's life and is 100% preventable.

STEP 2

Teens should share with parents/guardians their answers to the following question.

1. What was the most important thing you learned from this workshop?

STEP 3

Teens and parents/guardians should discuss together their responses to the following questions:

1. What may make it harder for people to remain abstinent? What are the benefits of being abstinent?
2. What do you think are some of the things that get in the way of teens using birth control methods or condoms once they decide to become sexually active? What solutions are there?
3. How would being a parent as a teenager affect a person's life?

STEP 4

Parents/guardians should share with teens their answer to the following question.

1. What values do you want your child to receive from you regarding this topic?

STEP 5

Please sign and date below, indicating to the advisor that this assignment has been completed.



Parent/Guardian/Caregiver signature

Date

 **UNIT REFERENCES**

1. Singh, S. & Darroch, J.E. (1998). Adolescent pregnancy and childbearing: levels and trends in developed countries. *Family Planning Perspectives*, 32(1):14-23.
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3. Advocates for Youth. (2011, October). Unintended Pregnancy Among Young People in the United States Dismantling Structural Barriers to Prevention. Retrieved from <http://www.advocatesforyouth.org/publications/1909-unintended-pregnancy-among-young-people-in-the-united-states>.
4. Martin JA, Hamilton BE, Osterman MJK, Driscoll AK, Drake P. [Births: Final Data for 2017. National vital statistics reports: from the Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System pdf icon\[988KB\]. 2018;67\(8\):1-50.](#)
5. Hatcher RA, Trussell J, Nelson AL, Cates W, Stewart FH, Kowal D, Policar MS. (2011). *Contraceptive Technology: Twentieth Revised Edition*. New York NY: Ardent Media, 2011.
6. Mosher, W.D. & Jones, J. (2010). Use of contraception in the United States: 1982-2008, *Vital and Health Statistics*, 23(9).
7. Centers for Disease Control & Prevention. 2015. Retrieved from <http://www.cdc.gov/reproductivehealth/unintendedpregnancy/contraception.htm>.
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9. Institute for Quality and Efficiency in Health Care (IQWiHC).

Curriculum Feedback Form

Unit 5: Pregnancy Prevention



Name of Advisor: _____

School: _____

Today's Date: _____

Length of your class periods: 45 60 80 90 _____

No. of class periods to complete unit: _____

Please indicate the month the unit was taught:

<i>September</i>	<i>October</i>	<i>November</i>	<i>December</i>	<i>January</i>	<i>February</i>	<i>March</i>	<i>April</i>	<i>May</i>
<input type="checkbox"/>								

Advisor feedback is critically important in developing and revising curricular resources that work for schools. We appreciate you completing this form (or logging into www.TeenPEP.org to complete it online) so we can use your feedback in our process!

Please consider responding to any or all of the following questions in your feedback:

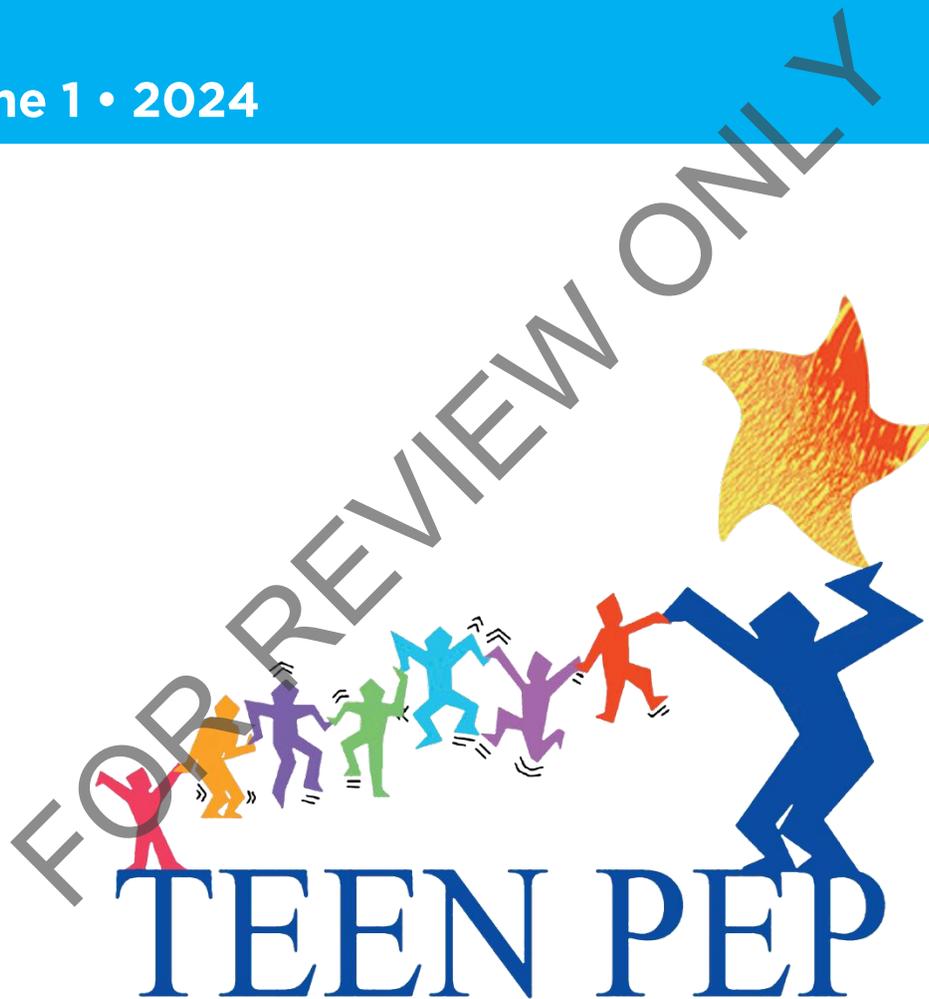
- *How effective were the activities in increasing students' knowledge?*
- *How engaging were the activities for students?*
- *How clear are the objectives and directions for each activity?*
- *What, if anything, did you do differently for a particular activity? Why? What was the result for your group?*

FOR REVIEW ONLY

Later, Baby

Pregnancy Prevention Workshop

Volume 1 • 2024



TEEN PREVENTION EDUCATION PROGRAM

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TEEN PREVENTION EDUCATION PROGRAM

Later, Baby

Pregnancy Prevention Workshop

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★ Workshop Materials & Templates.....	27
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Later, Baby:

Pregnancy Prevention Workshop Overview

► Workshop Objectives



After participating in this workshop, students will be able to:

- **Identify** at least five solutions to barriers that get in the way of some teens using condoms, other birth control methods, or going to a clinic
- **Describe** at least three methods for preventing pregnancy
- **Identify** the location of a local clinic
- **Describe** three ways becoming a teen parent would negatively impact one's life

► Take Home Messages



This workshop is designed to provide students with a broad overview of the birth control methods most commonly used by teens to prevent pregnancy. Once students make the decision to seek out birth control (i.e., at a clinic, a private health care provider, the drugstore), they will have the opportunity at that time to learn the in-depth factual details most relevant to their method of choice.

While conducting the workshop, peer educators should keep in mind the major messages for participants to take home:

- There are many solutions to the barriers that get in the way of using condoms, other birth control methods, or going to a clinic
- A sexually active couple must use a reliable method of birth control correctly and every time they have sex, in order to prevent pregnancy
- Abstinence is the only 100% effective way to prevent pregnancy
- Becoming a teen parent will have a dramatic impact on one's life and is 100% preventable

Workshop Agendas

► 90-minute workshop

	Time
Attention-Getting Skit: <i>Monologues</i>	5 minutes
Presenter Introduction	2 minutes
Workshop Introduction	3 minutes
Bridge to Skits	3 minutes
Skits:	8 minutes
★ Talk About It	4 minutes
★ The Price of Parenthood	4 minutes
Bridge to Large Group Activity	1 minute
Large Group Activity	5 minutes
★ Pregnancy Prevention Barriers	
Bridge to Small Group Activities	1 minute
Small Group Activities	57 minutes
★ Problem Solving the Barriers 	17 minutes
★ Contraceptive Methods (5) 	40 minutes
Closure	1 minutes
Evaluation & Homework	4 minutes

► Two 45-minute workshops

Session 1	Time
Attention-Getting Skit: <i>Monologues</i>	5 minutes
Presenter Introduction	2 minutes
Workshop Introduction	3 minutes
Bridge to Skit	1 minute
Skit: <i>Talk About It</i>	4 minutes
Bridge to Large Group Activity	1 minute
Large Group Activity	5 minutes
★ Pregnancy Prevention Barriers	
Bridge to Small Group Activities	1 minute
Small Group Activities	20 minutes
★ Problem Solving the Barriers	11 minutes
• Bridge from Last Activity	1 minute
★ Contraceptive Method (1 cycle)	8 minutes
Closure/Bridge to Next Session	3 minutes

Session 2	Time
Reintroduction	1 minute
Bridge from Last Session	1 minute
Bridge to Small Group Activity	1 minute
Small Group Activity	32 minutes
★ Contraceptive Methods (4 cycles)	
Bridge to Skit	1 minute
Skit: <i>The Price of Parenthood</i>	4 minutes
Closure	1 minute
Evaluation & Homework	4 minutes

**It is preferred that the two 45-minute sessions be presented within the same week.*

***Note:**

If completing this workshop in two 45-minute sessions within the same week, use the closing and opening bridges provided below. These should be used to close out Session 1 and open Session 2 by adding the scripts into the appropriate places within the workshop as noted in the *2 45-Minute Sessions Workshop Agenda*.

**Reintroduction**

Scene: *Students form a line across the stage*

(One peer educator moves forward)

Peer Ed.: Hi. If you remember from last time, we are Teen PEP, which stands for Teen Prevention Education Program. We are here today to continue the workshop, *Later Baby: Pregnancy Prevention*. My name is _____.

(Peer educator moves back in line and all students introduce themselves to the audience)

**Bridge from Last Session**

Peer Ed. 1: In session one, we performed some skits with couples who had all made the decision to have unprotected sex. Each of them had a really difficult decision to make. It's sad because it could have all been avoided if they had waited or used a condom and another form of birth control.

**Bridge to Small Group Activities**

Peer Ed. 1: Now we are going to continue talking about the various methods of birth control teens can use to prevent pregnancy. In the last session, you should have learned more about 1 specific method. If everyone could go back to the same groups and sit in the same location as before, a new pair of peer educators will join you to present the next birth control method.

**Small Group Activity: Contraceptive Methods
(4 remaining cycles)**

For session 2, complete 4 more cycles. Each peer educator pair will move to a new small group to explain and demonstrate their assigned method(s) of birth control. Each pair should use 8 minutes to explain their method. A timekeeper will instruct pairs when to move to the next small group. In this way, each small group receives information about five different types of birth control:

1. Abstinence
2. Male Condom and Spermicides
3. The Pill, The Patch, The Ring
4. LARC Methods
5. Emergency Contraception

Peer educators should remind participants to not get lost in the details of each method, but rather focus on the major differences between the methods and the overall advantages of each one. Peer educator pairs present their method(s) using the appropriate *Contraceptive Methods Information Sheet* as a guide. All information sheets are located in the Workshop Materials at the end of this workshop.



Bridge to Skit

Peer Ed. 1: We've talked a lot in this workshop about protection if you are sexually active. Nationwide, about 50% of high school students have had sex. We know there is a lot of pressure on teens from the media and peers to have sex, often before they are ready. If you are sexually active, you must use a condom and another birth control method every time you have sex. For a sexually active couple, this is the best way to prevent pregnancy as well as sexually transmitted infections and HIV.

Peer Ed. 2: We've also talked about abstinence as a birth control method. It is important to remember that about 50% of high school students have **not** had sex. If you are a teenager who has chosen not to be sexually active, we think it is a really smart decision. As you know, not having sex is the only 100% effective way of avoiding unintended pregnancy, STIs, and HIV. If at any point you change your mind and become sexually active, you must use a condom and reliable form of birth control. If you don't, this could happen to you. Our next skit is called *The Price of Parenthood*.

Note:

After all methods have been presented, reconvene groups for the next section of the workshop, which happens in large group.

Workshop Materials

Activity	Materials	Template Provided
Workshop Introduction	<input type="checkbox"/> Posters with statistics printed on them that can be held up by students as they say their Facts . Posters should be uniform and large enough to be read by the audience.	✓
Pregnancy Prevention Barriers	<input type="checkbox"/> 3 posters that say: <ul style="list-style-type: none"> ★ Why Don't Some Teens Use Condoms? ★ Why Don't Some Teens Use Other Birth Control Methods? ★ Why Don't Some Teens Go to a Clinic? <input type="checkbox"/> 1 set of Barrier Cards for each small group <input type="checkbox"/> 1 set of Solution Cards for each small group	✓ ✓ ✓ ✓ ✓
Contraceptive Methods	<input type="checkbox"/> 3 signs that say: <ul style="list-style-type: none"> ★ Abstinence ★ Barrier Methods ★ Hormonal Methods <input type="checkbox"/> Samples of each contraceptive method <input type="checkbox"/> Information sheet for each of 5 contraceptive methods <input type="checkbox"/> Resource list of local clinics created by peer educators <input type="checkbox"/> 1 Abstinence Ball (small plastic, clear container) <input type="checkbox"/> Small slips of paper (2 per participant) <input type="checkbox"/> Pens/pencils	✓ ✓ ✓ ✓ ✓ ✓ ✓
Price of Parenthood Skit	<input type="checkbox"/> 4 signs that say: <ul style="list-style-type: none"> ★ 7 months later ★ 2 months later ★ 3 weeks later ★ 3 months later 	✓ ✓ ✓ ✓
Evaluation	<input type="checkbox"/> Evaluation form for each participant <input type="checkbox"/> Pens or pencils for each participant	✓ ✓
Homework	<input type="checkbox"/> <i>Parent-Teen Homework</i> handout for each participant	✓

Later, Baby:

Pregnancy Prevention Workshop



Attention-Getting Skit: *Monologues*



About the Skits

For this skit, peer educators use their dramatic skills to present monologues on adoption, abortion, and parenthood from different points of view. Refer to the Look-n-Learn DVD for an application of the technique.

Scene: *Three couples—Regina and Kyle, Morgan and Angel, Tori and Jack—line up at the front of the room. Each couple is positioned back-to-back looking at the floor, sideways to the audience, so that the audience sees their profiles.*

(Regina and Kyle turn—still back-to-back—so that Regina is facing the audience. She looks up and begins to speak.)

Adoption

Regina: I had my baby about a month ago. I only got to see her once but I'll never forget how she looked; she was beautiful. She's going to break a lot of hearts someday. I wish I'd broken Kyle's heart instead of sleeping with him. He said I couldn't get pregnant the first time, so we didn't use anything. I feel stupid for trusting Kyle.

I felt like I needed to **have** the baby, but there was no way I could keep her. She needs a mom to take care of her and I still need my mom to take care of me. I know that giving her up was the right thing to do. She'll have a better life this way. Maybe if I tell myself that enough times I'll finally start to believe it. I wish we would have waited to have sex or used protection.

(Looks down and they rotate so that Kyle is facing the audience. Kyle looks up and begins to speak.)

Kyle: I just can't believe that Regina had the baby. It was horrible watching her get big and having her nag me about how I needed to **be** there for her. I mean I guess I should have been, but I couldn't **stand** to be around Regina anymore, she was so depressing. I'm just glad it's

over...but every now and then...I wonder what my baby looks like. I can't believe this happened to me.

(Kyle and Regina return to their original positions. Morgan and Angel turn—still back-to-back—so that Morgan is facing the audience; looks up and begins to speak.)

Abortion

Morgan: That Saturday morning when Angel and I went to the clinic, I was dreading it. The waiting was long but the actual procedure was over in a few minutes. Afterward, I felt okay, but I had cramps. Angel drove me home and we were both relieved, but I felt sad.

I love Angel and Angel loves me, but we're not ready to have a baby right now. Abortion was the only option for me. Being a mother at 17 was unthinkable. I want to go to college; find a great job; I want a life. I was so stupid to think this could never happen to me. We could have prevented all of this just by using a condom.

(Looks down and they rotate so that Angel is facing the audience. Angel looks up and begins to speak.)

Angel: I'm really glad Morgan decided to have an abortion. There's no way I could be a parent right now. I stood by Morgan through everything, but things are really different now. I don't know what it is...everything seems so serious. It's just not as fun as it used to be. I wish I could go back and do things differently.

(Angel and Morgan return to their original positions. Tori and Jack turn—still back to back—so that Tori is facing the audience; looks up and begins to speak.)

Parenthood

Tori: I decided to keep my baby. Being pregnant and watching my body change was really hard. And labor...you have no idea how much it hurt! Don't get me wrong; I love my baby! Sometimes when I look at him while he is sleeping my heart feels so full. The problem is, he doesn't sleep very much—he gets up a couple of times a night and I have to get up with him. My aunt takes care of him while I'm at school, but I'm so tired during the day that I fall asleep in my classes. The worst part is that I don't get to see my friends much because I have to take care of my baby. Everything has changed; I didn't think it would be like this.

(Looks down and they rotate so that Jack is facing the audience. Jack looks up and begins to speak.)

Jack: I'm trying to be a good dad, but it's so hard. I'm in school and working nights and weekends to support Tori and the baby. I'm hardly making any money and I'm failing my classes because I don't have time to study. I love my son, and I'll try to be there for him, but sometimes...I just want to take off. None of my friends have to worry about this stuff; all they think about are tests and girls and getting a good job. I wish that's all I had to worry about. I wish we had been more careful.

(Regina, Kyle, Morgan, Angel, Tori, and Jack turn and face the audience, each moving forward as they speak)

Regina: I wish we would have waited to have sex or used protection.

Kyle: I can't believe this happened to me.

Morgan: We could have prevented all of this just by using a condom.

Angel: I wish I could go back and do things differently.

Tori: Everything has changed. I didn't think it would be like this.

Jack: I wish we had been more careful.

(Regina, Kyle, Morgan, Angel, Tori, and Jack freeze and move back into a single line with all other peer educators.)



Presenter Introduction

Scene: *Students form a line across the stage.*

(One peer educator moves forward.)

Peer Ed.: Hi. We are Teen PEP from _____ High School. Teen PEP stands for Teen Prevention Education Program. We are _____ juniors/seniors who have been trained in leadership and sexuality issues. Today, we're going to do a workshop for you called *Later Baby: Pregnancy Prevention*. My name is _____.

(Peer educator moves back in line and all students introduce themselves to the audience.)



Workshop Introduction

(Six peer educators move forward. Peer Ed. 1 introduces the topic. Then, one at a time, the other five peer educators display their posters and say their fact.)

Note:

These 5 facts are to be placed onto posters. The posters should be uniform and large enough to be read by the audience.

Peer Ed. 1: We're here to talk about teen pregnancy. You just saw three different examples of the possible outcomes of teen pregnancy. All of those situations could have been prevented if

the teens involved had decided to be abstinent or had used a birth control method correctly. So how big of an issue is teen pregnancy anyway?

Peer Ed. 2: **Fact:** About 750,000 teens become pregnant every year in the United States. That is like 2,000 girls getting pregnant every day!¹

Peer Ed. 3: **Fact:** 3 out of 10 girls become pregnant at least once before age 20.²

Peer Ed. 4: **Fact:** 8 out of 10 of these pregnancies are not planned.³

Peer Ed. 1: Okay, so why is this happening?

Peer Ed. 5: **Fact:** 7 out of 10 females used NO forms of hormonal birth control, like birth control pills or an IUD, the last time they had sex.⁴

Peer Ed. 1: What about the guys? Aren't they responsible too?

Peer Ed. 6: **Fact:** 2 out of 5 teen males are still not using condoms when they have sex.⁴



Bridge to Skit

Peer Ed.: Wait, that's a lot of teens who are not using condoms or birth control when they have sex. Maybe we should spend some time talking about this. We're going to start by doing a skit that shows a couple struggling with their consciences as they deal with issues about sex.



About the Skits

Using dramatic skills, peer educators depict examples of the conflicting feelings teens have about sexual activity and talking about sex with a partner. Peer educators are encouraged to adapt the language in the skits to better reflect their school community. As always, the language that is used should be clear and relevant, but not offensive.



Skit: Talk About It



About the Skits

This skit involves a couple having a discussion about sexual involvement. Their consciences are giving them advice about the pros and cons of having sex and the discussions that need to take place before sexual activity.

Scene: *The couple—Eddie and Anna—are sitting in chairs at the front of the room. Their consciences are standing behind them. When Eddie’s conscience speaks, Eddie looks thoughtful and Anna freezes; likewise when Anna’s conscience speaks. Eddie and Anna should not look at their consciences.*

Eddie: Anna, you look so good tonight. Um, well, and... *(Puts arm around Anna and pulls her close)*

Anna: Eddie, what are you trying to say? *(Pushes away)*



Props

When speaking as the good conscience, the speaker could wear a halo or pair of wings, anything “angelic.” When speaking as the bad conscience, the speaker could wear a pair of horns or hold a pitchfork, anything “devilish.”

Eddie’s

Conscience 1: *(Moves forward and leans in to speak into Eddie’s ear, excited) Sex, tell her we want to have sex! (Moves back behind Eddie)*

Eddie’s

Conscience 2: *(Moves forward and leans in to speak into Eddie’s ear, concerned) What?! Can’t you see she’s uncomfortable? Slow it down man, we need to take our time with this! (Moves back behind Eddie)*

Eddie: Well, we've been together for a while and I think we're ready to take things to the next level. Other couples, you know, when they've been together for a while, they... you know...like, do it.

Anna's

Conscience 1: *(Moves forward and leans in to speak into Anna's ear, excited)* He's talking about sex! *(Moves back behind Anna)*

Anna's

Conscience 2: *(Moves forward and leans in to speak into Anna's ear, worried)* Um is he talking about sex? *(Moves back behind Anna)*

Anna: Are you talking about sex?

Eddie: Um, yeah.

Anna's

Conscience 1: *(Elated)* We're not going to be the last virgin on earth! We're going to have sex! We're going to have sex!

Anna's

Conscience 2: *(Serious)* Wait! Are we ready for this?! Sex comes with a lot of responsibilities. We could get pregnant! We could get a disease! We need to think this through and talk about this.

Anna: Maybe we should talk about this.

Eddie: Talk about what? What is there to talk about?

Anna: You know...like...what could happen. Protection and stuff. I don't know...I'm not sure I'm ready for sex.

Eddie's

Conscience 1: C'mon, how can she not be ready? Sweet talk her a little more. Nothing bad is going to happen.

Eddie's

Conscience 2: No! We **do** need to decide if we're ready and if we are, we need to talk about birth control and possible consequences.

Eddie: Okay, well let's talk about it. Anna, do you want to have sex with me? *(Tries to be flirtatious)*

Anna: I don't know right now...maybe...I don't want to get pregnant. Can you **imagine** how hard that would be?

Eddie: Okay, so why don't you go to the clinic next week and get on the pill or something? And then when you're ready...

Anna: Why are you putting it all on me? This is **our** decision and we both need to use protection. You'll need to wear a condom too.

Eddie: Um...

Eddie's

Conscience 1: No way, man. Why do we need a condom if she's on the pill?

Eddie: Why do we need a condom if you're on the pill?

Anna's

Conscience 2: Are you listening to this guy? Condoms **and** pills are the best protection. Anna, if he cares about you, he'll use a condom.

Anna: Eddie, the only way we're gonna have sex is if I go on the pill **and** you use a condom. Don't you care about me or what I want?

Eddie: Well...

Eddie's

Conscience 2: The only reason you don't want to use a condom is because you don't know how to use one. If you can't be honest about that, then maybe you're not ready.

Eddie: I'm sorry. I **do** care. I just need to learn more about how to keep us **both** safe. How about we go together to the clinic and get some information about condoms **and** the pill?

Anna: That's a great idea. You make the appointment.



Bridge to Large Group Activity

Peer Ed.: Thank you to our actors. (*Applause*) Anna and Eddie are doing a good job of working through the decision to have sex and talking about what they need to do to protect themselves. We all need to understand the consequences of sex and think about how we will protect ourselves from unintended pregnancy **before** we get in a sexual situation. As you saw in the skit, both partners have a role to play in preventing pregnancy and STIs, but there are **barriers** that can get in the way. Next, we are going to look at those barriers and then find some solutions.



Large Group Activity: *Pregnancy Prevention Barriers*

Four peer educators come forward. Peer educator 1 facilitates while peer educators 2,3, and 4 display posters with writing towards themselves and facing away from audience.

Peer Ed. 1: Let's take a few minutes and think about three questions that are important for sexually active teens:

1. Why don't some teens use internal or external condoms?

(Peer Ed. 2 turns sign: Why Don't Some Teens Use Condoms?)

2. Why don't some teens use other birth control methods?

(Peer Ed 3 turns sign: Why Don't Some Teens Use Other Birth Control Methods?)

3. And why don't some teens go to a clinic or health center?

(Peer Ed. 4 turns sign: Why Don't Some Teens Go to a Clinic?).

Let's start with Why Don't Some Teens Use Condoms? What are some of the reasons? *(Repeat each reason as it is stated being careful not to sound in agreement and without passing judgment. For example you might say "Some teens might feel condoms are awkward to use or think condoms could spoil the mood".)*

Sample Responses

- Don't have money
- Don't know how to use them
- Don't know how to get them
- Afraid to go to the doctor or clinic
- Worried about possible side effects
- Don't think they'll get pregnant the first time or any time

NOTE: Be sure to mention that abstinence is the only 100% effective way to prevent pregnancy.

1. Why should someone use other methods of birth control, what are the benefits? *(To reduce the risk of unintended pregnancy and STIs/ HIV, and because both partners share responsibility and can have control in protecting themselves.)*
2. Why does Teen PEP recommend that for couples capable of pregnancy, who are not abstinent, use both a condom and another hormonal method of birth control? *(Provides a backup method if one method fails, reduces the risk of pregnancy and STIs/HIV.)*

Very good. There seem to be a lot of barriers to using birth control methods. There are also a lot of solutions that we're going to discuss in our next activity.

Peer Ed. 1: And finally, why do many teens not go to a clinic or health center even though they are sexually active? *(Repeat responses as they are called out, being careful to sound neutral. For example you might say "Some teens might feel afraid to go alone without a friend/partner or embarrassed to be seen there by others".)*

Sample Responses

- No transportation
 - No money
 - Aren't sure where to go
 - Afraid to go alone
 - Embarrassed to be seen there
1. What are the benefits of going to a clinic if you are sexually active? *(It is an affordable and confidential way to get accurate information, access birth control, and receive STI and HIV testing for you and your partner.)*
 2. Why is it important for couples to go to a clinic together? *(Social support, shared responsibility, to get the same information to make informed decisions together)*

Peer Ed. 1: Thanks, you did a good job. As we said before, all of the reasons we've mentioned could keep teens from getting health care and accessing services for protecting themselves. These barriers may get in the way and put teens **at risk** for an unintended pregnancy or an STI or HIV.



Bridge to Small Group Activities

Peer Ed.: Now we're going to break up into five small groups. We're going to talk about possible solutions to these barriers and then explain some methods of birth control so you will know your options. Please count with me as I number you off, then look for the peer educator displaying a sign with your group's number and go with that peer educator to your small group location.



Small Group Activity: *Problem-Solving the Barriers*

After introductions, a peer educator in each small group says:

Peer Ed.: In the large group, we named some barriers that sometimes get in the way of teens using internal/external condoms, other birth control methods, and going to a clinic. Now we're going to spend some time talking about some solutions to those barriers. *(Peer educator passes out Solution Cards to participants. Some participants may have more than one Solution Card.)*

Directions

1. A peer educator places a *Barrier Card* face up in the middle of the circle, and briefly describes what it represents.
2. Ask if anyone has a *Solution Card* that might overcome this barrier.
3. Have participants lay their *Solution Card(s)* down in front of them if they feel it can overcome that *Barrier Card* and explain why they think this **solution** overcomes the particular **barrier**.
4. Ask if there are any other solutions that could overcome this barrier that aren't represented.
5. Use the *Solution Discussion Questions* for each card to make sure participants understand how each solution addresses the barrier.
6. Once all *Solution Cards* have been discussed, they are picked back up by their respective participants, and the process begins again with a new *Barrier Card*.
7. Repeat until all *Barrier Cards* have been thoroughly discussed or until time is up.

Note:

When discussing the *Don't Know When or Where to Go Barrier Card*, peer educators should give participants the name and location of a local clinic using the **Resource List created during the Teen PEP class**. (See *Creating a Resource List of Local Clinics* from Unit 5 of the Curriculum).

Solution Discussion Questions

Note:

Each solution may be offered for multiple barriers. The first time a solution is offered, be sure to discuss each question for that solution. The next time that solution is offered, only ask the discussion questions that apply.

Accurate information

1. Where can you go to get accurate information on this topic?
2. How can you double-check what you've heard or read?
3. How do you know you've found a reliable source?

Confidentiality

1. What does confidentiality mean? (*Confidentiality is defined as ensuring that information is available only to those who have consent*)
2. How is confidentiality helpful in overcoming this barrier?

Internet search

1. What search terms would you use in this situation?
2. What would you look for to make sure you have a reliable internet/online source? (*The site represents a credible organization or scholarly article, check to see if the domain site is credible such as using "edu" "gov" or "org", the information is not older than 5 years, and the document or website has a link to other references that can be fact checked*)
3. If you are worried about privacy in conducting internet searches, what should you do?

Local health clinic

1. What are the places in our community where you can go for care?
2. What services do they provide?
3. What can you do if you are worried about privacy?

Note:

It is recommended that teens speak with parents/ guardians or another trusted adult when seeking health services.

Open and honest relationship

1. How would an open and honest relationship help in this example?
2. What would individuals need to be open and honest about?
3. What, specifically, would they say?

Public transportation

1. What are the specific buses/trains/subways you can take to get to a location?
2. How easy is it for you to take public transportation?
3. What information or support do you need in order to use public transportation?

Sliding-scale fees

Make sure everyone understands what this means—a person will pay for services based on their ability to pay. Individuals with different financial resources will pay different amounts.

1. Why do you think some places offer this as an option?
2. How would you ask about this at a clinic?

Take a friend with you for support

1. How can a friend be supportive or helpful in overcoming this barrier?
2. What could your friends do or say to be helpful in this situation?
3. How would you ask them for their support?

Talking with partner

1. Why is this important in addressing this specific barrier?
2. What do you need to talk about in this situation?
3. How would you get over the fear of talking to your partner?
4. What is an example of something you could say?

Teen PEP peer educator

1. How can you, as a peer educator, help in this example?

Trusted adult

1. How do you know which adults you can trust? What do they do to gain your trust?
2. Why might an adult perspective be important in this situation?

3. Do you feel comfortable talking with your parents/guardians/caregivers about these issues? Why or why not?
4. What would make it easier to talk to your parents/guardians/caregivers?

FOR REVIEW ONLY



Bridge from Last Activity

Peer Ed.: We hope this activity gave you some ideas about how to overcome barriers that keep us from protecting ourselves. Next, we're going to talk about ways to prevent pregnancy and show you the most common birth control methods used by teenagers.

A sperm from a male-bodied partner and an egg from a female-bodied partner need to join together via fertilization and implant into the uterus in order for pregnancy to occur. There are three ways to prevent this from happening.

*(Peer educator places three signs—**Abstinence, Barrier Methods, and Hormonal Methods**—in the middle of the circle).* These are the three types of contraceptives that can prevent pregnancy.

1. **Abstinence** means not having sex (vaginal, oral, or anal). This is the only 100% effective way to prevent pregnancy because the egg and sperm can never meet.
2. **Barrier methods** keep the sperm and egg apart by creating a shield to block the sperm from the egg. What is one example of a barrier method? (*Condoms – external/male, internal/female*)
3. **Hormonal methods** are used by the female-bodied partner to prevent ovulation—the release of an egg. What is one example of a hormonal method? (*Pills, patch, ring, shot, implant, some IUDs*)

Peer Ed.: These are very effective in reducing the risk of getting pregnant. Now, my co-educator and I are going to move to the next small group to begin explaining the birth control methods. Each co-educator pair will explain a different method. We will rotate around to all the groups and by the end, you will have learned about all of the most common birth control methods used by teens.



Small Group Activity: Contraceptive Methods

Each peer educator pair will move to a new small group to explain and demonstrate their assigned method(s) of birth control. Each pair should use **8 minutes** to explain their method. A timekeeper will instruct pairs when to move to the next small group. In this way, each small group receives information about five different types of birth control:

1. **Abstinence**
2. **External/Internal Condoms and Spermicides**
3. **The Pill, The Patch, The Ring**
4. **LARC Methods (Shot, Implant, IUDs)**
5. **Emergency Contraception**

Note:

After all methods have been presented, reconvene groups for the next section of the workshop, which happens in large group.

►Notes about facilitating small groups

- Remind participants to not get lost in the details of each method, but rather focus on the major differences between the methods and the overall advantages of each one.
- Use the appropriate *Contraceptive Methods Information Sheet* as a guide for co-facilitation pairs to present their methods. All information sheets are located in the *Workshop Materials* at the end of this workshop.



Bridge to Large Group Skit

Peer Ed. 1: We've talked a lot in this workshop about protection if you are sexually active. Nationwide, about 50% of high school students have had sex. We know there is a lot of pressure on teens from the media and peers to have sex, often before they are ready. If you are sexually active, you must use an external or internal condom and another reliable birth control method every time you have sex. For a sexually active couple, this is the best way to prevent pregnancy as well as sexually transmitted infections and HIV.

Peer Ed. 2: We've also talked about abstinence as a birth control method. It is important to remember that about 50% of high school students have **not** had sex. If you are a teenager who has chosen not to be sexually active, we think it is a really smart decision. As you know, not having sex is the only 100% effective way of avoiding unintended pregnancy, STIs, and HIV. If at any point you change your mind and want to become sexually active, you must use an external or internal condom and reliable form of birth control. If you don't, well this could happen to you. Our next skit is called *The Price of Parenthood*.



Large Group Skit: The Price of Parenthood

Scene: *Claire enters quickly, takes out her phone, and calls Kayla. Both girls sit facing the audience but positioned slightly in opposite directions from each other, about ten feet apart.*

Off stage: *Ring ring*

Kayla: Hello?

Claire: Kayla! You will **not** believe what is happening to me.

Kayla: What's going on?

Claire: You know I was late and kinda worried.... So I took a pregnancy test and...I can't believe it...
(Puts head in hands)

Kayla: What?!

Claire: I'm pregnant. Kayla I'm pregnant! What am I going to do?

Kayla: Are you sure?

Claire: Yes, I took three! I don't know what to do...how do I tell Jay? How am I going to tell my mom? She'll be so disappointed. I don't know what I'm gonna do. *(Pacing)* I don't know what I'm gonna do. Please come over...**now!**

SIGN: 7 months later

Claire puts a pillow under her shirt to simulate pregnancy.

Off stage: *Ring ring*

Claire: Hello?

Kayla: Hey Claire, where have you been?

Claire: I'm sorry; I can barely **move**. I feel like a whale. My back hurts, my ankles are swollen, I can't sleep and I have to go to the bathroom every 30 minutes. On top of that, my blood pressure is too high and I have to stay on bed rest until the baby comes. *(Groans)* I want my life back.

Kayla: Oh...wow...that sounds awful. Has Jay been helping you?

Claire: He's been great—when he's here. But he's busy, you know.

Kayla: Yeah, that's too bad. *(Pauses)* Hey, I'm really sorry but I gotta go. Talk to you later. Hang in there.

Claire: Yeah, I will. I don't really have a choice.

SIGN: 2 months later

Claire removes pillow from under her shirt and now holds a "baby" wrapped in a blanket.

Off stage: *Ring ring*

Claire: Hello?

Kayla: Hey Claire. I **loved** seeing you and Emma yesterday. She is **so** adorable. Oh my gosh, I can't believe you have a baby.

Claire: Me either. Isn't she something? I am so happy it's over...now everything can go back to normal. Jay is really happy too—we're a family! When can you come over again?

Kayla: I'm not sure... There's a party this weekend and then I'm staying over at Ryan's parents' house. And I have midterms coming up and prom committee... But I'll call you, okay?

Claire: Oh...we were supposed to do prom committee together this year... But not anymore... Okay, see ya.

SIGN: Three weeks later

Off stage: Ring ring

Kayla: Hello?

Claire: Hey Kayla, what's up? I haven't heard from you in a while.

Kayla: Oh hi. How's it goin'? How's Emma?

Claire: She's good...but she cries a lot. I'm exhausted. I get up with her three times a night and it takes a while to get her back to sleep. I thought my mom would help more but she says it's **my** responsibility. And Jay isn't here all that much.

Kayla: Oh man, I'm sorry... So...when are you coming back to school?

Claire: I don't know. I thought I'd just be out six weeks but I can't imagine how I could do it. I have to sleep when Emma sleeps and I have to figure out a way to make more money because Jay isn't making enough.

(Jay enters)

Jay: Claire! Emma's crying. Get off the phone and help me.

Claire: Jay, hold on! I'm talking to Kayla.

Kayla: Uhh... I should probably go anyway. Take care of yourself. I miss you.

(They hang up)

Claire: Jay! What's your problem? Can't you do **anything** without my help? She's your daughter too.

Jay: Are you kidding? I make the money that pays for her. Stop complaining to your friends. I've gotta go to work. *(Leaves scene)*

Claire: Sure make an excuse and leave, like you **always** do!

SIGN: 3 months later

Off stage: Ring ring

Kayla: Hello?

Claire: Hey. How are you? I never see you anymore.

Kayla: I know; I'm sorry; I'm so busy. Hey, we're all going out to dinner Saturday night. You should come.

- Claire:** I'd love to, but I don't know. Jay's working and my mom hasn't gotten over my dropping out of school. There's no way I could go do something fun and leave Emma with her. *(Pause)* I could always bring her.
- Kayla:** Yeah...except last time she cried the whole time. It's okay with me but I'm not sure the other girls will want to deal with all that. Maybe next time.
- Claire:** Oh...okay...
- Kayla:** *(Pause)* Oh! I got my prom dress; it only cost 100 bucks! I can't wait for you to see it. What about you?
- Claire:** *(Laughs)* I spend more than that a month on diapers. *(Pause)* Glad you found something though. Even if I had the money, I don't think I'd have a date. Jay and I aren't doing so well.
- Kayla:** Oh, I'm sorry... I don't know what to say.
- Claire:** It's okay. *(Long pause)*
- Kayla:** Sorry, I have to go meet Ryan; we're going to the movies. I'll talk to you soon.
- Claire:** Yeah. Bye.
(Ryan enters)
- Ryan:** Who was that?
- Kayla:** Claire. Man, her life is rough.
- Ryan:** I thought you said her baby was so cute.
- Kayla:** Yeah, she's cute—and a lot of work and responsibility. Claire gets no sleep, she had to quit school, she has no money, and she barely gets out of the house. She has no life of her own! It's a lot harder than she thought it would be.
- Ryan:** It's hard on Jay too. He works all the time.
- Kayla:** Yeah, ever since the baby came they fight all the time. Also, I don't even know if they'll stay together. *(Pause)* Look—whenever we decide to have sex, we're going to use birth control **and** a condom. That's a whole lot easier than having a baby!
- Ryan:** You got that right. Come on—we'll be late for the movie.
(Kayla and Ryan leave together.)

► Processing the Skit

Peer Ed. 1: This skit showed how an unintended pregnancy can impact a teen's life.

- Name some specific examples of how Claire's life changed. (*Repeat answers as they are called out*)
- Name some specific examples of how Jay's life changed. (*Repeat answers as they are called out*)
- What choices could Claire and Jay have made to prevent this from happening? (*Repeat answers as they are called out*)

Closure

Peer Ed. 1: We want you to remember that even though there may be things that can get in the way of using condoms, another form of birth control method, and going to the clinic, there are even more solutions to those barriers. We're here to help.

Abstinence is the 100% effective way to prevent pregnancy and if you do make the decision to have sex, you must use an external or internal condom each time and a reliable birth control method.

Becoming a teen parent is not all fun and games. Sure babies are cute, but think about all the things that would change and what you'd have to give up. Your life would never be the same.

Peer Ed. 2: We hope you have enjoyed this workshop on pregnancy prevention and that you have learned some useful information. Thank you for your attention and participation. Please take a few minutes to complete the evaluation form. We will also pass out a homework assignment that you can do with a parent, guardian, or other trusted adult.

Evaluation

Pass out evaluations and pencils. Ask all participants to fill out an evaluation and hand it in before leaving the workshop.

Homework

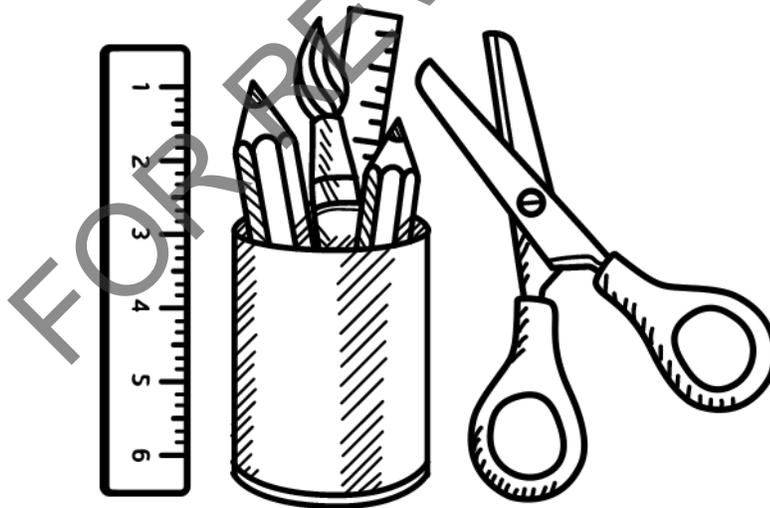
Pass out *Parent-Teen Homework* handouts to all participants. Instruct participants to complete this handout for homework with their parent/guardian, obtain a signature from their parent/guardian, and return it the next day to their classroom teacher.

 **WORKSHOP REFERENCES**

1. Guttmacher Institute. (2019). Unintended Pregnancy in the United States. Retrieved from <https://www.guttmacher.org/fact-sheet/unintended-pregnancy-united-states>
2. Kost, Kathryn, and Stanley Henshaw. (2010). U.S. Teenage Pregnancies, Births and Abortions 2008: National Trends by Age, Race and Ethnicity. New York: Guttmacher Institute. Retrieved from <http://www.guttmacher.org/pubs/USTPtrends10.pdf>.
3. Guttmacher Institute. (2014, May). American Teens' Sexual and Reproductive Health. Retrieved from <http://www.guttmacher.org/pubs/FB-ATSRH.html#22>.
4. Centers for Disease Control and Prevention. (2017). 2017 Youth Risk Behavior Survey. Retrieved from <https://www.cdc.gov/healthyyouth/data/yrbs/pdf/2017/ss6708.pdf>.
5. Centers for Disease Control & Prevention. (2015). Contraception. Retrieved from <http://www.cdc.gov/reproductivehealth/unintendedpregnancy/contraception.htm>.

FOR REVIEW ONLY

Workshop Materials & Templates



750,000 teen girls
become pregnant
every year

3 out of 10 girls
become pregnant
at least once
before the age 20

8 out of 10 of these
pregnancies are
not planned

4 out of 5 girls do
not use birth
control pills the
first time

2 out of 5 teen
males do not use
condoms when they
have sex

Why Don't Some Teens Use Condoms?

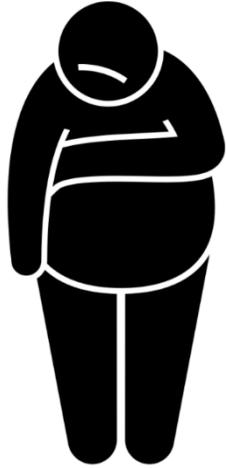
**Why Don't
Some Teens
Use Other
Birth Control
Methods?**

Why Don't Some Teens Go to a Clinic?

Barrier Cards

(Print on card stock and cut out)

Barrier:



Embarrassment

Barrier:



No transportation

Barrier:



No money

Barrier:



**Don't know where
or when to go**

Barrier Cards

Barrier:



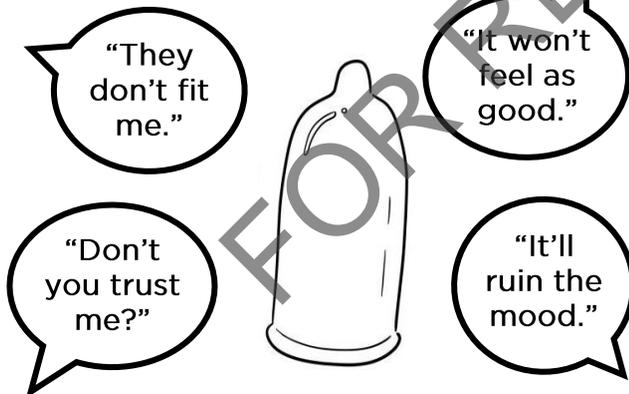
Afraid others
will find out

Barrier:



Don't know how to
use birth control

Barrier:



Believe in
condom myths

Barrier:



"It can't happen
to me."

Solution Cards

(Print on card stock and cut out)

Solution:



Talking with
partner

Solution:



Sliding-scale fees

Solution:



Take a friend
with you for
support

Solution:



Public
transportation

Solution Cards

Solution:



**Reliable
Internet search**

Solution:



**Accurate
information**

Solution:



Confidentiality

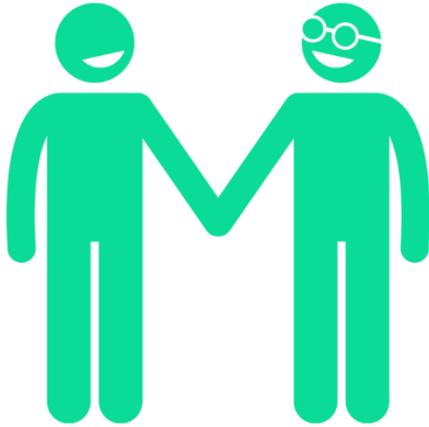
Solution:



Local health clinic

Solution Cards

Solution:



**Open and honest
relationship**

Solution:



Trusted adult

Solution:



**Teen PEP Peer
Educator**

FOR REVIEW ONLY

Barrier Methods

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Abstinence

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Hormonal Methods

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Abstinence

Peer Ed. 1: We're going to talk about abstinence as a method of birth control. To abstain from something means to NOT do it. What kinds of things do people commonly abstain from? (*Sweets, alcohol, sex, drugs*) People have different opinions about what it means to abstain from sex. Teen PEP defines sexual abstinence as not having oral, vaginal, or anal sex. For this workshop, we are talking about the ways to prevent pregnancy, and for that, abstaining from vaginal intercourse is what's necessary.

Effectiveness: How effective is abstaining from vaginal intercourse for preventing pregnancy? (*100%*) It is important to remember that all birth control methods have a failure rate. Like other methods, if you don't use them properly, the failure rate increases. If you don't use abstinence consistently, your risk for becoming pregnant is very high.

Peer Ed. 2: What does it look like? What does abstinence look like? If we were talking about birth control pills, I would show you the pills. It's harder to show you abstinence, so I'm going to use this container to represent abstinence. (*Show abstinence heart or ball.*) Now, you can see that this abstinence object is empty.

How does it work? What does it take to make abstinence work? (*Allow a couple of students to answer.*)

Concepts may include:

- Being able to talk to each other
- Assertiveness
- Respect for each other
- Awareness of your personal values
- Communication about boundaries
- Commitment
- A positive vision for the future
- Self-control
- Support from friends
- Alternatives to sex
- Mutual agreement
- Self-esteem
- Information
- Shared values

Example: *Okay, good. Trusting your partner helps abstinence to work. I'm going to write trust down on this slip of paper and put it in our abstinence ball. (Distribute slips of paper and pencils.)*

Now I want each of you to think of something else that is needed to make abstinence work and write it on your slip of paper. Hold on to the paper until everyone is done. (*When participants are finished, ask them to read their paper and put it in the abstinence ball.*)

(*Summarize the discussion*)

Peer Ed. 1: Staying true to a decision to be abstinent can be very difficult. You will need all of these things like trust, knowledge, and communication in order to be successful. It's important to believe you can be successful.

Peer Ed. 2: But remember—if you do change your mind and decide to become sexually active, you must use a condom and another reliable method of birth control.

External/Male, Internal/Female Condoms & Spermicides

Peer Ed. 1: We're going to talk about the external/male and internal/female condoms and spermicides like the vaginal contraceptive film.

What are they and how do they work? The external condom is the only birth control method that is designed for male-bodied partners. It prevents pregnancy by forming a barrier between the semen and the female reproductive tract. It keeps the sperm from getting to the egg. The external/male condom also prevents the transmission of sexually transmitted infections and HIV.

This is an external/male condom. (*Show unrolled, non-lubricated external/male condom.*) This is a non-lubricated condom—we're using it for the demonstration. (*Peer educator passes condom around circle; takes out another packaged condom and demonstrates the steps of correct condom use on a penis model.*) When you use a condom, make sure it's already lubricated so it won't break as easily.

Peer Ed. 2: How do you use it? So, what is the correct way to use a condom?

1. Check expiration date
2. Erection / Sexual Arousal
3. Squeeze air out of the tip of condom
4. Roll condom on to base of penis
5. Sexual intercourse with Consent
6. Hold onto rim of condom
7. Withdraw penis with condom
8. Loss of erection
9. Roll condom off away from partner
10. Dispose of condom

Peer Ed. 1: Internal/female condoms are similar to external/male condoms in that they're also a barrier method that can prevent both pregnancy and STIs.

What are they and how do they work? The internal condom is the only birth control method that is designed for females that also provides protection from STIs/HIV. It prevents pregnancy by forming a barrier between the male's penis and semen from the female's reproductive tract. It keeps the sperm from getting to the egg.

This is an internal/female condom. (*Show unrolled internal/female condom.*) We're using this one for the demonstration. (*Peer educator passes condom around circle; takes out another packaged condom and demonstrates the steps of correct condom use on a vaginal model.*)

Peer Ed 2: How do you use it? It's a polyurethane pouch that fits inside a vagina. It has a soft ring on each end. The inner ring fits inside the vagina to hold the condom in place. The outer ring stays on the outside of the vagina, partly covering the labia. During vaginal sex, the penis is carefully inserted into the pouch through the outer ring of the internal/female condom.

Peer Ed. 1: You can also use spermicides like Vaginal Contraceptive Film (VCF) with internal/external condoms. VCF is a 1-inch square of spermicide that looks and feels like plastic that is meant to be used with condoms. The film is folded and inserted into the vagina before intercourse. *(Peer educator opens packet of VCF and shows how to fold it, then passes around circle.)* In 10 minutes the film will melt and provide extra spermicidal protection in case the condom leaks or breaks.

Peer Ed. 2: How effective are they? Used alone the external/male condom is 98% effective, and the internal/female condom is 95% effective for preventing pregnancy when used correctly. Spermicides like VCF are not effective enough to be used alone without a condom. Internal/external Condoms are effective in preventing pregnancy and STIs, but sometimes they fail. So if you're going to be sexually active, use a condom and another reliable birth control method every time.

Important:

When using condoms do not: 1) use oil-based lubricants; 2) use more than one condom at once; or 3) reuse a condom

What are the advantages? Internal/External Condoms and Spermicides (VCF) can be obtained easily without a prescription from a drug store or super market or from a clinic or health center. They have no serious health risks and are very effective when used correctly every time.

What are the side effects or health risks? Some people may have an allergic reaction to spermicide or latex. If a rash occurs, use a polyurethane or polyisoprene (*pol-ee-ahy-suh-preen*) condom or try a different spermicide.

Peer Ed. 1: Where do you get them? You can buy internal/external condoms and spermicides (VCF) in the drug store or super market. They are usually located in the same area. You can also get free condoms at some clinics or health centers. There are a lot of different kinds of condoms. Make sure you use condoms that have the following qualities:

- 1 **Latex:** Because it's strong and provides a good barrier for sperm, STIs and HIV. If you are allergic to latex, use a polyurethane or polyisoprene (*pol-ee-ahy-suh-preen*) condom.
- 2 **Reservoir tip (external condoms only):** To catch the semen when the male partner ejaculates
- 3 **Lubricated:** Because it causes less friction during intercourse so the condom is less likely to break and is more comfortable for his partner. Never put oil-based lubricants like Vaseline or baby oil on a condom because it will cause it to break.

Centers for Disease Control & Prevention. (2015). Contraception. Retrieved from <http://www.cdc.gov/reproductivehealth/unintendedpregnancy/contraception.htm>.

Birth Control Pills, The Patch, & The Ring

Peer Ed. 1: We're going to talk about three hormonal methods: Birth Control Pills, The Patch (Ortho Evra), and The Ring (NuvaRing). *(Peer educator places the three methods in the middle of the circle.)*

What are they and how do they work? All three methods contain the female hormones estrogen and progesterone. They prevent pregnancy in three ways:

1. Primarily, hormones prevent ovulation (stops ovaries from releasing eggs).
2. Hormones thicken cervical mucus making it harder for sperm getting into the uterus.
3. The hormones also cause thinning of the uterine lining so that implantation is less likely to occur.

Birth Control Pills: Take one pill by mouth every day. The first 3 weeks contain the hormones; the 4th week has hormone-free pills. Some brands have more than 3 weeks of hormones to extend the time between periods.

The Patch: Put a new patch on the skin (*arm, shoulder, back*) once a week for 3 weeks, releases hormones through the skin; 4th week = no patch

The Ring: Insert ring into vagina and leave in place for 3 weeks, remove and discard during the 4th week = no ring; hormones absorbed through skin

Most methods have a hormone free 4th week. As the hormone level drops, it causes the female body to get their period during the 4th week. They are still protected from pregnancy in the 4th week because they built up enough of the hormones in 3 weeks to protect them for the 4th.

Peer Ed. 2: How effective are they? The pill, patch, and ring are very effective in preventing pregnancy. Used properly they are all over 99% effective. They do **NOT** prevent the transmission of STIs or HIV.

What are the advantages?

- Menstrual periods are often predictable, shorter, lighter, and less painful
- Lower incidence of non-cancerous breast cysts or lumps
- Lower incidence of cancer of the ovaries and lining of the uterus

What are the side effects or health risks? Some users have side effects such as slight weight gain, mood changes, and irregular bleeding. These side effects are mild and usually go away. The average weight gain on most hormonal methods is zero. Hormones can increase the clotting factors in the blood and put females at a slightly increased risk of developing a blood clot that could cause a heart attack or stroke. Smoking increases this risk, so people taking hormones should not smoke.

Peer Ed. 1: Where do you get them? Hormonal methods can be obtained at a clinic or pharmacy. They must be prescribed by a clinician/doctor.

Why should you use condoms if you or your partner is on the pill, patch, or ring? To prevent STIs and HIV and because using condoms shows you care about yourself and your partner

Centers for Disease Control & Prevention. (2015). Contraception. Retrieved from <http://www.cdc.gov/reproductivehealth/unintendedpregnancy/contraception.htm>.

Emergency Contraception (EC)

Peer Ed. 1: We're going to talk about Emergency Contraception (EC). Two brand names are Plan B and Ella. Some people call this the *morning after pill*, but it is important for you to know that you have up to 5 days to take these pills to prevent pregnancy if you have unprotected sex or a condom breaks.

What are they and how do they work? This is emergency contraception. (*Show packet of Plan B or Ella*) EC are pills that contain progesterone, one of the hormones in birth control pills. The pills are taken to prevent a pregnancy if a couple has unprotected sex or a condom breaks. The increased dose of progesterone interrupts the female cycle wherever it is at the time. It may prevent ovulation (*the release of an egg*), fertilization (*the sperm and egg joining*), or implantation (*the fertilized egg implants into the uterus*) by changing the female's chemical balance. EC does **not** cause an abortion. If the female partner is already pregnant, EC will have no effect.

Peer Ed. 2: How effective are they? EC is most effective if taken within 72 hours (Plan B) or up to 5 days (Ella) after unprotected vaginal sex and if you receive two pills, take both at the same time. EC will prevent a pregnancy that would have occurred 88% of the time.

What are the advantages? EC is a safe and effective way of avoiding the difficult consequences of unintended pregnancy.

What are the side effects or health risks? There have been no serious side effects from taking EC. It is very safe.

Peer Ed. 1: Where do you get it? Emergency Contraception can be obtained at a clinic or pharmacy. Some require a prescription, but Plan B One Step is available over the counter.

Important:

Emergency contraception is to be used in emergencies only, NOT as a regular form of birth control. If you need emergency contraception, it is a good reminder that you need to get on a reliable method of birth control. Hormonal methods are over 99% effective; Plan B/Ella is only 88% effective. Plan B/Ella is great in an emergency, but is not good enough (and too expensive) for everyday use.

How will you know if it works? You can take a pregnancy test 10 days or later after unprotected vaginal sex. If you get your period before 10 days, you will know that you are not pregnant. If their period does not start within 2 to 3 weeks, they should take another pregnancy test.

Centers for Disease Control & Prevention. (2015). Contraception. Retrieved from <http://www.cdc.gov/reproductivehealth/unintendedpregnancy/contraception.htm>.

LARC (Long-Acting Reversible Contraception)

Peer Ed. 1: We're going to talk about 3 long-acting reversible contraceptive methods (LARCs). Long-acting means that the method lasts from 3 months to 12 years. Reversible means that the female partner can stop using the method at any time if they want to get pregnant. The three methods are the implant (Nexplanon), the IUD (intra-uterine device), and the shot (Depo Provera). *(Show photos of each method)*

What are they and how do they work? Long-acting reversible contraception are birth control methods which last from 3 months to 12 years, and which can all be stopped at any time to return to fertility. Some contain the hormones progesterone (the Depo Provera shot, some IUD brands) or progestin (the Nexplanon implant), or are made from copper (the IUDs Copper-T or Paragard)

The Shot: Depo Provera is a shot of progesterone-only that a female must receive every 3 months. The hormone keeps the ovaries from releasing eggs and thickens cervical mucus to block sperm from getting into the uterus. It also thins the lining of the uterus so that implantation is less likely to occur.

Nexplanon: The implant is a flexible rod containing estrogen and progestin that is inserted just under the skin of a female's upper arm. It can be left in place for 3 years. It thickens cervical mucus to block the sperm from reaching an egg and affecting the ability of the sperm to swim towards the egg. In some cases, implants could also keep the ovaries from releasing eggs or thin uterine lining, which can prevent implantation.

Both the shot and the implant contain hormones that prevent the ovaries from releasing eggs and thicken cervical mucus to block sperm from getting into the uterus. The lining of the uterus also thins so that implantation is less likely to occur.

The IUD is a small flexible device made of soft plastic or copper. It is inserted into the uterus by a health care provider. There are two IUD's available:

- Hormonal (Mirena, Kyleena, Liletta, Skyla) contains the hormone progesterone and can stay in place for 5 years
- Copper (Copper T, Paragard) which is made of plastic and copper and can stay in place for 10 years

IUD's prevent pregnancy by thickening cervical mucus to block the sperm from reaching an egg and affecting the ability of the sperm to move towards the egg. The hormone in Mirena also keeps the ovaries from releasing eggs. IUDs can also prevent implantation.

Peer Ed. 2: How effective is it? The shot, the implant and the IUDs are the most effective types of hormonal birth control because they are long-acting and therefore have little human error. They are over 99% effective. They do **NOT** prevent the transmission of STIs or HIV.

What are the advantages? LARCs are advantageous for the following reasons:

- Long term, worry-free contraception
- Can be used for 3 months, 3 years, 5 years or 10 years
- The most effective hormonal birth control methods available
- They are quickly reversible

- No need to remember to take a pill every day
- Minimal side effects

What are the side effects or health risks?

- The most common side effect is unpredictable bleeding or spotting. Many users eventually get no periods at all. It is okay not to get a period when you're taking these hormones.
- Some people who take LARCs report having headaches, longer or heavier periods.
- Some users of IUDs and implants experience mild pain during insertion, irregular periods, or heavier periods with worse menstrual cramps, and pain during removal.

Peer Ed. 1: Where do you get them? LARC methods can be obtained at a clinic or doctor's office. They must be administered by a clinician.

Why should you use condoms if you or your partner is on a LARC? To prevent STIs and HIV and because using condoms shows you care about yourself and your partner

Centers for Disease Control & Prevention. (2015). Contraception. Retrieved from <http://www.cdc.gov/reproductivehealth/unintendedpregnancy/contraception.htm>.

FOR REVIEW ONLY

**7 MONTHS
LATER**

FOR REVIEW ONLY

**2 MONTHS
LATER**

FOR REVIEW ONLY

**3 WEEKS
LATER**

FOR REVIEW ONLY

**3 MONTHS
LATER**

FOR REVIEW ONLY

PREGNANCY PREVENTION

PARENT/GUARDIAN - TEEN HOMEWORK



Student name: _____ Date: _____

? PURPOSE

To provide a structure for communication between parents/guardians and teens on the topic of pregnancy prevention.

➔ DIRECTIONS

STEP 1

Together, read out loud the workshop take home messages below.

TAKE HOME MESSAGES

- There are many solutions to the barriers that get in the way of using condoms, other birth control methods, or going to a clinic
- A sexually active couple must use a reliable method of birth control correctly and every time they have sex, in order to prevent pregnancy
- Abstinence is the only 100% effective way to prevent pregnancy
- Becoming a teen parent will have a dramatic impact on one's life and is 100% preventable

STEP 2

Teens should share with parents/guardians their answers to the following question:

1. What was the most important thing you learned in this workshop?

STEP 3

Teens and parents/guardians should discuss together their responses to the following questions:

1. What makes it hard for people to remain abstinent? What are the benefits of being abstinent?
2. What do you think are some of the things that get in the way of teens using birth control or condoms once they become sexually active? What are some solutions?
3. How would being a parent as a teenager affect a person's life?

STEP 4

Parents/guardians should share with teens their answer to the following question:

1. What values do you want your child to receive from you regarding this topic?

STEP 5

Please sign and date below, indicating to the advisor that this assignment has been completed.



Parent/Guardian signature

Date



Later, Baby: Pregnancy Prevention Workshop Evaluation

Please rate how much you agree or disagree with each statement by placing a check mark in the appropriate box.

	Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree
This workshop has helped me identify solutions to things that prevent teens from using condoms, other birth control, or going to the clinic.					
This workshop has taught me about the birth control methods that prevent pregnancy.					
This workshop has helped me think about specific ways becoming a teen parent would negatively impact my life.					

Please list three birth control methods that prevent pregnancy.

1. _____
2. _____
3. _____

Please list the name of a local clinic:

_____ is the only 100% effective way to prevent pregnancy.

Please List three solutions to things that prevent teens from using condoms, other birth control, and/or going to the clinic.

1. _____
2. _____
3. _____

Please rate the presenters on the following by placing a check mark in the appropriate box.

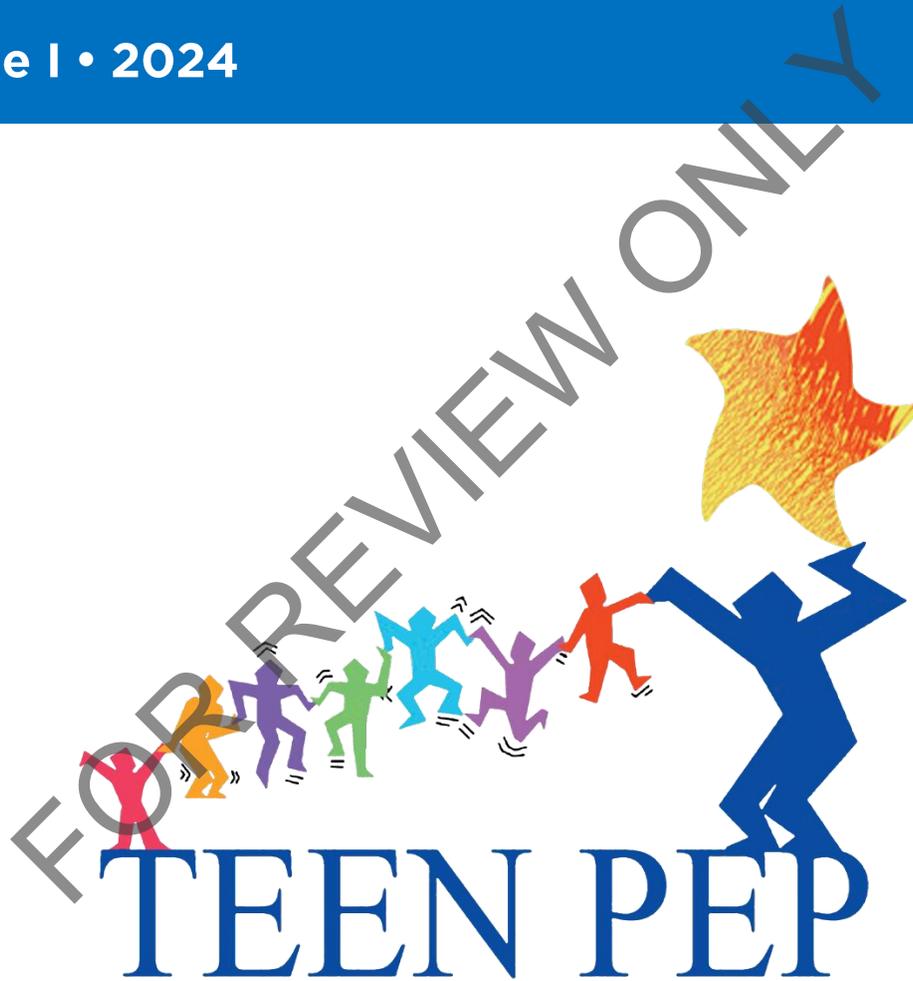
	Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree
The presenters clearly explained the directions for each activity.					
The presenters were well prepared and organized.					

Please use the back of the page to write any comments and suggestions. Thank you for completing this evaluation.

Unit Six

Preparing for Family Night

Volume I • 2024



TEEN PEP

TEEN PREVENTION EDUCATION PROGRAM

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TEEN PREVENTION EDUCATION PROGRAM

Unit Six

Preparing for Family Night

★ Overview	1
(15 minutes)	
★ Preparing for Family Night	3
(40 minutes)	
★ Spread the Word	7
(30 minutes)	
★ Where Do We Learn About Sex, Gender & Sexuality? Review	8
(20 minutes)	
★ Preparing for the Family Night Panel	10
(30 minutes)	

FOR REVIEW ONLY

Family Night Overview

Bridge

Build a bridge from the last activity. For example, “In the last activity we...” or “Yesterday, we learned...” and connect it to the theme.

Theme

The purpose of this activity is to provide peer educators with a general overview of the topics to be discussed in the unit.

Directions

1. Hand out *Family Night Overview* and go around, having volunteers read aloud one paragraph at a time.
2. Discuss the following question.
 - a. Why is it important that both teens and their parents/caregivers talk openly about sex, gender, and sexuality?
3. In pairs, have everyone share their experiences talking to a parent or caregiver about sex, gender, and sexuality.
4. Discuss the following questions:
 - a. By a show of hands, how many people report having no experiences talking to a parent or caregiver about sex, gender, and sexuality?
 - b. What can make it hard to talk to adults in our lives about these issues?
 - c. What positive experiences have some people had talking about these issues with a trusted adult?



Total Time:

15 minutes



Materials

- Family Night: Overview* handout for each peer educator

FOR REVIEW ONLY

Family Night Overview

Studies show that teens who feel they can talk with their parents/caregivers about sex are less likely to engage in high-risk behavior than those who do not feel they can talk with their parents/caregivers!. At the same time, research demonstrates that *most* parents and caregivers do *not* talk openly with their children about sex. This can be attributed to their own discomfort with the topic and not feeling equipped with accurate information. Both teens and parents/caregivers report that they want to have honest discussions with one another about a range of topics including sexuality, but don't know how to begin.

Hosting Family Night provides an opportunity for parents/caregivers and teens to talk to one another about issues such as privacy, trust, sex, friends, and independence. The event begins with thought-provoking skits followed by small group discussion. The overall goal is to decrease some of the fears and discomfort surrounding conversations about sex, gender, and sexuality.

Parents and caregivers who have attended a Teen PEP Family Night have indicated that because of their participation they are more likely to initiate a conversation about sexuality with their child and are more comfortable having that conversation.

This unit includes activities that encourage you to think about what you feel is important for parents/caregivers to know about teen sexuality. Also included are several resources to help you plan and prepare for your Family Night.

Objectives

By the end of this unit, you should be able to:

- Describe 2 reasons why it's important to host Family Night
- Understand the ways in which working with adults is different than working with peers
- Describe 3 messages you received about sex, gender, and sexuality from your family, peers, the media, and your cultural background
- Offer 4 recommendations for how parents/caregivers and teens can talk about sex, gender, and sexuality

Take Home Messages

As peer educators, you will also be expected to make sure Family Night participants understand the following *Take Home Messages*:

- It is important to understand how one's own values and attitudes regarding sexuality influence the messages parents/caregivers give their children.
- Teenagers want and need guidance from parents/caregivers and other trusted adults regarding decisions about sex and sexuality.
- Communicating with parents/caregivers and other trusted adults is important in preventing sexually transmitted infections, HIV, and pregnancy among teenagers.

Preparing for Family Night

Bridge

Build a bridge from the last activity. For example, “In the last activity we...” or “Yesterday, we learned...” and connect it to the theme.

Theme

The purpose of this activity is to **plan and prepare for Family Night**.

Directions

1. Hand out *Talk to Me: A Family Night Workshop* and go around, reading it aloud as a class.
2. Discuss the following questions:
 - a. How is Family Night similar to other workshops we have done? *(The format is similar: introduction, skits, small groups, large group activities, closure; both require the same amount of group effort to make successful)*
 - b. How is Family Night different from other workshops we have done? *(Family Night is the only workshop where adults are participants, there is a panel discussion, and it takes place in the evening and involves refreshments and a break)*
 - c. Who should be invited to Family Night?

Sample responses

- Parents/caregivers of Teen PEP members
- Outreach participants and their parents/caregivers
- Potential peer educators
- School administrators
- Faculty
- Community members
- Board of Education members
- Parent-teacher association members
- Local politicians/representatives

- d. Why is it important for teens and their parents to attend Family Night together? *(To establish a healthy practice of open communication about sexuality issues in a safe environment)*



Total Time:

40 minutes



Materials

- Newsprint and markers

- e. What does Teen PEP at this school have to gain from hosting a successful Family Night? (*Parent support, faculty and administrative support, community support, possible funds if someone chooses to help pay Teen PEP expenses as a result of participating in the workshop, recruitment of new applicants*)
3. Discuss the following points:
 - a. Working with adults will be different than what it's been like working with peers.
 - b. Your parents/caregivers and other family members will not be in your small group so you do not have to worry about feeling uncomfortable leading a discussion with your own family.
 - c. Adults may be more talkative than their peers during activities. It will be important to keep the group on task and moving through the activities. Don't be afraid to stop a conversation that has gone off topic. Use your facilitation skills, such as summarizing and moving on, as you would in any workshop.
 - d. While the discussion may guide itself, it is still important to have some follow up questions to keep the discussion on track.
 - e. During the "*Where Do We Learn About Sex, Gender & Sexuality?*" activity, the adults in your group may be very interested in the messages you received as well. Feel free to share the messages you received.
 4. Ask students if there are any concerns or questions they have about working with adults and address each before moving on.
 5. Using the *Eleven-Step Process* in the *Workshop Planning Guide*, prepare for this workshop and assign parts as a class like you would with any other workshop. Make sure all students get at least one part. Do not split the class into performance teams for this workshop. Move on to the next activity and continue preparing for the workshop the same way you have prepared for other outreaches, with rehearsal time and small group practice.
 6. See the *Things for Advisors to Consider* on the next page and be sure to have done the background work needed to prepare for *Family Night*.

Things for Advisors to Consider

In preparing for *Family Night*, it is important to be organized. The following will help advisors coordinate the evening:

Logistics

- Coordinate the date and location with school administrators. Be sure to avoid scheduling *Family Night* on a date where other major activities are taking place.
- Get all appropriate building permits and security for after-hours events.
- Be sure transportation is available for people to get to the school.
- Organize on-site babysitting services for participants who have children under the age of 12.
- Order or arrange for refreshments.
- Develop and submit press releases, invite local media.
- Secure a volunteer to take photographs.

Materials

Please see *Talk to Me: A Family Night Workshop* for lists of all materials needed for the workshop

Invitations

Visit www.TeenPEP.org for *Family Night* invitation templates. You can fill in your own information and print them right from the website.

If you do not want to use the templates on the Teen PEP website, feel free to design your own invitations.

Publicity

In the following *Spread the Word* activity, peer educators will brainstorm ideas for publicizing the event. This involves a homework assignment for which they can be graded.

Agenda

On the following page is an agenda for advisors to use during *Family Night*. The times provided are suggested and you can start and end at whatever time works for your school.

Sample Agenda for Advisors

Talk to Me: A Family Night

7:00 p.m. – 9:30 p.m.

- 7:00 p.m.** **Participant arrival; coffee**
- 7:15 p.m.** **Large Group Welcome**
- Advisor Welcome
 - Round of Questions
 - Presenter Introduction
 - Workshop Introduction
- 7:30 p.m.** **Skits**
- Stop the Madness
 - Homework
 - Parties
 - Privacy and Trust
 - Meaningful Sex
 - Not MY Son!
- 7:45 p.m.** **Small Groups**
- Where Do We Learn About Sex?
- 8:15 p.m.** **Break (Refreshments)**
- 8:30 p.m.** **Large Group**
- Processing: Where Do We Learn About Sex?
 - Questions and Answers: Student Panel
 - Teachable Moments
 - Skit: Just a Moment
- 9:15 p.m.** **Closure and Evaluations**
- Final reflections
- 9:30 - 10:00 p.m.** **Refreshments**

Spread the Word

Bridge

Build a bridge from the last activity. For example, “In the last activity we...” or “Yesterday, we learned...” and connect it to the theme.

Theme

The purpose of this activity is to brainstorm ideas for publicizing Family Night and assign tasks to students.

Directions

1. Brainstorm responses to the following question: *How can we publicize Family Night?* See the sample list below:

How Can We Publicize Family Night?

- Posters in school
- Flyers in community
- Facebook event
- Evite
- Announcements in school
- Announcements at outreach workshops
- YouTube video
- School website/email lists
- Mailed invitations

Homework

2. Have students select which one of the suggestions from the brainstorm they will commit to doing for homework to help publicize *Family Night* and write their name next to the item.

For example, several students can make posters, a student can create flyers to hang around school, another can create a Facebook event, students can work together to create a video, etc.

Be sure to approve everything before it is sent out or posted publicly.



Total Time:

30 minutes



Materials

- Newsprint and markers

Where Do We Learn About Sex, Gender & Sexuality? Review

Bridge

Build a bridge from the last activity. For example, “In the last activity we...” or “Yesterday, we learned...” and connect it to the theme.

Theme

The purpose of this activity is to review the *Where Do We Learn About Sex, Gender, & Sexuality?* activity for use with adults.

Directions

- Remind students that they participated in this activity on the retreat and that they will be facilitating this activity with parents/caregivers and others at Family Night.
- Discuss the following questions:
 - What categories went in the four corners of the index card?
(Write answers on newsprint in the four corners: Parents/family, Peers/friends, Media/Society, Religious or cultural background)
 - What was the question in the middle of the card? (What messages would you like your children or future children receive about sex, gender, and sexuality growing up?)
- Show the class the poster for the workshop and explain that the peer educator assigned to introduce the activity will show this poster to the participants at Family Night to help them fill out their cards.

Sample Index Card

3 Messages from Parents/Family	3 Messages from Peers/Friends
<p>What messages do you want your children to receive?</p>	
3 Messages from Media/Society	3 Messages from Religious/ Cultural Background



Total Time:

30 minutes



This activity appears
in the workshop



Materials

- A piece of newsprint with heading *Where Do We Learn About Sex?* and the phrases “3 Messages from...” in each of the four corners
- The *Where Do We Learn About Sex?* poster for the workshop

4. Read the following tips:

- The peer educator who introduces the activity will use the poster to help participants fill out their cards.
- Participants will fill out their cards in the large group and then be divided into small groups.

5. Discuss the following questions:

- a. How do you think the responses of adults will be different from your responses when we did this activity? How might they be similar?
- b. Which categories do you think might change from generation to generation? (*Media messages, peer messages*) How might they be different?
- c. What is the value of doing this activity with adults and teens together? (*They can listen to one another and increase their understanding about sexual pressure growing up; they can hear from one another the messages that are valuable for young people to hear from their parents*)

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Preparing for the Family Night Panel

Bridge

Build a bridge from the last activity. For example, “In the last activity we...” or “Yesterday, we learned...” and connect it to the theme.

Theme

The purpose of this activity is to help familiarize peer educators with the possible questions that may be asked during the panel discussion for Family Night.

Directions

1. Explain to students that the panel discussion at Family Night has the potential to be the most powerful part of the workshop. How they respond to the questions is critical to the success of the workshop.
2. Hand out *Tips for the Family Night Panel* and go around, having students read one tip at a time.
3. Respond to any questions or concerns about the Family Night panel discussion.
4. Using the following questions, hold a practice panel discussion. Explain to students that these questions are commonly asked at Family Night and give them time to practice their responses. Give constructive feedback about their responses.
 - a. What can adults do to make conversations about sex and sexuality easier?
 - b. What messages do teens want to hear from adults about sex?
 - c. What do you think adults need to know when it comes to teens and sex?
 - d. What are some of the pressures teens face regarding sex?
 - e. How big of an issue is alcohol and drug use among teens?
 - f. Are most teens having sex?
 - g. Do a lot of teens have casual sex?
 - h. What would you tell a peer who came to you and said they were thinking of becoming sexually active?
 - i. How has being a part of Teen PEP had an impact on you personally?



Total Time:

30 minutes



This activity appears in the workshop



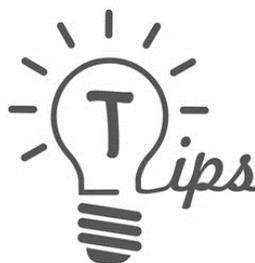
Materials



Tips for the Family Night Panel handout for each peer educator

- j. As a peer educator, what have you learned that you didn't know before?
- k. What would students miss if Teen PEP wasn't at your school?
- l. What is your favorite part of Teen PEP?

FOR REVIEW ONLY



for the Family Night Panel

- **Speak loudly and clearly.**
- **Know your audience.** Remember that many people in the audience are adults. They will be curious about what teens are doing. While you should not lie to them about what teens are doing, you also do not want to scare them. For example, you can be honest and say there are drugs and alcohol available at parties but be sure to include the fact that teens do not have to drink or use drugs if they do not want to.
- **Share the load.** Not every peer educator should respond to every question. If you do not have something new to say, don't feel you have to respond. There is no need to repeat each other.
- **Be mindful of the time.** The panel has a limited amount of time assigned to it and the purpose is to get through as many questions as possible. Advisors may not call on you even if your hand is up. Do not take this personally, as they will need to move on to other questions.
- **Beware of sharing personal information.** Since the questions will be asked about teens in general, they should be responded to about teens in general. There is no need to share your own personal experiences during the panel discussion, except when asked about your experiences as a Teen PEP peer educator.
- **Trust your advisors.** During the break at Family Night, your advisors will go through the questions and pick the most appropriate ones to ask. There will not be personal questions asked so there is no need to worry that you will be put on the spot to talk about your own behaviors.
- **Don't act as an expert.** The purpose of the panel is for you to share your insight and experience. If a question comes up that requires factual information that you do not know, pass it back to your advisor—do not relay misinformation. Also, do not act as an expert on what all teens think, need, or do.



UNIT REFERENCES

1. Advocates for Youth. (2011, June). Parent-Child Communication Programs. Retrieved from <http://www.advocatesforyouth.org/parent-child-communication-programs>.

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Curriculum Feedback Form

Unit 6: Preparing for Family Night



Name of Advisor: _____

School: _____

Today's Date: _____

Length of your class periods: 45 60 80 90 _____

No. of class periods to complete unit: _____

Please indicate the month the unit was taught:

September	October	November	December	January	February	March	April	May
<input type="checkbox"/>								

Advisor feedback is critically important in developing and revising curricular resources that work for schools. We appreciate you completing this form (or logging into www.TeenPEP.org to complete it online) so we can use your feedback in our process!

Please consider responding to any or all of the following questions in your feedback:

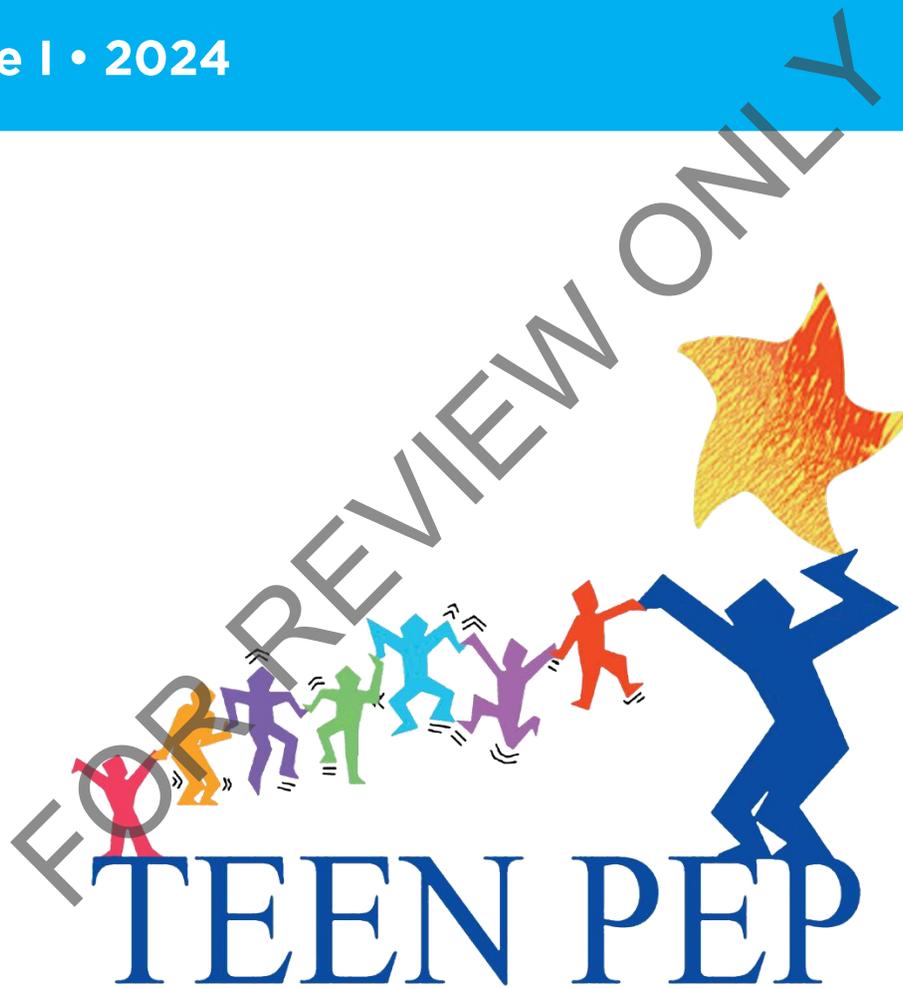
- How effective were the activities in increasing students' knowledge?
- How engaging were the activities for students?
- How clear are the objectives and directions for each activity?
- What, if anything, did you do differently for a particular activity? Why? What was the result for your group?

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Talk to Me

A Family Night Workshop

Volume I • 2024



TEEN PREVENTION EDUCATION PROGRAM

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TEEN PREVENTION EDUCATION PROGRAM

Talk to Me

A Family Night Workshop

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Talk to Me

A Family Night Workshop Overview

► Workshop Objectives

After participating in this workshop, participants will be able to:

- **Identify** their personal attitudes and values regarding sexuality
- **Communicate** the one message they want their children to receive about sex and sexuality
- **Demonstrate** increased comfort in talking about sex and sexuality with teens
- **Describe** one way they can initiate conversations about sex and sexuality with teens

► Take Home Messages

This dynamic and fun workshop gives parents/guardians and teenagers the opportunity to talk about issues such as privacy, trust, sex, friends, and independence. The goal of this workshop is to decrease some of the fears and discomfort surrounding talking about sex and sexuality. Parents/guardians explore views about sexuality and pose questions to current Teen PEP members.

While conducting the workshop, peer educators should keep in mind the major messages for participants to *take home*:

- It is important to understand how one's own values and attitudes regarding sexuality influence the messages we give our children.
- Teenagers want and need guidance from parents/guardians and other trusted adults regarding decisions about sex and sexuality.
- Communicating with parents/guardians and other trusted adults is important in preventing sexually transmitted infections, HIV, and pregnancy among teenagers.

Workshop Agenda

► 1 hour 45-minute workshop

	Time
Attention-Getting Skit: <i>Round of Questions</i>	2 minutes
Presenter Introduction	2 minutes
Workshop Introduction	4 minutes
Bridge to Skits	2 minutes
Skits	10 minutes
★ Stop the Madness	4 minutes
★ Homework	2 minutes
★ Parties	1 minute
★ Privacy and Trust	1 minute
★ Meaningful Sex	1 minute
★ Not MY Son!	1 minute
Bridge to Small Group Activity	1 minute
Small Group Activity	30 minutes
★ Where Do We Learn About Sex, Gender, & Sexuality?	
Break	15 minutes
Bridge to Large Group Activities	2 minutes
Large Group Activities	35 minutes
★ Where Do We Learn About... Processing	5 minutes
★ Questions and Answers: Student Panel	25 minutes
★ Teachable Moments	5 minutes
Bridge to Skit	1 minute
Skit: <i>Just a Moment</i>	3 minutes
Q & A and Closure	1 minute
Evaluation	4 minutes



Timing Note:

Talk to Me: A Family Night Workshop may last from 90 minutes to 120 minutes. It is recommended for a weekday evening when parents/guardians are available.

Workshop Materials

Activity	Materials	Template Provided
Opening Skit: <i>Stop the Madness</i>	<input type="checkbox"/> Poster board frame that resembles a television screen <input type="checkbox"/> Props for television characters <input type="checkbox"/> A sign with name of the skit: <ul style="list-style-type: none"> ▪ Stop the Madness 	✓
Skits: <i>Skit Props</i>	<input type="checkbox"/> 5 signs with name of each skit: <ul style="list-style-type: none"> ▪ Homework ▪ Parties ▪ Privacy and Trust ▪ Meaningful Sex ▪ Not MY Son! 	✓ ✓ ✓ ✓ ✓
Small Group Activity: <i>Where Do We Learn About Sex?</i>	<input type="checkbox"/> <i>Where Do We Learn About Sex?</i> poster <input type="checkbox"/> <i>Where Do We Learn About Sex?</i> Handout <input type="checkbox"/> One 5 x 7 index card for each participant <input type="checkbox"/> One 3 x 5 index card for each participant for panel questions <input type="checkbox"/> Pens or Pencils	✓
Large Group Activity: <i>Teachable Moments</i>	<input type="checkbox"/> Poster of <i>Teachable Moments Steps</i> : <ul style="list-style-type: none"> ▪ Identify current topic ▪ Listen without judging ▪ Briefly state opinion ▪ Follow teen's lead <input type="checkbox"/> Copies of <i>It's Never Too Early; It's Never Too Late</i> handout	✓
Skit: <i>Just a Moment</i>	<input type="checkbox"/> Sign that says Two Days Later	✓
Evaluation	<input type="checkbox"/> Evaluation form for each participant <input type="checkbox"/> Pens or pencils for each participant	✓

Talk to Me

A Family Night Workshop



Attention-Getting Skit: A Round of Questions

Scene: *Peer educators enter from off stage and form a line across the presenting area with their backs to the audience. From left to right, each student turns and says their line in a clear and loud voice and remains facing forward. When the last student delivers their line, the first student on the left begins to say the same line as before, this time “stepping” on the line of the person before by starting the line when the last person is halfway through their line. The second round continues in this manner down the line. After this round, students continue to repeat their lines all at once with increasing volume. An advisor “conducts,” from the back of the room, allowing this to continue for five seconds or so and then cuts it off with a pre-arranged hand signal. All presenters become silent at the same time.*

► A Round of Questions

1. Why can't I talk to my parents about sex?
2. Can I get a sexually transmitted infection if I'm on the pill?
3. What does sex have to do with love?
4. What is Chlamydia?
5. Where do I get birth control?
6. Can I get HIV from oral sex?
7. Can I be raped by my partner?
8. How do I know if I'm ready for sex?
9. Why don't my parents trust me?
10. How do I use a condom?
11. How do I know if I'm gay?
12. What am I gonna do if my dad finds out?
13. Why does my boyfriend have to push me around?
14. Will my girlfriend dump me if I say no to sex?
15. How do I know if my body is normal?
16. Why can't I have some privacy?
17. How do I know if I'm in love?
18. Is sex a sin?
19. Can my girl get pregnant the first time we have sex?
20. Does my mom have **any** idea what's going on?

Note:

If necessary, add or delete questions to fit the size of your group.



Presenter Introduction

Scene: *Students line up across the stage.*

(One peer educator moves forward.)

Peer Ed.: Hi. We are Teen PEP from _____ High School. Teen PEP stands for Teen Prevention Education Program. We are ____ juniors/seniors who have been trained in leadership and sexuality issues. Tonight, we're going to do a workshop for you about parent-teen communication. Our workshop is called *Talk to Me*. My name is _____.

(Peer educator moves back in line and all students introduce themselves to the audience.)



Workshop Introduction

(Two peer educators move forward and present the introduction, trading off paragraphs.)

Peer Ed. 1: Hello. Tonight, we will be discussing parent-teen communication about sex and sexuality. Some of you may not know that one of the **best** ways to prevent teen pregnancy and sexually transmitted infections is for adults to **talk** to the teens in their lives.

Peer Ed. 2: Even though it's so important, it is still very hard to do. We, as teenagers, know how difficult it can be to talk to our parents, family members, and other trusted adults about sex and sexuality. And you, as adults, might find it equally difficult to talk to your children.

Peer Ed. 1: Tonight, we will explore some of the communication barriers and present a few ideas that may help us talk to each other more comfortably.

Peer Ed. 2: We're going to start the workshop with a series of short skits to get us thinking about some of the familiar issues between adults and teenagers. After that, you'll get a chance to hear from teenagers and ask questions in a panel discussion.

Peer Ed. 1: We'll do our best to answer your questions, but the workshop is not really about giving "the answers." Instead, we want to raise the issues and help to provide a comfortable and safe place for good and meaningful conversations.



Bridge to Skits

Peer Ed. 2: Now we're going to show you some skits of parents and teens talking about sexual health issues. Some of these conversations may be familiar to you, and some may be completely new. Either way, we hope the skits will get you thinking. Our first skit shows how teenagers get bombarded everyday by sexual messages.



About the Skits

Using dramatic skills, peer educators depict examples of common parent/teen issues. Peer educators are encouraged to adapt the language in the skits to better reflect their school community. As always, the language that is used should be clear and relevant, but not offensive. Peer Educators, who are not in the skits, should remain in a line with their backs to the audience to ensure quick transitions between skits.



Opening Skit: *Stop the Madness*

Scene: *The frame of a large television is set up facing a chair that is sideways to the audience. Peer educators will line up behind the TV and come up one by one, pause inside of the frame, and recite their line to Anthony, who is sitting in a chair facing the television. After each peer educator speaks inside the frame, they move to the end of the line. Peer educators may have more than one line in the skit.*

A peer educator moves across the stage holding the "Stop the Madness Skit" sign.

A note on props:

Peer educators should find their own props to make their character(s) inside the frame as humorous and expressive as possible. For example, Peer Educator 16, the teacher, could have granny glasses and a pointer; Peer Educator 6 could hold fake flowers; Peer Educator 17, the parent, could look over a newspaper, etc.

Anthony: I guess I've got a little time to watch TV before dinner. **Click!** (*"Clicks" on the TV. Anthony says "click" and clicks after each peer educator speaks.*)

Peer Ed. 1: If you order in the next 20 minutes, you can get 3,000 Happy Slide condoms for just \$19.99!

Anthony: Whoa! *(Looks surprised, then leans forward open-mouthed.)*
Click!

Peer Ed. 1: Comfortable, easy to use, all latex, lubricated and big enough for the REAL man, if you know what I mean. Now all you do is...

(Peer Ed. 1 moves out and goes to the back of the stage with back to audience [or to the back of the line] and the next peer educator is in place behind the frame.)

Anthony: Oh, man. *(Groans, turns their head away and covers their eyes. Reaches out with the clicker to turn the channel.)*
Click!

Peer Ed. 2: Come on Anthony, you know you're thinking about this all the time.

Anthony: *(Jumps back, knocks chair over and stares at TV)* Wait what! **Click!**

Peer Ed. 3: Grow up Anthony.

Anthony: *(Sits back down in chair)* That's fair. **Click!**

Peer Ed. 4: Shhhhhhh...sex is great!

Anthony: Is it though? **Click!**

Peer Ed. 5: Sex is embarrassing.

Anthony: Um yeah kinda. **Click!**

Peer Ed. 6: Sex is beautiful.

Anthony: Well, I think so. **Click!**

Peer Ed. 7: I've known my girlfriend for, like, two days. I think we're ready.

Anthony: Ha yeah sure! **Click!**

Peer Ed. 8: *(Whisper)* Sex is a sin.

Anthony: Yikes! **Click!**

Peer Ed. 9: Hey man, I got some last night. *(Gives thumbs up)*

Anthony: Nice bro. **Click!**

Peer Ed. 10: I think we should take our relationship to the next level.

Anthony: What does that even mean? **Click!**

Peer Ed. 11: I love him, I mean her, I mean him. *(Spoken with a bit of embarrassment — as if not sure how the audience will respond)*

Anthony: *(Leans forward looking confused)* That sounds tough. **Click!**

Peer Ed. 12: Sex is something that only happens between two people who love each other very much.

Anthony: Now they sound like my mom. **Click!**

Peer Eds.
13 & 14 *(Says/sing a suggestive lyric to a popular song while dancing provocatively)*

Anthony: *(Gets up and starts dancing with Peer Eds. 13 & 14.) Singing...* **Click!**

Peer Ed. 15: Seriously, I think you have to be married to have sex.

Anthony: Hey I respect your choice. **Click!**

Peer Ed. 16: Okay class, today we're going to be talking about SEXUALLY TRANSMITTED INFECTIONS.

Anthony: Whoa was that *(insert advisors name here)? (looks around and waves to advisors)* **Click!**

Peer Ed. 17: MY son is a real STUD.

Anthony: *(Anthony looks up with arms outstretched and shakes their head, then drops head into their hands after speaking)* You know it! **Click!**

Mom: *(Walks in from side)* Anthony? *(Walks closer)* Anthony!

Anthony: *(Jumps)* Yeah, Mom.

Mom: Are you alright? You look a little confused; what's going on?

Anthony: Uh, no Mom! I mean, I'm okay; it's nothing.

Mom: Okay, well dinner's ready.

(Anthony gets up and starts to follow their mother. All the peer educators fall in behind them, saying their lines all at once over and over.)

Mom: *(Mom stops and turns around. Everybody freezes and stops talking.)* Are you sure? It doesn't **look** like everything is okay.

Anthony: *(With irritation)* I just have a lot on my mind.

(Mom, Anthony, and the group of other peer educators keep walking. Peer educators continue saying their lines over and over, until they are off the stage area.)

(Anthony comes back to face the audience)

Anthony: Many people don't realize the sexual messages that bombard teenagers every day. It's hard to sort through them and decide what we want for ourselves and having an adult we trust and can talk to can make it easier.



Skit: Homework

Scene: *A father and daughter are talking.*

A peer educator moves across the stage holding the "Homework" sign.

Dad: I really think you should stay home tonight and study for your math test.

(Lindsey freezes, Dad turns to audience) I just can't believe that my little girl is old enough to have a boyfriend. *(Dad pauses, shakes his head.)* What if she's having sex? She seems so innocent. I have no idea how to talk with her about this. It makes me feel so uncomfortable.

Lindsey: Dad, I've done all the studying I can for the test; my grades are fine, and I really want to go out with Dan tonight.

Dad: I just feel that you've been spending too much time with him, and it's really taking your mind off your schoolwork.

Lindsey: What?! *(Dad freezes, Lindsey turns to audience)*

My boyfriend and I have a really good relationship. We talk all the time--we really care about each other. My father **isn't** worried about my math; he's afraid that I'm having sex. I'm really not, but I know he's worried. This is so awkward.

Lindsey: *(Turns back to Dad)* Dad—I know you're not really worried about my math homework. You need to trust me. *(Moves off stage)*



Skit: Parties

Scene: *A mother and daughter are talking.*

A peer educator walks across the stage holding the "Parties" sign.

- Mom:** I know what goes on at these parties. I wasn't born yesterday!
(Michele freezes, and mom turns to audience)
- Mom:** I know that these parties are unchaperoned. There will be no supervision. They'll be drinking and things could get out of hand. I'm really scared that something might happen to her...she could even get raped!
- Michele:** But mom, everybody goes to them. I don't know what you're so worried about. Why can't you trust me?
- Mom:** It's not that I don't trust you. I don't trust teenage parties.
- Michele:** *(Mom freezes, and Michele turns to audience)* All these parties are unchaperoned. If I don't go, then I'm going to be left out...I won't have any friends. I don't want to lie to her, but I'm gonna have to.
- Michele:** *(Turns back to mom)* Okay Mom; I won't go. *(Moves off stage)*



Skit: Privacy and Trust

- Scene:** *A mother and son are talking.*
A peer educator moves across the stage holding the "Privacy & Trust" sign.
- Mom:** I didn't mean to read it, but your phone was lying right there in plain sight. I couldn't help it!
(Michael freezes and Mom turns to audience) I used to know everything about him—where he went, who he was with—he used to talk to me. We were so close; now, I feel like we're strangers. It's so hard to know how to let go.
(Turns back to Michael) I couldn't help reading it. Now I feel like you're hiding things from me, and I can't trust you anymore.
- Michael:** *(Very angry)* You can't trust me? I can't trust you! You had no right to go into my room and look through my phone.
(Mom freezes and Michael turns to audience) My parents are asking me what I'm up to all the time—it's like they don't trust me at all. I know that they care about me, but there are just some things I don't want to talk to them about. I need my privacy.
- Michael:** *(Turns back to Mom)* My things are private. It's none of your business!
- Mom:** Young man! As long as you're under my roof, it is my business!
- Michael:** Fine—then I'll leave! *(Moves off stage)*



Skit: Meaningful Sex

Scene: *Son walks in; mother is sitting and reading a magazine. She looks up.*

A peer educator moves across the stage holding the “Meaningful Sex” sign.

Jake: Hey Mom.

Mom: Hey Jake. I was just reading this article and it made me curious...are a lot of your friends having sex?

Jake: WHAT?! I don't know.

Mom: *(Jake freezes Mom turns and moves toward audience)* I've heard that so many kids are having casual sex—it's becoming a recreational activity. They go out on weekends—and they don't know if they're going to have sex or not. It worries me. I want him to wait until he's old enough and can handle all the responsibilities. I want it to be special for him—am I old fashioned?

(Turns back to Jake) Soooooo, are they?

Jake: **Mom!** Like I said, I don't know. Why are you even asking me this?

Mom: I just feel that you should wait until you meet someone you really love and care about.

Jake: Okay. Right, Mom.

(Mom freezes, Jake turns to the audience) I'm really embarrassed when we have these conversations. I know she's trying, and I hear what she's saying. A lot of my friends are having sex; at least they say they are. There's so much going on out there. I'm really confused.

Mom: Jake, I...

Jake: Mom, I really don't want to talk about this.



Skit: Not MY Son!

Scene: *A father is sitting and watching TV. His son moves past him on the way to his room.*

A peer educator moves across the stage holding the “Not My Son” sign.

Dad: Hey Diego, wanna come watch the game with me?

- Diego:** Sure, for a minute. I'm really busy though, Dad.
- Dad:** That's all right; I just want a minute to catch up with you.
- Diego:** So, what's up? *(Sits down)*
- Dad:** The homecoming dance is coming up. Got anyone in mind?
- Diego:** I don't know; I haven't thought about it.
- Dad:** What do you mean? What about that girl Natalie? She's pretty cute. Maybe you should give her a call.
- Diego:** I don't know, maybe, not right now. *(Freeze)*
- Dad:** *(Turns and moves toward audience)* What's wrong with him? When I was his age all I thought about was girls. I was a regular stud! *(Nods and grins then thinks for a moment)* Wait, could he be gay? I mean he'd talk to me about that if he was, right?! *(Father sits back down and turns to Diego.)* Then what about Melissa? *(Freeze)*
- Diego:** *(Turns and moves toward audience)* Why is my dad always pressuring me about girls? All I can think about is getting good grades and getting into college. I have a lot of friends, but I mean I'm just not interested in dating anyone right now. *(Thinks for a moment)* My dad pressuring me is not helping. I can't talk to him about this stuff. *(Sits down, turns back to Dad)*
- Diego:** Uh, Dad, I got a lot of homework to do. I'll see ya later. *(Diego moves off stage)*
- Dad:** *(Dad calls after him)* Well hey, if you need any tips, just ask me. Okay?



Bridge to Setting Up the Small Group Activity

- Peer Ed.:** We hope you enjoyed our skits. The purpose was to show some conflicts that may be common to adults and teens and perhaps you could identify with some of the situations. We didn't include solutions in the skits because there is often more than one way to work through a problem. We will do some activities that explore adult-teen communication. To get started we will complete a task here together and then move you into small groups.



Setting Up the Small Group Activity: *Where Do We Learn About Sex, Gender, & Sexuality?*

Directions *(In large group)*

1. One peer educator moves forward in the large group and gives instructions for this activity. (Referring to poster, see next page)

- Other peer educators pass out index cards and pencils. All participants and peer educators fill out the cards.

Peer Ed.: This activity is designed to help us think about the messages about sex, gender, and sexuality we all received while growing up. Please take your index card, and in the *top left* corner of the card, write three messages you received from your **parents/families** about sex and sexuality as you were growing up.

*(Participants should be given time to think about this, then write the messages individually on their cards. Remind participants that **silence** or **no message** is also a message.)*

Next, in the *top right* corner, write three messages you received from your **peers/friends** about sex and sexuality as you were growing up. *(Pause; give participants time to write their answers)*

In the *bottom left* corner write three messages you received from the **media/society** about sex and sexuality as you were growing up. *(Pause; give participants time to write their answers)*

In the *bottom right* corner write three messages you received from **religious or cultural background** about sex and sexuality as you were growing up. *(Pause; give participants time to write their answers)*

Finally, in the *center* of the card, write what messages you would like your **children/future children** to receive. *(Pause; give participants time to write their answers)*

► **Sample Poster/Card**

<p>3 Messages from Parents/Family</p>	<p>What messages do you want your children to receive?</p>	<p>3 Messages from Peers/Friends</p>
<p>3 Messages from Media/Society</p>		<p>3 Messages from Cultural/ Religious Background</p>



Peer Ed.: Now that you have filled out your cards, we're going to break into ___ small groups so we can talk with one another about the different messages we have received about sex. Count with me while I number you off. Then look for the peer educator that has your number and go with that peer educator to your small group location. None of you should be in the same group as your teen or other family members. Just join a different group if that happens.

Note:

Where Do We Learn About Sex, Gender & Sexuality? is a small group activity that is introduced in large group and conducted in small groups.

**Small Group Activity: *Where Do We Learn About Sex, Gender, & Sexuality?*****Note:**

An ideal small group will have 2 peer educators and 8-10 participants. If the audience is large, peer educators can facilitate a small group by themselves. Teen PEP members should not outnumber participants.

Directions (*In small groups*)

1. Have everyone introduce themselves.
2. Peer Ed. 1 places the *Where Do We Learn About Sex, Gender & Sexuality?* handout in the middle of the circle.

Peer Ed. 2: The purpose of filling out the cards was to help us think about the messages we received about sex, gender and sexuality while growing up. Since we are from different generations and backgrounds, it will be interesting to look at how messages have changed over time.

3. Start with *Messages from Parents/Family* and have each participant share **one** message that stands out to them, allowing for 5 minutes of conversation.
4. Repeat this process for each of the other three corners.
5. Discuss the following questions.
 - a. Which messages influenced you the most and why?

- b. What messages have we heard that remained the same from generation to generation? What messages have changed?
6. A peer educator instructs participants to take a look at the messages they wrote in the middle of their index card and discusses the following questions.
 - a. What are some of the messages you came up with?
 - b. How are the messages you want your children/future children to receive different from the messages you received?

Peer Ed.: To close this activity, turn your card over and write one thing you discovered or learned from this discussion. Please hold on to your card, and when we come back to the large group, a few volunteers will be asked to share their responses.

Note:

Participants should stay in small groups to receive instructions for the next large group activity before taking their break.



Bridge to Break

(A peer educator comes forward and says the following to the large group)

Peer Ed.: We hope you had interesting conversations in your small groups. We're going to take a quick break and then move back to the large group. But first we're going to give you an opportunity to write down a question or a concern that you would like the Teen PEP members to address in our panel discussion. The questions should be about teens in general rather than personal questions directed to Teen PEP members. *(Peer educators in each small group hand out 3x5 index cards to each participant.)* If you don't have a question, you may begin your break now. Please give your card to an advisor and we'll reconvene in the large group in 10 minutes.



Break (10-15 minutes)

Refreshments may be served.

At this time, advisors should collect all panel questions from participants. One by one, advisors should go through the questions, eliminating any questions that are too personal or inappropriate. Be sure to turn close-ended questions into open-ended questions. Advisors should feel free to sort questions in whatever way seems best. It is recommended that advisors start by asking questions about teens in general first, and end with questions about the students' experience in Teen PEP. If there are not enough questions, advisors may add questions from the sample panel questions in the Family Night Unit.



Large Group Activity: *Processing Where Do We Learn About Sex?*

Peer Ed.: Welcome back! We hope you had a lot of fun in your small groups sharing what it was like—or is like—to be a teenager. In the middle of your card we asked you to write down messages that you would like your children or future children to receive about sex and sexuality. Right now, we would like for everyone to pair up: a young person with their parent, guardian, or another adult. (*Give participants a minute to find a partner*)

Everyone have a partner? Now we will take just a few minutes for you to share with each other what you wrote in the middle of your card. Are there any questions? You may begin now.

Directions

1. Discuss the following questions:
 - a. What was it like sharing the messages you want your children or your future children to receive in your pairs?
 - b. What are some things you learned in this activity?

Notes:

- Allow several participants to respond. This should be relatively brief to allow ample time for the panel discussion
- If participants have questions for the peer educators, tell them that they will have a chance to ask those questions in the next activity.



Bridge to Student Panel Discussion

Faculty

Advisor: It's great to hear how this activity was valuable. In our next activity, we're going to use some of the questions you wrote to do a panel discussion. Peer educators will participate as panelists and respond to your specific questions. We will start by discussing your general questions about sexuality and communication and finish up with a discussion about the students' experiences in Teen PEP.



Large Group Activity: *Questions & Answers: Student Panel Discussion*

This activity promotes understanding as parents/guardians have an opportunity to ask questions and dialogue with students around issues of communication, sex, gender, and sexuality.

Directions

1. **During the break**, sort through the 3 x 5 cards. Group cards with similar questions together. Save questions regarding Teen PEP until the end of the panel.
2. Begin the panel discussion ensuring that no more than 3 peer educators respond to each question. Continue with the panel discussion until time is up.
3. In the last 5 minutes, ask any questions on the cards that refer to Teen PEP, then ask participants if they have any remaining questions about what the peer educators have gained from being in the program.

**Bridge to Teachable Moments**

Two peer educators move forward.

Peer Ed. 1: We want to leave you with some ideas about how you can start conversations with your teen about sex and sexuality. I think we all agree that a big 'sex talk' is uncomfortable for everyone. Using everyday situations to start short conversations with kids is less embarrassing and more effective. *(Refer to poster)* These are called *Teachable Moments*.

Teachable Moments

1. Identify current topic; ask teen what they think
2. Listen without judging
3. Briefly state opinion
4. Follow teen's lead

Peer Ed. 2: When a topic comes up, on TV, in the newspaper, something you've heard, ask your child what they think about it, listen to what they have to say, and then tell them your opinion without judging their answer. Sometimes that will start a conversation and sometimes it won't. But you have opened the door to communication, and you've let your child know your values.

Peer Ed. 1: Now we are going to show you an example of what a teachable moment might look like.

**Skit: Just a Moment**

Antoine: Hey Mom. I'm starving! Is there anything to eat right now?

Mom: *(Preparing food)* Hi Antoine. Yes...top shelf. Make yourself a sandwich. *(Pause)* You know, I heard on the news today that the national teen pregnancy rate has gone down. That surprises me. Do you see a lot of pregnant girls at school?

Antoine: *(Making a sandwich)* Uh, a few, I guess. It's not a big deal.

Mom: Well, I think it's a really big deal, and it's sad. It's so hard for teen parents to finish school. And can you imagine what it would be like to take care of a baby instead of going out with your friends?

Antoine: Um, I don't know. I gotta go; see you later.

(Peer educator walks across stage with sign: Two days later)

Antoine: Hey, Mom. You know after we talked – I found out there are two guys on the team who have kids. Then, in health class we had this guest speaker and he talked about how hard it was to be a teen dad. That's NEVER going to happen to me.

Mom: That must have been really interesting. I'm glad to hear that your teacher invited him to talk to the class. I've been wanting to talk to you about this...

(Peer educators freeze)

Peer Ed. 1: This is the perfect opportunity for Antoine's mom to share her values about relationships, the decision to have sex and how he can protect himself when he becomes sexually active. The first brief conversation made it easier for Antoine to come to his mom for more information. We know it's hard for both teens and parents to talk about sex, but it's worth a little embarrassment.

Closure

(Peer educators line up across the stage.)

Peer Ed.: We hope this workshop has given you a lot to think about and provided you with some ideas for talking with your own kids about sexuality. Every moment is a teachable moment. Use this workshop as a teachable moment to start a conversation this week with the teens in **your** life. Before you leave, please fill out these evaluations and in return you will receive a handout on parent-teen communication. Thank you so much for coming out tonight.

Workshop Materials & Templates



**STOP THE
MADNESS**

© 2024 CENTER FOR SUPPORTIVE SCHOOLS

Homework

FOR REVIEW ONLY

Parties

FOR REVIEW ONLY

PRIVACY & TRUST

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Meaningful Sex

FOR REVIEW ONLY

**Not MY
Son!**

3 Messages from Parents/Family

3 Messages from Peers

**What messages do you want
your children to receive?**

**3 messages
from media**

**3 messages from
religious/cultural
background**

FOR REVIEW ONLY

Homework

It's Never Too Early; It's Never Too Late:

Talking with Your Children about Sexual Health

Talking with your children about sex and sexuality may be uncomfortable but consider the alternative: information from friends, magazines, TV, music or the internet. These sources may be incomplete or incorrect and confusing. You are a great source of information for your child and only you can filter the culture for them through your family's values.

Research shows that the majority of teens want to talk with their parents about these issues, but fear being judged, punished, or ridiculed. Research also shows that children whose parents talk with them about sex begin sexual activity later and are more likely to use protection when they become sexually active.

When your child asks you a question, take a deep breath and think of the 3-step response:

1. **Know what your child is asking.** Say to your child, "Help me understand what you want to know." Try not to make assumptions about what your child is asking – find out.
2. **Discover why your child is asking.** Ask, "What made you think of asking this question?" Your child may want to know if they're normal, or is trying to test your knowledge, explore values, or satisfy curiosity. Knowing **why** will help you answer the question.
3. **Keep answers short and simple.** If your child wants more information, they will ask for it.



- **Respond immediately to your child's need to know**
If your child asks a question at a difficult time, or if you're not sure how to answer, acknowledge that they asked a good question and explain that you will discuss it later at a specific time.
- **Be sensitive to your expressions and gestures**
The way you answer a question is sexuality education, too. Don't forget to smile and keep your sense of humor.
- **Take the initiative**
Life events offer endless opportunities to share your values with your children. You can look for and use these *teachable moments* to start the conversations.

Teachable Moments

There are **four guidelines** to *teachable moments*:

1. When a topic comes up, on TV, in the newspaper, something you've heard - **ask** your child what they think about it.
2. **Listen** to what your child has to say.
3. Acknowledge your child's opinion in a neutral, **non-judgmental** way and briefly **say what you think** about the topic.
4. If a conversation begins, go with it; otherwise let it go.

Don't worry if you get very little response from your child. Even though this interchange may only last a few minutes, you will convey a lot of information:

- You know what's going on
- You are not afraid to say the words
- You are interested in what they have to say
- You are non-judgmental about their opinion
- You have your own values about the topic

Remember...

it is never too early and never too late to use teachable moments. Eventually your children will know that you are a safe person to talk to and they will be more likely to incorporate your values into their lives.

2 DAYS
LATER



Talk to Me: A Family Night Workshop Evaluation

Teen PEP Advisors: Please scan and email to Teen PEP Administrative Associate: teenpep@supportiveschools.org or fax to 609.358.0438.

School/Organization Name: _____

- Please indicate your role(s):
- | | |
|--|--|
| <input type="checkbox"/> Parent/Guardian | <input type="checkbox"/> Student (Grade: _____) |
| <input type="checkbox"/> Teacher | <input type="checkbox"/> School Administrator |
| <input type="checkbox"/> Other: | |

Please check (✓) one box for how much you agree or disagree with each statement below:

	Strongly Agree	Agree	Disagree	Strongly Disagree
This workshop has made me think about my own values and attitudes regarding sexuality.				
Because of this workshop, I feel more comfortable talking about sexuality.				
This workshop has increased my understanding of ways I can initiate a conversation about sex and sexuality.				
The presenters clearly explained the directions for each activity.				
The presenters were well prepared and organized.				
The presenters were able to keep the group focused on the topic/task.				
If you have a child: Because of this workshop, I am more likely to initiate a conversation with my child about sexuality.				

What do you think is the most important information you learned during this workshop?

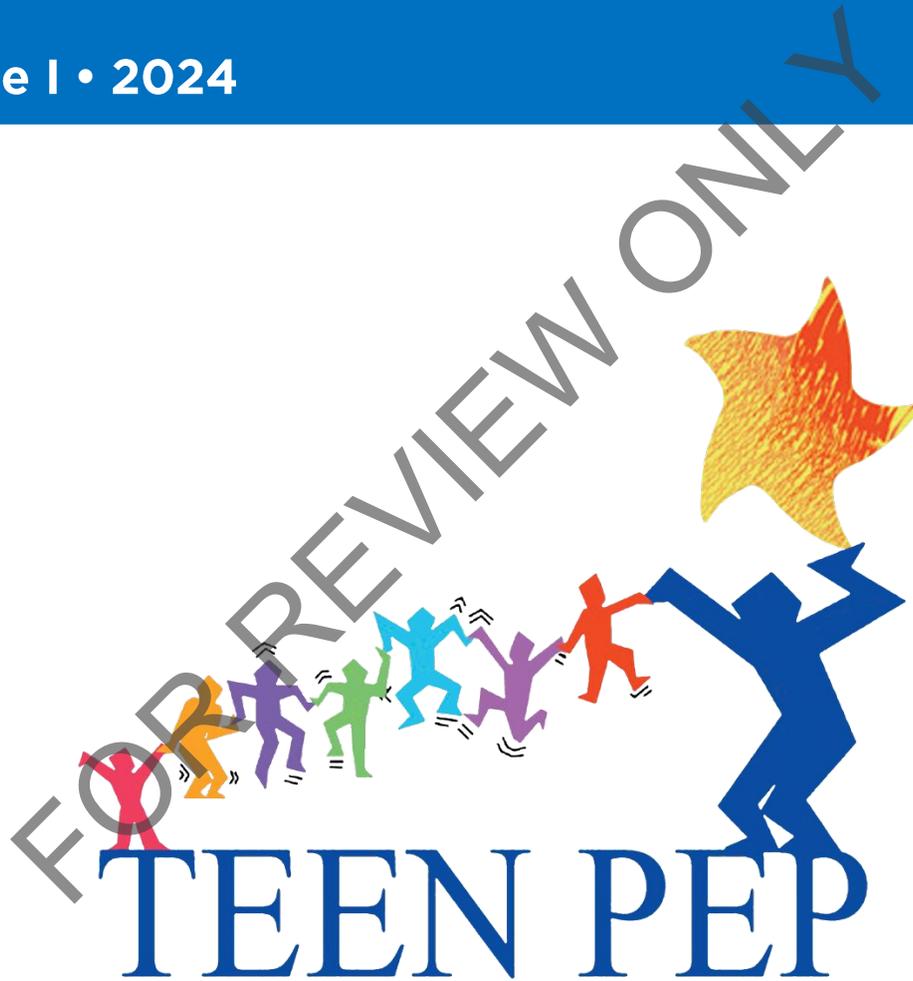
In what ways do you think Teen PEP is a resource for this school/organization?

Use the back of this survey for additional comments or suggestions. Thank you for completing this evaluation!

Unit Seven

Understanding Risk Reduction & Prevention of STIs

Volume I • 2024



TEEN PREVENTION EDUCATION PROGRAM

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TEEN PREVENTION EDUCATION PROGRAM

Unit Seven

Understanding Risk Reduction & Prevention of STIs



Note:

You will NOT bridge or theme into this unit. The first activity works best if students do not know the theme of the unit or the purpose of the activity.

★ Shake It	1
(45 minutes)	
★ Overview	15
(15 minutes)	
★ Understanding Exposure	18
(15 minutes)	
★ Learning about Sexually Transmitted Infections	22
(5 minutes set up)	
★ Presenting Sexually Transmitted Infections	24
(45-120 minutes)	
★ What Gets in the Way?	44
(45 minutes)	
★ Condoms, Dental Dam, & Risk Reduction	55
(30 minutes)	
★ Myth Buster: Dispelling Protection Myths	58
(30 minutes)	
★ How to Talk to a Partner	73
(45 minutes)	
★ Meeting with a Healthcare Provider	76
(30 minutes)	
★ Local Health Clinic: Field Trip or Presentation	83
(30 - 60 minutes)	
★ What's Your Decision?	87
(30 minutes)	
★ Risk Reduction & Prevention Quiz	93
(20 minutes)	
★ School-Wide Campaign Check-In	100
(5 minutes set up)	
★ Parent/Guardian-Teen Homework	102
(5 minutes set up)	

Shake It¹



Bridge

DO NOT build a bridge to this activity.



Theme

DO NOT set a theme for this activity. For advisors' knowledge, the purpose of this activity is to demonstrate the chain of transmission of sexually transmitted infections (STIs) and show the risks associated with multiple sexual contacts.

Directions

Preparation Needed Before Class



- Be sure to have enough instruction sheets for the number of students present.
- There are 8 special instruction sheets that must be distributed—some with gloves—in order for this activity to run as designed.
- Make sure the **P** instruction sheet has 5 nitrile gloves accompanying it.
- Make sure the **P?** sheet has 2 gloves.
- Make sure the **MMI** has 1 glove.
- The remaining **U** instruction sheets can be duplicated and distributed as needed to account for every student.

For example, if you have 24 peer educators present, you'll need the 8 special instruction sheets with gloves and 16 **U** instruction sheets.



In class: DO NOT bridge into this session or let students know that the topic they will be covering is sexually transmitted infections.

1. Hand out pencils to everyone.
2. Review the following directions:
 - a. Facilitators will hand out instruction sheets out to everyone.
 - b. When you get yours, fold the sheets so no one can see the instructions.
 - c. Then, read your slip silently to yourself and do not share what is written with anyone else.



Total Time:

45 minutes



This activity appears in the workshop



Materials

- 1 copy of each *Shake It* sheet: I, M1, M2, M?, M3, P, P?, A
- Copies of *Shake It* sheets marked **U** for the remaining number of peer educators
- 8 Nitrile gloves to accompany the corresponding instruction sheets:
 - 5 for P
 - 2 for P?
 - 1 for MMI
- Pens/pencils for each peer educator
- Newsprint and markers

- d. If you have questions about your instructions, pull a facilitator aside.
 - e. Once everyone has their instructions and we say go, make sure to complete your instructions **exactly as written**.
3. Discretely hand out the 8 special sheets marked **I, MMI, MM2, M3, M? P, P?, A**. Make sure the correct instruction sheets that need gloves have the appropriate number with them, as outlined in the preparation instructions above.
 4. Hand out the sheets marked **U** to any remaining peer educators.
 5. Give each student time to read their directions.
 6. Read the following directions aloud:
 1. “When I say ‘Go’ stand up, take your pencils and folded sheet, and follow **exactly** what your directions say. When you have completed your instructions, sit down so I will know when everyone is done. If at any time you have questions, please raise your hand and an advisor will come assist you.”

**Note:**

If students do not follow their instructions correctly, take these opportunities to deepen learning. Some students may end up “infected” who were not supposed to have been exposed. Read the directions aloud and describe what should have happened. Continue on asking the discussion questions.

7. After everyone has completed their handshakes, ask which student has the **I** on their sheet and ask them to stand and read the instructions.
8. Ask students what **I** stand for (*infected*).
9. Write **I** on the flip chart and **Infected** next to it.
10. Read the following:
 1. “For the purpose of this activity the person with the **I** have been infected with chlamydia and in this exercise, unlike real life, chlamydia is passed by shaking hands.”
11. Discuss the following questions with everyone in the group:
 - a. What might it feel like to know you are infected with an STI? (*Embarrassed, angry, hurt, confused, scared, etc.*)

- b. What are some concerns you might have? (*What other people will think, shame from infecting others, being labeled, getting tested and receiving treatment, etc.*)
- c. How might knowing you were infected with chlamydia ahead of time affected how you approached this activity?

12. Read the following:

🗣️ “Those of you who shook hands with **I**, please stand up. You have been exposed to chlamydia.”

13. Allow time for students to look at their sheets and see if they shook hands with **I**. Ask those students to stand up.

🔄 NOTE: Five people should be standing up.

14. Next, instruct the rest of the students by saying the following:

🗣️ “Those of you who shook hands with anyone that is standing, please stand up. You have also been exposed to chlamydia.”

15. Allow time for students to look at their sheets and see if they shook hands with anyone already standing. Ask those students to stand up.

16. Repeat this process until all participants are standing except some of those with special instructions (most likely **A**, **MM1** and **MM2** if they followed directions).

17. Read the following:

🗣️ “There are a few participants who have not been exposed or who are not at a high risk, and we will try to find out why.”

18. Have **A**, **MM1**, **MM2**, and **I** sit down.

🔄 NOTE: The students who are left standing should be those with the **U** Instructions.

19. Ask students what they think the **U** could stand for in this activity? (*Unprotected sexual activity*).

20. Write **U** on the flip chart and **Unprotected** next to it and say:

🗣️ “In this exercise, **U** represents unprotected sexual activity with 5 partners.”

21. Discuss the following questions with the students who are standing:

- a. What does this mean about your risk level? (*Highest risk due to not using protection and having multiple partners*)
- b. What is it like to now know this information?
- c. What are some questions running through your mind?

- d. Without knowing this information, how did you initially approach shaking hands with people?
- e. Now that you have this information, what would you have done differently?

22. Read the following:

- 🗣️ “In this activity, we have the chance to look at how STIs can be transmitted among a group of people. Some of you that have stood up have been exposed to the infection but may have reduced your risk. Some of you that were seated may not have been exposed at all.”

23. Discuss the following questions:

- a. How can a person avoid/prevent being exposed to an STI? (*Abstinence from oral, vaginal, an anal sex and intimate skin-to-skin contact*)
- b. What are two ways a person can reduce their risk of getting an STI if they are sexually active? (*A. Use a latex condom (internal female/external male) or latex barrier dental dam; B. Limit the number of partners including having a mutually monogamous relationship.*)

24. Read the following:

- 🗣️ “We are now going to explore some of the common ways teens try to reduce or eliminate their risk by looking at some special scenarios that happened in this activity.”

25. Ask the students who had **M3** and **M?** on their sheets to stand and read the instructions.

26. Ask students what **M** stands for. (*Monogamy – having sex with only one other person*). Ask students what they think **M?** stands for. (*Monogamy some of the time. You have a main/regular partner, and then also have sex with other people*)

27. Write **M3** and **M?** on the flip chart and **Monogamy sometimes** next to it.

28. Read the following:

- 🗣️ “In the beginning, both **M3** and **M?** were infection-free, but then **M?** cheated by shaking hands with other people without gloves, while **M3** remained monogamous, only shaking hands with **M?**.”

29. Discuss the following questions.

- a. Is there such a thing as monogamy some of the time? Why or why not?
- b. What does this mean for **M3**? (*Because their partner wasn't mutually monogamous, M3 might be at a higher risk of infection and exposure to chlamydia through their partners additional side partners.*)
- c. What makes this partnership risky in terms of STIs? What would have reduced the risk? (*Cheating exposed both partners to chlamydia; they could've reduced their risk by both partners remaining monogamous and choosing to use internal/external condoms or latex barrier dental dams*)

- d. Ask M? if they shook hands with any of the people that stood up. If so, M? and M3 were both exposed to chlamydia and are at higher risk of being infected. They should both be tested for chlamydia and other STIs and seek medical treatment if infected.
- e. What might it feel like to think you are in a monogamous relationship, but your partner is having a sexual relationship with someone else?
- f. What does this say about “monogamous relationships”? (*You never know what your partner might be doing, so external/male condoms, internal/female condoms, or latex barrier/dental dam should always be used for protection. Testing for STIs and knowing your status is also important.*)
- g. What do you think might have been missing in the communication between M? and M3? What should they have talked about before and after this scenario? (*they should've talked about being monogamous, using protection, sharing their past sexual history and testing status*)
- h. How common do you think it is for a partner to cheat or have multiple other partners? How often do you think the other partner is aware that their partner is cheating or has other partners? What's the risk of having multiple partners? (*The more partners you and your partners have, the higher your risk of exposure and infection.*)
- i. How common do you think it is for teens to have “open” relationships where sex with multiple partners is known and accepted? What are the risks of that?
- j. How would the outcome be different for M3 if M? had used protection such as external/male condoms, internal/female condoms or latex barrier/dental dams with other partners? (*Even though M? cheated on their M3 partner, using protection like condoms and dental dams would have reduced the risk for M3 being infected because correct and consistent use of protection is highly effective in reducing STI transmission.*)
30. Ask the student with **P?** on their paper to stand and read the instructions. Ask students what the **P?** stands for. (*Inconsistent or incorrect use of protection*)
31. Write **P?** on the flip chart and **Protection sometimes** next to it.
32. Read the following:
-  “In this exercise **P?** represents using protection such as external/male condoms, internal/female condoms or latex barrier dental dams only **some of the time** because P? didn't always wear a glove. For the purpose of this scenario, we'll say inconsistent/incorrect use was because P? was drunk or high at the time.”
33. Discuss the following questions.
- a. Was this person at risk for infection? Why or why not? (*Yes, because they did not use protection every time*)
- b. What else places **P?** at a higher risk for infection? (*They also had multiple partners, and they made their sexual decisions while drunk or high.*)
- c. Why do some teens who initially use protection stop using it? (*They are drunk or high; they think they are in a mutually monogamous relationship; they think their partner or partners are not infected; they are only concerned about pregnancy, and are using hormonal methods instead; they think they know their partner and their sexual history; they didn't plan ahead or have it available*)

d. Should this person get tested for STIs? *(Yes, they should get tested for chlamydia and other STIs; in order to reduce your risk of STI transmission, protection needs to be used consistently and correctly each and every time. The CDC recommends that knowing your STI status is a critical step to stopping the spread of STI transmission. Partners should have open and honest communication about their testing status and sexual history and stay sober.)*

34. Ask the student with the **P** on their paper to stand and read the instructions. Ask students what the **P** stands for. *(Consistent and correct use of protection.)*

35. Write **P** on the flip chart and **Protection** next to it.

36. Read the following:

🗣️ “Remember consistent and correct use of external/male condoms, internal/female condoms or latex barrier dental dam does reduce the risk of getting an STI. However, P is not completely clear.”

37. Ask students what other behavior(s) still puts P at risk? *(Having multiple sexual partners)*

38. Read the following:

🗣️ “In this specific example, because P wore a new glove every time they shook hands with each new partner, they were exposed but are not infected. The glove use in this activity represents correct and consistent condom or latex barrier use, which is very effective in preventing chlamydia and many other STIs. We will assume for this activity that P was sober and protection was used correctly, and this person did not get infected.”

39. Discuss the following questions.

- a. Should this person get tested for STIs even though they used protection? *(Yes, because using protection/condoms/latex barriers can't provide complete protection against STIs, and some STIs can be transmitted through skin-to-skin contact, such as genital and oral herpes and HPV; it is recommended that all sexually active people get tested for STIs regularly. The CDC recommends that all adolescents and adults be tested at least once for HIV; anyone who is sexually active should be tested for STIs once a year, and anyone who's engaged in unprotected sex or shared needles should be tested immediately and retested every 3 to 6 months if at continued high risk.)*
- b. How did it feel shaking hands with the person with the glove on? What could have been done to better address comfort level with gloves? *(Talked together about why and how they would be using the gloves as protection)*
- c. How did it feel to have this person put a new glove on right before they shook your hand? Knowing that using gloves as protection in this scenario reduced your and your partner's risk of exposure to chlamydia, how do you feel now?
- d. Why is it important to use internal/external condoms or latex barriers when you are sexually active? *(Because consistent and correct use of condoms or latex barriers as protection is highly effective in reducing the risk of spreading STIs. They are the only methods of birth control to provide protection against both unintended pregnancy and STIs.)*

- e. Why is it important to talk with your sexual partners about using condoms or latex barriers?? *(Using protection should be a shared decision, so you're both on the same page for protection, to show that you care about your health and your partner's health...)*
- f. Why is it important to make all of your sexual decisions while sober? *(When you and your partner are sober, you are more likely to stick to your values, choose abstinence or use protection consistently and correctly, seek and receive consent for sexual behavior, know your partner, and limit the number of partners.)*

40. Ask the students who had **MM1** and **MM2** on their sheets to stand and read the instructions. Ask students what the "MM" in **MM1** and **MM2** stands for. *(Mutual Monogamy. This means that you and your partner have made an agreement to only be sexually active with each other; having one partner at a time).*

41. Write **MM1** and **MM2** on the flip chart and **Mutual Monogamy** next to it.

42. Read the following:

- 🗣️ "In this exercise, both MM1 and MM2 limited their exposure to chlamydia by being monogamous (they were instructed to only shake hands with each other) and reduced their risk by using protection (MM1 was given one latex/nitrile glove)."

43. Discuss the following questions.

- a. Were MM1 and MM2 exposed to chlamydia from this exercise? *(If they both followed directions, they were not exposed to chlamydia because they only shook gloved hands with each other, representing mutual monogamy and using protection.)*
- b. Did either of you (MM1 or MM2) shake hands with other people? *(If so, they both were exposed to chlamydia because one or more partners also had multiple other partners and may have not used protection, increasing their risk level.)*
- c. Ask MM2 what it was it like to check to make sure their partner was wearing the glove correctly.
- d. What if either MM1 or MM2 were exposed to chlamydia before this scenario? *(If they did not use protection such as external/male condoms, internal/female condoms, latex barrier/dental dam, they increased their risk of exposure and they could be infected. They should both get tested for chlamydia and other STIs if they have engaged in high-risk behaviors like unprotected oral, vaginal, or anal sex and seek medical treatment if infected.)*
- e. Sometimes people think they are in a monogamous relationship, but their partner might be having a sexual relationship with someone else. How does one know whether or not their partner is being monogamous? *(You don't always know but you should trust your instincts. This is why **open and honest** communication with your partner is important. Talk to your partner about being mutually monogamous, using protection, past/current sexual history, and testing/treatment status. This is also why we recommend always using protections such as external/male condoms, internal/female condoms, and latex barrier/dental dams to decrease your risk of exposure and infection.)*
- f. How does a couple come to the decision to be monogamous? What has to happen? *(Partners need to communicate how they feel about the relationship and make a commitment to not engage in sexual activity with anyone else. Then they must be honest and follow through with their commitment for mutual monogamy to work.)*

44. Ask the student who had **A** on their sheet to stand and read the instructions to the class. Ask students what **A** stands for. (*Sexual Abstinence.*)
45. Write **A** on the flip chart and **Abstinence** next to it.
- 🗣️ “Remember that Teen PEP defines sexual abstinence as not having oral, vaginal, or anal sex, or intimate genital skin-to-skin contact.”
46. Discuss the following questions.
- Is this person at risk? (*No, because the participant did not shake hands with anyone, representing being sexually abstinent, they are definitely not at risk for chlamydia infection.*)
 - Ask **A**: What was it like to hear about everyone else’s experience in this activity?
 - Ask **A**: How did it feel to have to tell people that you do not shake hands? Was it hard not to shake hands? Why or why not? How did other people respond?
 - Ask **A**: What could have made this experience easier for you?
 - Ask **A**: If you felt left out or tempted to shake hands, what could have made it easier to feel more confident and comfortable with not shaking hands?
 - What did the rest of you think about this person choosing not to shake hands with you? What might have increased the group’s understanding?
 - Ask **A**: Now that you know shaking hands in this exercise led to exposure to chlamydia, how do you feel about not shaking hands?

Reflections

Discuss the following questions.

- What do you think this exercise is illustrating? (*This exercise is intended to show how quickly a sexually transmitted infection can spread within a group, also called the chain of infection. We can see how the infection could spread from just one infected person to many people.*)
- In this exercise, who was exposed to chlamydia? (*Everyone who engaged in handshaking, representing sexual activity, except the person who did not shake hands, representing sexual abstinence. The mutually monogamous couple is not at risk in this exercise if they followed directions. The person who used a glove every time, representing condom/latex barrier usage was protected for the purpose of this activity.*)
- What is risk **prevention**? (*Risk **prevention** means actively eliminating behaviors with exposure to STIs thereby preventing your exposure to risk. Sexual abstinence is the only example of risk prevention.*)
- What is sexual risk **reduction**? (*Risk **reduction** means actively implementing strategies that reduce the likelihood of potential risks. Using external/internal condoms or latex barriers is an example of risk reduction, because it does not eliminate your risk of contracting an STI but makes it less likely to happen. Limiting sexual partners is another risk reduction strategy.*)
- How can someone avoid getting an STI? (*Choosing to be sexually abstinent by not having oral, vaginal, or anal sex and no intimate genital skin-to-skin contact is the only 100% certain way to be sure you do not get an STI.*)
- If a couple is mutually monogamous and had no previous partners, they are not at risk. Why should they still use condoms or latex barriers? (*In a mutually monogamous relationship you really only know for*

*certain what **you** are doing—if you don't use condom or latex barriers, you are trusting that your partner is honest about their past and present sexual behavior. You are also trusting that your partner is honest about injection drug use. It is recommended that teens and young adults use condoms or latex barriers for STI protection and another method of birth control for pregnancy prevention.)*

7. Based on what you saw in this exercise, what can we do to prevent, or reduce the risk of spreading sexually transmitted infections? *(Abstinence from oral, vaginal, and anal sex and intimate sexual contact; if you are sexually active use a latex, polyurethane, or polyisoprene external/internal condom or latex barrier dental dam every time you have sex. Limit your number of sexual partners. Know your partner's sexual history, testing status and ask about infections before engaging in sexual activity. Make all your sexual decisions while sober.)*

Activity adapted from Entering Adulthood: Preventing Sexually Related Disease, 1989.

FOR REVIEW ONLY

SHAKE IT



Directions-A

When instructed to "Go" do not shake hands with anyone. If approached, politely explain that you do not shake hands. Do not show your paper to anyone.

.....fold here.....

A

FOR REVIEW ONLY





Directions-I

When instructed to "Go" shake hands with 5 different people and write their names on the lines below. Do not show your paper to anyone.

..... fold here.....

I

Person 1 _____

Person 2 _____

Person 3 _____

Person 4 _____

Person 5 _____

SHAKE IT



Directions-**MMI**

When instructed to "Go" put the glove on your shaking hand and leave it on for the entire activity. Find the person who has **MM2** on their paper, shake hands and write the person's name on the line below. **Do not shake hands with anyone else. Do not show your paper to anyone.**

.....fold here.

MMI

MM2 _____



Directions-**MM2**

When instructed to "Go" find the person who has **MMI** on their paper, ask them to make sure their glove is on correctly, and then shake hands and write the person's name on the line below. **Do not shake hands with anyone else. Do not show your paper to anyone.**

.....fold here.

MM2

MMI _____

FOR REVIEW ONLY

SHAKE IT



Directions-M?

When instructed to "Go" find the person who has **M3** on their paper, shake hands and write the person's name on the first line. Then shake hands with 3 other people. Relocate the person who has **M3** on their paper, shake hands and write the person's name on the last line. Do not show your paper to anyone.

..... fold here.

M?

M3 _____

Person 1 _____

Person 2 _____

Person 3 _____

M3 _____



Directions-M3

When instructed to "Go" find the person who has **M?** on their paper, shake hands and write the person's name on the line below. Do not shake hands with anyone else. Do not show your paper to anyone.

..... fold here.

M3

M? _____

FOR REVIEW ONLY

SHAKE IT



Directions-P

When instructed to "Go" put the glove on your shaking hand and shake hands with one person and write their name on the line. Take that glove off and put a new glove on before shaking hands with a second person. Continue this until you have shaken hands with 5 different people, using a different glove each time. **Do not show your paper to anyone.**

.....fold here.....

P

Person 1 _____

Person 2 _____

Person 3 _____

Person 4 _____

Person 5 _____



SHAKE IT



Directions-P?

When instructed to "Go" put the glove on your shaking hand and shake hands with one person and write their name on the line. Take that glove off and put a new glove on before shaking hands with a second person. Take the glove off for the last three handshakes. Write each person's name that shook your hand on the lines below. **Do not show your paper to anyone.**

.....fold here.....

P?

Person 1 _____

Person 2 _____

Person 3 _____

Person 4 _____

Person 5 _____

SHAKE IT



Directions

Shake hands with 5 different people and write their names on the lines below. **Do not show your paper to anyone.**

..... fold here.

Person 1 _____

Person 2 _____

Person 3 _____

Person 4 _____

Person 5 _____



Directions

Shake hands with 5 different people and write their names on the lines below. **Do not show your paper to anyone.**

..... fold here.

Person 1 _____

Person 2 _____

Person 3 _____

Person 4 _____

Person 5 _____



FOR REVIEW ONLY

Understanding Risk Reduction & Prevention: Overview

Bridge

Build a bridge from the last activity. For example, “In the last activity we...” or “Yesterday, we learned...” and connect it to the theme.

Theme

The purpose of this activity is to provide peer educators with a general overview of the topics to be discussed in the unit.

Directions

1. Hand out *Understanding Risk Reduction Overview*.
2. Have volunteers read aloud one paragraph at a time.

Reflections

Discuss the following questions:

1. What is your reaction to the STI statistics you read in the overview?
2. How do you think this unit will help your peers avoid/prevent sexually transmitted infections?
3. Take a look at the workshop take home messages. Which ones do you think will be the most helpful?
4. Based on what you’ve learned about prevention, what would you say is the only way to prevent contracting an STI or HIV? (*Abstinence is the only 100% effective way to prevent pregnancy, STIs, and HIV.*)
5. What are some ways to reduce your risk? (*Limit your number of partners, know your partners sexual history and STI testing status, use an internal/external condom or latex barrier every time, practice mutual monogamy, receive recommended vaccines for HPV and Hepatitis B, make all your sexual decisions sober*)
6. Think back to what we learned in *Unit 3: Postponing Sexual Involvement*. How can partners work together to practice abstinence and/or risk reduction? (*Think about your sexual boundaries, discuss your sexual boundaries with your partner, listen to and respect your partner’s boundaries, have a shared decision-making process about how to use protection, make all your sexual decisions sober*)



Total Time:

15 minutes



Materials

- Understanding Risk Reduction: Overview* double-sided handout for each peer educator



Understanding Risk Reduction & Prevention

Overview

The United States has the highest sexually transmitted infection (STI) rate, compared to other industrialized countries, with more than 19 million new cases each year². Most young Americans will never consider that they could be infected, even though half of the 19 million reported new cases are among young people aged 15-24². Overall, teens and young adults account for two-thirds of all STIs. According to the CDC, the economic impact of STIs in the United States is estimated at \$17 billion annually².

Infections caused by sexual contact often have no symptoms, so it is critical that sexually active individuals have yearly STI testing. Early diagnosis, treatment, and available vaccinations will lessen the chance of serious medical problems caused by some infections and will decrease the spread of STIs to others. In this unit we focus on the transmission, symptoms, diagnosis, and treatment of the most common STIs. Teens need to be aware that all sexually active people, especially those who have multiple partners or who do not use internal/external condoms or latex barrier dental dams, are at a high risk for contracting an STI and should get tested more often.

The major goal of this unit is to understand that prevention and risk reduction are critical for sexual health. When it comes to sexual health, prevention means taking action to ensure zero chance of infection, where it's impossible for you to get an STI or HIV. Abstinence from oral, vaginal, and anal sex and intimate skin-to-skin contact is the only 100% effective way to prevent sexually transmitted infections. Risk reduction means you are taking precautions to lessen your chance of infection, but without a guarantee that you will not contract an STI or HIV. Practicing mutual monogamy, limiting sexual partners, and condom or dental dam use are examples of risk reduction strategies that we will explore in this unit.

STD or STI?

Although the terms are often used interchangeably, technically Sexually Transmitted Infections (STIs) and Sexually Transmitted Diseases (STDs) are different. Sexually transmitted bacteria, viruses, or parasites are described as creating an "infection", which may or may not result in "disease". Medically speaking, all STDs start out as STIs, and some STIs that progress into disease are STDs. In this curriculum Teen PEP intentionally uses STI.



Objectives



By the end of this unit, you should be able to:

- Describe at least six sexually transmitted infections (STIs), including how they are acquired, their symptoms, diagnosis, treatment, and long-term consequences
- Explain three behaviors that put people at risk for contracting an STI
- Identify one strategy for preventing and four strategies for reducing the risk for contracting STIs
- Explain the importance of talking to a partner about protection, testing, and STI status, and demonstrate strategies for having those kinds of conversations.
- Describe the experience of going to a clinic to be tested and/or treated for STIs

Take Home Messages



As peer educators, you will also be expected to make sure that workshop participants understand the following Take Home Messages:

- Abstinence from oral, vaginal, and anal intercourse and intimate skin-to-skin contact is the only 100% effective way to prevent a sexually transmitted infection.
- Sexually active teens must make their sexual decisions sober, know their partners, limit their partners, and use internal/external condom or latex barrier dental dam with all sexual activity in order to reduce their risk of getting an STI.
- Most STIs do not have any symptoms but can still be transmitted to others.
- It is important for anyone who is sexually active to get tested annually for STIs, or more often if they've engaged in any high-risk behaviors.
- There is treatment for all sexually transmitted infections, but not all can be cured. Seeking treatment can help a person avoid serious health problems.

FOR REVIEW ONLY

Understanding Exposure

Bridge

Build a bridge from the last activity. For example, “In the last activity we...” or “Yesterday, we learned...” and connect it to the theme.

Theme

The purpose of this activity is to **highlight reasons to limit your sexual partners.**

Directions

1. Hand out *Sexual Partner Exposure Tree* and have everyone review it.
2. Discuss the following questions:
 - a. What is your reaction to these diagrams? How does what you're learning here connect to your experience in our first activity, *Shake It?*
 - b. What does this tell you about the importance of knowing your partners' sexual histories and limiting the number of sexual partners you have?
 - c. In what ways does this reinforce for you the importance of the CDC's recommendation to have STI testing every year if you are sexually active, and whenever you begin to have sex with a new person?
3. Hand out *Sexual Partner Exposure Chart* and have everyone review it.
4. Discuss the following questions:
 - a. What is this diagram illustrating? (*In this diagram, we make the assumption that any person you've had sex [oral, vaginal, or anal] with has had the same number of previous sexual partners as you.*)
 - b. How does the calculation for this work? *The numbers are calculated in the following way:*
 - You have sex with 1 person. Neither of you have had previous partners.
 - You have sex with your second partner. Like you, this person has had 1 previous partner. You have had sex with 2 people but are exposed to three because your second partner had 1 previous partner.



Total Time:
15 minutes



Materials

- Sexual Partner Exposure Tree* handout for each peer educator
- Sexual Partner Exposure Chart* handout for each peer educator

- You have sex with your third partner. Like you, this person has had 2 previous partners. And like your second partner, their second partner had a partner, too.
- Following this same pattern, you can determine how many people you've been exposed to through the number of actual partners you've had.)

Reflections

1. What are you taking away from this activity?

FOR REVIEW ONLY



Sexual Partner Exposure Tree



You've had sex with 1 person, and you've been exposed to 1 person



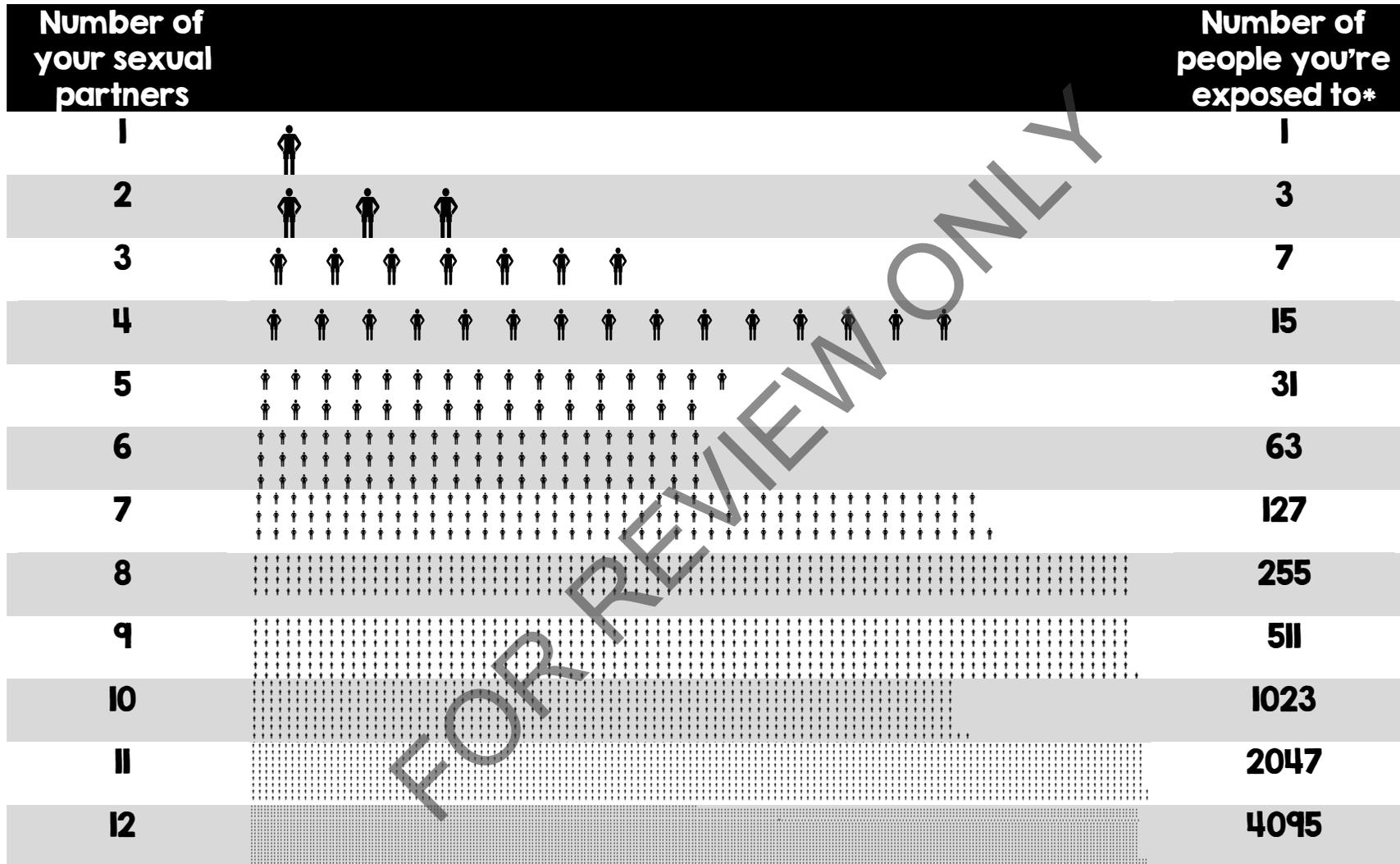
You've had sex with 2 people, but you've been exposed to 3 people



You've had sex with 3 people, but you've been exposed to 7 people



Sexual Partner Exposure Chart



*Assume each person you have sex with has the same number of previous partners.

*Also assume that **their** previous partners have the same history as **your** previous partners.

Learning about Sexually Transmitted Infections

Bridge

Build a bridge from the last activity. For example, “In the last activity we...” or “Yesterday, we learned...” and connect it to the theme.

Theme

The purpose of this activity is to help peer educators become knowledgeable about and be able to explain the basic facts about common sexually transmitted infections.

Directions

1. Divide peer educators into pairs or triads.
2. Assign one of the following STIs to each group:
 - Chlamydia
 - Gonorrhea
 - Syphilis
 - HPV (Genital Warts)
 - Herpes
 - Hepatitis B
 - HIV
 - Trichomoniasis
 - Pubic Lice & Scabies
 - Pelvic Inflammatory Disease (PID)
3. Hand out *STI Presentation Guidelines* to everyone and review the information as a group.
4. Ensure each group understands how to present the STI information.



Total Time:

5 minutes to set up
Remaining completed
as Homework



Materials

- Newsprint and markers
- STI Presentation Guidelines* handout for each peer educator

STI Presentation Guidelines

ASSIGNMENT:



Circle your assigned sexually transmitted infection:

- Chlamydia
- Gonorrhea
- Syphilis
- HPV (Genital Warts)
- Herpes
- Hepatitis B
- HIV
- Trichomoniasis
- Pubic Lice & Scabies
- Pelvic Inflammatory Disease (PID)

RESEARCH:



In your small group, research your assigned STI and prepare a 10-minute presentation for the class.

Research should:

- ✓ Be conducted using reliable resources. Try:
 - www.cdc.gov
 - <http://www.ashsexualhealth.org/stdsstis/http://www.nlm.nih.gov/medlineplus/sexuallytransmitteddiseases.html>
 - <http://www.avert.org/std.html>
 - <https://www.plannedparenthood.org/learn/stds-hiv-safer-sex>

PRESENTATION:



Presentations should:

- ✓ Be creative
- ✓ Explain and demonstrate the STI
- ✓ Include detailed answers to ALL of the following questions:
 - What is it? (bacteria, virus or parasite)
 - How do you get it?
 - What is the incubation period?
 - What are the symptoms?
 - What is the testing, diagnosis, and treatment?
 - What happens if you don't get treated?
 - How to prevent or reduce the risk, including vaccination if applicable?



Think outside the box with your presentations! Some ideas include creating PSAs, brochures or infographics; PowerPoint/Google Slide presentations; songs/raps; poems; or storytelling.

Presenting Sexually Transmitted Infections

Bridge

Build a bridge from the last activity. For example, “In the last activity we...” or “Yesterday, we learned...” and connect it to the theme.

Theme

The purpose of this activity is to help peer educators become knowledgeable about and be able to explain the basic facts about common sexually transmitted infections.

Directions

1. Have groups give their 10-minute presentation for the class, using the established guidelines from *Learning about Sexually Transmitted Infections*. As groups present, be sure to offer correct information as needed.
2. Hand out STI fact sheets and infographics and review any information necessary.

Reflections

Discuss the following questions:

1. What was it like learning about STIs in this way?
2. What did you learn that is sticking with you?
3. What are you curious to learn more about because of this activity?



Total Time:

45-120 minutes
(1-2 class periods)



Materials

- Student presentations
- STI Fact Sheet and Infographic* handouts for each peer educator

FOR REVIEW ONLY

Chlamydia

What is it?

Chlamydia is a common STI that can infect all genders and is the most frequently reported bacterial STI in the U.S. In 2017, 1.7 million cases of chlamydia were reported to the CDC, and almost two-thirds of new chlamydia infections occur among youth aged 15-24. Many cases go unreported because people with chlamydia are often asymptomatic and do not seek testing. It can cause serious, permanent damage to female reproductive system, making it difficult or impossible for them to get pregnant later on. Chlamydia can also cause a potentially fatal ectopic pregnancy (pregnancy that occurs outside the womb).

How do you get it?

Chlamydia is spread during oral, vaginal, and anal sex with someone who has chlamydia. Ejaculation *does not* have to occur for chlamydia to be transmitted or acquired. It can also be passed from an infected mother to their baby during vaginal childbirth. Teenage females are at particularly high risk for infection because their cervical cells are more fragile. Anyone who engages in anal intercourse may acquire chlamydial infection in the rectum. People who had chlamydia and have been treated can get infected again if they have sexual contact with an infected person.

Incubation period

If symptoms occur, they usually show up 1 – 3 weeks after having sex.

Symptoms

Most females and some males with chlamydia have **no** symptoms.

Symptoms when present for females include:

- Unusually heavy discharge from the vagina
- Burning or pain during urination
- Bleeding from the vagina between periods
- Pain in abdomen (sometimes with fever and nausea)

Symptoms when present for males include:

- Watery, white drip from penis
- Burning or pain during urination

Infections in the throat may cause a sore throat, but usually causes no symptoms. Symptoms of rectal infection may include discharge, anal itching, soreness, bleeding, or painful bowel movements. Rectal infection also may cause no symptoms.

Testing/Diagnosis

The only way to know for sure if you have chlamydia is to get tested. A urine test can be obtained, or a healthcare provider can test fluid from parts of the body likely to be infected (cervix, urethra, rectum or throat).

Treatment

Chlamydia is treated and cured with antibiotics taken orally, as prescribed by a healthcare provider. Although medication will stop the infection, it will not repair any permanent damage caused by the disease. Females with chlamydia should be retested 3 months after treatment.

What happens if you don't get treated?

- You can spread chlamydia to your sexual partner(s).
- A female with chlamydia can give it to their baby during childbirth, causing eye infections or blindness.
- Prior chlamydial infection increases the risk of becoming infected with HIV, if exposed.
- In 10-15% of untreated females, the infection can spread into the uterus or fallopian tubes and cause pelvic inflammatory disease (PID). This infection can cause permanent damage resulting in infertility and potentially fatal ectopic (tubal) pregnancy.
- Complications among males are rare. Infection sometimes spreads to the epididymis (the tube that carries sperm from the testis), causing pain, fever, and rarely, sterility.

Prevention: Abstinence is the only 100% effective way to prevent STIs.

Risk Reduction:

- Use internal/ external condoms or another latex barrier consistently and correctly
- Choose a long-term, mutually monogamous relationship with a partner who has been tested and known to be uninfected
- Get annual STI screenings
- If diagnosed with an STI, seek immediate treatment and inform partners so they can seek treatment

handout

CHLAMYDIA: *the facts*

2017
1.7 million
CASES REPORTED



Spread through



- ORAL SEX
- VAGINAL SEX
- ANAL SEX
- CHILDBIRTH



Visit your healthcare provider to get tested

Take antibiotics as prescribed to treat the bacteria

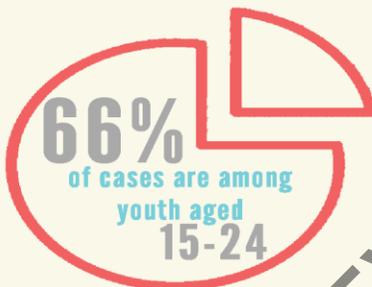
Females should be retested

3

months after treatment



You can get chlamydia more than once



If you don't get treated...

10-15% females

PID



Could lead to blindness in a newborn

Symptoms for females:

- HEAVY VAGINAL DISCHARGE
- PAIN DURING URINATION
- BLEEDING BETWEEN PERIODS
- PAIN IN ABDOMEN



1-3 WEEKS AFTER SEX

Symptoms for males:

- WATERY, WHITE DRIP FROM PENIS
- PAIN DURING URINATION

Most people do not experience symptoms.



CHLAMYDIA



YOUR PARTNER

Abstinence is the only **100%** effective way to prevent STIs



Reduce risk with **consistent & correct** usage & by being in a **mutually monogamous** relationship, where both partners test negative

Gonorrhea

What is it?

Gonorrhea is considered the oldest and one of the most common bacterial STIs. An estimated 820,000 new cases occur each year with the largest infection rates among teens and young adults. Only about half of these infections are reported. It can infect all genders and cause infections in the genitals, rectum, and throat.

How do you get it?

Gonorrhea spreads during oral, vaginal, and anal sex with someone who has gonorrhea. Ejaculation does not have to occur for gonorrhea to be transmitted or acquired. It can also be passed from an infected mother to their baby during vaginal childbirth. People who engage in anal intercourse may acquire gonorrhea infection in the rectum.

Incubation period

If symptoms occur, they usually show up 2–10 days after having sex. Sometimes it takes up to 30 days to appear.

Symptoms

Most females and some males with gonorrhea have **no** symptoms.

Symptoms when present for females include:

- Unusually heavy discharge from the vagina
- Burning or pain during urination
- Bleeding between periods
- Cramps and pain in the lower abdomen

Symptoms when present for males include:

- Thick yellow or white drip from the penis
- Burning or pain during urination
- Swollen testicles

Infections in the throat may cause a sore throat, but usually causes no symptoms. Symptoms of rectal infection may include discharge, anal itching, soreness, bleeding, or painful bowel movements. Rectal infection also may cause no symptoms.

Testing/Diagnosis

The only way to know for sure if you have gonorrhea is to get tested. A urine test can be obtained, or a healthcare provider can test fluid from the parts of the body likely to be infected (cervix, urethra, rectum, or throat).

Treatment

Gonorrhea is treated and cured with antibiotics by injection or antibiotics taken orally, as prescribed by a healthcare provider. Although medication will stop the infection, it will not repair any permanent damage. Gonorrhea is becoming harder to treat as drug-resistant strains are increasing, thus if your symptoms continue for more than a few days after receiving treatment, you should return to a healthcare provider and be rechecked.

What happens if you don't get treated?

- You can spread gonorrhea to your sexual partner(s)
- A female with gonorrhea can give it to their baby during childbirth, causing eye infections or blindness.
- Prior gonorrhea infection increases the risk of becoming infected with HIV, if exposed.
- HIV-infected people with gonorrhea can transmit HIV more easily to someone else.
- In females, the infection can spread into the uterus or fallopian tubes and cause pelvic inflammatory disease (PID). PID can cause permanent damage resulting in infertility and potentially fatal ectopic (tubal) pregnancy.
- Complications among males are rare. Infection can spread to the epididymis (tube that carries sperm from the testis), causing pain, fever, and sterility.
- Gonorrhea can spread to the blood or joints. This condition can be life threatening.

Centers for Disease Control and Prevention. (2018). Gonorrhea—CDC Fact Sheets. Retrieved from <https://www.cdc.gov/std/gonorrhea/stdfact-gonorrhea-detailed.htm> and <https://www.cdc.gov/std/gonorrhea/stdfact-gonorrhea.htm>.

Prevention: Abstinence is the only 100% effective way to prevent STIs.

Risk Reduction:

- Use internal/ external condoms or another latex barrier consistently and correctly
- Choose a long-term, mutually monogamous relationship with a partner who has been tested and known to be uninfected
- Get annual STI screenings
- If diagnosed with an STI, seek immediate treatment and inform partners so they can seek treatment

handout

THE "CLAP"

The Basics About... GONORRHEA

First reported in 1879, gonorrhea is one of the oldest and most common bacterial STIs.

It can infect both men & women and cause infections in the genitals, rectum, & throat.

1. THE NUMBERS

820,000
new cases annually in the U.S.

Only 1/2 of these cases are reported

The largest infection rates are among teens and young adults.

2. HOW DO YOU GET IT?

Oral Sex

Vaginal Sex

Anal Sex

Child Birth

Ejaculation does not have to occur for gonorrhea to be transmitted

3. INCUBATION PERIOD

2
days

to

10
days

Symptoms can take up to 30 days to appear.

4. SYMPTOMS

FEMALES

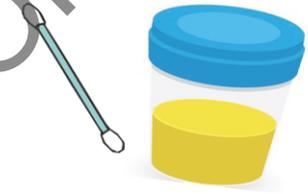
- Heavy vaginal discharge
- Pain during urination
- Bleeding between periods
- Pain in lower abdomen

MALES

- Yellow or white drip from penis
- Pain during urination
- Swollen testicles

Most people with gonorrhea have **NO** symptoms.

5. DIAGNOSIS



Visit a healthcare provider to get tested.

6. TREATMENT



If symptoms continue for more than a few days, get re-tested.

7. WHAT IF YOU DON'T GET TREATED?

PID



You can **infect** your sexual partners.

Infectivity
Ectopic Pregnancy

A mother can pass it to her child, which could lead to **blindness**.

There's also an increased risk of contracting & spreading HIV.

8. PREVENTION

Abstinence is the only **100%** effective way to prevent STIs



Reduce risk with **consistent & correct** usage & by being in a **mutually monogamous** relationship where both partners test negative.

Inform your partners if you have an STI.

Syphilis

What is it?

Syphilis can be very serious, even deadly bacterial STI, if left untreated. There are four stages: primary, secondary, latent, and tertiary; each has different symptoms associated with it. Modern health care and screening methods almost always detect the infection before it progresses enough to be fatal. Rates of reported syphilis are increasing. There were 30,644 reported cases of primary and secondary syphilis, the most infectious stages of the disease.

How do you get it?

Syphilis is spread during oral, vaginal, and anal sex with someone who has syphilis, or direct contact with a syphilis sore. Sores occur mainly on the external genitals, vagina, anus, or in the rectum. Sores also can occur on the lips and in the mouth. Pregnant females can pass it to their babies. Syphilis cannot be spread through casual contact.

Incubation period

The incubation time for syphilis is from 10 days to three months. The average incubation period is 21 days. After initial infection, syphilis can lie dormant for decades before becoming active again.

Symptoms

Symptoms vary and develop in stages. The stages may overlap, and symptoms don't always occur in the same order. A person could be infected with syphilis and not notice any symptoms for years.

Primary stage: Appears 10-90 days after having sex (average 21 days)

- A painless, firm, round, sore (a chancre) on the mouth, anus or sex organs, lasting 3-6 weeks
- Sores disappear, but without treatment, syphilis is still present and will progress to the secondary stage.

Secondary stage: Appears 3 weeks-6 months after infection; lasts 2-6 weeks

- A rash of rough, red, or reddish-brown spots anywhere on the body, including on the palms of the hands and the bottoms of the feet
- Flu-like symptoms, hair loss, headaches, weight loss, muscle aches, and fatigue. Rash and flu-like feelings may disappear, but without treatment, the infection will progress to the next stage.

Latent stage: May last 30+ years after infection

- Most have no symptoms; 25% of those infected may relapse to secondary stage; 15% will go on to late-stage syphilis

Tertiary stage: May occur 10-30 years after infection

- Ulcers or gummas (soft, rubbery tumors) form on internal organs
- 15-30% of people without treatment can develop damage to the brain, nerves, eyes, heart, liver, or bones, which can result in death

Testing/Diagnosis

The only way to know for sure if you have syphilis is to get tested. Syphilis can be diagnosed by testing a blood sample or from a cell swab from a sore. Positive test results can occur 7 days after a sore appears. It's possible to contract syphilis more than once.

Treatment

Syphilis is easy to cure in its early stages. A single shot of an antibiotic will cure a person who has had syphilis for less than a year. Additional doses are needed to treat someone who has had syphilis for longer than a year. Treatment will kill the syphilis bacterium and prevent further damage, but it will not repair damage already done.

What happens if you don't get treated?

- You can spread syphilis to your sexual partner(s).
- A female with syphilis can give it to their baby during pregnancy, causing serious problems or death.
- The genital sores associated with syphilis can make it easier to become infected with HIV.
- Heart disease, brain damage, blindness or death can occur.

Prevention: Abstinence is the only 100% effective way to prevent STIs.

Risk Reduction:

- Use internal/ external condoms or another latex barrier consistently and correctly
- Choose a long-term, mutually monogamous relationship with a partner who has been tested and known to be uninfected
- Get annual STI screenings
- If diagnosed with an STI, seek immediate treatment and inform partners so they can seek treatment

Centers for Disease Control and Prevention. (2018). Syphilis—CDC Fact Sheets. Retrieved from <https://www.cdc.gov/std/syphilis/stdfact-syphilis-detailed.htm>, <https://www.cdc.gov/std/syphilis/stdfact-syphilis.htm>, <http://www.cdc.gov/std/stats12/syphilis.htm>.

handout

THE 411 ON SYPHILIS

2017
30,644
REPORTED CASES


A bacteria that spreads through direct contact with a syphilis sore often on the genitals, lips or mouth

58%

among men who have sex with men (MSM)



Casual Contact

PRIMARY STAGE 21 DAYS

Painless, firm, round sore on mouth or sex organ that lasts 3-6 weeks

Sores may disappear, but the infection is still present

LATENT STAGE 30+ YEARS

Most have NO symptoms

25% relapse to secondary stage symptoms

15% go on to tertiary stage

SECONDARY STAGE 3 WEEKS-6 MONTHS

Rash, anywhere on the body

Flu-like symptoms, hair loss, headaches & fatigue

Symptoms disappear after 2-6 weeks, but the infection is still present

TERTIARY STAGE 10-30 YEARS

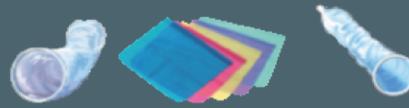
Ulcers or tumors form on internal organs

Can damage the brain, nerves, eyes, hear, liver, or bones, which can lead to death

GET TESTED & TREATED

ABSTINENCE

is the only 100% effective way to prevent STIs



IF YOU DON'T, YOU COULD...

Spread syphilis to your partner or newborn child

Be at greater risk to contract HIV

Reduce risk with

CONSISTENT & CORRECT barrier usage & by being in a **MUTUALLY MONOGAMOUS** relationship, where both partners test negative

HPV (Genital Warts)

What is it?

HPV is the human papilloma virus. There are more than 40 types of sexually transmitted HPV, some of which cause genital warts or cancer. Approximately 79 million Americans are currently infected with HPV, the majority of whom are in their late teens and early 20s. HPV is so common that at least 50% of sexually active people get it at some point in their lives but most people do not know they have it. Most types of HPV do not cause symptoms, do not harm the body, and go away on their own.

How do you get it?

HPV is spread by skin-to-skin contact or during oral, vaginal, or anal sex with someone who has HPV.

Incubation period

If symptoms occur, they can show up 1 month-1 year after having sexual contact and can take longer in some cases.

Symptoms

Most people with HPV do not develop symptoms.

- Genital warts are painless bumps on the surface of the skin that vary in appearance. Often there are no visible warts, but a person can still infect others because they carry the virus in their skin cells.
- HPV can be present in the vagina and on the cervix in females, on the penis or scrotum in males, and in the anus of all genders.

Testing/Diagnosis

The only way to know for sure if you have HPV (Genital Warts) is to get tested.

- Warts can be diagnosed visually or by biopsy
- HPV can be detected if abnormal cells are detected through a cervical or anal Pap smear. A Pap smear is a test for which a healthcare provider uses a swab to obtain cells from the cervix (of a female) or the anus (of a male or female). If the Pap smear comes back abnormal, a diagnostic test can determine if HPV is the cause.

Treatment

There is no cure for HPV (Genital Warts). Treatment is available to address warts or abnormal cells present.

- External HPV: Treatment for external genital warts involves removal of skin cells that contain virus particles. Application of an acidic solution, freezing or laser surgery can be used. There is no treatment for external HPV if warts are not present.
- Internal HPV: Treating an abnormal Pap smear involving a high-risk type of HPV involves freezing of the abnormal cells.

What happens if you don't get treated?

- You can spread HPV (Genital Warts) to your sexual partner(s).
- A female with HPV can give it to their baby during pregnancy.
- If a Pap smear is abnormal, it must be followed-up by a healthcare provider. Without proper care, some types of HPV can cause cervical cancer in females. These types can also cause less common but serious cancers of the vulva, vagina, penis, anus, head, and neck. There is no way to know which people who get HPV will go on to develop cancer or other health problems.

Prevention & Vaccination:

- HPV Vaccines: Approved for males and females ages 9-26; recommended by the CDC for everyone
- Given by 3 injections over 6 months
- *Gardasil* and *Cervarix* prevent some cervical cancer in females; *Gardasil* prevents some external warts and anal cancer in males and females

Prevention: Abstinence is the only 100% effective way to prevent STIs.

Risk Reduction:

- Use internal/ external condoms or another latex barrier consistently and correctly
- Choose a long-term, mutually monogamous relationship with a partner who has been tested and known to be uninfected
- Get annual STI screenings
- If diagnosed with an STI, seek immediate treatment and inform partners so they can seek treatment

Centers for Disease Control and Prevention. (2018). HPV—CDC Fact Sheet. Retrieved from <https://www.cdc.gov/std/hpv/stdfact-hpv.htm>

handout

HPV

Human Papillomavirus: What You Need to Know

79 million Americans

WHAT IS IT?

HPV is a virus and there are more than 40 types.
79 million Americans are currently infected, and most get HPV in their late teens and early 20s.
At least 50% of sexually active people contract HPV.

HOW IT SPREADS

HPV is spread through skin to skin contact during oral, vaginal, or anal sex with an infected person.
If any symptoms are experienced, they usually show up 1 month - 1 year after sexual contact, but can take longer.



SYMPTOMS & DIAGNOSIS



Most people have NO symptoms.
Genital warts are painless and may appear on the skin's surface, but often they are not visible. These can be diagnosed visually or by biopsy.
HPV can be present in the vagina, on the cervix, or in the anus. The virus can be detected through a cervical or anal Pap smear.

TREATMENT

External HPV: remove skin cells with virus particles; if warts aren't present, there's no treatment.
Internal HPV: freeze abnormal cells.
Some types of HPV can cause cervical cancer in females, or cancers of the vulva, vagina, penis, anus, head, and neck.



PREVENTION & VACCINATION



Abstinence is the only 100% effective way to prevent STIs. Reduce risk is consistent & correct barrier usage & by being in a mutually monogamous relationship where both partners test negative.
There are vaccines approved for people aged 9-26, and recommended for everyone by the CDC.
Vaccines are given by 3 injections over 6 months.

Herpes

What is it?

Herpes is caused by the herpes simplex viruses type 1 (HSV-1) or type 2 (HSV-2). Most cases of genital herpes are caused by HSV-2. Oral herpes (cold sores on the mouth) is caused by HSV-1. Herpes simplex is a virus estimated to affect 45 million people in the United States. One out of five adolescent females and one out of six males have herpes infection.

How do you get it?

Herpes is spread by skin-to-skin contact during oral, vaginal, and anal sex with someone who has herpes. Though rare, HSV-2 can be transmitted from the genitals to the mouth, and HSV-1 can be transmitted from the mouth to the genitals. Kissing is low risk if no sores are present.

Incubation period

Symptoms show up 2–30 days after sexual contact, with the average being 6 days. Some herpes infections are without symptoms and infected individuals do not know they have it.

Symptoms

Symptoms range from mild to severe. The first outbreak is the most severe with subsequent outbreaks often being shorter and less painful. Herpes is a lifelong infection and reoccurs unpredictably, but outbreaks usually decrease with time. Symptoms include:

- Flu-like feelings; swollen lymph nodes in groin (with first outbreak)
- Itching or burning before the sores appear
- Painful sores on the sex organs, anus or mouth that last an average of 10 days (2 weeks with first outbreak)
- Sores go away, but herpes virus is still present, and sores usually reoccur

Testing/Diagnosis

The only way to know for sure if you have herpes is to get tested. There are two tests for herpes: a healthcare provider can use a swab to collect cells from an active sore. A blood test can detect antibodies to the herpes virus six weeks after exposure.

Treatment

There is no cure for herpes. Anti-viral medication can lessen the severity and length of the outbreaks, decrease the frequency of outbreaks, and decrease the likelihood of spreading herpes to sexual partners. The medication will not cure the infection.

What happens if you don't get treated?

- You can spread herpes to your sexual partner(s).
- A female who has an active herpes outbreak at the time of labor must have a cesarean section to prevent herpes from spreading to their infant, which could be fatal.
- Herpes sores can make people more likely to contract HIV as well as transmit HIV to others.
- You may transfer herpes to another part of your body if you touch your infected sores or fluids from the sores, and then touch another area. Proper hand washing is important to help you avoid spreading your infection.

Prevention: Abstinence is the only 100% effective way to prevent STIs.

Risk Reduction:

- Use internal/ external condoms or another latex barrier consistently and correctly
- Choose a long-term, mutually monogamous relationship with a partner who has been tested and known to be uninfected
- Get annual STI screenings
- If diagnosed with an STI, seek immediate treatment and inform partners so they can seek treatment

National Institutes of Health. (2014). Genital Herpes. Retrieved from <http://www.nlm.nih.gov/medlineplus/ency/article/000857.htm>.

Centers for Disease Control and Prevention. (2018). Genital Herpes—CDC Fact Sheet. Retrieved from <https://www.cdc.gov/std/herpes/stdfact-herpes-detailed.htm> and <https://www.cdc.gov/std/herpes/stdfact-herpes.htm>.



HERPES

Viral

HSV-1: oral herpes

HSV-2: genital herpes



45 million people in the U.S. are affected by herpes

HOW DO YOU GET IT?

Skin to skin contact during oral, vaginal, or anal sex with an infected person

Kissing is low risk if no sores are present



HOW DO I KNOW IF I HAVE IT?

Within an average of **6** days...



Muscle Aches

Fatigue



Headaches

Fever



Oral Sores

GET TESTED & TREATED

There is **NO CURE** for herpes.

Anti-viral medication can lessen the severity, frequency & length of outbreaks, while decreasing the likelihood of spreading herpes to your sexual partners.



WHAT HAPPENS IF I DON'T GET TREATED?



HIV



HOW DO I PREVENT IT?

ABSTINENCE is the only **100%** effective way to prevent STIs. Reduce risk with **CONSISTENT & CORRECT** usage & by being in a **MUTUALLY MONOGAMOUS** relationship where both partners test negative.



Learn more at cdc.gov/std/herpes

FOR REVIEW ONLY

Hepatitis B

What is it?

Hepatitis B is a viral infection of the liver caused by the Hepatitis B virus (HBV). Most infected people get well, but sometimes Hepatitis B can lead to liver cancer and death. In 2016, an estimated 20,900 persons in the United States were infected with Hepatitis B. Roughly 3,000 new cases are reported each year.

How do you get it?

The Hepatitis B virus is present primarily in blood, but also in semen, vaginal fluid, and saliva. Hepatitis B spreads easily from person to person through these bodily fluids. You can get it by:

- Having oral, vaginal, or anal sex with someone who has the virus
- Sharing needles--injection drug needles and “works” as well as needles used for tattoos and piercing
- Contact with blood or open sores of an infected person
- Sharing items like toothbrushes, razors, or medical equipment with an infected person
- Needle sticks from an infected person
- Transmission from pregnant female to their baby

Incubation period

The time of exposure to onset of symptoms is 6 weeks to 6 months, with symptoms occurring an average of 3 months after exposure.

Symptoms

Symptoms of Hepatitis B include:

- Yellow skin or eyes
- Feeling very tired
- Fever
- Loss of appetite
- Stomach pain
- Nausea and vomiting
- Swollen glands
- Joint pain
- Dark urine
- Skin rash
- Weight loss
- Liver pain (upper right side of belly, just below rib cage)
- No symptoms

Testing/Diagnosis

The only way to know for sure if you have Hepatitis is to get tested. A blood test can tell if you have Hepatitis B now or have had it in the past.

Treatment

There is no cure for Hepatitis B and there is no medicine available to treat acute hepatitis. It is generally recommended that infected persons rest, ensure adequate nutrition, and fluids. In some cases, hospitalization may be required.

What happens if you don't get tested?

- You can spread Hepatitis B to your sexual partner(s).
- A female with Hepatitis B can give it to their baby during pregnancy.
- Hepatitis B can make people more likely to contract HIV and transmit.
- You may get well, but the virus could continue to live in your body and increases the likelihood of passing the virus onto others.
- Hepatitis B can cause damage to the liver and lead to liver cancer or death.

Prevention & Vaccination:

- Hepatitis B Vaccines: Recommended for all persons under 19 years of age
- Given by 3 injections over 6 months
- Medications are available that can slow the progression of chronic hepatitis

Centers for Disease Control and Prevention. (2014). Viral Hepatitis—CDC Fact Sheet. Retrieved from <http://www.cdc.gov/hepatitis/> and <https://www.cdc.gov/hepatitis/hbv/bfaq.htm#statistics>.

Prevention: Abstinence is the only 100% effective way to prevent STIs.

Risk Reduction:

- Use internal/ external condoms or another latex barrier consistently and correctly
- Choose a long-term, mutually monogamous relationship with a partner who has been tested and known to be uninfected
- Get annual STI screenings
- If diagnosed with an STI, seek immediate treatment and inform partners so they can seek treatment

handout

HEPATITIS B

Infection of the liver caused by a virus

3,000 cases each year

Symptoms occur 3 months after exposure

YOU CAN CONTRACT HEP B BY...



A blood test can tell if you have or had Hep B, and symptoms may include...



There is NO cure for Hepatitis B.

The Hep B virus can continue to live in your body & increases the likelihood of passing the virus on



Hep B can cause damage to the liver and can lead to liver cancer or death

ABSTINENCE is the only **100%** effective way to prevent STIs. Reduce your risk with **CONSISTENT & CORRECT** barrier usage & by being in a **MUTUALLY MONOGAMOUS** relationship where both partners test negative.



VACCINES are recommended for all persons under **19** years old & are given by **3** injections over **6** months

Human Immunodeficiency Virus (HIV)

What is it?

HIV stands for Human Immunodeficiency Virus and may lead to Acquired Immunodeficiency Syndrome (AIDS) if not treated. HIV attacks the body's immune system so it can't fight infections and diseases. HIV emerged in the U.S. in the early 1980s, and now over 1.2 million people in the U.S. are living with HIV or AIDS, and just over 50,000 HIV infections occur annually. The human body cannot get rid of HIV completely, even with treatment; once you get HIV, you have it for life. People who have an STI may be at an increased risk of getting HIV.

How do you get it?

HIV is most commonly transmitted through oral, anal, and vaginal sex, and needle or syringe use. The 6 bodily fluids that transmit HIV: blood, semen, pre-seminal fluid, rectal fluids, vaginal fluids, and breastmilk. Infected body fluids access the blood supply through weakened mucus membranes, sores, or abrasions in the mouth, throat, anus, penis, or vagina. Sharing of needles or syringes to inject drugs, steroids, hormones, silicone, or other fluids; sharing "works" (spoon, bottle cap, etc.) used to inject drugs; and using unsterilized needles for body piercings or tattooing can also transmit HIV.

Incubation period

Flu-like symptoms may appear 2-4 weeks after infection.

Symptoms

There are 3 stages of HIV infection, and symptoms vary:

Acute/Early Stage: Appears 2-4 weeks after infection; can last a few days to several weeks; HIV can be spread but may not show up on HIV tests.

- Flu-like symptoms (fever, rash, chills, night sweats, muscle aches, sore throat, fatigue, swollen lymph nodes, mouth ulcers)

Clinical Latency Stage: HIV is still active but reproduces at very low levels. There may be no or very mild HIV-related symptoms. HIV can still be transmitted during this stage, even if a person has no symptoms.

AIDS: If you have HIV and are not on Antiretroviral Therapy (ART), the infection will progress to AIDS within a few years. Symptoms vary, but can include:

- Rapid weight loss, recurring fever or profuse night sweats, extreme tiredness, pneumonia
- Prolonged swelling of the lymph glands in the armpits, groin, or neck; sores of the mouth, anus, or genitals
- Red, brown, pink, or purplish blotches under the skin or inside the mouth, nose, or eyelids
- Memory loss, depression, or other neurological disorders

Testing/Diagnosis

The only way to know if you have HIV is to get tested. There are 3 types of HIV blood tests: antibody, combination/fourth generation, and a nucleic acid test (NAT). Most HIV tests are antibody tests. Accurate tests can be obtained 3-12 weeks after infection. This is how long it takes for enough antibodies to build up in the blood to be detected. It is possible to test negative within this window period, so it is important to have a follow-up test.

Treatment

There is no cure for HIV. HIV can be controlled through antiretroviral therapy (ART). If people with HIV take ART as prescribed, their viral load (the amount of HIV in their blood) can become undetectable. If it stays undetectable, they can live long, healthy lives and reduce the risk of transmitting HIV to a partner. If an infected person takes ART as prescribed, the infection is unlikely to progress to AIDS.

What happens if you don't get treated?

- You can spread HIV to your sexual partner(s). A female with HIV can give it to their baby during pregnancy.
- HIV progresses to AIDS in infected persons who do not get treated; individuals with AIDS live only a few years without treatment.

Prevention: Abstinence is the only 100% effective way to prevent STIs.

Risk Reduction:

- Use internal/ external condoms or another latex barrier consistently and correctly
- Choose a long-term, mutually monogamous relationship with a partner who has been tested and known to be uninfected
- Get annual STI screenings
- If diagnosed with an STI, seek immediate treatment and inform partners so they can seek treatment



WHAT YOU NEED TO KNOW ABOUT HUMAN IMMUNODEFICIENCY VIRUS (HIV)

WHAT IS IT?



can lead to Acquired Immunodeficiency Syndrome (AIDS)



attacks the immune system so that it can't fight off certain infections



1.2 million people in the U.S. are living with HIV or AIDS



50,000 infections occur each year

HIV is transmitted through oral, vaginal, and anal sex; through needle or syringe use; and through 6 bodily fluids...

- blood
- pre-seminal fluid
- semen
- vaginal fluids
- rectal fluids
- breast milk

Flu-like symptoms may appear **2-4 weeks** after infection

Antibodies appear 3-12 weeks after infection

If you test negative, you should get re-tested

If left untreated...

YOU → YOUR PARTNER (via HIV)

Risk of other STIs

Move through stages more quickly

3 STAGES OF HIV INFECTION

<p>Acute/Early Stage</p> <p>2-4 weeks</p> <p>Flu-like symptoms</p>	<p>Clinical Latency Stage</p> <p>No or mild symptoms</p> <p>Can transmit without treatment</p>	<p>AIDS</p> <p>Within a few years without treatment</p> <p>Symptoms vary</p>
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There is **NO CURE** for HIV.

Symptoms can be managed with **Antiretroviral Therapy (ART)**

ABSTINENCE is the only **100%** effective way to prevent STIs. Reduce risk with **CONSISTENT & CORRECT** barrier usage & by being in a **MUTUALLY MONOGAMOUS** relationship where both partners test negative.

Trichomoniasis

What is it?

Trichomoniasis, commonly referred to as “trich,” is very common—about 3.7 million people have the infection in the United States. It is caused by a parasite and spreads from person to person during sex.

How do you get it?

Trichomoniasis is passed from an infected person to an uninfected person during oral, vaginal, or anal sex. It is often passed during vaginal sex but can also be spread through skin to skin contact by touching your partner’s genitals if you have infected fluids on your hand. It is not spread through casual contact, so you can’t get it from sharing food or drinks, kissing, hugging, holding hands, etc.

Incubation period

About 70% of infected people do not have signs or symptoms, but symptoms can appear within 5 to 28 days after being infected.

Symptoms

The majority (70% or more) of infected persons do not experience any symptoms, but when experienced, symptoms can range from mild irritation to severe inflammation. Symptoms can come and go, and may include:

Symptoms when present for females include:

- Itching, burning, redness or soreness of the genitals
- Discomfort with urination
- A change in vaginal discharge that can be clear, white, yellowish, or greenish with an unusual smell

Symptoms when present for males include:

- Itching or irritation inside the penis
- Burning after urination or ejaculation
- Discharge from the penis

Testing/Diagnosis

The only way to know for sure if you have trichomoniasis is to get tested. Trichomoniasis cannot be diagnosed based on symptoms alone. Your healthcare provider can examine you and test a urine sample or cotton swab sample of the possible infected area.

Treatment

Your healthcare provider can prescribe antibiotics to treat the infection. It’s usually only one dose. It’s important to share that you’ve been treated for trichomoniasis with your sexual partners so that they can get tested as well.

What happens if you don’t get treated?

- You can spread trichomoniasis to your sexual partner(s).
- A female who has trichomoniasis during pregnancy and doesn’t treat it could have the baby prematurely or at a low birth weight. The infection could be given to their baby during birth.
- Trichomoniasis can make people more likely to contract HIV as well as transmit HIV to others.

Prevention: Abstinence is the only 100% effective way to prevent STIs.

Risk Reduction:

- Use internal/ external condoms or another latex barrier consistently and correctly
- Choose a long-term, mutually monogamous relationship with a partner who has been tested and known to be uninfected
- Get annual STI screenings
- If diagnosed with an STI, seek immediate treatment and inform partners so they can seek treatment

Planned Parenthood. (2018). Trichomoniasis. Retrieved from <https://www.plannedparenthood.org/learn/stds-hiv-safer-sex/trichomoniasis>.

Centers for Disease Control and Prevention. (2018). Genital Herpes—CDC Fact Sheet. Retrieved from <https://www.cdc.gov/std/trichomonas/stdfact-trichomoniasis.htm>.



TRICHOMONIASIS

[Trich] - parasitic

HOW DO YOU GET IT?

Trich is passed during oral, vaginal, or anal sex. It can be spread through skin-to-skin contact by touching your partner's genitals if you have infected fluids on your hands.

It cannot be spread through casual contact, so you can't get it from sharing food or drinks, kissing, hugging, etc.



SIGNS & SYMPTOMS

Symptoms for females:

itching, burning, redness, soreness of genitals
Pain when urinating
Change in vaginal discharge

Symptoms for males:

Itching or irritation inside the penis
Burning after urination or ejaculation
Discharge from the penis

70%
have no symptoms

TESTING & TREATMENT

Trich cannot be diagnosed on symptoms alone, so get tested!

Antibiotics can treat the infection.



Get tested!

IF YOU DON'T GET TREATED...



YOU

TRICH



YOUR PARTNER



Risk of HIV



Premature birth or low birth weight

ABSTINENCE is the only **100%** effective way to prevent STIs. Reduce your risk with

CONSISTENT & CORRECT barrier usage & by being in a **MUTUALLY MONOGAMOUS** relationship where both partners test negative.



Learn more at [CDC.gov](https://www.cdc.gov)

Pubic Lice & Scabies

What Are They?

Pubic lice, also called “crabs,” are parasitic insects found primarily in the pubic or genital area of humans. They have 3 forms: the egg (also called the nit), the nymph, and the adult. Scabies is an infestation of the skin by the human itch mite. The microscopic scabies burrow into the upper layer of the skins where it lives and lays eggs. In the United States, about 3 million cases of pubic lice and about 1 million cases of scabies are reported each year.

How do you get it?

Pubic lice are most commonly spread through sexual contact and are most common in adults. Persons who are infected with pubic lice should be examined for the presence of other STIs. A person can become infected with scabies after extended skin to skin contact with an infected individual. Scabies is most commonly found in places with crowded conditions where close body and skin contact is frequent.

Incubation period

The incubation period for pubic lice is between 5 days and several weeks. The female insect lives for about a month, lays 7-10 eggs a day, which hatch in 8-10 days. The incubation period for scabies is about 3 weeks, but symptoms may take as long as 4-6 weeks to begin. An infested person can spread scabies during this time, even if no symptoms are present.

Symptoms

Signs & symptoms of pubic lice include:

- Itching in the genital area
- Visible nits (lice eggs) or crawling lice

Signs & symptoms of scabies include:

- Intense itching, especially at night
- Pimple-like itchy rash
- The rash can include tiny blisters and scales
- Burrows on the skin: tiny, raised, and crooked grayish-white or skin-colored lines on the skin's surface

Testing/Diagnosis

The only way to know for sure if you have pubic lice or scabies is to get tested. A public lice infestation is diagnosed by finding a nit (egg) on hair in the pubic region, or sometimes elsewhere on the body. They are often hard to find because there may only be a few. Scabies is generally diagnosed based on the appearance and distribution of the rash and the presences of burrows. A healthcare provider can confirm a diagnosis for public lice or scabies by removing a mite/nit via needle or skin scraping.

Treatment

Pubic lice are treated with a lice-killing lotion that is available over the counter without a prescription at a local pharmacy. Scabies are treated with scabicides, and these are only available with a prescription. Treatment is also recommended for household members and sexual partners, and all persons should be treated at the same time to prevent re-infestation. If itching continues more than 2-4 weeks after treatment, retreatment may be necessary.

What happens if you don't get treated?

- You can spread pubic lice to your sexual partner(s).
- You can spread scabies to other members of your household as well as to your sexual partner(s).

Prevention: Abstinence is the only 100% effective way to prevent STIs.

Risk Reduction:

- Use internal/ external condoms or another latex barrier consistently and correctly
- Choose a long-term, mutually monogamous relationship with a partner who has been tested and known to be uninfected
- Get annual STI screenings
- If diagnosed with an STI, seek immediate treatment and inform partners so they can seek treatment

Centers for Disease Control and Prevention. (2018). Pubic “Crab” Lice. Retrieved from <https://www.cdc.gov/parasites/lice/pubic/index.html>.
Centers for Disease Control and Prevention. (2018). Parasites: Scabies. Retrieved from <https://www.cdc.gov/parasites/scabies/index.html>.
Melbourne Sexual Health Centre (2019). Pubic Lice. Retrieved from <https://www.mshc.org.au/HealthProfessional/MSHCTreatmentGuidelines/Pubiclice#.XFNYWHdFw2w>.
National Institutes for Health (2019). Scabies Management. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2805991/>

PUBIC LICE

VERSUS

SCABIES

COMPARING 2 PARASITIC STIS



3 forms: egg (nit), nymph & adult

"crabs"

caused by sexual contact
get tested for other STIs if infected

causes itching in the genital area or you may see visible eggs or crawling lice

you may find an egg in the pubic area, but they can be hard to find

check-in with a healthcare provider

lice-killing lotion available without a prescription

can spread to sexual partners, so be treated at the same time



infestation of skin by itch mite

burrow into skin & lay eggs

spread through skin-to-skin contact
crowded conditions where body & skin contact is frequent

causes intense itching, pimple-like itchy rash, tiny blisters & scales, burrows on the skin

can spread even with no symptoms

diagnosed based on the appearance of the rash & presence of burrows

check-in with a healthcare provider

scabicides with a prescription only

can spread to household members & sexual partners, so be treated at the same time

ABSTINENCE IS THE ONLY
100% EFFECTIVE WAY TO PREVENT
STIS. REDUCE YOUR RISK WITH
CONSISTENT & CORRECT
BARRIER USAGE & BY BEING IN A
MUTUALLY MONOGAMOUS
RELATIONSHIP WHERE BOTH
PARTNERS TEST NEGATIVE.

What Does Pelvic Inflammatory Disease (PID) Have to Do with STIs?

What is it?

Pelvic Inflammatory Disease, or PID, is an infection of a female's reproductive organs and is a complication often caused by some STIs, like chlamydia and gonorrhea, when they go untreated. There are other infections that can cause PID that are not sexually transmitted. 1 in 8 women with a history of PID experience difficulties getting pregnant.

How do you get it?

You are more likely to get PID if you:

- Have an STI and do not get treated
- Have more than one sexual partner
- Have a sex partner who has sex partners other than you
- Have had PID before
- Are sexually active and are 25 or younger

Symptoms

Symptoms may be mild, or you could be asymptomatic. Some symptoms do include:

- Pain in your lower abdomen
- Pain/bleeding when having sex
- Fever
- Burning sensation when urinating
- An unusual discharge with a bad odor from the vagina
- Bleeding between periods

Testing/Diagnosis

There are no tests for PID. You are usually diagnosed based on your medical history, a physical exam, and other test results.

Treatment

PID can be treated if diagnosed early. The longer you wait to get treated, the more likely it is that you will have complications. Treatment will not undo damage that has already happened to your reproductive system. Your healthcare provider can prescribe antibiotics that you should take completely, even if symptoms go away. You can get PID again if you get infected with an STI again, and once you've had PID, there is a higher chance that you'll get it again.

Prevention: Abstinence is the only 100% effective way to prevent STIs.

Risk Reduction:

- Use internal/ external condoms or another latex barrier consistently and correctly
- Choose a long-term, mutually monogamous relationship with a partner who has been tested and known to be uninfected
- Get annual STI screenings
- If diagnosed with an STI, seek immediate treatment and inform partners so they can seek treatment

What happens if you don't get treated?

- Formation of scar tissue inside and outside the fallopian tubes that can lead to tubal blockage
- Ectopic pregnancy (pregnancy outside of the womb)
- Infertility (inability to get pregnant)
- Long-term pelvic/abdominal pain

Centers for Disease Control and Prevention. (2018). Pelvic Inflammatory Disease (PID)—CDC Fact Sheets. Retrieved from <https://www.cdc.gov/std/pid/stdfact-pid-detailed.htm> and <https://www.cdc.gov/std/pid/stdfact-pid.htm>.

What Gets in the Way?

Bridge

Build a bridge from the last activity. For example, “In the last activity we...” or “Yesterday, we learned...” and connect it to the theme.

Theme

The purpose of this activity is to think about how we can better motivate and empower teens to use internal/external condoms and latex barrier dental dams and utilize clinic-based care to prevent STIs.

Directions

1. Build a bridge from the *Pregnancy Prevention* unit, by saying something like:

We’ve just learned about a number of common STIs. We also know that abstinence can eliminate the risk, and that correct and consistent use of a barrier method can reduce the risk.

In the *Pregnancy Prevention* unit, we explored the reasons why some teens don’t use condoms or access clinic care. Our task today is to build upon solutions to those barriers and consider what motivating factors we need to overcome barriers to making healthy decisions.

2. Discuss the following questions:
 - a. Why is it important to use internal/external condoms or a latex barrier dental dam? (*They provide protection to reduce your risk of contracting an STI/HIV*)
 - b. Why is it important to go to the clinic for care and to get tested? (*Clinics provide access to medically accurate information, testing, treatment and care that is affordable and confidential. The only way to know if you have an STI is to go get tested. Knowing your testing status allows you the opportunity to get medical care and treatment for any STIs you may have, which increases your quality of life. Many teens are who are infected with STIs are not aware of their status and can infect their partners without knowing it.*)
3. Explain that while we understand the benefits of using protection and accessing clinic care, the reality is that not everyone does, and they may not use or access them. This activity will help look at the reasons why that is.
4. Divide the class into 4 groups.



Total Time:
45 minutes



Materials

- Newsprint and markers
- Post-It notes or index cards and tape
- Types of Decision-Making Tendencies* handout for each peer educator
- Four *Tendencies* signs labeled: OBLIGER, QUESTIONER, REBEL, UPHOLDER

5. Give 2 groups a piece of newsprint with the title *Why Don't Some Teens Use Internal/External Condoms/Latex Barrier Dental Dams?* Give the other 2 groups a piece of newsprint with the title *Why Don't Some Teens Use Clinic-Based Care/Get Tested?*
6. Give each group 5-8 minutes to write down on their newsprint a list of responses to the question at the top. These may include reasons and barriers the class discussed in the previous Pregnancy Prevention unit but might also be new and different.
7. Walk around the room to help coach groups if they get stuck, asking open-ended questions if necessary to help get a good list of responses recorded.

Sample Lists

Why Don't Some Teens Use Internal/External Condoms or Latex Barrier Dental Dams?

- No money
- Don't know how to use them
- Feels awkward
- Don't know how to get them
- Afraid to go to store or clinic to get them
- Concerned it won't feel as good or that it spoils the mood
- Embarrassed to bring up the topic
- Didn't plan on having sex- "it just happened"
- Don't think they'll get an STI -"it can't happen to me"
- Don't understand the severity of side effects for STIs
- Believe common condom/latex barrier myths - "they don't fit", "they break", "we're not old enough to buy them", etc.
- Under the influence of alcohol or drugs

Why Don't Some Teens Use Clinic-Based Care and Don't Get Tested?

- No money / No insurance
- No transportation / Lack of access to care
- Aren't sure where or when to go
- Afraid to go to clinic (alone, with parent, with partner)
- Embarrassed to be seen there / Afraid others will find out
- Don't know what services clinics can provide
- Concerned about privacy and confidentiality (think they need parental involvement or permission)
- Don't know when or how to get tested
- Afraid testing will hurt / Afraid to find out they have an STI
- Embarrassed to bring up the topic (with partner, with healthcare provider)
- Don't understand their risk level for STIs

8. Give each individual group member a stack of Post-It notes or index cards and tape.
9. Read the following directions:
 - You will now work individually for 3-5 minutes to identify solutions to the barriers on your group’s list.
 - Write down as many possible solutions to the barriers as you can—one per Post-It/card. If you have the same solution for multiple barriers on the list, write that solution down multiple times.
 - You may recall solutions from the previous unit and can come up with new and different ones on your own.
 - You do not need solve for every barrier on the list.

Sample List

Solutions from Pregnancy Prevention Unit

<ul style="list-style-type: none"> • Accurate information • Confidentiality • Reliable internet search • Local health clinic • Hones relationship • Public transportation 	<ul style="list-style-type: none"> • Sliding-scale fees • Taking a friend for support • Talking with partner • Talking with a trusted adult • Teen PEP Peer Educators
---	--

10. When time is up, have group members add their solutions to the original newsprint by sticking them up next to the barrier it could help solve.
11. Once everyone has posted, have students spend a minute reviewing the solutions their group members offered and select a reporter.

Sample Solutions Lists

**Why Don't Some Teens Use
Condoms/Latex Barrier Dental Dams?**

<ul style="list-style-type: none"> • No money • Don't know how to use them • Feels awkward • Don't know how to get them • 	<div style="border: 1px solid black; padding: 2px; width: 80px; margin-bottom: 10px;">Visit a local health clinic</div> <div style="border: 1px solid black; padding: 2px; width: 80px;">Sliding scale fees</div>	<div style="border: 1px solid black; padding: 2px; width: 100px; margin-bottom: 10px;">Watch instructional videos</div> <div style="border: 1px solid black; padding: 2px; width: 100px;">Talk with a partner</div>
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Why Don't Some Teens Use Clinics and Don't Get Tested?

- No transportation
- Embarrassed to go there
- Afraid it will hurt
- Aren't sure where to go

Public
transportation

Go with a
partner

Visit a local
health clinic

...

12. Bring the 4 brainstorm groups back to the large group.
13. Have groups take turns reporting out focusing only on the solutions their group offered.
14. Repeat the process until all groups have had the opportunity to share their solutions.
15. Have everyone think for themselves which solution(s) might seem the most helpful for them. They will **not** be asked to share their personal selections.
16. Post a new piece of newsprint and write the question, "What Gets in the Way?"
17. Discuss the following question:
 - a. If people have access to information about STIs, where to seek care, and solutions to common barriers, what might still get in the way of protecting themselves?
18. Record responses on newsprint.

Sample List

What Gets in the Way?

- Know how/where to get condoms, but still can't get to a clinic
- Low self-esteem
- Afraid to lose a partner
- Making decisions while drunk or high
- Don't know how to have a conversation with a partner
- Cheating
-

19. Discuss the following questions:

- a. What might teens need to think about in order to protect themselves, if it's not as easy as "just knowing the facts"?
- b. What do you think it would take for a person to use internal/external condoms or latex barrier dental dams, and limit their partners even when it's really difficult? What about using clinic care and getting tested? What are the things that actually motivate teens to protect themselves?

20. Bridge into the final part of the activity by reviewing the following:

Everyone is motivated by different things. First, people need to understand the importance of protecting themselves and be motivated to do so. In this last part of the activity, we are going to look at how different types of decision-making tendencies can help us better understand how to protect our sexual health.

21. Post the 4 *Tendencies* posters around the room with a piece of blank newsprint underneath each.

22. Hand out *Types of Decision-Making Tendencies* to everyone.

23. Review the following:

- This is one of many frameworks that can be used to better understand ourselves and each other as it relates to sexual decision-making.
- Each of the tendencies listed represents a different way people can be motivated and influenced to take action. While many people are motivated by all of these tendencies at some level, people also generally find that one of these describes them best.

24. Read, or have a volunteer read, each of the tendencies aloud.

25. Have everyone quietly decide which tendency best represents themselves and move to the sign that best represents their tendency.

26. At their signs, have each group spend 10 minutes discussing how to communicate the importance of protecting oneself from the vantage point of that tendency by answering the 3 questions on the bottom of the handout.

27. Have a reporter from each group report out on their discussion in about a minute each.

Reflections

1. What was it like to think about the Four Decision-Making Tendencies?
2. What do you notice about how our group was distributed? How can observing the diversity of motivators in this room help you in educating your peers?
3. How will this perspective be helpful in communicating the importance of the risk reduction methods we discussed?
4. What's the most motivating perspective you heard today?

5. Thinking about our activity as a whole, what are you taking away with you?
6. How might this activity impact your role as a peer educator?

Four Decision-Making Tendencies activity adapted from The Four Tendencies, Gretchen Rubin, 2017.

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TYPES OF DECISION-MAKING TENDENCIES

The **OBLIGER** makes decisions based on what other people think and what other people want. They may be more concerned about what their partner will think or say about them when it comes to protecting themselves in a sexual situation. They often ask the question: “What will they want me to do?”



The **QUESTIONER** looks within themselves for the answer. They are motivated based on what makes sense to them and how they will benefit. They like to link the importance of protecting themselves to how it will help them. They are driven by internal motivation. They often ask the question: “What’s the benefit to me?”



The **REBEL** craves a sense of control for themselves and will go against the norm. They will push the limits of themselves and others. When it comes to protection, they will take greater risks. They have to be highly motivated but need to feel like it’s their idea. Providing them with information and allowing them to make up their own mind is a helpful strategy. They ask the question, “What do I want to do?”



The **UPHOLDER** is committed based on the principle. They honor their word and also consider the opinions of others. Once they are committed to something, they follow through. They like to make the “right” choice for themselves and others. They ask the question, “What’s the right thing to do here?”



Once in your groups, discuss the following questions:

- Why is the use of internal/external condoms or latex barrier dental dams and utilization of clinic-based care to prevent STIs important to a person of this tendency?
- What specifically would motivate this tendency to talk to their partner about these risk reduction methods?
- What could be a phrase or motto that this tendency could use to help keep them motivated when they are making sexual decisions to protect their health? (e.g., “This is good for them too” for Obliger, “This is what’s right for me” for Questioner, “I own my health” for Rebel, or “This is the right decision” for Upholders.)

The Four Tendencies: The Indispensable Personality Profiles That Reveal How to Make Your Life Better (and Other People's Lives Better, Too), Gretchen Rubin (2017)

OBLIGER

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QUESTIONER

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REBEL

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UPHOLDER

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Condoms, Dental Dams, & Risk Reduction

Bridge

Build a bridge from the last activity. For example, “In the last activity we...” or “Yesterday, we learned...” and connect it to the theme.

Theme

The purpose of this activity is to understand how internal/female condoms, external/male condoms, and latex barrier dental dams can help reduce one’s risk of contracting an STI.

Directions

Preparation Needed Before Class



Be sure to view the videos in this activity ahead of time. If you have any questions about their usage, reach out to your TA provider for assistance.

1. Have a volunteer explain the difference between prevention and risk reduction in their own words.
2. Explain that in this activity, you will explore three methods for reducing one’s risk of contracting STIs.
3. Watch the following videos and discuss the questions provided after each.

VIDEO 1: What Is a Condom and How Is It Used?

<https://www.youtube.com/watch?v=Eh5HK3F42IU>

**Note that this is also called an external condom, and can be used for oral, vaginal, or anal sex.*

- a. If a person is sexually active, what STIs are best prevented by internal/external condoms? (*Chlamydia, gonorrhea, syphilis, and HIV*)
- b. What STIs are less likely to be prevented by condoms? (*Herpes and HPV, which can also be spread through skin-to-skin contact; syphilis, which is transmitted through contact with a sore, if the sore is not covered by the condom*)

VIDEO 2: How to Put on a Condom

<https://www.youtube.com/watch?v=EdSq2HB7jqU>

- a. What are the proper 10 steps to putting on a condom (condom line up)? (*check expiration date, erection, squeeze air out of tip, roll condom on to base of penis, sexual intercourse, hold on to rim of*

 **Total Time:**
30 minutes

 **Materials**

- At a Glance* handout for each peer educator
- Computer and projector to display videos

NOTE:

If you do not opt to cover *Unit 8: Understanding & Preventing HIV* with your group, consider using the following Unit 8 resources and activities in this unit to broaden knowledge about protection:

Activity - *Risk Reduction Review*

- Handout on *How to Use Male/Exterior Condom*
- Handout on *How to Use Female/Interior Condom*
- Handout on *How to Use a Vaginal/Latex Barrier*
- Handout on *Needle Cleaning Process*

condom, withdraw penis with condom on, loss of erection, roll condom off away from partner, dispose of condom)

- b. What reactions or questions do you have after having watched this video?

VIDEO 3: How to Use Your Female Condom

<https://www.youtube.com/watch?v=LJZOCdmnvmc>

**Note that this is also called an internal condom, and can be used for vaginal or anal sex; FC2 is the brand name for the internal/female condom shown*

- a. What questions do you have after having watched this video?

VIDEO 4: What is a Dental Dam and How Does it Work?

<https://www.youtube.com/watch?v=UqWr5GCizw0>

**Note that this is also called a latex barrier, and can be used for oral sex*

- a. What reactions or questions do you have after having watched this video?

4. Hand out *At a Glance* and review it in large group. Answer any questions from group members.

5. Discuss the following questions:

- a. How does using an internal/female condom or external/male condom **reduce your risk** of unplanned pregnancy or contracting an STI? Why can't condoms **prevent** STIs or pregnancy? *(Limits the exchange of body fluids that contain STIs; limited protection against STIs transmitted through skin-to-skin contact, has potential to break; abstinence from oral, vaginal, or anal sex is the only 100% effective way to prevent STIs or pregnancy)*
- b. If someone is abstinent from oral, vaginal, and anal sex, why might they still be at risk for some STIs? *(Herpes and HPV [genital warts] can be spread by skin-to-skin sexual contact.)*
- c. In order to reduce your risk, you need to use a condom correctly and consistently. What are some of the things you need to do to increase the effectiveness of a condom? *(Use one every time you have sex, insert/put on the condom before any skin-to-skin contact, make sure the condom isn't expired, don't use oil-based lubricants or double-up on condoms, make sure you know how to put a condom on correctly, be sober)*
- d. How does using a latex barrier dental dam **reduce your risk** of contracting an STI? Why can't dams **prevent** STIs? *(Limits the exchange of body fluids that contain STIs; has potential to break, slide or move out of place; abstinence from oral, vaginal or anal sex is the only 100% effective way to prevent STIs or pregnancy)*
- e. What are the factors that increase the effectiveness of latex barriers or dental dams? *(Use one every time you have oral sex, never use both sides of the dam, hold in place but don't stretch tight to avoid breakage, make sure the dam is not expired, use a new dam on each body part, have each partner use their own dam, don't use oil-based lubricants, make sure the dam is in place before any skin-to-skin contact)*

At a Glance¹⁰:

Three Barrier Methods Used to Protect Against STIs

External/Male Condom



- ✓ 98% effective protection against STIs, HIV, and pregnancy *if used correctly every time*
- ✓ Choose between latex, polyisoprene, and polyurethane
- ✓ Easy to find, and often free at local clinics
- ✓ Never use with an internal condom
- ✓ Must be put on before any skin-to-skin contact to be effective



Internal/Female Condom

- ✓ 95% effective protection against STIs, HIV, and pregnancy *if used correctly every time*
- ✓ Can be inserted ahead of sexual activity
- ✓ Made of nitrile (don't contain latex)
- ✓ Must be inserted before any skin-to-skin contact to be effective
- ✓ Can take practice to insert correctly
- ✓ Are sometimes hard to find, so check out your local health clinic

Latex Barrier (“Dental Dam”)

- ✓ When used correctly, dental dams block the exchange of bodily fluids and can prevent many STIs such as herpes, HPV, and HIV during oral sex
- ✓ Only use one side, and one time, and on one body part every time you have oral sex
- ✓ Purchase online or at a local clinic, or you can cut the tip off a condom and cut down one side to make your own for equally effective protection



Myth Buster: Dispelling Protection Myths

Bridge

Build a bridge from the last activity. For example, “In the last activity we...” or “Yesterday, we learned...” and connect it to the theme.

Theme

The purpose of this activity is to dispel common myths about protection and learn important facts regarding internal/external condoms and dental dams.

Directions

1. Divide everyone into pairs.
2. Hand out *Protection Fact Cards* to each pair. Some pairs may have more than one card.
3. Place the deck of *Protection Myth Cards* face down in the middle of the circle.
4. Explain that on each card is an untrue statement (called a “myth”), that some teens believe about protection methods such as external/male and internal/female condoms, and latex barrier/dental dams.
5. Have a volunteer select a *Myth Card* from the pile, flip it over to show the group, and read it aloud.
6. Have the pair with a *Fact Card* that might prove why the myth is untrue lay their card down underneath the *Myth Card* in the center of the circle.
7. Ask the group if they agree with the card match.
8. If the card is the right match, use the *Myth Buster Facilitator’s Guide: Discussion Questions & Summary Statements* for that card.

If the cards do not match, ask probing questions to try to find the right *Fact Card*.

9. Continue until all the matches have been found.

 **Total Time:**
30 minutes

 This activity appears
in the workshop

Materials

- One set of *Myth Cards*
- One set of *Fact Cards*

Reflections

Discuss the following questions:

1. What was it like to participate in this activity?
2. What are you taking away from this activity?

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Myth Buster Facilitator's Guide:

Discussion Questions & Summary Statements

Myth Card: "Condoms and dental dams don't fit everyone."

Matching Fact Card:

Condoms and dental dams are made out of natural or synthetic rubbers such as latex, polyurethane, or nitrile, which are strong and flexible materials. Manufacturers of condoms and dental dams offer a variety of sizing options.

Discussion Questions:

1. What sizes do external condoms come in? (*Most condoms come in three sizes: small or snugger fit, standard or regular fit, and large or larger fit based on length and width of the condom. About 85% of males need to use small or standard sized external condoms. Only 15% need large sized external condoms.¹¹*)
2. What sizes do internal condoms come in? (*Internal condoms typically come in various sizes or one size designed to fit most people, depending on the brand of the condom. Internal condoms are larger than external condoms and are designed to be looser fitting.*)
3. What sizes do dental dams come in? (*Dental dams also come in a variety of sizes, usually square shaped. Because dental dams are held in place over the genitals during oral sex, and don't have to be worn on their own, they aren't tight fitting.*)
4. What other condom or dam features are available to improve the way they fit? (*Protection is available from a wide selection of brands, each offering different materials, sizes, shapes, styles, colors, flavors and lubrication options. Explore the options and find the protection that feels best for you and your partner.*)
5. What makes it easier to find the right size of protection? (*Knowing that there's options to choose from; experimenting with different brands and sizes to determine what's comfortable*)

NOTE:

Each myth card has a matching card, but there may be multiple cards that students offer in response. It is important not to point out ones that are "wrong" (which could make people feel shut down), but instead to help get the group to think about which might be the **best match** before asking the corresponding discussion questions.

After asking discussion questions and reading summary statements for each myth/fact card match, keep those cards together but make sure the other fact cards remain with participants until all matches have been discussed.

Summary Statement:

It's important to use protection that fits properly to protect yourself and your partner from STIs and unintended pregnancy. It's also important to use protection correctly. External and internal condoms are made for vaginal or anal sex, while external condoms and dental dams can be used for oral sex. If you or your partner is allergic to latex, use protection made from non-latex alternatives such as polyisoprene, polyurethane, or nitrile.

Myth Card: “Condoms and dental dams always break.”

Matching Fact Card:

Condoms and dental dams are made from durable, stretchy materials. They’re so strong and flexible, they can be stretched over a person’s arm before they break! They are tested for strength and quality before they’re sold¹¹. The likelihood of a condom slipping off is less than 2%, and breakage rates are even less—and most of that is caused by incorrect use¹².

Discussion Questions:

1. How are internal/external condoms and dental dams tested? (*Condoms and dental dams are considered Class II Medical Devices by the FDA. This requires that condom manufacturing be strictly regulated so that the forms of protection meet FDA recognized industry standards. Testing includes a water leak test for holes, an air burst test checking for strength, and visual examination for other defects.*)
2. What could cause someone to use condoms and dental dams incorrectly? (*Lack of knowledge and experience, being drunk or high, using expired protection, storing protection improperly [extreme hot or cold], failure to open the package carefully and tearing the condom or dental dam*)
3. Where do you think this myth comes from?

Summary Statement:

The most important thing is to know how to use an internal/external condom and dental dam correctly—and to use one every time you have oral, vaginal, or anal sex. Condom and dam failure are almost always caused by people using them incorrectly¹². When used consistently and correctly, condoms and dental dams are highly effective in reducing the risk of contracting or transmitting an STI, HIV, and pregnancy¹¹.

We reviewed how to use a condom in the Pregnancy Prevention Unit, but you can always talk to a faculty advisor, nurse or health professional if you have questions or need help.

Myth Card: “People don’t need to use a condom or dental dam the first time they have sex.”

Matching Fact Card:

It is possible to get contract an STI or get pregnant any time you have sex—even the first time. STIs can be transmitted through unprotected oral, vaginal, or anal sex, and by intimate genital skin-to-skin contact.

Discussion Questions:

1. How can partners **prevent** contracting and transmitting an STI? (*By choosing to be abstinent.*)
2. How can partners **reduce their risk** of contracting and transmitting an STI? (*By choosing to use internal/external condoms and/or dental dams consistently and correctly every time, by knowing and limiting their partners, by getting tested and sharing their testing statuses, by being mutually monogamous, and by making their sexual decisions sober.*)
3. Partners also need to use protection when they or their partner is menstruating (“on your period”). Why do you think this is important? (*Even while on your period there is still risk for contracting an STI or getting pregnant. It’s also important to use internal/external condoms or dental dams during “period sex” because many STIs [including HIV & Hepatitis B] are transmitted through blood. Using protection during*

this time can help reduce the risk of STI transmission. A menstruating female can get pregnant on their period because sperm can live inside the reproductive system for up to six days.)

Summary Statement:

There is no free pass or safe time of the month. Abstinence from oral, vaginal, and anal sex is the only way to prevent STIs and pregnancy. If you are going to engage in sexual activity, you must use an internal/external condom or dental dam consistently and correctly every time to reduce your risk of infection.

Myth Card: "Using a condom or dental dam means partners don't trust each other."

Matching Fact Card:

Using a condom or dental dam shows that you care for and respect your health and your partner's health. Using protection is a smart, mature, and responsible decision.

Discussion Questions:

1. What makes it easier to talk about condom and dental dam use with a partner? *(Being in a good relationship that is built on trust, love, and respect; talking about STI testing and contraceptive use before you get into a sexual situation; making all your sexual decisions sober; having the confidence and skills to insist on using protection or to say "no" to sex without it.)*
2. How can you bring up the topic of wanting to use protection with your partner? *(Have a safe space to talk before you get into a sexual situation; plan ahead and have protection such as internal/external condoms and dental dams with you when you talk; remind your partner that STIs often don't have any symptoms and that by using protection you're taking care of each other.)*
3. Where do you think this myth comes from?

Summary Statement:

Talking about using condoms and dental dam with a partner is a lot easier than having to have a conversation if someone contracts an STI or becomes pregnant. Stand up for your values and your health, and if your partner can't respect your need for protection, they probably aren't the partner you want to be with. Remember, if you aren't ready to talk about it, you probably aren't ready to have sex, and that's okay. You and your partner can also choose to wait to have sex until you're both ready to use protection.

Myth Card: "Condoms or dental dam aren't needed if your partner 'looks clean' or says that they don't have an STI."

Matching Fact Card:

STIs often have no symptoms. When there are symptoms, they can be mild or mistaken for something else. This means you can't look at someone and tell if they have an STI or not. Often, the partner with the STI doesn't know they're infected but can still pass the infection to someone else¹³.

Discussion Questions:

1. Why should sexually active people get tested every year for STIs? (*STIs often go unnoticed. When symptoms do develop, they often are mistaken for something else, such as urinary tract infection or yeast infection. This is why screening for STIs is so important. The only way to know is to get tested.*)
2. Why should sexually active people get screened for STIs before each new partner? (*Each partner, including yourself, comes with their own past sexual history. Every time you engage with a new partner you are connected to the chain of their previous partners, and they become connected to yours. The more partners someone has, the higher their risk of STI exposure becomes.*)
3. Why is it important to still use condoms and dental dams even if a partner says that they've been tested? (*It reduces the risk of exposure to possible STIs. A partner may have been tested for a specific STI but not all STIs; being tested doesn't automatically mean that a partner was treated and/or cured; not all STIs are curable so infections may still be spread during unprotected sex; not all partners are completely honest about their past sexual history.*)

Summary Statement:

The bottom line is that you cannot tell by looking at someone whether or not they have an STI. Choose abstinence from oral, vaginal, or anal sex to **prevent** STIs or use an internal/external condom or dental dam every time you have sex to **reduce your risk** of STIs.

Myth Card: "A condom or dental dam isn't needed if partners use the withdrawal method ("pulling out")."

Matching Fact Card:

Withdrawal is one of the least effective methods of preventing pregnancy, and it doesn't protect against STIs¹⁴. Some viral STIs (herpes, HPV) are spread through intimate skin-to-skin contact and other bacterial STIs (chlamydia, gonorrhea, syphilis) can be carried in pre-ejaculate fluid ("pre-cum").

Discussion Questions:

1. Why isn't withdrawal a reliable way to prevent or reduce the risk of STIs? (*STIs can also be transmitted through the sharing of genital fluids, including pre-ejaculate/pre-seminal fluid ["pre-cum"], through intimate skin-to-skin contact, and via blood, which withdrawal does not protect against.*)
2. Why isn't withdrawal a reliable form of birth control? (*Because it is nearly impossible to know if you're pulling out in time, and even if you do, pre-ejaculate/pre-seminal fluid ["pre-cum"] also has sperm in it. If sperm and egg have the opportunity to meet in the reproductive tract, the egg could be fertilized and may implant, resulting in a pregnancy.*)
3. Where do you think this myth comes from?

Summary Statement:

There is only one 100% effective way to prevent STIs and pregnancy, and that's practicing abstinence. The most reliable methods for reducing your risk is using an internal/external condom or dental dam along with a hormonal method of birth control every time you have sex. And remember, having oral, vaginal, and anal sex still puts you at risk for contracting an STI, so you must use protection every time.

Myth Card: "Teens are too young to buy condoms and dental dams."

Matching Fact Card:

People of any age can legally buy condoms. Even if you're a minor under the age 18, you can still get internal/external condoms and dental dams. There are no age restrictions, no ID requirements, and no prescription needed.

Discussion Questions:

1. Where can you go to get internal/external condoms and dental dams? *(Clinics, doctor's offices, and community health centers often have free condoms, or you can buy them online or in any drugstore, supermarket, or convenience store. Just be sure to get a reputable brand and not a novelty item.)*
2. Why is it important to get over any awkwardness about going to a store or clinic to get protection? What are some ways to get over the discomfort? *(Condoms and dental dams are your best protection at reducing the risk of STIs. Protecting your health and your partners' health should be worth a little embarrassment. Being mature enough to seek out protection is an important step in being responsible for your sexual health.)*
3. Who can you use as support to go with you to get protection? *(You can ask a trusted adult, partner, or friend to go with you for help when getting condoms and dental dams.)*

Summary Statement:

Only about 53% of teens reported using a condom the last time they had sex, putting nearly half of all teens at significant risk for an STI, HIV, or pregnancy¹⁵. Don't put yourself at risk—use an internal/external condom or dental dam the first time and every time you have sex. To find the places nearest to you that give away free condoms, go to condomfinder.org. If a store clerk or cashier makes you feel uncomfortable when trying to buy protection, you can always leave and buy condoms elsewhere, or visit a local health center that provides free ones.

Myth Card: "Having to put on condoms or dental dams is too awkward."

Matching Fact Card:

While talking about using protection with your partner can be awkward at first, it's a conversation worth having to help reduce your risk of contracting an STI. Talking together and deciding to use protection now may prevent more difficult conversations later, if you were to pass on an STI. If you're nervous, you can practice using condoms and dental dams on your own to gain more confidence. If you aren't ready to use protection – or talk to your partner – then you're probably just not ready for sex.

Discussion Questions:

1. When people say that internal/external condoms and dental dams 'ruin the mood', what are they afraid of? *(They're afraid that using protection might dull sensations, or that it requires stopping or pausing to put on that might interrupt the spontaneity.)*
2. How can partners work together to overcome these feelings? *(Remember that protection comes in various sizes and other options that can increase comfort and sensations. Try out different products that offer extra features like lubrication, bumps or ridges, and scents or flavors. Practice using internal/external condoms or dental dams to get used how they work. Switch to using internal condoms that can be inserted before sex rather than in the moment.)*

Summary Statement:

The cases of STIs in the United States are on the rise¹⁶. Nearly 20 million new STIs occur every year in the US, and half of those among young people aged 15–24¹⁷. Contracting an STI—especially one that can't be cured—or getting pregnant before you're ready will change your lives forever. Don't believe the myths—protect yourself and your partners. Suggest using protection with your partner as part of sexual intimacy (foreplay).

Myth Card: “Condoms or dental dam aren't needed if a partner is on the pill.”

Matching Fact Card:

For a sexually active couple capable of reproduction, the best protection against STIs and pregnancy is an internal or external condom AND another reliable hormonal method of birth control.

Discussion Questions:

1. Why does Teen PEP recommend that couples capable of reproduction always use an internal or external condom and an additional hormonal method of birth control? *(To provide both partners dual protections against pregnancy and reduce their risk of STIs.)*
2. Why does is important for all couples—regardless of sexual orientation—to always use condoms or dental dams? *(To provide both partners with protection to reduce their risk of STIs.)*
3. Where do you think this myth comes from?

Summary Statement:

Pregnancy aside, hormonal methods of birth control aren't going to protect you from contracting an STI or HIV. Adolescents account for nearly 10 million new cases of STI's each year¹⁷. Using internal or external condoms provides you and your partner dual protection against STIs and pregnancy. Although not all couples are capable of reproduction, everyone regardless of identity and sexual orientation who engages in unprotected oral, vaginal, or anal sex places themselves at risk for STIs.

Myth Card: “For extra protection against STIs, use two condoms at once.”

Matching Fact Card:

Using two condoms—whether they are both internal, external, or a mix of the two kinds—is never a good idea. The increased friction between the two condoms rubbing together can make a tear more likely and would then offer you less protection against STIs.

Discussion Questions:

1. What are other ways a couple could have extra protection against STIs without using 2 condoms? *(Talking about your sexual history, getting tested before engaging in sexual activity with a new partner, using lubricant to help ensure the condom doesn't slip or break, limiting your sexual partners, practicing mutual monogamy.)*
2. Where do you think this myth comes from?

Summary Statement:

Using internal or external condoms provides you and your partner protection against STIs—but it's important to use them correctly every time. Using two condoms at once is not recommended due to the increased risk of slippage or breakage.

Myth Card: "If partners use condoms or dental dam, they don't need to be tested for STIs."

Matching Fact Card:

Even if you use protection, you still have a chance of contracting an STI, because the only way to prevent STIs is to abstain from all sexual activity and intimate skin-to-skin contact.

Discussion Questions:

1. How often should teens get tested for STIs? (*The CDC recommends that all sexually active people are tested for STIs at least once a year, or more often if they engage in unprotected sexual activity*⁸).
2. What kinds of tests might a person need to get? (*Physical examinations, blood tests, urine swabs, and cheek swabs are all tests that might be used, depending on which STIs you're being tested for*)
3. How do you get an STI test? (*You have to make an appointment with a healthcare provider or visit a walk-in clinic to be tested. You must specify which STI tests you want to have—for example, if you're tested for HIV, that does not mean you've been tested for chlamydia at the same time, unless you ask. Talk to your healthcare provider about your options.*)

Summary Statement:

The only 100% effective way to prevent STIs is to abstain from vaginal, anal, and oral sex and intimate skin-to-skin contact. If you engage in any sexual activity, be sure to use protection correctly and consistently every time and, even if you do, make sure to prioritize your health and get tested every year. Do not skip a trip to the doctor just because you've used protection, or because you don't notice a symptom, because they're not always there. The only way to know if you have an STI is to get tested and getting tested means you can get linked to treatment you may need.

Myth Card

Condoms and dental dams don't fit everyone.

Bust this myth!

Myth Card

Condoms and dental dams always break.

Bust this myth!

Myth Card

People don't need to use a condom or dental dam the first time they have sex.

Bust this myth!

Myth Card

Using a condom or dental dam means partners don't trust each other.

Bust this myth!

Myth Card

Condoms or dental dam aren't needed if your a partner "looks clean" or says that they don't have an STI.

Bust this myth!

Myth Card

A condom or dental dam isn't needed if partners use the withdrawal method ("pulling out").

Bust this myth!

Myth Card

Teens are too young to buy condoms and dental dams.

Bust this myth!

Myth Card

Having to put on condoms or dental dams is too awkward.

Bust this myth!

Myth Card

Condoms or dental dam aren't needed if a partner is on the pill.

Bust this myth!

Myth Card

For extra protection against STIs, use two condoms at once.

Bust this myth!

Myth Card

If partners use condoms or dental dam, they don't need to be tested for STIs.

Bust this myth!

Fact Card

Condoms and dental dams are made out of natural or synthetic rubbers such as latex, polyurethane, or nitrile, which are strong and flexible materials. Manufacturers of condoms and dental dams offer a variety of sizing options.

Now you know the facts!

Fact Card

Condoms and dental dams are made from durable, stretchy materials. They're so strong and flexible, they can be stretched over a person's arm before they break! They are tested for strength and quality before they're sold. The likelihood of a condom slipping off is less than 2%, and breakage rates are even less—and most of that is caused by incorrect use.

Now you know the facts!

Fact Card

It is possible to get contract an STI or get pregnant any time you have sex—even the first time. STIs can be transmitted through unprotected oral, vaginal, or anal sex, and by intimate genital skin-to-skin contact.

Now you know the facts!

Fact Card

Using a condom or dental dam shows that you care for and respect your health and your partner's health. Using protection is a smart, mature, and responsible decision.

Now you know the facts!

Fact Card

STIs often have no symptoms. When there are symptoms, they can be mild or mistaken for something else. This means you can't look at someone and tell if they have an STI or not. Often, the partner with the STI doesn't know they're infected but can still pass the infection to someone else.

Now you know the facts!

Fact Card

Withdrawal is one of the least effective methods of preventing pregnancy, and it doesn't protect against STIs⁴. Some viral STIs (herpes, HPV) are spread through intimate skin-to-skin contact and other bacterial STIs (chlamydia, gonorrhea, syphilis) can be carried in pre-ejaculate fluid ("pre-cum").

Now you know the facts!

Fact Card

People of any age can legally buy condoms. Even if you're a minor under the age 18, you can still get internal/external condoms and dental dams. There are no age restrictions, no ID requirements, and no prescription needed.

Now you know the facts!

Fact Card

While talking about using protection with your partner can be awkward at first, it's a conversation worth having to help reduce your risk of contracting an STI. Talking together and deciding to use protection now may prevent more difficult conversations later, if you were to pass on an STI. If you're nervous, you can practice using condoms and dental dams on your own to gain more confidence. If you aren't ready to use protection - or talk to your partner - then you're probably just not ready for sex.

Now you know the facts!

Fact Card

For a sexually active couple capable of reproduction, the best protection against STIs and pregnancy is an internal or external condom AND another reliable hormonal method of birth control.

Now you know the facts!

Fact Card

Using two condoms—whether they are both internal, external, or a mix of the two kinds—is never a good idea. The increased friction between the two condoms rubbing together can make a tear more likely, and would then offer you less protection against STIs.

Now you know the facts!

Fact Card

Even if you use protection, you still have a chance of contracting an STI, because the only way to prevent STIs is to abstain from all sexual activity and intimate skin-to-skin contact.

Now you know the facts!

FOR REVIEW ONLY

How to Talk to a Partner

Bridge

Build a bridge from the last activity. For example, “In the last activity we...” or “Yesterday, we learned...” and connect it to the theme.

Theme

The purpose of this activity is to increase your comfort level by learning different strategies for talking with your partner about sex and risk reduction.

Directions

1. Bridge into this activity by telling peer educators that while the theme of communicating with a partner has been discussed in nearly all the activities in this unit, it’s important to **build skills** around how to have these conversations—especially about protection, testing, and how to disclose your own sexual history.
2. Watch the first video:
VIDEO 1 – How to Talk About Having Safer Sex
<https://youtu.be/A9SPLNtbsdE>
3. Discuss the following questions:
 - a. The video starts by saying that the first thing partners need to talk about is using protection to be safe. What types of protection did the video introduce? (*External/male condoms, internal/female condoms [FC2 brand], and dental dam/latex barriers*)
 - b. What did you see happening with each of the three couples shown in the video? (*Couple 1: heterosexual couple navigating condom use discussion; Couple 2: lesbian couple navigating dental dams/latex barrier use discussion; Couple 3: gay couple navigating condom use and STI/STD testing status discussion.*)
 - c. What did you notice about how the couples brought up the topic of using protection? (*After thinking about their own boundaries around protection, they started the conversations in a private/safe space, were sober, remained calm, made sure to talk before sexual activity took place, openly asked partner about using condoms/dental dams/latex barriers, were prepared with protection*)
 - d. What were some of the common barriers to using protection or myths presented in the video? (*“I’m not trying to think about that [STIs/STDs] right now”, “Feels better without one, condoms get dry”, “Girls [females/feminine people] can’t get STIs/STDs from other girls [females/feminine people]”, “Don’t worry I’m clean...It’s all good*

 **Total Time:**
45 minutes

 **Materials**

- Computer and projector to display videos

down there I promise”, “I’ve never had any problems and I think I would know”).

- e. How did the partners address these barriers and myths? *(Shared their feelings/values on using protection, gave factual information they learned from their doctor/healthcare provider, came prepared to discuss and use protection, asked for their partners consent to use protection, showed they cared about their own health and the health of their partner, restated that they wouldn’t engage in sexual activity without using protection)*

4. Watch the second video:

VIDEO 2 – How to Talk About STD/STI Testing & Screening

<https://youtu.be/L020zRqbjyY>

5. Discuss the following questions:

- a. The video starts by describing some of the most common STD/STI testing options. Which testing options did the video introduce? *(Urine sample and swabs of infected area – oral, vaginal, anal, or from site of sore or discharge.)* Which testing options did they not cover? *(Blood sample and physical exam/visual diagnosis. All STD/STI tests should be performed by a healthcare provider at a doctor office, healthcare center, clinic, or hospital.)*
- b. Briefly describe what you saw happening with each of the three couples shown in the video. *(Couple 1: females discussing a recent visit to Gynecologist to get a Pap test and learning that STD/STI testing is different; Couple 2: males discussing potentially not using condoms then learning that neither partner has been tested for STDs/STIs recently or ever; Couple 3: male and female discussing having unprotected sex and what they should do now to get tested for STDs/STIs after the fact.)*
- c. What did you notice about how the couples brought up the topic of getting tested for STDs/STIs? *(Had the conversation in a private/safe space, while sober, openly asked partner about testing status and getting tested, shared their own personal experiences with getting tested as well as their own status, informed partner on what they learned about testing from their healthcare provider, came to an agreement that they needed to get tested)*
- d. What were some of the common barriers to getting tested or myths presented in the video? *(Pap tests are the same thing as STD/STI tests, fears about testing, costs of testing, need for medical insurance, fears about receiving a positive test, thinking it’s too late to get tested.)*
- e. How did the partners address these barriers and myths? *(Shared what they learned from healthcare provider that Pap tests and STD/STI tests are different and that you need to specifically ask to be tested for STD/STIs, eased fears by confirming the tests weren’t painful or expensive, provided local testing site options that were affordable with or without insurance, decided to get tested together and talk about treatment options if either tested positive.)*
- f. Why do you think Teen PEP stresses the importance of getting tested, sharing your status with your partners and agreeing to consistently use protection such as external/internal condoms and latex barriers?

6. Watch the third video:

VIDEO 3 – How to Tell Someone You Have an STD/STI

<https://youtu.be/EXCbtHOpy8>

7. Discuss the following questions:
- This video starts by introducing the statistic that half of all people will get an STIs at some point in their life. What is your reaction to this statistic?
 - The video also references the concept of stigmas surrounding STD/STIs, such as thinking people with STD/STIs are dirty, promiscuous, at fault, or are bad people. In what ways does stigma impact testing, sharing your status and notifying partners? (*Believing stigma often leads to blaming those who have been infected. This may be done as a way to create distance from the infected individuals and our own personal risk factors of contracting an STI. It can seem easier to judge people when you're afraid for yourself. These social stigmas may also lead to avoiding testing, not disclosing to partners, and not getting treatment which can further the spread of the infections.*)
 - Briefly describe what you saw happening with each of the three couples shown in the video. (*Couple 1: male couple texting after sex to inform they've contracted chlamydia; Couple 2: heterosexual couple talking in person prior to starting a sexual relationship to notify partner of HIV positive status; Couple 3: female couple during the heat of the moment disclosing that one partner has herpes.*)
 - How do you feel about the way each partner disclosed their status (via text, in person prior, in person during)?
 - What do you think are the most important things to consider when sharing your status with a partner?
 - What questions could you ask your partner to find out about their sexual history? (*How many partners have you had? How often did you use protection? Have you been tested for STIs? Have you ever had a positive test result?*)

Reflections

Discuss the following questions:

- What key messages are you taking away from these videos?
- What questions could you ask your partner to find out about their sexual history and testing status? (*How many partners have you had? How often did you use protection? Have you been tested for STIs? Have you ever had a positive test result? Did you receive treatment for STIs, etc.?*)
- As Peer Educators, how can you help others work past their own fears, social stigmas, and help navigate having these important conversations?

Meeting with a Healthcare Provider

Bridge

Build a bridge from the last activity. For example, “In the last activity we...” or “Yesterday, we learned...” and connect it to the theme.

Theme

The purpose of this activity is to increase your comfort level for meeting with a healthcare provider about sex, protection, and testing as a way to reduce your risk of sexually transmitted infections.

Directions

1. Bridge into this activity by telling peer educators that while the themes of the importance of communicating with a healthcare provider and receiving access to testing and treatment for sexually transmitted infections have been mentioned during our activities, it’s important that we dive deeper into these conversations—especially about protection, testing, and how to seek treatment. Explain that we will begin to explore these conversations while also practicing good facilitation skills.
2. Divide everyone into three groups by handing out an equal number of Group 1, Group 2, and Group 3 *Questions for Discussion* handouts. Have members of each group sit across from each other in the circle.
3. Explain that each group will be responsible for leading the discussions on a particular section of this activity:
 - a. Group 1 – *Let’s Talk About Sexual Health*
 - b. Group 2 – *Seeking Contraceptive Advice from Your Healthcare Provider*
 - c. Group 3 – *STI Testing*

Advisors can decide whether to provide peer educators with the resources and questions ahead of time as homework or allow time to briefly go over at the start of class.

4. Review the following video:

VIDEO - *Let’s Talk About Sexual Health*

<https://vimeo.com/43631114>

5. Have members from *Group 1* lead a discussion using the following questions, also found on their handout:

 **Total Time:**
30 minutes

Materials

- Computer and projector to display videos
- Enough *Group 1 Questions for Discussion* handouts for a third of your group
- Enough *Group 2 Questions for Discussion* handouts for a third of your group
- Enough *Group 3 Questions for Discussion* handouts for a third of your group
- STI Testing Options* info card for everyone

- a. Why is it important to meet with your healthcare provider to talk about your sexual health? *(They provide medically accurate information on protection, contraceptive methods, and transmission of STIs; they can answer questions that you and your partner may have; they can help you navigate important healthcare decisions such as selecting the right birth control method and STI protection for you, STI testing and treatment; they can provide you with the tools needed to advocate for your sexual health rights)*
 - b. What can you expect during your visit? What are some basic services offered by healthcare providers? *(General checkup and routine screening [height, weight, etc.]; medical history forms; complete and comprehensive sexual history; specific sexual healthcare screenings [pelvic exam, breast exam, testicular exam, Pap smear]; STI risk assessment; STI testing; vaccinations; contraceptive options; other safety assessments which could include substance abuse, intimate partner violence, and mental health screenings)*
 - c. Why is it important to be honest with your healthcare provider? *(Open and honest communication with your Healthcare provider is necessary in order to receive the best care and treatment, to optimize the resources provided. Withholding information may limit the quality of care. Caring for your sexual health means having a positive, respectful, and responsible approach to sexuality and relationships.)*
 - d. What is needed to have a positive experience during a visit? *(open and honest communication, respect, trust, reassurance, nonjudgmental attitude, confidentiality, safe space, relationship building, knowledge of healthcare provider policies, healthcare provider that meet you where you are as you are, etc.)*
 - e. How can you be aware of healthcare provider policies related to confidentiality and parental notification? *(As with receiving any other medical care, don't assume the policies and best practices of the provider. You can and should ask what your providers policies are related to confidentiality and parental notification. Additionally, many providers include this information on medical forms, on signs posted within the office, and discuss them during a visit. It may be common for providers to ask a parent/guardian to leave the room during a visit so that they can speak directly to their patient, maintaining confidentiality unless they suspect the patient is a harm to themselves or others.)*
6. Review the following video:
- VIDEO - Seeking Contraceptive Advice from Your Healthcare Provider**
<https://www.youtube.com/watch?v=M7we-7FAev8> (contraceptive methods)
7. Have members from Group 2 lead a discussion using the following questions, also found on their handout:
- a. How can talking with a healthcare provider make conversations with a partner about contraception easier? *(Talking to a healthcare provider builds up your comfort level and can help you further develop communication skills for having conversations regarding contraception. a healthcare provider can answer questions you have and provide medically accurate information that you can apply to negotiation and refusal skills with your partner related to navigating contraceptive use and partner pressure.*
 - b. Why is a healthcare provider a reliable source for information on contraceptive methods? *(Healthcare provider trained in sexual healthcare are knowledgeable on the topic; they can address any myths or rumors a patient may have heard; they can offer a friendly, supportive, and confidential environment to explore your options)*
 - c. How can meeting with a healthcare provider about birth control methods help you make an informed decision on which method best fits your needs?

- d. What are some ways you can start the conversation with your healthcare provider? (*ask healthcare provider about birth control methods – “Can you talk to me about potential birth control options?”; “Based on my sexual history, which birth control methods could be right for me?”; “I have a new sexual partner, can we both come in to talk about our contraceptive options?”; “I’d like to learn more about the IUD, can you tell me more about them?”; “I read a recent article on the hormonal shot, and I think I may be interested in switching methods, can you explain the pros and cons?”*)

8. Review the following video:

VIDEO - STI Testing Options

<https://www.plannedparenthood.org/learn/stds-hiv-safer-sex/get-tested> (STI testing)

9. Hand out copies of the info cards to each peer educator and review the content with the class.

10. Have members from Group 3 lead a discussion using the following questions, also found on their handout:

- a. Why is it important to talk to your healthcare provider about STI testing? (*Talking with a healthcare provider helps you assess your risk, navigate which STI tests you should be getting and how often they’re needed, provides answers to your questions with factual information on what each test involves. Remember not all medical checkups include STI testing, don’t assume you’ve been screened unless you specifically asked your healthcare provider about testing.*)
- b. What are the various STI testing options available and how do they work? (*physical/visual exams of the genitals checking for noticeable symptoms like sores, rashes, discharge; culture swab taken from the genitals or sores to test fluid/cell samples for infection; urine test requires a patient to pee in a cup and the urine culture is testes for bacteria growth; blood test taken via needle or finger prick to tests for viral infections*)
- c. Why should someone get tested for STIs even without visibly occurring symptoms? (*Since many STIs don’t have active symptoms (asymptomatic), you may not know that you’re infected and could be transmitting the infection(s). The only way to know your status and the status of your partner(s), is to get tested. It’s important to get tested annually or more often if you engage in high-risk behaviors such as unprotected oral, vaginal, or anal sex, or have multiple partners. Knowing your STI status allows you to get treatment sooner.*)
- d. What are some ways you can bring up the topic of STI testing with your healthcare provider? (*Ask healthcare provider about STI testing – “Do my checkups include STI testing?”; “Based on my sexual history, should I be tested for STIs?”; “I have a new sexual partner, can be both come in for testing?”; Request STI testing – “For my own peace of mind, I’d like to begin annual STI screenings.”; “I’m worried I may have been exposed to an STI from a previous partner, I want to get tested.”*)

Reflections

Discuss the following questions:

1. What key messages are you taking away from this activity?
2. What questions do you still have about meeting with a healthcare provider?

Group 1: *Let's Talk About Sexual Health*

- a. Why is it important to meet with your healthcare provider to talk about your sexual health?
- b. What can you expect during your visit? What are some basic services offered by healthcare providers?
- c. Why is it important to be honest with your healthcare provider?
- d. What is needed to have a positive experience during a visit?
- e. How can you be aware of healthcare provider policies related to confidentiality and parental notification?

Group 2:
***Seeking Contraceptive
Advice from Your
Healthcare Provider***

- a. How can talking with a healthcare provider make conversations with a partner about contraception easier?
- b. Why is a healthcare provider a reliable source for information on contraceptive methods?
- c. How can meeting with a healthcare provider about birth control methods help you make an informed decision on which method best fits your needs?
- d. What are some ways you can start the conversation with your healthcare provider?

Group 3:

STI Testing Options

- a. Why is it important to talk to your healthcare provider about STI testing?
- b. What are the various STI testing options available and how do they work?
- c. Why should someone get tested for STIs even without visibly occurring symptoms?
- d. What are some ways you can bring up the topic of STI testing with your healthcare provider?

KNOW before you GO

- Most STIs don't have symptoms.
- Common symptoms include sore, bumps, blisters, rash, discharge, itching, burning, pain, irritation, swelling, flu-like (fever, chills, aches, swollen glands, tired, etc.).
- Only way to know is to get tested and ask partners to share their testing status.
- STI testing isn't automatic during regular checkups - specifically ask to be tested.
- Must be honest with healthcare providers about all sexual behaviors.
- Routine testing recommended for anyone who is/has been sexually active, engages in unprotected sex (D, V, A), has new partners or multiple partners, is noticing symptoms, is pregnant.
- All STIs require treatment, and some are curable. If left untreated, can cause serious health problems, increase your risk of other STIs, transmit to partners.
- STI testing is confidential, quick, easy, painless, and sometimes even free!



URINE TEST

How it's done: Healthcare provider asks patient to produce a urine sample for testing by having patient pee in a cup.

STIs tested for this way: Chlamydia, Gonorrhea, Trichomonas, and other bacterial infections



BLOOD TEST

How it's done: Healthcare provider uses needle to draw blood from patient's arm or uses lancet to stick finger.

STIs tested for this way: Syphilis, Herpes, HIV, Hepatitis B, and other viral infections



CULTURE SWAB

How it's done: Healthcare provider uses cotton swab collecting fluid/cell samples from sores, genitals, anus, mouth/throat.

STIs tested for this way: Chlamydia, Gonorrhea, Syphilis, Herpes (with symptoms), HPV (pap smear), HIV (cheek), and Trichomonas



PHYSICAL EXAM

How it's done: Healthcare provider examines patient's genital area checking for signs of infection such as sores, rashes, discharge.

STIs tested for this way: HPV/Genital Warts, Herpes (sore stage), Syphilis (sore and rash stage), Pubic Lice, Scabies, Trichomonas

Local Health Clinic: Field Trip or Presentation

Bridge

Build a bridge from the last activity. For example, “In the last activity we...” or “Yesterday, we learned...” and connect it to the theme.

Theme

The purpose of this activity is to enable peer educators to become resources for their peers by learning about clinical services that are available in their community.

Directions



Preparation Needed Before Field Trip/Presentation

- **Plan A:** Contact a local clinic and request an appointment to bring your Teen PEP group for a field trip. Explain the purpose of the field trip and ask if you can email a checklist of topics for the healthcare provider to cover while the group is there. A sample letter and checklist are provided below.
- **Plan B:** If a field trip is not possible, arrange for a healthcare provider from a local clinic to visit your classroom and give a presentation about the services provided by the clinic. Provide the speaker with the checklist of topics to be covered prior to the presentation. Have peer educators use the checklist to take notes.
- **Plan C:** If neither option is possible, plan a virtual field trip by having peer educators research local clinics and their services by calling and/or visiting their websites for more information. Have peer educators use the checklist to record their findings.

1. To help prepare for the clinic visit field trip, hand out *Teen PEP Clinic Field Trip Checklist* to each peer educator. Have students record their notes and findings on the sheet provided.



Total Time:

30 - 60 minutes
depending on length
of visit



Materials

- Letter to Clinic Staff
- Teen PEP Clinic Field Trip Checklist for each peer educator
- Pens or pencils



Teen PEP Clinic Field Trip Checklist

Dear Clinic Staff,

Thank you for your willingness to meet with the Teen PEP students from _____ High School. Teen PEP stands for Teen Prevention Education Program. Our class is made up of ____ juniors/ seniors who have been trained in leadership and sexuality issues. Our goal is to enable our sexual health peer educators to become resources for their peers by learning about clinical services available in their community. They will be asking the following questions:

General Information	
What are the clinic hours? When is the clinic open?	<input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun
Do I need to make an appointment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you see both males and females?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you see transgender and non-binary patients?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is the age range you serve?	
Confidentiality: Will the clinic notify my parents/guardian?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What do I need to bring to my appointment?	
What medical services do you provide for females/individuals with vagina and uterus?	<input type="checkbox"/> Work/sports physical <input type="checkbox"/> Gynecological exams (pelvic exam, breast exam) <input type="checkbox"/> Pregnancy tests <input type="checkbox"/> Pap smears, HPV cervical screenings <input type="checkbox"/> Mammograms, breast cancer screenings <input type="checkbox"/> STI testing <input type="checkbox"/> HIV testing <input type="checkbox"/> Emergency contraception <input type="checkbox"/> Sexual assault services <input type="checkbox"/> Birth control methods on site? What types? <input type="checkbox"/> Other: _____

handout

What medical services do you provide for males/individuals with penis and testicles?	<input type="checkbox"/> Work/sports physicals <input type="checkbox"/> STI testing <input type="checkbox"/> HIV testing <input type="checkbox"/> Testicular cancer screening <input type="checkbox"/> Prostate exam, prostate cancer screenings <input type="checkbox"/> Sexual assault services <input type="checkbox"/> Other: _____
What counseling, screening, or referral services do you provide?	<input type="checkbox"/> Pregnancy options <input type="checkbox"/> Relationship issues <input type="checkbox"/> Dating abuse or sexual assault <input type="checkbox"/> Eating disorders <input type="checkbox"/> Alcohol & drug abuse <input type="checkbox"/> Smoking cessation <input type="checkbox"/> Mental health <input type="checkbox"/> Other: _____
Costs	
What is the cost of a first visit to your clinic? What does it cost for additional visits?	
Do you have sliding scale fees?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can you pay over time?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What do birth control methods cost?	\$____ Pill \$____ Patch \$____ Ring \$____ Shot \$____ IUD \$____ Implant \$____ Emergency Contraception Other: _____
Do you have free external/male condoms?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have free internal/female condoms?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have free latex barrier dental dams?	<input type="checkbox"/> Yes <input type="checkbox"/> No

handout

What do STI test cost?	\$ ____ Gonorrhea/Chlamydia \$ ____ Syphilis \$ ____ Herpes swab \$ ____ Herpes blood \$ ____ HIV test \$ ____ Hepatitis test \$ ____ Pap smear Other: _____
------------------------	---

The Clinic Visit	
Can a friend or partner come with me to the clinic?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Who will I see for the counseling and exam?	
If there are both male and female practitioners, can I choose?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please describe a clinic visit from beginning to end (including check-in, medical history forms, waiting area, what happens during an exam, how different tests are done, payment and check-out).	
How do I get test results?	

Space for Additional Notes:

What's Your Decision?

Bridge

Build a bridge from the last activity. For example, “In the last activity we...” or “Yesterday, we learned...” and connect it to the theme.

Theme

The purpose of this activity is to **highlight reasons to limit your sexual partners.**

Directions

1. Hand out *What's Your Decision?*
2. Read the following scenarios aloud to peer educators, pausing when indicated to allow them to respond to each decision they face. Let them know that they will not need to share their responses with the class.

3. Read the following aloud:

Ninth Grade

It's the beginning of 9th grade, and you've been dating your partner the whole year. Your friends say you're the perfect couple, and you're so in love. This Friday you are going to spend the night together at your house since your parents aren't home. You're watching a movie and start to make out for a while. Both of you are really getting into it and your partner asks if you want to have sex. What is your decision?

- If you decide to have oral, vaginal, or anal sex, **without** using condoms/latex barriers with your partner, write a **2** in the box on your worksheet.
- If you decide to have oral, vaginal, or anal sex, **with** using condoms/latex barriers with your partner, write a **1** in the box on your worksheet.
- If you decide **not** to have oral, vaginal, or anal sex with your partner, write a **0** in the box on your worksheet.

4. Pause for a moment to let peer educators record their response.

5. Read the following aloud:

Tenth Grade

It is now December of your 10th grade year. Things were going great in your relationship at the beginning of the year. But now you're both so



Total Time:

30 minutes



Materials

- What's Your Decision?* handout for each peer educator

busy you can't find time to spend together so you start to fight...**a lot**. Just before winter break, you and your partner can't take it anymore and decide to break up. Over the break, you start talking to someone from your English class. You have so much in common and always have such a great time together—you realize you want to be with this person. After dating for a few months, the two of you are hanging out and start talking about sex. They are ready to take that next step with you tonight. What is your decision?

- If you decide to have oral, vaginal, or anal sex, **without** using condoms/latex barriers write a **2** in the box on your worksheet.
- If you decide to have oral, vaginal, or anal sex, **with** using condoms/latex barriers write a **1** in the box on your worksheet.
- If you decide **not** to have oral, vaginal, or anal sex, write a **0** in the box on your worksheet.

6. Pause for a moment to let peer educators respond.

7. Read the following aloud:

Summer After 10th Grade

You're still dating the person from your English class, who has just gone away for the summer. You miss spending time together, but you're really excited for the summer. To kick it off, you decide to go to a party with a bunch of your friends. It's the best party ever—good food, drinks, music... You're especially excited that the hottest person there has been dancing with you the whole night. Toward the end of the party, you notice that everyone has paired off to go hook up; and it just so happens that you're left talking with the person you've been dancing with. You both have been drinking and you're very attracted to each other...you really want to have sex. What is your decision?

- If you decide to have oral, vaginal, or anal sex, **without** using condoms/latex barriers write a **2** in the box on your worksheet.
- If you decide to have oral, vaginal, or anal sex, **with** using condoms/latex barriers write a **1** in the box on your worksheet.
- If you decide **not** to have oral, vaginal, or anal sex, write a **0** in the box on your worksheet.

8. Pause for a moment to let peer educators respond.

9. Read the following aloud:

Beginning of 11th Grade

The summer ended and your partner returned...you know, your one and only from last year's English class? Things were going great for the first couple of weeks until they heard a rumor that you were with someone else over the summer at some party. You meet up after school to try to talk, but instead of listening, your partner just jumps to conclusions and breaks up with you. Upset and trying to make yourself feel better, you think, "whatever, who needs someone who won't even listen to me?!" A month later, a new student arrives, and you're instantly attracted to each other. You offer to show them around town. Soon you begin hanging out regularly after school. One afternoon, when you're studying together in your basement, they start kissing you and want to have sex. What is your decision?

- If you decide to have oral, vaginal, or anal sex **without** using condoms/latex barriers write a **2** in the box on your worksheet.
- If you decide to have oral, vaginal, or anal sex, **with** using condoms/latex barriers write a **1** in the box on your worksheet.
- If you decide **not** to have oral, vaginal, or anal sex, write a **0** in the box on your worksheet.

10. Pause for a moment to let peer educators respond.

11. Read the following aloud:

Senior Prom

You're at your senior prom with the new student from junior year that you've been hanging out with so much. Prom is everything you hoped it would be...you're looking good, the DJ is playing all the right songs, there's no drama. You really can't wait for the after party you've been planning with your friends since September. As you get ready to leave, the person who dumped you at the beginning of junior year pulls you aside to apologize and tell you they miss you and want to get back together. You miss them, too, but you're also really into the person you brought to prom. Both tell you that they want to go with you to the after party and want to have sex with you there. What is your decision?

- If you decide to have oral, vaginal, or anal sex with your prom date tonight **without** using condoms/latex barriers, and then end up having sex with your former partner later in the week also **without** protection, write a **4** in the box on your worksheet.
- If you decide to have oral, vaginal, or anal sex with your prom date tonight **with** using condoms/latex barriers, and then end up having sex with your former partner later in the week also **with** protection, write a **3** in the box on your worksheet.
- If you decide to have oral, vaginal, or anal sex with only your former partner, **without** using condoms/latex barriers write a **2** in the box on your worksheet.
- If you decide to have oral, vaginal, or anal sex with only your prom date, **without** using condoms/latex barriers write a **2** in the box on your worksheet.
- If you decide to have oral, vaginal, or anal sex with only your former partner, **with** using condoms/latex barriers write a **1** in the box on your worksheet.
- If you decide to have oral, vaginal, or anal sex with only your prom date, **with** using condoms/latex barriers write a **1** in the box on your worksheet.
- If you decide **not** to have oral, vaginal, or anal sex with anyone, write a **0** in the box on your worksheet.

12. Pause for a moment to let peer educators respond.

13. Read the following aloud:

Graduation Party

Two weekends later your friend from another high school has a graduation party. You're there having a really good time and your friend admits they have wanted to hook up with you since 9th grade. You're really happy to hear this because you've been feeling the same way.

- If you decide to have oral, vaginal, or anal sex **without** using condoms/latex barriers write a **2** in the box on your worksheet.
- If you decide to have oral, vaginal, or anal sex with your friend, **with** using condoms/latex barriers write a **1** in the box on your worksheet.
- If you decide **not** to have oral, vaginal, or anal sex with your friend, write a **0** in the box on your worksheet.

14. Pause for a moment to let peer educators respond.

15. Have everyone add up the numbers from each box on their handout. They do not need to share their results.

16. Read to them the following summary statements based on final scores.

- If your score is **0**, that means you've had no sexual partners, and therefore, because you remained abstinent, you are at no risk of contracting an STI.
- If your score is **1-3**, you have delayed first intercourse, limited your number of partners, used condoms/latex barriers consistently and correctly and therefore are at a low risk of contracting an STI.
- If your score is **4-7**, you have limited your number of some partners, mostly used condoms/latex barriers consistently and correctly and therefore are at a moderate risk of contracting an STI.
- If your score is **8-14** -, you have had sex with multiple partners and have not used condoms/latex barriers. By not limiting your number of partners and not using protection you are at high risk for contracting an STI.

Reflections

Discuss the following questions.

1. What is this activity showing? *(There are benefits to mutual monogamy, limiting your number of sexual partners, using protection such as external/internal condoms and latex barriers, and knowing your partners' sexual history and testing status, and making your sexual decisions sober.)*
2. What are some pressures that teens face around the number of sexual partners someone has? *(Peer pressure, partner pressure, media influence on teens to have sex before they are ready. Feeling like "everyone else is doing it". Our society often pressures masculine people to have a large number of partners; while feminine people are often pressured into having sex with partners but face stigma if they have multiple partners. LGBTQ teens may face additional pressures and societal expectations while navigating relationships.)*
3. Why is it important to limit your number of sexual partners? *(The more sexual partners you have, the more likely you are to be exposed to an STI.) By increasing the number of sexual partners, you also increase your risk of transmission.)*

4. What does it mean to know your partner(s)? *(To know their sexual history, values, willingness to use protection, testing status, and being able to talk about possible consequences of having a sexual relationship)*
5. Do you think it is harder to tell someone about your sexual history, or to ask your partner about theirs?
6. What can make it easier to get to know a person's sexual history?
7. Why is it so important to know a person's sexual history before you have sex with them? *(So, you can make an informed decision about sex, and to encourage the person to get tested and treated if necessary.)*
8. Why is it important to make sexual decisions sober? *(People who mix sex with alcohol and other drugs are less likely to use protection or use it incorrectly, and more likely to regret their sexual decisions than when they're sober.)*
9. Which is lower risk: sex with multiple partners with protection, or sex with one partner with no protection? Explain. *(Neither. You should always limit your partners, know your partners, and use protection correctly and consistently every time you have oral, vaginal, or anal sex. Abstinence is the only 100% effective way to prevent STIs.)*
10. How can good communication between partners help reduce your risk for contracting STIs? *(Open and honest communication can help you set appropriate sexual boundaries and values before you're in a situation that could put you at risk. Communicating about your sexual histories and making decisions about testing and protection can help you reduce your risk.)*
11. What is the difference between reducing your risk and avoiding the risk through prevention of or avoid your risk for some STIs? *(Some viral STIs such as HPV and herpes can be transmitted from skin-to-skin contact even if condoms are used; abstinence is the only 100% effective way to prevent getting an STI)*
12. If you have multiple sexual partners and always use protection, should you get screened for STIs? Why or why not? *(Yes, because you are still at risk for contracting an STI. Condoms reduce the risk of contracting an STI but may not prevent transmission through skin-to-skin contact.)*
13. What are the benefits of getting tested for STIs regularly? *(Many STIs have no symptoms, so it's important to get tested every time you engage in oral, vaginal, or anal intercourse with a new partner. You should also get tested during your annual visit to the doctor if you've been with the same partner because you can never be 100% sure he or she is being monogamous.)*

What's Your Decision?

STEP 1. After your advisor has read a scenario, respond by placing the number that corresponds to the decision you made in the box to the right. You will not be asked to share any numbers with the group.

9th Grade

- If you decide to have oral, vaginal, or anal sex **without** using condoms/latex barrier, write a **2**.
- If you decide to have oral, vaginal, or anal sex **with** using condoms/latex barriers, write a **1**.
- If you decide **not** to have oral, vaginal, or anal sex with your partner, write a **0**.

10th Grade

- If you decide to have oral, vaginal, or anal sex **without** using condoms/latex barrier, write a **2**.
- If you decide to have oral, vaginal, or anal sex, **with** using condoms/latex barriers, write a **1**.
- If you decide **not** to have oral, vaginal, or anal sex, write a **0**.

Summer After 10th Grade

- If you decide to have oral, vaginal, or anal sex **without** using condoms/latex barrier, write a **2**.
- If you decide to have oral, vaginal, or anal sex, **with** using condoms/latex barriers, write a **1**.
- If you decide **not** to have oral, vaginal, or anal sex, write a **0**.

Beginning of 11th Grade

- If you decide to have oral, vaginal, or anal sex **without** using condoms/latex barrier, write a **2**.
- If you decide to have oral, vaginal, or anal sex, **with** using condoms/latex barriers, write a **1**.
- If you decide **not** to have oral, vaginal, or anal sex, write a **0**.

Senior Prom

- If you decide to have oral, vaginal, or anal sex **with** your prom date tonight **without** using condoms/latex barriers, and then end up having sex with your former partner later in the week also **without** using condoms/latex barriers, write a **4**.
- If you decide to have oral, vaginal, or anal sex with your prom date tonight **with** protection, and then end up having sex with your former partner later in the week also **with** protection, write a **3**.
- If you decide to have oral, vaginal, or anal sex with your former partner **without** using condoms/latex barriers, write a **2**.
- If you decide to have oral, vaginal, or anal sex with your prom date **without** using condoms/latex barriers, write a **2**.
- If you decide to have oral, vaginal, or anal sex with your former partner **with** using condoms/latex barriers, write a **1**.
- If you decide to have oral, vaginal, or anal sex with your prom date **with** using condoms/latex barriers, write a **1**.
- If you decide **not** to have oral, vaginal, or anal sex with anyone, write a **0** in this box.

Graduation Party

- If you decide to have oral, vaginal, or anal sex with your friend **without** using condoms/latex barriers, write a **2**.
- If you decide to have oral, vaginal, or anal sex **with** your friend with using condoms/latex barriers, write a **1**.
- If you decide **not** to have oral, vaginal, or anal sex with your friend, write a **0**.

STEP 2. Add the numbers from all the boxes and write the total in this box.

Risk Reduction & Prevention of STIs: Unit End Quiz

Bridge

Build a bridge from the last activity. For example, “In the last activity we...” or “Yesterday, we learned...” and connect it to the theme.

Theme

The purpose of this activity is to test students on the knowledge they’ve gained and reinforce this unit’s learning.

Directions

1. Hand out *Unit End Quiz*.
2. For homework, or as an in-class quiz, have students complete the quiz.
3. Use the *Quiz Answer Key* to grade assignments. Ensure all students walk away with the correct answers to their quiz.

Total Time:

20 minutes

Materials

- Unit End Quiz* handout for each peer educator
- Unit End Quiz: Answer Key* for each advisor

FOR REVIEW ONLY



Risk Reducation and Prevention • Unit End Quiz

Name: _____

Date: _____

Short Answer

1. What are the 3 most common **bacterial** STIs?

2. What are 3 **viral** STIs?

3. What are 2 **parasitic** STIs?

4. Explain 3 behaviors that put people at risk for contracting an STI:

5. In your own words, explain prevention versus risk reduction:

6. Identify 1 strategy for preventing STIs and 4 strategies for reducing the risk of contracting STIs:



List

7. Although many STIs don't initially have symptoms, List 8 possible symptoms that may occur.

Common STI symptoms may include:

1. _____	5. _____
2. _____	6. _____
3. _____	7. _____
4. _____	8. _____

8. List 4 types of STI testing services that are available:

9. List 2 potential STI treatments that are available:

10. List 3 important questions to ask a healthcare provider:

11. List 3 services of a local healthcare clinic:

FOR REVIEW ONLY

True or false

Write true or false on the line next to each of the following three statements.

- _____ 12. When you engage in sexual activity with someone, you may be exposed to infections from their past partners
- _____ 13. Mixing alcohol and sex has no effect on one's risk for STI infection
- _____ 14. STI testing happens during every visit with a healthcare provider, so you don't have to ask for it

Bonus Question

How can good communication between partners help reduce their risk for contracting STIs?

FOR REVIEW ONLY



Risk Reducation and Prevention • Unit End Quiz Answer Key

Name: _____

Date: _____

Short Answer

1. What are the 3 most common **bacterial** STIs?

Chlamydia, gonorrhea, syphilis

2. What are 3 **viral** STIs?

HIV, Hepatitis B, HPV, Herpes
Unprotected oral, vaginal, or anal sex

3. What are 2 **parasitic** STIs?

Public Lice and Scabies, Trichomoniasis

4. Explain 3 behaviors that put people at risk for contracting an STI:

Sharing needles
Having Multiple Sexual Partners
Making sexual decisions while drunk or high

5. In your own words, explain prevention versus risk reduction:

Taking action to ensure zero chance of infection = prevention
Taking precautions to lower the chance of infection = risk reduction

6. Identify 1 strategy for preventing STIs and 4 strategies for reducing the risk of contracting STIs:

Preventing

Abstinence

Reducing

Mutual Monogamy
Limited Sexual Partners
Internal/External Condoms
Dental Dam

List

7. Although many STIs don't initially have symptoms, list 8 possible symptoms that may occur.

Common STI symptoms may include:

Symptoms

Itching	Unusually heavy discharge from the vagina
Burning	Pain in your lower abdomen
Redness	Flu-like symptoms
Soreness	Fever

8. List 4 types of STI testing services that are available:

Physical Exam, Culture Swab, Urine Test, Blood Test

9. List 2 potential STI treatments that are available:

Antibiotics, Anti-Viral Drugs, Prescription strength medicated shampoos

10. List 3 important questions to ask a healthcare provider:

- Do my checkups include STI testing?
- Based on my sexual history, should I be tested for STIs?
- I have a new sexual partner, can we both come in for testing?

II. List 3 services of a local healthcare clinic:

- Medically accurate information
- STI testing
- STI treatment
- Contraceptives
- Counseling

True or false

Write true or false on the line next to each of the following three statements.

- T** 12. When you engage in sexual activity with someone, you may be exposed to infections from their past partners.
- F** 13. Mixing alcohol and sex has no effect on one's risk for STI infection.
- F** 14. STI testing happens during every visit with a healthcare provider, so you don't have to ask for it.

Bonus Question

How can good communication between partners help reduce their risk for contracting STIs?

Open and honest communication about your sexual histories and talking about testing and protection can help inform your decision about how to reduce your risk or whether or not to have sex.

FOR REVIEW ONLY

School-Wide Campaign Check-In

Bridge

Build a bridge from the last activity. For example, “In the last activity we...” or “Yesterday, we learned...” and connect it to the theme.

Theme

The purpose of this activity is to ensure peer educators responsible for implementing a school-wide campaign following this unit’s corresponding workshop are on track.

Directions

1. Upon completion of the unit, hand out *School-Wide Campaign Check-In* to each peer educator in the group responsible for this unit’s topic. Students should start formulating ideas for their campaign as you begin preparing for the workshop.
2. Review the *School-Wide Campaign Guidelines* handout the peer educators received in *Unit One* to ensure they are on task. Remind students that they will need to submit ideas to you for approval. As advisors, be sure to get the proper approvals from the school or community before students implement their campaign ideas.



Total Time:

5 minutes



Materials

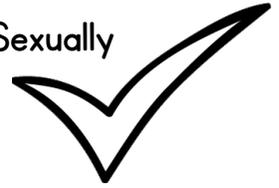
- School-Wide Campaign Check-In* handout for each peer educator in the group assigned to this topic

FOR REVIEW ONLY



SCHOOL-WIDE CAMPAIGN CHECK-IN

Workshop Topic: Understanding Risk Reduction & Prevention of Sexually Transmitted Infections



Group Members:

Structures:

- 1.
- 2.
- 3.

Plan for each structure: (Include frequency)

- 1.
- 2.
- 3.

FOR REVIEW ONLY

Parent/Guardian-Teen Homework

Bridge

Build a bridge from the last activity. For example, “In the last activity we...” or “Yesterday, we learned...” and connect it to the theme.

Theme

The purpose of this activity is to provide a structure for communication between parents/guardians and teens on the topic of understanding risk reduction and prevention of sexually transmitted infections.

Directions

1. Upon completion of the unit, hand out *Parent/Guardian-Teen Homework* to each peer educator.
2. In advance of the workshop, peer educators should complete the homework assignment with a parent/guardian, have it signed, and turn it back into advisors.



Total Time:

5 minutes



Materials

- Parent/Guardian-Teen Homework* handout for each peer educator

FOR REVIEW ONLY

UNDERSTANDING RISK REDUCTION & PREVENTION OF SEXUALLY TRANSMITTED INFECTIONS PARENT/GUARDIAN - TEEN HOMEWORK

 Student name: _____ Date: _____

PURPOSE

To provide a structure for communication between parents/guardians and teens on the topic of understanding risk reduction and prevention of sexually transmitted infections.

DIRECTIONS

STEP 1

Together, read out loud the workshop take home messages below.

WORKSHOP TAKE HOME MESSAGES

- Abstinence from oral, vaginal, anal intercourse and intimate skin-to-skin contact is the only 100% effective way to prevent a sexually transmitted infection.
- Sexually active teens must make their sexual decisions sober, know their partners, limit their partners, and use an internal/external condom or latex barrier dental dam with all sexual activity in order to reduce their risk of getting an STI.
- Most STIs do not have any symptoms but can still be transmitted to others.
- It is important for anyone who is sexually active to get tested annually for STIs, or more often if they've engaged in any high-risk behaviors.
- There is treatment for all sexually transmitted infections, but not all can be cured. Seeking treatment can help a person avoid serious health problems.

STEP 2

Teens should share with parents/guardians their answers to the following question.

1. What was the most important thing you learned in this workshop?

STEP 3

Teens and parents/guardians should discuss together their responses to the following questions:

1. What gets in the way when it comes to teens to protecting themselves from contracting STIs?
2. What do teens have to lose from not reducing their risk of contracting STIs? What do they have to gain?

STEP 4

Parents/guardians should share with teens their answer to the following question.

1. What values do you want your child to receive from you regarding this topic?

STEP 5

Please sign and date below, indicating to the advisor that this assignment has been completed.



Parent/Guardian/Caregiver signature

Date



UNIT REFERENCES

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Curriculum Feedback Form

Unit 7: Risk Reduction & Prevention



Name of Advisor: _____

School: _____

Today's Date: _____

Length of your class periods: 45 60 80 90 _____

No. of class periods to complete unit: _____

Please indicate the month the unit was taught:

<i>September</i>	<i>October</i>	<i>November</i>	<i>December</i>	<i>January</i>	<i>February</i>	<i>March</i>	<i>April</i>	<i>May</i>
<input type="checkbox"/>								

Advisor feedback is critically important in developing and revising curricular resources that work for schools. We appreciate you completing this form (or logging into www.TeenPEP.org to complete it online) so we can use your feedback in our process!

Please consider responding to any or all of the following questions in your feedback:

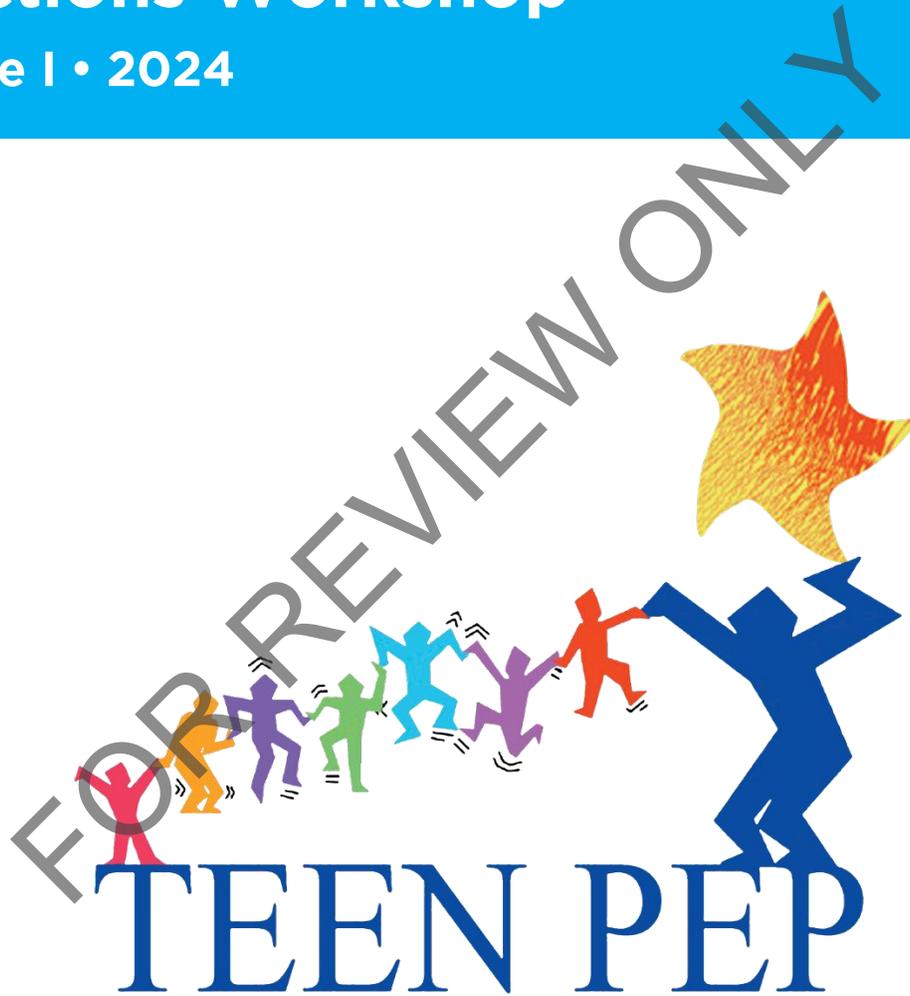
- How effective were the activities in increasing students' knowledge?
- How engaging were the activities for students?
- How clear are the objectives and directions for each activity?
- What, if anything, did you do differently for a particular activity? Why? What was the result for your group?

FOR REVIEW ONLY

Don't Pass It On

Understanding Risk Reduction & Prevention of Sexually Transmitted Infections Workshop

Volume I • 2024



TEEN PREVENTION EDUCATION PROGRAM

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TEEN PREVENTION EDUCATION PROGRAM

Don't Pass It On

Understanding Risk Reduction & Prevention of Sexually Transmitted Infections Workshop

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FOR REVIEW ONLY

Don't Pass It On

Understanding Risk Reduction & Prevention of Sexually Transmitted Infections

Workshop Overview

► Workshop Objectives



After participating in this workshop, participants will be able to:

- **Describe** at least six sexually transmitted infections (STIs), including how they are acquired, their symptoms, diagnosis, treatment, and long-term consequences
- **Explain** three behaviors that put people at risk for contracting an STI
- **Identify** one strategy for preventing and four strategies for reducing the risk for contracting STIs
- **Explain** the importance of talking to a partner about protection, testing, and STI status, and demonstrate strategies for having those kinds of conversations
- **Describe** the experience of going to a clinic to be tested and/or treated for STIs

► Take Home Messages



The goal of this workshop is to provide students with an overview of the most common sexually transmitted infections (STIs) among teens. Students will have a better understanding of the behaviors that put them at risk for acquiring an STI and will learn how to protect themselves through prevention or risk reduction.

While conducting this workshop, peer educators should keep in mind the major messages for participants to take home:

- Abstinence from oral, vaginal, anal sex and intimate skin-to-skin contact is the only 100% effective way to prevent a sexually transmitted infection (STI).
- Sexually active teens must make their sexual decisions sober, know their partners, limit their partners, and use internal/external condom or latex barrier dental dam with all sexual activity in order to reduce their risk of getting an STI.
- Most STIs do not have any symptoms (asymptomatic) but can still be transmitted to others.
- It is important for anyone who is sexually active to get tested annually for STIs, or more often if they've engaged in any high-risk behavior.
- There is treatment for all sexually transmitted infections, but not all can be cured. Seeking treatment can help a person avoid serious health problems.

Workshop Agendas

► One 90-minute session

	Time
Attention-Getting Activity: <i>Shake It</i>	25 minutes
Presenter Introduction	1 minute
Workshop Introduction	2 minutes
Skits:	8 minutes
★ I Am...	5 minutes
★ Are You Serious?	3 minutes
Bridge to Small Group Activities	1 minute
Small Group Activities 	40 minutes
★ Understanding Exposure 	8 minutes
★ At a Glance: Internal/External Condoms & Dental Dams 	8 minutes
★ Myth Buster: Dispelling Protection Myths 	22 minutes
Bridge to Large Group Skit	1 minute
Large Group Skit: <i>Chain Reaction</i>	4 minutes
Closure	1 minutes
Evaluation & Homework	4 minutes

► Two 45-minute workshops

Session 1	Time
Attention-Getting Activity: <i>Shake It</i>	25 minutes
Presenter Introduction	1 minutes
Workshop Introduction	2 minutes
Skits:	7 minutes
★ I Am...	5 minutes
★ Are You Serious?	3 minutes
Large Group Skit: <i>Chain Reaction</i>	4 minutes
Closure/Bridge to Next Session	2 minutes

Session 2	Time
Opening to Next Session	1 minute
Small Group Activities 	39 minutes
★ Understanding Exposure	7 minutes
★ At a Glance: Internal/External Condoms & Dental Dams	8 minutes
★ Myth Buster: Dispelling Protection Myths	22 minutes
Closure	1 minutes
Evaluation & Homework	4 minutes

*Note:

If completing this workshop in two 45-minute sessions within the same week, use the closing and opening bridges provided below. These should be used to close out Session 1 and open Session 2 by adding the scripts into the appropriate places within the workshop as noted in the *2 45-Minute Sessions Workshop Agenda*.

Bridges for two 45-minute sessions

Closure/Bridge to Next Session

Peer Ed. 1: Thank you all for your attention during this first session. We hope the activity and skits have been helpful in starting to understand how STIs are spread from person to person. Remember, like we learned in the first activity, that using protection consistently and correctly can reduce your risk of getting an STI, and that abstinence is the only 100% effective way to prevent getting an STI.

Peer Ed. 2: While not all STIs are curable, they are all treatable so it's important to get tested to know your status. When we get back together next time, we will get into small groups to learn more about how to prevent and reduce our risk of contracting STIs.

Reintroduction/Bridge to Second

Peer Ed. 1: In our last session, we started to learn about how STIs are spread and the importance of seeing a health care provider if you've been sexually active. Today, we are going to learn more about how to reduce our risk of contracting an STI.

Peer Ed. 2: Now we're going to break up into _____ small groups. Please count with me while I number you off. Then look for the peer educator holding a sign with your group's number and go with that peer educator to your small group location.

Workshop Agenda

► 60-minute session

	Time
Attention-Getting Activity: <i>Shake It</i>	24 minutes
Presenter Introduction	1 minutes
Workshop Introduction	1 minute
Skit:	5 minutes
★ I Am...	5 minutes
Bridge to Small Group Activities	1 minute
Small Group Activity 	20 minutes
★ Myth Buster: Dispelling Protection Myths	
Bridge to Large Group Skit	1 minute
Large Group Skit: <i>Chain Reaction</i>	3 minutes
Closure	1 minute
Evaluation & Homework	3 minutes

Note:

It is not recommended that schools do this workshop in under 90 minutes. If following a 60-minute agenda is imperative, take note of what is being cut or shortened from the original agenda.

Be sure to have peer educators hand out the *Understanding Exposure and At a Glance* handouts after completing the Myth Buster activity.

Workshop Materials

Activity	Materials	Template Provided
Attention-Getting Activity: <i>Shake It</i>	<input type="checkbox"/> 8 latex or non-latex (nitrile, vinyl) gloves <input type="checkbox"/> Sheets of paper with instructions, 1 per person <input type="checkbox"/> Newsprint pad and marker	✓
Skit: <i>I Am...</i>	<input type="checkbox"/> 3 posters that read: <ul style="list-style-type: none"> ★ Bacteria ★ Virus ★ Parasite <input type="checkbox"/> 8 signs that read: <ul style="list-style-type: none"> ★ Chlamydia ★ Gonorrhea ★ Syphilis ★ Herpes ★ Genital Warts (HPV) ★ Hepatitis B ★ Pubic Lice ★ Scabies 	✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓
Small Group Activity: <i>Understanding Exposure</i>	<input type="checkbox"/> <i>Sexual Partner Exposure Tree & Chart</i> handout for each peer educator (cardstock or laminated) <input type="checkbox"/> <i>Sexual Partner Exposure Tree & Chart</i> handout for each participant	✓ ✓
Small Group Activity: <i>At a Glance</i>	<input type="checkbox"/> <i>At a Glance</i> handout for each peer educator (cardstock or laminated) <input type="checkbox"/> Samples of: <ul style="list-style-type: none"> ★ Internal condom ★ External condom ★ Dental dam <input type="checkbox"/> Copies of <i>At a Glance</i> handout for each participant	✓ ✓
Small Group Activity: <i>Myth Buster: Dispelling Protection Myths</i>	<input type="checkbox"/> 1 set of <i>Myth Cards</i> per small group <input type="checkbox"/> 1 set of <i>Fact Cards</i> per small group	✓ ✓
Homework	<input type="checkbox"/> <i>Parent-Guardian – Teen Homework</i> handout for each participant	
Evaluation	<input type="checkbox"/> Evaluation form for <i>each</i> participant <input type="checkbox"/> Pens or pencils for <i>each</i> participant	✓ ✓

Don't Pass It On

Understanding Risk Reduction & Prevention of Sexually Transmitted Infections Workshop



Attention-Getting Activity: *Shake It²*

Bridge: DO NOT build a bridge to this activity.

Theme: DO NOT set a theme for this activity.

Directions

Step 1

Peer Ed. 1: Hey everyone. Before we start our workshop, we're going to do an activity together in large group to get everyone warmed up. To get started, you'll need a pen/pencil.

Peer Ed. 2: In a moment, peer educators will be walking around to give everyone a paper with instructions on it. When we tell you to, turn your paper over to read the directions, but do *not* show your paper to anyone else.

Step 2

Other peer educators discretely distribute the 8 special sheets marked **I, MM1, MM2, M3, M?, P, P?, A** to workshop participants.

- Give five latex or non-latex (nitrile, vinyl) gloves to **P**
- Give two latex or non-latex (nitrile, vinyl) gloves to **P?**
- Give one latex or non-latex (nitrile, vinyl) glove to **MM1**

For the remaining participants, distribute the common sheets marked with an **U**. Give each participant time to read their directions.

Step 3

Peer Ed. 1: Take a look at the directions on your sheet. If you have a question or do not understand your instructions, raise your hand and a peer educator will come help you. Do not share your instructions with any other participants.

➡ Make sure everyone understands what to do with their instructions but don't announce to the group that any of them have different instructions.

Peer Ed. 2: Now fold your sheet over so that no one else can read your directions. When I say “Go” you are to stand up, take your pen/pencils and folded sheet, and follow exactly what your directions say. When you’ve completed your instructions, please sit down so we know when everyone is done.

On “Go”, peer educators circulate around the group during the activity to observe and assist as needed.

Step 4

After everyone has completed their handshakes, ask which participant has the **I** on their sheet and ask that person to stand up and read the instructions.

Peer Ed. 1: Can anyone guess what **I** stands for? (*Infected; in this example, infected with chlamydia*)

 Write **I** on the newsprint and **Infected** next to it.

Peer Ed. 2: “For the purpose of this activity the person with the **I** has been infected with chlamydia and in this exercise, unlike in real life, chlamydia is passed by shaking hands.”

Peer Ed. 1:

1. What might it feel like to know you are infected with an STI? (*Embarrassed, angry, hurt, confused, scared, etc.*)
2. What are some concerns you might have? (*What other people will think, shame from infecting others, being labeled, getting tested and receiving treatment, notifying current and past partners, etc.*)
3. How might knowing you were infected with chlamydia ahead of time affected how you approached this activity?

Peer Ed. 2: “Those of you who shook hands with **I**, please stand up. You have been exposed to chlamydia.”

Allow participants time to look at their sheets and see if they shook hands with **I**, and then stand.

 **NOTE:** 5 people should be standing up.

Peer Ed. 1: “Those of you who shook hands with anyone that is now standing, please stand up. You have also been exposed to chlamydia.”

Allow participants time to look at their sheets and see if they shook hands with anyone already standing, and then stand. Repeat this process until all participants are standing except some of those with special instructions (most likely **A**, **MM1** and **MM2** if they followed directions).

Peer Ed. 2: “There are a few participants who have not been exposed or who are not at a high risk and we will try to find out why.”

Have all students, except those with the **U** instructions sit down.

Step 5

Peer Ed. 2: Can anyone guess what the **U** stands for in this activity?
(*Unprotected sexual activity*).

 Write **U** on the flip chart and **Unprotected** next to it.

Peer Ed. 1: In this exercise **U** represents unprotected sexual activity with 5 partners.

1. Ask **Us**: What does this mean about your risk level?
(*At highest risk due to not using protection and having multiple partners.*)
2. Ask **Us**: What is it like to now know this information? What are some questions running through your mind?
3. Ask **Us**: Without knowing this information, how did you initially approach shaking hands with **I** and others?
4. Ask **Us**: Now that you know you've been exposed to chlamydia and are at high risk, what would you have done differently?

Step 6

Peer Ed. 3: In this activity, we have the chance to look at how STIs can be transmitted among a group of people. Some of you that have stood up have been exposed to the infection but may have reduced your risk. Some of you that were seated may not have been exposed at all.

Peer Ed. 4:

1. How can a person avoid/prevent being exposed to an STI? (*Abstinence from oral, vaginal, anal sex and intimate skin-to-skin contact.*)
2. What are two ways a person can reduce their risk of getting an STI if they are sexually active? (*A. Use a latex, polyurethane, or polyisoprene condom (internal female/external male) or latex barrier dental dam; B. Limit the number of sexual partners including having a mutually monogamous relationship.*)

Peer Ed. 3: Now we're going to explore some common ways teens can reduce or eliminate their risk of STIs by looking at some special scenarios that happened during this activity.

Step 7

Ask the participants who had **M3** and **M?** on their sheets to stand and read their instructions.

Peer Ed. 4: What might **M** stand for? (*Monogamy – having sex with only one other person.*)

What might **M?** stand for? (*Monogamy some of the time. Someone has a main/regular partner, and then also has sex with other people*)

 Write **M3** and **M?** on the flip chart and **Monogamy sometimes** next to it.

Peer Ed. 4: In the beginning, both **M3** and **M?** were infection-free, but then **M?** cheated by shaking hands with other people while **M3** remained monogamous, only shaking hands with **M?**.

- Peer Ed. 3:
1. Is there such a thing as monogamy some of the time? Why or why not?
 2. What does this mean for **M3**'s risk? *(Because their partner wasn't mutually monogamous, **M3** is at a higher risk of infection and exposure to chlamydia through their partners' additional side partners.)*
 3. What makes this partnership risky in terms of STIs? What would have reduced the risk? *(Cheating exposed both partners to chlamydia; they could've reduced their risk by both partners remaining mutually monogamous and choosing to use internal or external condoms or latex barrier dental dams.)*

Ask **M?** if they shook hands with any of the people that stood up. If so, **M?** and **M3** were both exposed to chlamydia and are at higher risk of being infected. They should both be tested for chlamydia and other STIs and seek medical treatment if infected.

4. What might it feel like to think it's a monogamous relationship, but your partner is having a sexual relationship with someone else? What does this say about "monogamous relationships"? *(You never know what a partner might be doing, so internal/external condoms, or latex barrier/dental dams should always be used for protection. Testing for STIs and knowing your status is also very important.)*
5. What do you think might have been missing in the communication between **M?** and **M3**? What should they have talked about before/after this scenario? *(They should've talked about being mutually monogamous, using protection, sharing their past sexual history and testing status, consent, getting treatment.)*
6. How common do you think it is for partners to cheat or have other multiple partners? How often do you think the other partner is aware that's happening? What's the risk of having multiple partners? *(The more partners you and your partners have, the higher your risk of exposure and infection becomes.)*
7. How would the outcome be different for **M3** if **M?** had used protection such as internal or external condoms or latex barrier/dental dams with other partners? *(Even though **M?** cheated on **M3**, using protection like condoms and dental dams would have reduced the risk for **M3** being infected because correct and consistent use of protection is highly effective in reducing STI transmission.)*

Step 8

Ask the participant with **P?** on their paper to stand and read the instructions.

Peer Ed. 5: What does **P?** stand for? (*Protection sometimes; meaning inconsistent or incorrect use of protection*)

 Write **P?** on the flip chart and **Protection sometimes** next to it.

Peer Ed. 5: In this exercise **P?** represents using protection such as internal or external condoms or latex barrier dental dams only **some of the time** because **P?** didn't always wear a glove. For the purpose of this scenario we'll say inconsistent/incorrect use was because **P?** was drunk or high at the time.

1. Was **P?** at risk for infection? (*Yes, because **P?** was drunk/high they didn't use protection every time, they're at increased risk for exposure to chlamydia and other infections. Inconsistent or incorrect use of protection is a risk factor for STIs.*)
2. What else places **P?** at higher risk for infection? (*They didn't use protection consistently or correctly every time, they also had multiple partners, they made their sexual decisions while drunk or high.*)
3. Why do some teens who initially use protection stop using it? (*They're drunk or high; think they're in mutually monogamous relationships; think their partner(s) are not infected; they're in relationships capable of reproduction and only concerned about pregnancy, and are using hormonal methods instead; think they know their partner(s) and their sexual history.*)
4. Should **P?** get tested for STIs even though they used protection some of the time? (*Yes **P?** should get tested for chlamydia and other STIs that can be transmitted through skin-to-skin contact [herpes, HPV]; in order to reduce the risk of STI transmission, protection needs to be used consistently and correctly each and every time. The CDC recommends that knowing your STI status is a critical step to stopping the spread of STI transmission. Partners should have open and honest communication about their testing status and sexual history and stay sober.*)

Step 9

Ask the participant with the **P** on their paper to stand and read the directions.

Peer Ed. 6: What does the **P** stand for? (*Protection; meaning consistent and correct use of protection.*)

 Write **P** on the flip chart and **Protection** next to it.

Peer Ed. 6: Remember consistent and correct use of internal or external condoms or latex barrier dental dam does reduce the risk of getting an STI. However, **P** is not completely clear.

What other behavior(s) still put **P** at risk? (*Having multiple sexual partners*)

Peer Ed. 7:

In this specific example, because **P** wore a new glove every time they shook hands with each new partner, they were exposed but aren't infected. The glove use here represents correct and consistent condom or latex barrier use, which is very effective in preventing chlamydia and many other STIs. We will assume for this activity that P was sober and protection was used correctly and this person didn't get infected.

1. Is **P** at risk for chlamydia? (*If **P** wore a glove correctly with every handshake there is lower risk that they're infected, however they have multiple partners and might be infected/exposed to another STI.*)
2. Should **P** still get tested for STIs even though they used protection? (*Yes, because using protection can't provide complete guard against all STIs, including those transmitted through skin-to-skin contact [herpes, HPV]. It's recommended that all sexually active people get tested for STIs regularly. The CDC recommends that all adolescents/adults be tested at least once for HIV; anyone who is sexually active should be tested for STIs once a year, and anyone who's engaged in high risk behaviors [unprotected sex or sharing needles] should be tested immediately and retested every 3-6 months if at continued increased risk.*)
3. How'd it feel shaking hands with **P** with the glove on? What could have been done to better address comfort level with gloves? (*Talked together ahead of time about why and how gloves were being used as protection; getting consent to use gloves.*)
4. How'd it feel to have **P** put new gloves on right before shaking hands? Knowing that using gloves as protection in this scenario reduced risk of exposure to chlamydia, how does it feel now?
5. Why is it important to use internal/external condoms or latex barrier dental dams when sexually active? (*Because consistent and correct use of condoms or dental dams as protection is highly effective in reducing the risk of spreading STIs. They're the only methods of birth control to provide protection against both unintended pregnancy and STIs.*)
6. Why is it important to talk with your sexual partners about using condoms or latex barriers?? (*Using protection should be a shared decision, so you're both on the same page for protection, to show that you care about each other's health, to ask and receive consent for protection.*)
7. Why is it important to make all sexual decisions while sober? (*When partners are sober, they're more likely to stick to their values, choose abstinence or use protection consistently and correctly, seek and receive consent for sexual behavior, know their partner, and limit the number of partners.*)

Step 10

Ask the students who had **MM1** and **MM2** on their sheets to stand and read the instructions.

Peer Ed. 8: What does the **MM** in **MM1** & **MM2** stand for? (*Mutual Monogamy – meaning both partners have made an agreement to only be sexually active with each other; having one partner at a time*).

 Write **MM1** and **MM2** on the flip chart and **Mutual Monogamy** next to it.

Peer Ed. 9: In this exercise, both **MM1** and **MM2** limited their exposure to chlamydia by being mutually monogamous (they were instructed to only shake hands with each other) and reduced their risk by using protection (**MM1** was given one latex/nitrile glove).

- Peer Ed. 8:
1. Were **MM1** and **MM2** exposed to chlamydia from this exercise? (*If both followed directions, they were not exposed to chlamydia because they only shook gloved hands with each other, representing mutual monogamy and using protection.*)
 2. Did either of you (**MM1** or **MM2**) shake hands with other people? (*If so, they both were exposed to chlamydia because one or more partners also had multiple other partners and may have not used protection, increasing their risk level. In that case, they should both get tested and seek treatment.*)
 3. Ask **MM2** what it was it like to check to make sure their partner was wearing the glove correctly.
 4. What if either **MM1** or **MM2** were exposed to chlamydia before this scenario? (*If they didn't use protection with other partners they increased their risk of exposure and they could be infected. They should both get tested for chlamydia and other STIs if they have engaged in high risk behaviors like unprotected oral, vaginal, or anal sex and seek medical treatment if infected.*)
 5. Sometimes people think they're in a monogamous relationship, but their partner might be having a sexual relationship with someone else. How does one know whether or not their partner is being monogamous? (*You don't always know but should trust your instincts. This is why **open and honest** communication with your partner is important. Talk to partner(s) about being mutually monogamous, using protection, past/current sexual history, and testing/treatment status. This is also why we recommend always using protections such as internal or external condoms, or latex barrier/dental dams to decrease the risk of exposure and infection.*)
 6. How does a couple come to the decision to be monogamous? What has to happen? (*Partners need to communicate how they feel about the relationship and make a commitment to not engage in sexual activity with anyone else. Then they must be honest and follow through with their commitment for mutual monogamy to work.*)

Step 11

Ask the participant who had **A** on their sheet to stand and read the instructions to the class.

Peer Ed. 10: Can anyone guess what the **A** stands for? (*Abstinence – sexual abstinence*)

 Write **A** on the flip chart and **Abstinence** next to it.

Peer Ed. 10: Remember that Teen PEP defines sexual abstinence as not having oral, vaginal, or anal sex, or intimate genital skin-to-skin contact.

Discuss the following questions with the student who is standing:

1. Is **A** at risk? (*No, because **A** didn't shake hands with anyone, representing being sexually abstinent, they are definitely not at risk for chlamydia infection.*)
2. Ask **A**: What was it like to hear about everyone else's experience in this activity?
3. Ask **A**: How did it feel to have to tell people that you don't shake hands? What might have increased your comfort level?
4. Ask **A**: Was it hard not to shake hands? Why or why not? What could have made this experience easier for you?
5. Ask **A**: If you felt left out or tempted to shake hands, what could have made it easier to feel more confident and comfortable with not shaking hands?
6. Ask **A**: Now that you know shaking hands in this exercise led to exposure to chlamydia, how do you feel about not shaking hands?
7. What did the rest of you think about **A** choosing not to shake hands with you? What might have increased the group's understanding?

Step 12: Processing “Shake It” – Final Reflection Questions

Peer Ed. 11: This exercise is intended to show how quickly an STI infection can spread within a group, also called the chain of infection. We can see how the infection could spread from one infected person, to many people.

1. In this exercise, who was exposed to chlamydia? Who wasn't exposed, or was at no or low risk? (*Everyone who engaged in handshaking representing sexual activity, was exposed. Except **A**, who did not shake hands/was abstinent. The mutually monogamous couple **MM1** and **MM2**, is also not at risk in this exercise if they followed directions. **P**, who used glove protection every time for the purpose of this activity was at lowest risk of STI infection.*)
2. What is risk prevention? (*Risk **prevention** means actively eliminating behaviors with exposure to potential risks thereby preventing your exposure to risk. Sexual abstinence from oral, vaginal, or anal sex and intimate skin-to-skin contact is an example of risk prevention.*)
3. What is sexual risk reduction? (*Risk **reduction** means actively implementing strategies that reduce the likelihood and severity of potential risks. Using*

external/internal condoms or latex barrier dental dams is an example of risk reduction, because it doesn't eliminate the risk of contracting an STI, but makes it less likely to happen. Limiting sexual partners is another risk reduction strategy.)

Peer Ed. 12:

In this activity most folks had 5 partners. The number of sexual partners someone has over a lifetime varies from person to person. However, we know that 1 out of 6 teenagers has 4 or more sexual partners by the time they graduate from high school. The more partners someone has increases the likelihood that they'll contract an STI. However, even if you only have one partner and they're infected, you may be too.

4. If a couple is mutually monogamous and had no previous partners, they are not at risk. Why should they still use condoms? *(In a mutually monogamous relationship you really only know for certain what **you're** doing—if you don't use condoms or dental dams, you're trusting that your partner is honest about their past and present sexual behavior. You're also trusting that your partner is honest about injection drug use. It's recommended that teens and young adults use condoms or latex barrier dental dams for STI protection and another reliable method of birth control for additional pregnancy prevention.)*
5. Based on what you saw in this exercise, what can we do to prevent the spread of STIs? *(Abstinence from oral, vaginal, and anal sex and intimate sexual contact; if you're sexually active use a latex, polyurethane, or polyisoprene internal/external condom or latex barrier dental dam every time you have sex. Limit your number of sexual partners. Know your partner's sexual history, testing status and ask about infections before any sexual activity. Make all your sexual decision sober.)*



Presenter Introduction

Scene: *Peer educators line up across the stage.*

(One peer educator moves forward.)

Peer Ed.: Hi. We are Teen PEP from _____ High School. Teen PEP stands for Teen Prevention Education Program. We are ____ juniors/seniors who have been trained in leadership and sexuality issues. Today, we're going to do a workshop for you called *Don't Pass It On: Risk Reduction & Prevention of Sexually Transmitted Infections*. My name is _____.

(Peer educator moves back in line and all students introduce themselves to the audience)



Workshop Introduction

Peer Ed. 1: Today we are here to talk about how to *prevent* and *reduce your risk* of contracting sexually transmitted infections (STIs). It's important that you know the truth about what's out there—so you can make **careful, healthy sexual decisions**.

Peer Ed. 2: You can choose **not** to have sex by being abstinent from oral, vaginal, or anal sex and intimate skin-to-skin contact.

Peer Ed. 3: Or if you **do** have sex, it is really important to reduce your risk by knowing your partners, limiting your partners, being mutually monogamous, making your sexual decisions sober, and **always** using an internal or external condom or dental dam **every time**.

(Peer educators 1, 2, and 3 come forward, now each holding a large sign: Bacteria; Virus; Parasite)

Peer Ed. 1: Sexually transmitted infections, or STIs, fall into three main categories. Some are caused by **bacteria** (*Peer Ed. 1 shows Bacteria sign*), some by **viruses** (*Peer Ed. 2 shows Virus sign*), and others by **parasites** (*Peer Ed. 3 shows Parasite sign*).

Does anybody know which two are easier to treat? *(Pause and wait for response: infections caused by bacteria and parasites are easier to treat)*

Peer Ed. 2: Why is it easier to treat the STIs caused by bacteria? *(Pause and wait for response: bacterial STIs can be treated and cured by antibiotics)* Right. You can get a shot or take pills to kill bacteria.

Why is it easier to treat the STIs caused by parasites? *(Pause and wait for response: parasitic STIs can also be treated and cured by antibiotics or other prescribed medications)* Right. You can get prescription strength medicated shampoos or take antibiotics to kill parasites.

Peer Ed. 3: Viral STIs are much harder to treat because there is no medicine to cure the actual virus. Nearly 10 million young people contract an STI every year,¹ which is half of all reported cases. If you have multiple partners and don't always use condoms or dental dams every time—one of these infections could be yours.

Note:

Peer Ed. 1-3 in the Workshop Introduction returns for the Skit *I Am...* and should "ham up" their roles, in a cheesy gameshow host style, or make it their own in some way to really sell the comedy of the STI characters that come thereafter.



Skits: / Am...

Peer Ed. 1: Let's feel the burn and meet some of the bacterial STI contestants. (*Peer Ed. 1 shows Bacteria sign and waves Chlamydia, Gonorrhea and Syphilis on stage.*)

Chlamydia: I am Chlamydia. (*Chlamydia moves forward wearing sign*)

Gonorrhea: And, I am Gonorrhea. (*Gonorrhea moves forward wearing sign; Chlamydia & Gonorrhea stand by bacteria sign*) We're different kinds of bacteria but we act pretty much the same.

Chlamydia: We're transmitted by oral, vaginal, or anal sex. So, if you use protection such as internal or external condoms or dental dams—we probably can't get to you or your partner. (*Chlamydia and Gonorrhea look very sad*)

Gonorrhea: Sometimes we're there but you don't even know it. We often don't have **any** symptoms. (*Chlamydia and Gonorrhea high five each other*)

Chlamydia: If there are symptoms, they could be a discharge from the penis or vagina, (*Gonorrhea looks disgusted*), pain or burning with urination (*Gonorrhea crosses legs*), or painful cramps in your lower abdomen. (*Gonorrhea grimaces and holds belly*)

Gonorrhea: If you leave us there for a long time we can make you **really** sick. The infection can spread to the reproductive tract and make you **sterile!** That means you won't be able to have children in the future if you want to. (*Chlamydia jumps up and down happily*)

Chlamydia: It is possible to cure us though. **But** you have to get a urine test or swab test to find out we're there. Then, your health care provider can prescribe you the right antibiotics. If you do that? We're **history.** (*Chlamydia and Gonorrhea look dejected, heads down, turn backs to audience*)

Syphilis: I am Syphilis. (*Syphilis moves forward wearing sign and stands by bacteria sign*) I am also caused by a bacteria, so if you find out you have me—you can get rid of me by taking antibiotics. But, you have to get a blood test to diagnose me and a lot of teenagers won't do that. (*Laughs loudly*) You can also prevent me by using internal/external condoms or dental dams. A lot of teenagers don't do that either. (*Dances around*)

I have strange symptoms--a painless sore, a rash that can show up on your hands or feet. And then...if you leave me untreated—I could actually make you go blind, (*Covers eyes*) mess with your brain, (*Act loopy*) or even kill you. (*Falls down on floor*)

Peer Ed. 2: Alright. Next up—they live downtown (*points to pants*) and they like to stick around – it's the viral STIs!!! (*Peer Ed. 2 shows Virus sign and waves Herpes, HPV and Hepatitis B on stage.*)

Herpes: I am Herpes! (*Herpes moves forward wearing sign and stands by virus sign*) I am a virus that can get around condoms and dentals dams—they make it harder for me, but intimate skin-to-skin contact can do the trick to pass me on anyway! (*Long high fives*)

Peer Ed. 2) Once I infect you, I sleep inside your body. You can **never** cure me. (*Fist bumps HPV*)

I cause **very** painful blisters on the mouth or on the genitals. They will make you **really** miserable for about 10 days. (*Head nods to audience*)

And **then?** I rest. (*Pretends to sleep*)

But whenever I feel like it—I will **pop up on** you again. (*Makes noise like a balloon popping*) You can get a blood test and then take antiviral pills to make me visit less often—but who wants to do that? (*Puts hands on hips and smiles*)

HPV: I am HPV, the virus that causes genital warts. (*HPV moves forward wearing sign and stands by virus sign*) (*Laughs uncontrollably, claps hands*) Forget those guys (*pushes Herpes*)—I'm the one who is going to get you. I am also a virus that's spread by skin-to-skin contact. So, even though condoms and dental dams reduce your risk, I could still infect **you**. (*Pauses to stare at audience*)

And, even better, I come in about 40 different types that are sexually transmitted! I could be a low risk type and cause bumps in the genital area that can take a long time to go away. I could also be a high risk type and really do some serious damage like cancer. I can infect a female's cervix and actually give them cervical cancer! **Sweet**. (*Flexes muscles*) They wouldn't even know it unless they got a Pap smear.

A really **good** thing for you—and a **bad** thing for me—is that now there are **vaccines** that can prevent HPV like me. With all these young people getting vaccinated, it looks like I may go out of business one day... (*Looks defeated, turns sign around to reveal Closed*)

Hepatitis B: I am Hepatitis B. (*Hepatitis B moves forward wearing sign and stands by virus sign*) Maybe you've heard of me, I'm kind of a big deal (*pops collar, puts on shades*). I'm a viral infection that loves blood and your liver (*holds up love note*).

I guess you could say I'm pretty easily spread through bodily fluids and sharing needles (*head nods confidently to self*). You might notice feeling tired (*yawns*), fever (*feels head*), yellowing eyes or skin (*touches cheek and then looks at skin*), and dark urine (*shudders*).

Maybe you even get a blood test to find me, but I'm betting you won't (*winks*).

Just do me a favor and don't get vaccinated (*hand to throat motion meaning No*)... **Please!** (*starts to beg*)

Peer Ed. 3: Okay...Anyway, last but not least let's bring out the parasitic STIs (*Peer Ed. 3 shows Parasite sign and begins to wave Pubic Lice and Scabies on stage*.)

Pubic Lice: (*Pubic Lice moves forward wearing sign and stands by parasite sign*) (*Starts to come on stage tossing confetti or glitter onto Peer Ed. 3*)

Scabies: (*Scabies moves forward wearing sign and stands by parasite sign*) (*Starts to come on stage scratching uncontrollably and begins to chase Peer Ed. 3, followed by Pubic Lice continuing to toss confetti/glitter at both of them*)

Peer Ed. 1: Ahhhh on second thought, let's not encourage them by inviting them out! *(starts to itch)* Let's just say you'll want to avoid these parasites and if you do think they're around, get to a clinic fast for testing and treatment.

Peer Ed. 2: **Wow!** That was intense. Okay, so let's review what we said before. It's important that we make our sexual decisions **carefully**. We can choose **not** to have sex, by choosing to be abstinent, which is the best way to prevent sexually transmitted infections.

Peer Ed. 3: And if we **do** decide to be sexually active, we must know our partners, limit our partners, be mutually monogamous, use an internal or external condom or dental dam correctly **every time and stay sober**. If we don't—well you'll see what could happen in the next skit.



About the Skits

Using dramatic skills, peer educators depict an example of how STIs are spread among groups of sexually connected individuals. Peer educators are encouraged to adapt the language in the skits to better reflect their school community. As always, the language that is used should be clear and relevant, but not offensive.



Skit: Are You Serious?

Scene: *Two chairs are placed together on one side of the stage and Jo is sitting in one, reading a magazine. Two chairs are placed facing each other on the other side of the stage and a peer educator, playing the health care provider (HCP) is sitting, writing on a notepad. HCP gets up and pretends to open a door and moves into the "waiting room."*

HCP: Jo? I'm ready to see you now, come on in.

Jo: Hi. Okay. *(Jo gets up and follows the HCP into the "exam room.")*

HCP: Have a seat. I'm [insert PE's name], the nurse practitioner. What can I do for you today?

Jo: Well... I, uh, *(pause)* um this is so embarrassing.

HCP: I know some things are a little awkward to talk about—but honestly there isn't much I haven't heard. What are you most concerned about?

- Jo:** Well... two days ago I started to get these bumps—you know, like down there.... and they **REALLY** hurt. I got two more today. I don't know what they could be.
- HCP:** You did the right thing by making an appointment to come here. Now let's think for a minute. *(Pause)* Are you sexually active? Do you have a new sexual partner?
- Jo:** Well, yes...I mean no. I've never had sex.
- HCP:** You've never had vaginal or anal sex?
- Jo:** Um... No. I haven't had either.
- HCP:** Have you ever had oral sex?
- Jo:** *(Pause)* Yeah. A few times.
- HCP:** Did you **receive** oral sex from your new partner?
- Jo:** Uh...yeah but what does that have to do with anything?
- HCP:** Do you know if they get cold sores on their mouth?
- Jo:** Sores? On their mouth? I don't think so...I mean I've never seen any.
- HCP:** Have you ever asked? Did you use protection the last time you had oral sex?
- Jo:** No, why should I? We've only had oral sex.
- HCP:** Well, recurring sores on the mouth could be from the herpes virus. And if someone has this virus and gives oral sex to their partner—they could transmit herpes to that person on their genitals. Using protection such as condoms or dental dams can help reduce the risk of infections like herpes.
- Jo:** What?! Herpes? Are you **serious**? Oh no, this can't be happening to me!!! *(Puts head in hands)*
- HCP:** Let's not get ahead of ourselves yet. First I will do an exam and then a blood test to see if you have the herpes virus. If you do, there is medication to help control the symptoms and outbreaks.
- Jo:** Ok, that sounds like a good plan but I'm still really nervous.
- HCP:** That's understandable. I know this can be a lot to take in, but what's important is you came in to get tested, and if the test is positive, we will link you to treatment right away.

► Processing the Skit

Peer Ed. 1: This skit showed the importance of getting tested if you're sexually active, especially if you've ever had unprotected oral, vaginal, or anal sex.

Peer Ed. 2: Talking with a health care provider helps you know what you're at risk for, which STI tests you need and how often they're needed, and what to expect from each test. Remember not all medical checkups include STI testing, don't assume you've been screened unless you specifically asked your health care provider about testing.

Peer Ed. 1: Since many STIs don't have active symptoms, you may not know that you're infected and could be transmitting it to others. The only way to know your status is to get tested so you can get treatment and protect your health.

Peer Ed. 2: If you're not sure how to talk to your health care provider, you can try asking...

Peer Ed. 3: (*Pretending to talk to an HCP*) Do my checkups include STI testing?

Peer Ed. 2: Or ask...

Peer Ed. 4: (*Pretending to talk to an HCP*) Based on my sexual history, should I be tested for STIs?

Peer Ed. 2: Or say...

Peer Ed. 5: (*Pretending to talk to an HCP*) For my own peace of mind, I'd like to begin annual STI screenings.

Bridge to Small Group Activities*

(*If completing two 45-minute sessions, insert the closure and opening bridges provided in the agenda here)

Peer Ed.: What just happened to Jo could happen to anyone who is sexually active. It can be very upsetting at first to find out you have a sexually transmitted infection. While not all STIs are curable, they are all treatable so it's important to get tested to know your status. In small groups, we'll explore ways to reduce your risk of getting STIs. Now we're going to break up into ____ small groups. Please count with me while I number you off. Then look for the peer educator holding a sign with your group's number and go with that peer educator to your small group location.



Small Group Activity: *Understanding Exposure*

Directions

1. *After introductions, a peer educator in each small group says:*

Peer Ed. 1: In the large group activity, *Shake It*, we observed the chain of transmission of an STI like chlamydia. Now we're going to look closer at the links in the chain and the risks associated with having multiple sexual partners

Peer Ed. 2: We're going to pass out some handouts and review them here together.

2. Hand out *Sexual Partner Exposure Tree* and *Sexual Exposure Chart*.
3. Give participants a few minutes to read the diagram and walk them through what they're seeing.
4. Allow time for participant to ask their own questions before discussing the following questions:

Peer Ed. 1:

- a. What is your reaction to both of these diagrams? How does what you're learning here connect to your experience in our first activity, *Shake It?*
- b. What does this tell you about the importance of knowing your partners' sexual histories and limiting the number of sexual partners you have?
- c. In what ways does this reinforce for you the importance of the CDC's recommendation to have STI testing every year if you are sexually active, and whenever you begin to have sex with a new person?

Peer Ed. 2:

- d. What is this diagram illustrating? (*In this diagram, we make the assumption that any person you've had sex [oral, vaginal, or anal] with has had the same number of previous sexual partners as you.*)
- e. How does the calculation for this work? *The numbers are calculated in the following way:*
 - *You have sex with 1 person. Neither of you have had previous partners.*
 - *You have sex with your second partner. Like you, this person has had 1 previous partner. You have had sex with 2 people, but are exposed to three because your second partner had 1 previous partner.*
 - *You have sex with your third partner. Like you, this person has had 2 previous partners. And like your second partner, their second partner had a partner, too.*
 - *Following this same pattern, you can determine how many people you've been exposed to through the number of actual partners you've had.*

Peer Ed. 1:

- f. What are you taking away from this activity?



Bridge to Next Small Group Activity

Peer Ed. 2: Now that we know more about why it's important to limit our sexual partners, we're going to do an activity that focuses on ways to reduce the risk of contracting STI infections.



Small Group Activity: Myth Buster: Dispelling Protection Myths

Peer Ed. 1: In the last activity, we saw how quickly STIs can spread. In this next activity, we'll replace common myths about protection with important facts regarding internal/external condoms and dental dams.

Peer Ed. 2: Before we can dispel the myths, we need to make sure we all understand how internal/female condoms, external/male condoms, and latex barrier dental dams work.

Directions

1. Hand out *At a Glance* and review with the group.
2. Ask the group for any questions for clarification.
3. Show and pass around samples of external/male condoms, external/female condoms, and dental dams.
4. Divide the small group into pairs and give each pair at least one *Protection Fact Cards*. (Some pairs may have more than one card.)
5. Place the deck of *Protection Myth Cards* face down in the middle of the circle, and explain that on each card is an untrue statement (called a "myth"), that some teens believe about protection methods such as external/male and internal/female condoms, and latex barrier/dental dams.
6. Ask a volunteer to start by selecting a *Myth Card* from the pile and flipping it over to show the group and reading it aloud.
7. Ask the pair that has a *Fact Card* they think might prove why the myth is untrue to lay it down in the circle underneath the *Myth Card*.
8. Ask the group if they agree with the card match.
 - **If the card is the right match**, the peer educator will use the *Myth Buster Discussion Questions & Summary Statements* for each card to ask a follow-up question or read a summary statement to ensure participants understand the content of that pair of cards before moving on to the next *Myth Card*.
 - **If the cards do not match**, the peer educators should ask probing questions to try to find the right *Fact Card*.
9. The process continues until all the matches have been found.

Myth Buster Facilitator's Guide: Discussion Questions & Summary Statements

Myth Card: "Condoms and dental dams don't fit everyone."

Matching Fact Card:

Condoms and dental dams are made out of natural or synthetic rubbers such as latex, polyurethane, or nitrile, which are strong and flexible materials. Manufacturers of condoms and dental dams offer a variety of sizing options.

Discussion Questions:

1. What sizes do external condoms come in? *(Most condoms come in three sizes: small or snugger fit, standard or regular fit, and large or larger fit based on length and width of the condom. About 85% of males need to use small or standard sized external condoms. Only 15% need large sized external condoms.¹¹)*
2. What sizes do internal condoms come in? *(Internal condoms typically come in various sizes or one size designed to fit most people, depending on the brand of the condom. Internal condoms are larger than external condoms and are designed to be looser fitting.)*
3. What sizes do dental dams come in? *(Dental dams also come in a variety of sizes, usually square shaped. Because dental dams are held in place over the genitals during oral sex, and don't have to be worn on their own, they aren't tight fitting.)*
4. What other condom or dam features are available to improve the way they fit? *(Protection is available from a wide selection of brands, each offering different materials, sizes, shapes, styles, colors, flavors and lubrication options. Explore the options and find the protection that feels best for you and your partner.)*
5. What makes it easier to find the right size of protection? *(Knowing that there's options to choose from; experimenting with different brands and sizes to determine what's comfortable.)*

NOTE:

Each myth card has a matching card, but there may be multiple cards that students offer in response. It is important not to point out ones that are "wrong" (which could make people feel shut down), but instead to help get the group to think about which might be the *best match* before asking the corresponding discussion questions.

After asking discussion questions and reading summary statements for each myth/fact card match, keep those cards together but make sure the other fact cards remain with participants until all matches have been discussed.

Summary Statement:

It's important to use protection that fits properly to protect yourself and your partner from STIs and unintended pregnancy. It's also important to use protection correctly. External and internal condoms are made for vaginal or anal sex, while external condoms and dental dams can be used for oral sex. If you or your partner is allergic to latex, use protection made from non-latex alternatives such as polyisoprene, polyurethane, or nitrile.

Myth Card: “Condoms and dental dams always break.”

Matching Fact Card:

Condoms and dental dams are made from durable, stretchy materials. They're so strong and flexible, they can be stretched over a person's arm before they break! They are tested for strength and quality before they're sold¹¹. The likelihood of a condom slipping off is less than 2%, and breakage rates are even less—and most of that is caused by incorrect use¹².

Discussion Questions:

1. How are internal/external condoms and dental dams tested? (*Condoms and dental dams are considered Class II Medical Devices by the FDA. This requires that condom manufacturing be strictly regulated so that the forms of protection meet FDA recognized industry standards. Testing includes a water leak test for holes, an air burst test checking for strength, and visual examination for other defects.*)
2. What could cause someone to use condoms and dental dams incorrectly? (*Lack of knowledge and experience, being drunk or high, using expired protection, storing protection improperly [extreme hot or cold], failure to open the package carefully and tearing the condom or dental dam*)
3. Where do you think this myth comes from?

Summary Statement:

The most important thing is to know how to use an internal/external condom and dental dam correctly—and to use one every time you have oral, vaginal, or anal sex. Condom and dam failure are almost always caused by people using them incorrectly¹². When used consistently and correctly, condoms and dental dams are highly effective in reducing the risk of contracting or transmitting an STI, HIV, and pregnancy¹¹.

We reviewed how to use a condom in the Pregnancy Prevention Unit, but you can always talk to a faculty advisor, nurse or health professional if you have questions or need help.

Myth Card: “People don't need to use a condom or dental dam the first time they have sex.”

Matching Fact Card:

It is possible to get contract an STI or get pregnant any time you have sex—even the first time. STIs can be transmitted through unprotected oral, vaginal, or anal sex, and by intimate genital skin-to-skin contact.

Discussion Questions:

1. How can partners **prevent** contracting and transmitting an STI? (*By choosing to be abstinent.*)
2. How can partners **reduce their risk** of contracting and transmitting an STI? (*By choosing to use internal/external condoms and/or dental dams consistently and correctly every time, by knowing and limiting their partners, by getting tested and sharing their testing statuses, by being mutually monogamous, and by making their sexual decisions sober.*)
3. Partners also need to use protection when they or their partner is menstruating (“on your period”). Why do you think this is important? (*Even while on your period there is still risk for contracting an STI or getting pregnant. It's also important to use internal/external condoms or dental dams during*

“period sex” because many STIs [including HIV & Hepatitis B] are transmitted through blood. Using protection during this time can help reduce the risk of STI transmission. A menstruating female can get pregnant on their period because sperm can live inside the reproductive system for up to six days.)

Summary Statement:

There is no free pass or safe time of the month. Abstinence from oral, vaginal, and anal sex is the only way to prevent STIs and pregnancy. If you are going to engage in sexual activity, you must use an internal/external condom or dental dam consistently and correctly every time to reduce your risk of infection.

Myth Card: “Using a condom or dental dam means partners don’t trust each other.”

Matching Fact Card:

Using a condom or dental dam shows that you care for and respect your health and your partner’s health. Using protection is a smart, mature, and responsible decision.

Discussion Question:

1. What makes it easier to talk about condom and dental dam use with a partner? (*Being in a good relationship that is built on trust, love, and respect; talking about STI testing and contraceptive use before you get into a sexual situation; making all your sexual decisions sober; having the confidence and skills to insist on using protection or to say “no” to sex without it.*)
2. How can you bring up the topic of wanting to use protection with your partner? (*Have a safe space to talk before you get into a sexual situation; plan ahead and have protection such as internal/external condoms and dental dams with you when you talk; remind your partner that STIs often don’t have any symptoms and that by using protection you’re taking care of each other.*)
3. Where do you think this myth comes from?

Summary Statement:

Talking about using condoms and dental dam with a partner is a lot easier than having to have a conversation if someone contracts an STI or becomes pregnant. Stand up for your values and your health, and if your partner can’t respect your need for protection, they probably aren’t the partner you want to be with. Remember, if you aren’t ready to talk about it, you probably aren’t ready to have sex, and that’s okay. You and your partner can also choose to wait to have sex until you’re both ready to use protection.

Myth Card: “Condoms or dental dam aren’t needed if your partner ‘looks clean’ or says that they don’t have an STI.”

Matching Fact Card:

STIs often have no symptoms. When there are symptoms, they can be mild or mistaken for something else. This means you can’t look at someone and tell if they have an STI or not. Often, the partner with the STI doesn’t know they’re infected but can still pass the infection to someone else¹³.

Discussion Questions:

1. Why should sexually active people get tested every year for STIs? (*STIs often go unnoticed. When symptoms do develop, they often are mistaken for something else, such as urinary tract infection or yeast infection. This is why screening for STIs is so important. The only way to know is to get tested.*)
2. Why should sexually active people get screened for STIs before each new partner? (*Each partner, including yourself, comes with their own past sexual history. Every time you engage with a new partner you are connected to the chain of their previous partners, and they become connected to yours. The more partners someone has, the higher their risk of STI exposure becomes.*)
3. Why is it important to still use condoms and dental dams even if a partner says that they've been tested? (*It reduces the risk of exposure to possible STIs. A partner may have been tested for a specific STI but not all STIs; being tested doesn't automatically mean that a partner was treated and/or cured; not all STIs are curable so infections may still be spread during unprotected sex; not all partners are completely honest about their past sexual history.*)

Summary Statement:

The bottom line is that you cannot tell by looking at someone whether or not they have an STI. Choose abstinence from oral, vaginal, or anal sex to **prevent** STIs or use an internal/external condom or dental dam every time you have sex to **reduce your risk** of STIs.

Myth Card: "A condom or dental dam isn't needed if partners use the withdrawal method ("pulling out")."

Matching Fact Card:

Withdrawal is one of the least effective methods of preventing pregnancy, and it doesn't protect against STIs¹⁴. Some viral STIs (herpes, HPV) are spread through intimate skin-to-skin contact and other bacterial STIs (chlamydia, gonorrhea, syphilis) can be carried in pre-ejaculate fluid ("pre-cum").

Discussion Questions:

1. Why isn't withdrawal a reliable way to prevent or reduce the risk of STIs? (*STIs can also be transmitted through the sharing of genital fluids, including pre-ejaculate/pre-seminal fluid ["pre-cum"], through intimate skin-to-skin contact, and via blood, which withdrawal does not protect against.*)
2. Why isn't withdrawal a reliable form of birth control? (*Because it is nearly impossible to know if you're pulling out in time, and even if you do, pre-ejaculate/pre-seminal fluid ["pre-cum"] also has sperm in it. If sperm and egg have the opportunity to meet in the reproductive tract, the egg could be fertilized and may implant, resulting in a pregnancy.*)
3. Where do you think this myth comes from?

Summary Statement:

There is only one 100% effective way to prevent STIs and pregnancy, and that's practicing abstinence. The most reliable methods for reducing your risk is using an internal/external condom or dental dam along with a hormonal method of birth control every time you have sex. And remember, having oral, vaginal, and anal sex still puts you at risk for contracting an STI, so you must use protection every time.

Myth Card: “Teens are too young to buy condoms and dental dams.”

Matching Fact Card:

People of any age can legally buy condoms. Even if you're a minor under the age 18, you can still get internal/external condoms and dental dams. There are no age restrictions, no ID requirements, and no prescription needed.

Discussion Questions:

1. Where can you go to get internal/external condoms and dental dams? *(Clinics, doctor's offices, and community health centers often have free condoms, or you can buy them online or in any drugstore, supermarket, or convenience store. Just be sure to get a reputable brand and not a novelty item.)*
2. Why is it important to get over any awkwardness about going to a store or clinic to get protection? What are some ways to get over the discomfort? *(Condoms and dental dams are your best protection at reducing the risk of STIs. Protecting your health and your partners' health should be worth a little embarrassment. Being mature enough to seek out protection is an important step in being responsible for your sexual health.)*
3. Who can you use as support to go with you to get protection? *(You can ask a trusted adult, partner, or friend to go with you for help when getting condoms and dental dams.)*

Summary Statement:

Only about 53% of teens reported using a condom the last time they had sex, putting nearly half of all teens at significant risk for an STI, HIV, or pregnancy¹⁵. Don't put yourself at risk—use an internal/external condom or dental dam the first time and every time you have sex. To find the places nearest to you that give away free condoms, go to condomfinder.org. If a store clerk or cashier makes you feel uncomfortable when trying to buy protection, you can always leave and buy condoms elsewhere, or visit a local health center that provides free ones.

Myth Card: “Having to put on condoms or dental dams is too awkward.”

Matching Fact Card:

While talking about using protection with your partner can be awkward at first, it's a conversation worth having to help reduce your risk of contracting an STI. Talking together and deciding to use protection now may prevent more difficult conversations later, if you were to pass on an STI. If you're nervous, you can practice using condoms and dental dams on your own to gain more confidence. If you aren't ready to use protection – or talk to your partner – then you're probably just not ready for sex.

Discussion Questions:

1. When people say that internal/external condoms and dental dams ‘ruin the mood’, what are they afraid of? *(They're afraid that using protection might dull sensations, or that it requires stopping or pausing to put on that might interrupt the spontaneity.)*
2. How can partners work together to overcome these feelings? *(Remember that protection comes in various sizes and other options that can increase comfort and sensations. Try out different products that offer extra features like lubrication, bumps or ridges, and scents or flavors. Practice using internal/external condoms or dental dams to get used how they work. Switch to using internal condoms that can be inserted before sex rather than in the moment.)*

Summary Statement:

The cases of STIs in the United States are on the rise¹⁶. Nearly 20 million new STIs occur every year in the US, and half of those among young people aged 15–24⁷. Contracting an STI—especially one that can't be cured—or getting pregnant before you're ready will change your lives forever. Don't believe the myths—protect yourself and your partners. Suggest using protection with your partner as part of sexual intimacy (foreplay).

Myth Card: “Condoms or dental dam aren't needed if a partner is on the pill.”

Matching Fact Card:

For a sexually active couple capable of reproduction, the best protection against STIs and pregnancy is an internal or external condom AND another reliable hormonal method of birth control.

Discussion Questions:

1. Why does Teen PEP recommend that couples capable of reproduction always use an internal or external condom and an additional hormonal method of birth control? *(To provide both partners dual protections against pregnancy and reduce their risk of STIs.)*
2. Why is it important for all couples—regardless of sexual orientation—to always use condoms or dental dams? *(To provide both partners with protection to reduce their risk of STIs.)*
3. Where do you think this myth comes from?

Summary Statement:

Pregnancy aside, hormonal methods of birth control aren't going to protect you from contracting an STI or HIV. Adolescents account for nearly 10 million new cases of STI's each year¹⁷. Using internal or external condoms provides you and your partner dual protection against STIs and pregnancy. Although not all couples are capable of reproduction, everyone regardless of identity and sexual orientation who engages in unprotected oral, vaginal, or anal sex places themselves at risk for STIs.

Myth Card: “For extra protection against STIs, use two condoms at once.”

Matching Fact Card:

Using two condoms—whether they are both internal, external, or a mix of the two kinds—is never a good idea. The increased friction between the two condoms rubbing together can make a tear more likely and would then offer you less protection against STIs.

Discussion Questions:

1. What are other ways a couple could have extra protection against STIs without using 2 condoms? *(Talking about your sexual history, getting tested before engaging in sexual activity with a new partner, using lubricant to help ensure the condom doesn't slip or break, limiting your sexual partners, practicing mutual monogamy.)*
2. Where do you think this myth comes from?

Summary Statement:

Using internal or external condoms provides you and your partner protection against STIs—but it's important to use them correctly every time. Using two condoms at once is not recommended due to the increased risk of slippage or breakage.

Myth Card: "If partners use condoms or dental dam, they don't need to be tested for STIs."

Matching Fact Card:

Even if you use protection, you still have a chance of contracting an STI, because the only way to prevent STIs is to abstain from all sexual activity and intimate skin-to-skin contact.

Discussion Questions:

1. How often should teens get tested for STIs? (*The CDC recommends that all sexually active people are tested for STIs at least once a year, or more often if they engage in unprotected sexual activity*⁸).
2. What kinds of tests might a person need to get? (*Physical examinations, blood tests, urine swabs, and cheek swabs are all tests that might be used, depending on which STIs you're being tested for*).
3. How do you get an STI test? (*You have to make an appointment with a health care provider or visit a walk-in clinic to be tested. You must specify which STI tests you want to have—for example, if you're tested for HIV, that does not mean you've been tested for chlamydia at the same time, unless you ask. Talk to your health care provider about your options.*)

Summary Statement:

The only 100% effective way to prevent STIs is to abstain from vaginal, anal, and oral sex and intimate skin-to-skin contact. If you engage in any sexual activity, be sure to use protection correctly and consistently every time and, even if you do, make sure to prioritize your health and get tested every year. Do not skip a trip to the doctor just because you've used protection, or because you don't notice a symptom, because they're not always there. The only way to know if you have an STI is to get tested and getting tested means you can get linked to treatment you may need.

Reflections

1. What are you taking away from this activity?

**Bridge to Large Group Skit**

Peer Ed.: We hope you enjoyed your small group discussion and learned more about STIs and the importance of using protection to reduce your risk of contracting them. Now we're going to do a final skit to keep you thinking about how to prevent or reduce your risk of contracting an STI.



Large Group Skit: *Chain Reaction*

- Scene:** *At a graduation party. Diana is sitting in a chair at the front of the stage. Paul moves up and sits down in a chair next to Diana. Others are in a silent party scene dancing, “drinking”, talking, etc.*
- Paul:** Hi, what’s up Diana? How have you been? Want another beer?
- Diana:** Oh, hi Paul. Yeah, maybe one more. *(Takes a “beer” from Paul)* I’m great. We graduated last weekend. How about you?
- Paul:** Not yet. We graduate next week. You’re lucky you’re done already. So, when was the last time we saw each other?
- Diana:** When you came to homecoming. I can’t believe you forgot.
- Paul:** Oh yeah! *(Nods and grins)* That was fun. So who are you here with?
- Diana:** Just some of my teammates.
- Paul:** So... are you seeing anyone?
- Diana:** *(Laughs)* Not really. I’ve been really busy.
(Paul and Diana freeze)
- Will:** *(Moves to Diana and places a hand on Diana’s shoulder, speaks to audience)* Diana and I went out for a couple of months last summer and we **never** used a condom. *(Freeze)*
- Ayeasha:** *(Moves over and places a hand on Diana’s shoulder, speaks to audience)* Diana and I were together at the beginning of the year. We broke up but sometimes we still have sex. I just went to the doctor to get some bumps checked out and found out I have HPV.
- Diana:** So what about you? Are you here with anyone?
- Paul:** Uh, not exactly.
(Paul and Diana freeze)
- Jess:** *(Moves to Paul and places a hand on Paul’s shoulder, speaks to audience)* I’ve been going out with Paul for the last 6 months. We don’t use condoms.
- Aaron:** *(Moves to Will and places a hand on Will’s shoulder, speaks to audience)* Will and I hooked up last summer. We used a condom some of the time.

Lindsey: *(Moves to Aaron and places a hand on Aaron's shoulder, speaks to audience)* I met Aaron at a party and we had sex. I don't remember if we used protection or not. I was pretty high at the time.

Ruby: *(Moves to front of group, stands separately, speaks)* My partner and I decided not to have sex. We're just not ready.

Elle: *(Moves to Will and places a hand on Will's other shoulder, speaks to audience)* Will and I had unprotected sex after prom and at the time I didn't know I had gonorrhea. I **just** found out I have it and now I'm afraid of who else I may have infected.

(All partners freeze)

Paul: *(To Diana)* So...you look really good.

Diana: Yeah, so do you.

Paul: You want to go upstairs so we can be alone?

Diana: I don't know. What do you want to do?

Paul: Maybe we can pick up where we left off after homecoming.

Diana: Do you have any condoms?

Paul: Uh, *(Checks pockets)* no, I didn't bring any.

Diana: Well, I guess it's ok. I'm on the pill.

Paul: Ok, let's go. *(Paul and Diana exit stage with arms around each other. All members of the chain, except Ruby, follow them out remaining connected.)*

► Processing the Skit

Scene: *Ruby moves forward and the other members of the skit return to the stage and remain connected. Ruby asks questions of the audience, being sure to repeat the answers so that that everyone can hear.*

Ruby: The skit we just performed for you is called *Chain Reaction*. Why do you think it is called that?
(One person was infected and passed that infection to many others and no one in the group knew they had been exposed.)

From what you saw in the skit, who do you think was at risk for contracting an STI?
(Everyone except Ruby because Ruby was abstinent.)

What factors put people at risk?

(Having multiple partners, not using internal/external condoms or dental dams, being under the influence, not sharing their sexual history, and lying.)

If the characters in this skit had fewer partners or used protection correctly and consistently every time, how might the story have ended differently?

(They might have reduced their risk of contracting STIs.)

Why was my character (Ruby) not at risk?

(Ruby chose not to have vaginal, oral, or anal sex or intimate skin-to-skin contact with their partner.)

What are the consequences of Paul lying?

(Paul is at risk for contracting an STI, and could infect current and future partners.)

Peer Ed.: If you knew about the chain that was connected to **your** partner, would you still choose to have sex? The point of the skit is to demonstrate how easily an STI could be transmitted if people engage in risky behaviors. Fortunately there are things you can do to protect yourself and your partner. To reduce your risk of contracting STIs, you have to know your partners, limit your partners, stay sober, and use protection every time.

Closure

(Peer educators line up across the stage.)

Peer Ed. 1: We hope this workshop has taught you more about STIs that are common among teens. We want you to remember that abstinence from oral, vaginal, and anal sex and intimate skin-to-skin contact is the only 100% effective way to prevent a sexually transmitted infection.

Peer Ed. 2: If you are going to engage in sexual activity, know your partners, limit your partners, and use internal/external condoms and dental dams correctly every time you have sex can help reduce your risk.

Peer Ed. 3: It is also important to remember that most STIs do not have any symptoms (asymptomatic) but can still be transmitted to others. Also, some sexually transmitted infections are curable while others are not. Without medical treatment, some STIs can cause serious health problems.

Peer Ed 4: Thank you for your attention and participation. Please take a few minutes to complete the evaluation form. We will also pass out a homework assignment that you can do with a parent, guardian, or other trusted adult.



Evaluation

Pass out evaluations and pencils. Ask all participants to fill out an evaluation and hand it in before leaving the workshop.



Homework

Pass out *Parent/Guardian-Teen Homework* handouts to all participants. Instruct participants to complete this handout for homework with their parent/guardian, obtain a signature from their parent/guardian, and return it the next day to their classroom teacher.

FOR REVIEW ONLY

WORKSHOP REFERENCES

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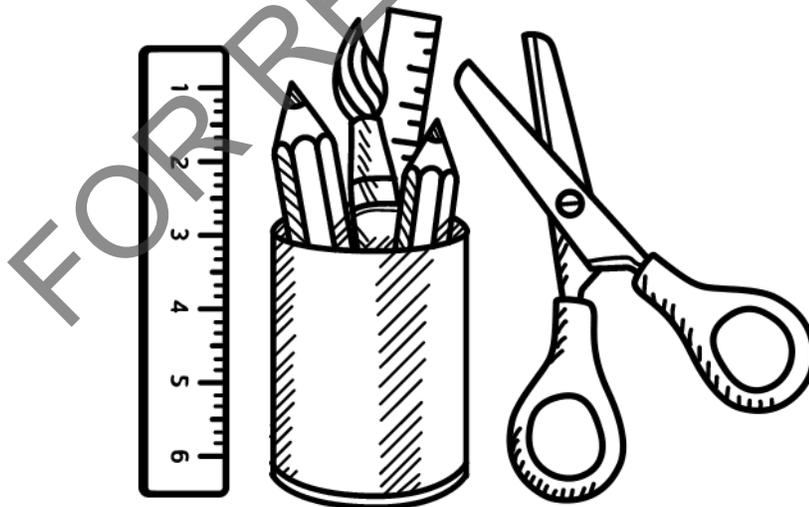
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Workshop Materials & Templates



Shake It

➔ Directions-A

When instructed to "Go" do not shake hands with anyone. If approached, politely explain that you do not shake hands. Do not show your paper to anyone.

..... fold here.

A



Shake It

➔ Directions-I

When instructed to "Go" shake hands with 5 different people and write their names on the lines below. Do not show your paper to anyone.

..... fold here.

FOR REVIEW ONLY

Person 1 _____

Person 2 _____

Person 3 _____

Person 4 _____

Person 5 _____

Shake It

➔ Directions-MM1

When instructed to "Go" put the glove on your shaking hand and leave it on for the entire activity. Find the person who has **MM2** on their paper, shake hands and write the person's name on the line below. **Do not shake hands with anyone else. Do not show your paper to anyone.**

.....fold here.....

MM1

MM2 _____



Shake It

➔ Directions-MM2

When instructed to "Go" find the person who has **MM1** on their paper, ask them to make sure their glove is on correctly, and then shake hands and write the person's name on the line below. **Do not shake hands with anyone else. Do not show your paper to anyone.**

.....fold here.....

MM2

MM1 _____

FOR PREVIEW ONLY

Shake It

 **Directions-M?**

When instructed to "Go" find the person who has **M3** on their paper, shake hands and write the person's name on the first line. Then shake hands with 3 other people. Relocate the person who has **M3** on their paper, shake hands and write the person's name on the last line. Do not show your paper to anyone.

..... fold here

M?

M3 _____

Person 1 _____

Person 2 _____

Person 3 _____

M3 _____



Shake It

 **Directions-M3**

When instructed to "Go" find the person who has **M?** on their paper, shake hands and write the person's name on the line below. Do not shake hands with anyone else. Do not show your paper to anyone.

..... fold here

M3

M? _____

FOR REVIEW ONLY

Shake It

➔ Directions-P

When instructed to "Go" put the glove on your shaking hand and shake hands with one person and write their name on the line. Take that glove off and put a new glove on before shaking hands with a second person. Continue this until you have shaken hands with 5 different people, using a different glove each time. Do not show your paper to anyone.

..... fold here.

P

Person 1 _____

Person 2 _____

Person 3 _____

Person 4 _____

Person 5 _____



Shake It

➔ Directions-P?

When instructed to "Go" put the glove on your shaking hand and shake hands with one person and write their name on the line. Take that glove off and put a new glove on before shaking hands with a second person. Take the glove off for the last three handshakes. Write each person's name that shook your hand on the lines below. Do not show your paper to anyone.

..... Fold here.

P?

Person 1 _____

Person 2 _____

Person 3 _____

Person 4 _____

Person 5 _____

Shake It

 **Directions**

Shake hands with 5 different people and write their names on the lines below. Do not show your paper to anyone.

..... fold here.

Person 1 _____

Person 2 _____

Person 3 _____

Person 4 _____

Person 5 _____



Shake It

 **Directions**

Shake hands with 5 different people and write their names on the lines below. Do not show your paper to anyone.

..... fold here.

Person 1 _____

Person 2 _____

Person 3 _____

Person 4 _____

Person 5 _____



FOR REVIEW ONLY

Bacteria

FOR REVIEW ONLY

Virus

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Parasite

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CHLAMYDIA

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GONORRRHEA

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SYPHILIS

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HERPES

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GENITAL WARTS (HPV)

FOR PREVIEW ONLY

PUBLIC LICE

FOR REVIEW ONLY

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SCABIES

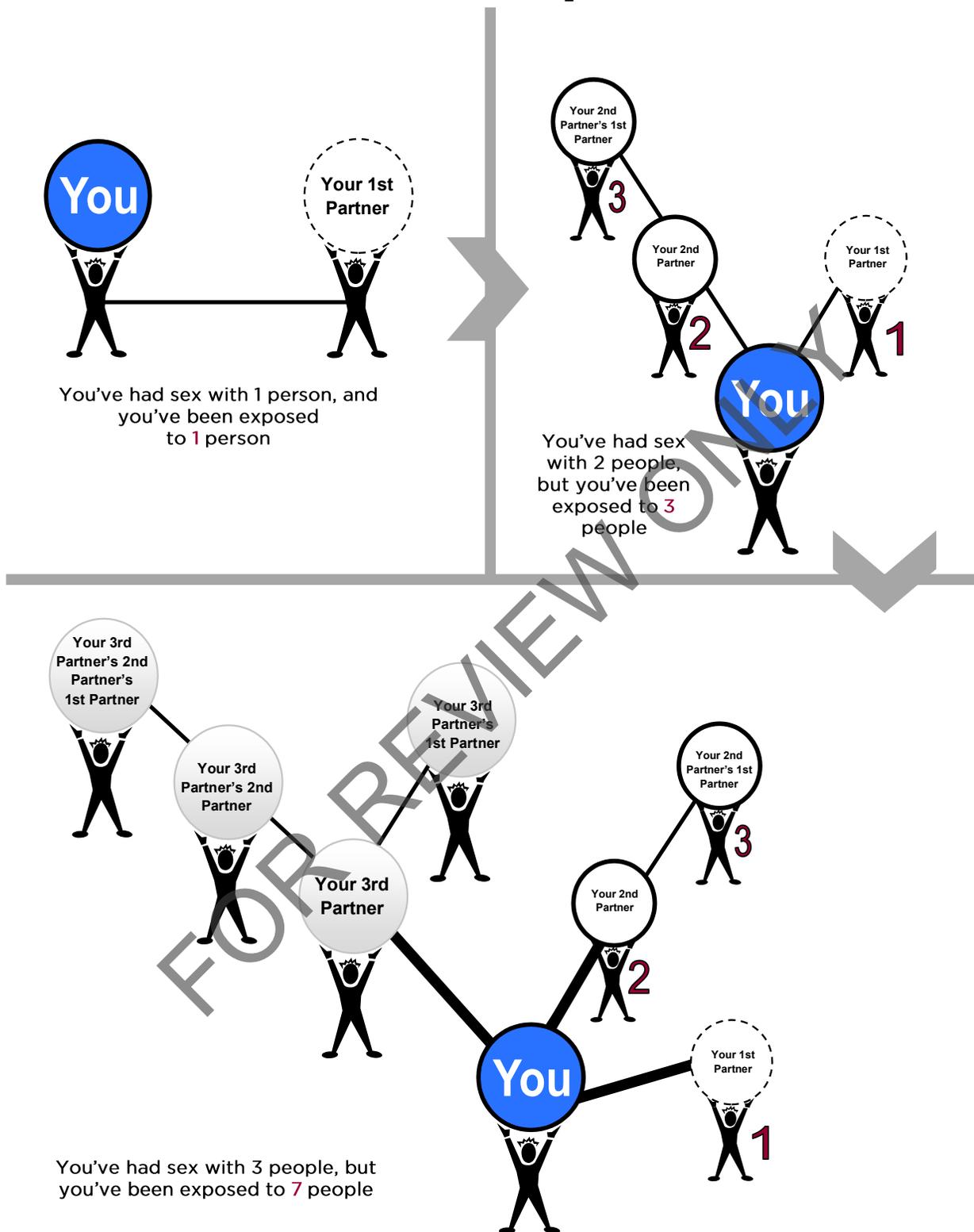
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HEPATITIS B

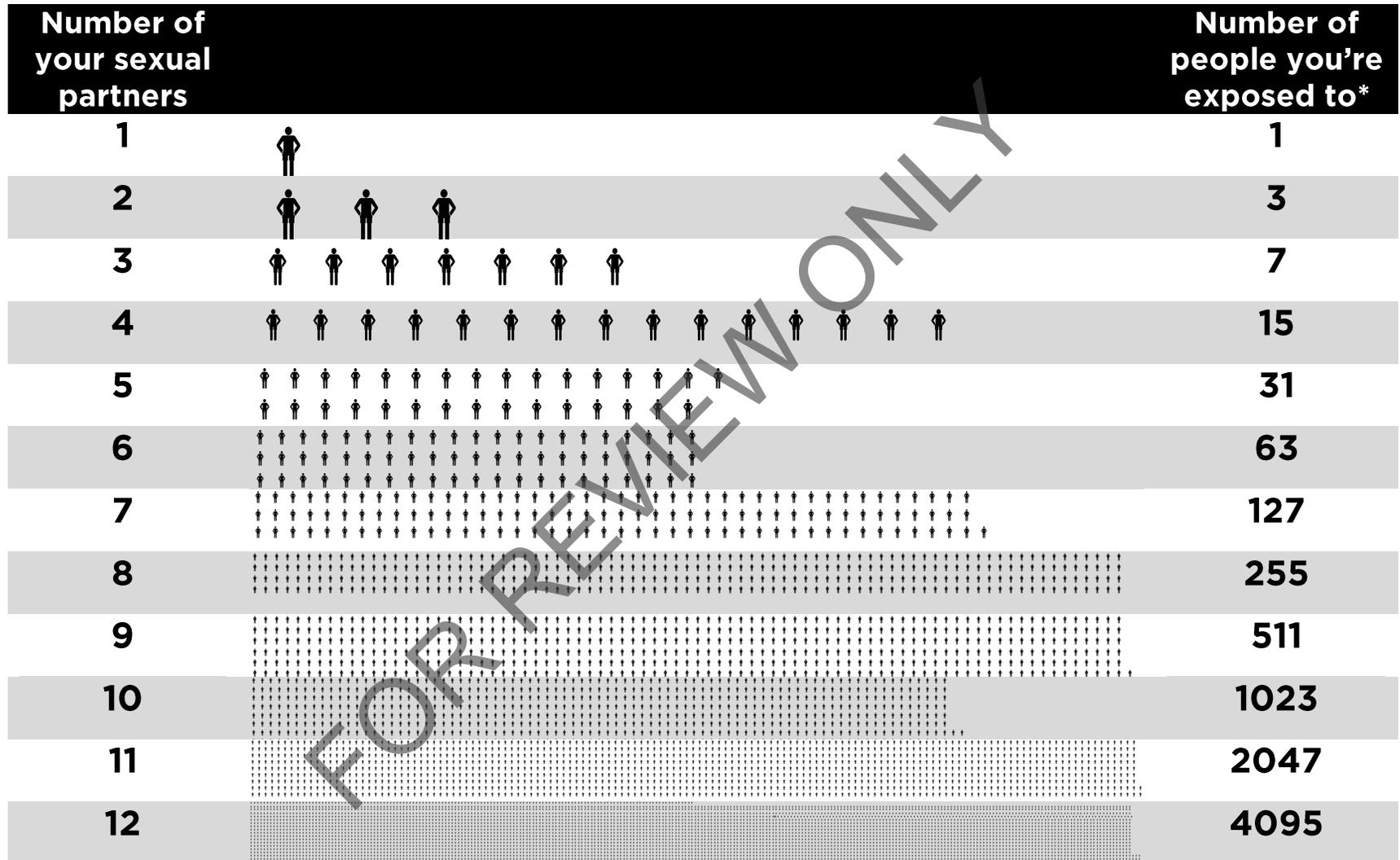
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Sexual Partner Exposure Tree





Sexual Partner Exposure Chart



*Assume each person you have sex with has the same number of previous partners.
 *Also assume that **their** previous partners have the same history as **your** previous partners.

At a Glance¹⁰:

Three Barrier Methods Used to Protect Against STIs

External/Male Condom



- ✓ 98% effective protection against STIs, HIV, and pregnancy *if used correctly every time*
- ✓ Choose between latex, polyisoprene, and polyurethane
- ✓ Easy to find, and often free at local clinics
- ✓ Never use with an internal condom
- ✓ Must be put on before any skin-to-skin contact to be effective



Internal/Female Condom

- ✓ 95% effective protection against STIs, HIV, and pregnancy *if used correctly every time*
- ✓ Can be inserted ahead of sexual activity
- ✓ Made of nitrile (don't contain latex)
- ✓ Must be inserted before any skin-to-skin contact to be effective
- ✓ Can take practice to insert correctly
- ✓ Are sometimes hard to find, so check out your local health clinic

Latex Barrier (“Dental Dam”)

- ✓ When used correctly, dental dams block the exchange of bodily fluids and can prevent many STIs such as herpes, HPV, and HIV during oral sex
- ✓ Only use one side, and one time, and on one body part every time you have oral sex
- ✓ Purchase online or at a local clinic, or you can cut the tip off a condom and cut down one side to make your own for equally effective protection



Myth Card

Condoms and dental dams don't fit everyone.

Bust this myth!

Myth Card

Condoms and dental dams always break.

Bust this myth!

Myth Card

People don't need to use a condom or dental dam the first time they have sex.

Bust this myth!

Myth Card

Using a condom or dental dam means partners don't trust each other.

Bust this myth!

Myth Card

Condoms or dental dam aren't needed if your a partner "looks clean" or says that they don't have an STI.

Bust this myth!

Myth Card

A condom or dental dam isn't needed if partners use the withdrawal method ("pulling out").

Bust this myth!

Myth Card

Teens are too young to buy condoms and dental dams.

Bust this myth!

Myth Card

Having to put on condoms or dental dams is too awkward.

Bust this myth!

Myth Card

Condoms or dental dam aren't needed if a partner is on the pill.

Bust this myth!

Myth Card

For extra protection against STIs, use two condoms at once.

Bust this myth!

Myth Card

If partners use condoms or dental dam, they don't need to be tested for STIs.

Bust this myth!

Fact Card

Condoms and dental dams are made out of natural or synthetic rubbers such as latex, polyurethane, or nitrile, which are strong and flexible materials. Manufacturers of condoms and dental dams offer a variety of sizing options.

Now you know the facts!

Fact Card

Condoms and dental dams are made from durable, stretchy materials. They're so strong and flexible, they can be stretched over a person's arm before they break! They are tested for strength and quality before they're sold. The likelihood of a condom slipping off is less than 2%, and breakage rates are even less—and most of that is caused by incorrect use.

Now you know the facts!

Fact Card

It is possible to get contract an STI or get pregnant any time you have sex—even the first time. STIs can be transmitted through unprotected oral, vaginal, or anal sex, and by intimate genital skin-to-skin contact.

Now you know the facts!

Fact Card

Using a condom or dental dam shows that you care for and respect your health and your partner's health. Using protection is a smart, mature, and responsible decision.

Now you know the facts!

Fact Card

STIs often have no symptoms. When there are symptoms, they can be mild or mistaken for something else. This means you can't look at someone and tell if they have an STI or not. Often, the partner with the STI doesn't know they're infected but can still pass the infection to someone else.

Now you know the facts!

Fact Card

Withdrawal is one of the least effective methods of preventing pregnancy, and it doesn't protect against STIs⁴. Some viral STIs (herpes, HPV) are spread through intimate skin-to-skin contact and other bacterial STIs (chlamydia, gonorrhea, syphilis) can be carried in pre-ejaculate fluid ("pre-cum").

Now you know the facts!

Fact Card

People of any age can legally buy condoms. Even if you're a minor under the age 18, you can still get internal/external condoms and dental dams. There are no age restrictions, no ID requirements, and no prescription needed.

Now you know the facts!

Fact Card

While talking about using protection with your partner can be awkward at first, it's a conversation worth having to help reduce your risk of contracting an STI. Talking together and deciding to use protection now may prevent more difficult conversations later, if you were to pass on an STI. If you're nervous, you can practice using condoms and dental dams on your own to gain more confidence. If you aren't ready to use protection - or talk to your partner - then you're probably just not ready for sex.

Now you know the facts!

Fact Card

For a sexually active couple capable of reproduction, the best protection against STIs and pregnancy is an internal or external condom AND another reliable hormonal method of birth control.

Now you know the facts!

Fact Card

Using two condoms—whether they are both internal, external, or a mix of the two kinds—is never a good idea. The increased friction between the two condoms rubbing together can make a tear more likely, and would then offer you less protection against STIs.

Now you know the facts!

Fact Card

Even if you use protection, you still have a chance of contracting an STI, because the only way to prevent STIs is to abstain from all sexual activity and intimate skin-to-skin contact.

Now you know the facts!

KOPOR REVIEW ONLY

UNDERSTANDING RISK REDUCTION & PREVENTION OF SEXUALLY TRANSMITTED INFECTIONS PARENT/GUARDIAN - TEEN HOMEWORK



Student name: _____ Date: _____



PURPOSE

To provide a structure for communication between parents/guardians and teens on the topic of preventing sexually transmitted infections.



DIRECTIONS

STEP 1

Together, read out loud the workshop take home messages below.

TAKE HOME MESSAGES

- Abstinence from oral, vaginal, anal sex and intimate skin-to-skin contact is the only 100% effective way to prevent a sexually transmitted infection (STI).
- Sexually active teens must make their sexual decisions sober, know their partners, limit their partners, and use internal/external condom or latex barrier dental dam with all sexual activity in order to reduce their risk of getting an STI.
- Most STIs do not have any symptoms (asymptomatic) but can still be transmitted to others.
- It is important for anyone who is sexually active to get tested annually for STIs, or more often if they've engaged in any high-risk behavior.
- There is treatment for all sexually transmitted infections, but not all can be cured. Seeking treatment can help a person avoid serious health problems.

STEP 2

Teens should share with parents/guardians their answers to the following question:

1. What was the most important thing you learned in this workshop?

STEP 3

Teens and parents/guardians should discuss together their responses to the following questions:

1. Nearly 10 million sexually active young people contract STIs every year. Why do you think this is so common?
2. How can youth protect themselves from contracting STIs?
3. Why is regular STI screening/testing so important for everyone?
4. Why should people be honest about their sexual history? What's the value in telling the truth about it?

STEP 4

Parents/guardians should share with teens their answer to the following question:

- I. What values do you want your child to receive from you regarding this topic?

STEP 5

Please sign and date below, indicating to the advisor that this assignment has been completed.



Parent/Guardian signature

Date

FOR REVIEW ONLY



Don't Pass It On: Risk Reduction & Prevention Sexually Transmitted Infections Workshop Evaluation

Please rate how much you agree or disagree with each statement by placing a check mark in the appropriate box.

	Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree
This workshop increased my knowledge about sexually transmitted infections (STIs).					
This workshop increased my knowledge about how STIs are spread.					
This workshop helped me to identify the ways to prevent and reduce the risk of spreading of STIs.					

What were 5 of the STIs discussed in this workshop?

1. _____
2. _____
3. _____
4. _____
5. _____

List 5 things you might do to reduce the chance of getting an STI.

1. _____
2. _____
3. _____
4. _____
5. _____

What is the only way to prevent yourself from getting an STI?

Why is regular STI testing so important for your health?

Please rate the presenters on the following by placing a check mark in the appropriate box.

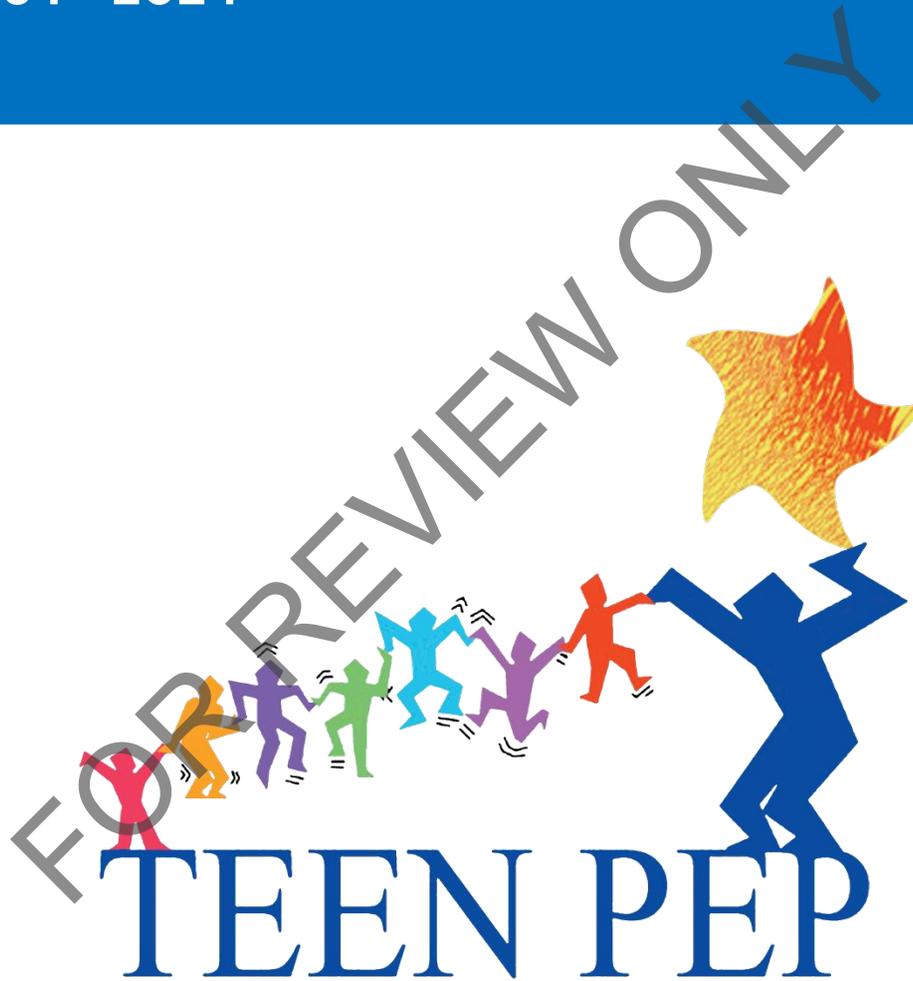
	Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree
The presenters clearly explained the directions for each activity.					
The presenters were well prepared and organized.					

Please use the back of the page to write any comments and suggestions. Thank you for completing this evaluation.

Unit Eight

Understanding & Preventing HIV

Volume I • 2024



TEEN PREVENTION EDUCATION PROGRAM

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TEEN PREVENTION EDUCATION PROGRAM

Unit Eight

Understanding & Preventing HIV

★ Overview	1
(15 minutes)	
★ HIV Pre-Test	4
(10 minutes)	
★ Questions & Answers: HIV	7
(60 minutes)	
★ Risk Reduction Review	22
(10 minutes)	
★ External Condom Lineup	27
(10 minutes)	
★ HIV Positive Guest Speaker	39
(40 minutes)	
★ Jessica’s Story	41
(20 minutes)	
★ HIV Basics	45
(30 minutes)	
★ Text from Chris	64
(30 minutes)	
★ Living with HIV	68
(60 minutes)	
★ What Would You Say?	69
(30 minutes)	
★ Know Your Status	76
(15 minutes)	
★ Revisit the HIV Pre-Test	79
(20 minutes)	
★ School-Wide Campaign Check-In	83
(5 minutes)	
★ Parent/Guardian-Teen Homework	85
(5 minutes)	

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Homework

Homework

Homework

Understanding & Preventing HIV Overview

Bridge

Build a bridge from the last activity. For example, “In the last activity we...” or “Yesterday, we learned...” and connect it to the theme.

Theme

The purpose of this activity is to familiarize students with a basic history of HIV in the U.S. and to provide an overview of the topics to be discussed in the unit.

Directions



Preparation Needed Before Class

Gather data and statistics about HIV in your state or local community. You can begin by visiting <http://www.avert.org/usa-states-cities.htm> or your local state/county health department's website.

1. Hand out *Understanding and Preventing HIV*.
2. Go around, having volunteers read aloud one paragraph at a time.
3. Discuss the following questions.
 - a. What stands out to you most about the information in the overview? What surprised you?
 - b. How big of an issue do you think HIV is in our community?
4. Share with students the local HIV data you collected.

Reflections

Discuss the following questions:

1. What do teens think about HIV? - *Who is at risk, how serious is the illness, what is it like to live with HIV?*
2. What are some of the factors that make teenagers a high-risk group?



Total Time:

15 minutes



Materials

- Understanding and Preventing HIV: Overview* double-sided handout for each peer educator
- Data and statistics on HIV in your state or local community (collected by advisors in advance of this unit)

Understanding & Preventing HIV Overview

HIV emerged in the United States in the early 1980's with what was thought to be only a few gay men, injection drug users, some Haitian immigrants, and hemophiliacs becoming sick with a variety of rare, deadly illnesses. By 1982, hundreds of people throughout the United States were diagnosed with these illnesses, which were caused by a severely weakened immune system.² The initial name given to this disease was Gay-related Immune Deficiency (GRID), a name that contributed to the stigma attached to this disease being viewed as a gay-related illness. Later, after many more non-gay populations were found to have the same illnesses, the disease or condition was re-named Acquired Immune Deficiency Syndrome (AIDS). Medical researchers later discovered the virus that was present in the blood of people with AIDS, and in 1986 this virus was named Human Immunodeficiency Virus (HIV). HIV causes AIDS by attacking the immune system, making it less able to fight off certain diseases and infections.

Initially, many uninformed people associated HIV with gay men, injection drug users, and people with hemophilia (a condition that requires blood transfusions), thereby dismissing their own risk for HIV infection. However, today we know that anyone who engages in unprotected oral, vaginal, or anal sex or needle sharing is at risk for getting HIV. Since the 1980s when HIV entered our consciousness, over 700,000 people from all walks of life in the U.S. have died from HIV-related illnesses.²

Today, more than 1.2 million people in the U.S. are living with HIV or AIDS and just over 36,000 new HIV infections occur each year. ² Annual US infection rates have been decreasing since the height of the epidemic. However, young people are getting HIV at an alarming rate and are quickly becoming a high-risk population. The number of new HIV diagnoses was highest among people ages 13-24 and ages 25-34. ² Unfortunately, 1 in 5 Americans are unaware that they are living with HIV, and more than 50% of adolescents with HIV do not know they are infected and are more likely to transmit the virus without knowing it.

The revised National HIV Strategy is responsible for the advances in prevention, testing, and treatment that are helping bring the number of people infected in the US to an all-time low. The strategy involves ensuring anyone who engages in high-risk behaviors goes for routine rapid HIV testing, which is readily available in medical/health centers and clinics. Those who test HIV-positive are linked immediately to medical treatment and assisted with maintaining necessary treatment strategies, including routine medical visits and antiretroviral medication. There are also medical and support services for partners of HIV-positive individuals. Finally, the National Strategy includes linking people who engage in HIV high-risk behavior to PrEP (Pre-Exposure Prophylaxis)—a medical regimen that can help prevent the contraction of HIV.

Today, HIV is no longer considered the death sentence it once was, as long as people at risk for HIV get routine testing, seek medical care if infected, utilize PrEP, and commit to life-

long medical treatment. People with HIV who are adherent to the prescribed medical treatment necessary to get an undetectable viral load can live full, healthy lives. HIV is still, however, a serious

and lifelong virus, and the best way to ensure you do not contract HIV is to avoid engaging in high-risk behaviors such as unprotected oral, vaginal, or anal sex or needle sharing.

Objectives



The goal of this unit is to provide factual information about HIV transmission and to help you understand the specific behaviors that place a person at risk for HIV infection. Specifically, by the end of this unit you should be able to:

- Identify the six bodily fluids that transmit HIV and how those fluids get into someone's bloodstream
- Articulate how HIV affects the immune system
- Explain what an HIV test detects and when a person should get tested
- Describe the correct steps to using internal/external condoms, latex barriers, and needle cleaning
- Describe how HIV infection can impact someone's life
- Provide accurate information in response to common questions related to HIV risk factors

Take Home Messages



As peer educators, you will also be expected to make sure workshop participants understand the following Take Home Messages:

- People do not become infected with HIV through casual contact. HIV infection takes place when the HIV-infected body fluids find their way into the bloodstream or mucus membranes in the mouth, penis, vagina, or rectum of an uninfected person, through unprotected sex (oral, vaginal, or anal), through sharing needles to inject drugs or other fluids, or perinatally, from an HIV-infected mother to their child.
- Correct and consistent condom, and latex barrier use is very effective in reducing the risk of HIV transmission*.
- While there are medications to keep people alive longer, there is no cure for HIV. Becoming infected with HIV will have a dramatic impact on one's life. The only way to know your HIV status, is to get tested. Rapid HIV testing is available at medical/health centers and clinics.
- The most effective strategy for preventing HIV infection is sexual abstinence and not sharing needles to inject drugs or other fluids.

***If a person chooses to be sexually active, it is recommended that latex condoms be used, or polyurethane or polyisoprene if that person is allergic to latex.**

HIV Pre-Test

Bridge

Build a bridge from the last activity. For example, “In the last activity we...” or “Yesterday, we learned...” and connect it to the theme.

Theme

The purpose of this activity is to establish a baseline of students’ knowledge about HIV.

Directions

1. Hand out *HIV Pre-Test* and have everyone put their name on the top.
2. Have everyone complete their pre-test. Let them know that it will not be graded but will be revisited at the end of the unit to see how much they’ve learned, so to just do their best answering each question.
3. Collect completed pre-tests and save until the end of the HIV unit.

Reflections

Discuss the following questions:

1. What are you hoping to learn from this unit?



Total Time:

10 minutes



Materials

- Newsprint and markers
- HIV Pre-Test* for each peer educator

FOR REVIEW ONLY



HIV Pre-Test

Circle T if you believe the statement is true.

Circle F if you believe the statement is false.

- T F** 1. It is possible to have HIV and not know it.
- T F** 2. Male identified partners can give HIV to female identified partners, but females cannot give HIV to males.
- T F** 3. There are drugs that can cure HIV infection.
- T F** 4. A person can get HIV from sharing eating utensils, food, or having casual contact with an HIV positive person.
- T F** 5. It's harder for people with HIV to fight off illness because their immune system is weakened by the virus.
- T F** 6. HIV is present in all body fluids, but it is only transmitted through six.
- T F** 7. A person can get infected with HIV from a mosquito bite.
- T F** 8. If a person gets a negative HIV antibody test one month after exposure, they do not have HIV.
- T F** 9. Sexual orientation has nothing to do with your likelihood of contracting HIV.
- T F** 10. If a pregnant person has HIV, they will always pass the virus on to their unborn child.
- T F** 11. Donating blood can put a person at risk for getting HIV.
- T F** 12. You can tell by looking at someone if they're infected with HIV.

- T F** 13. Kissing is not a high-risk behavior for HIV transmission.
- T F** 14. It is possible for a person to get HIV by getting their ears pierced or getting a tattoo.
- T F** 15. Family members who take care of their HIV infected relatives are at risk for getting HIV.
- T F** 16. Using alcohol and other drugs increases the likelihood of engaging in behaviors that could put a person at high risk for HIV infection.
- T F** 17. Three of the body fluids with enough of HIV to infect another person are blood, semen, and urine.
- T F** 18. Using a latex condom correctly each time a person has sex will place them at no risk for sexually acquired HIV infection.
- T F** 19. Being infected with other STIs (sexually transmitted infections) can increase a person's risk for getting HIV.
- T F** 20. HIV can be transmitted through oral sex.
- T F** 21. If a person uses sterile needles and "works" each time, they are unlikely to get HIV from injection drug use.
- T F** 22. If you are sexually active, you should get *routine* HIV tests.
- T F** 23. People who routinely engage in HIV high-risk behaviors can take medicine like PrEP to help prevent contracting HIV.
- T F** 24. If you contract HIV, all you need to do is take medicine.
- T F** 25. Rapid HIV tests are available in most clinics, hospitals, and medical centers.

Questions & Answers: HIV¹

Bridge

Build a bridge from the last activity. For example, “In the last activity we...” or “Yesterday, we learned...” and connect it to the theme.

Theme

The purpose of this activity is to learn basic information about HIV.

Directions

1. Divide peer educators into 4 small groups and have each group form a circle.
2. Place the *Question and Answer Cards* in a pile, in numerical order, face down, in the middle of each circle. For each deck, Question #1 will be the first card drawn in each deck and the rest of the cards will follow in numerical order.
3. Review the following directions:
 - a. The purpose of this activity is to help the group learn accurate information about HIV. This is not a competition in or between groups.
 - b. Select a volunteer in your group to be the *recorder*, and I'll provide them with newsprint and a marker.
 - c. Group members will all take turns picking up the top card from the deck, reading the question aloud, and allowing group members to answer the question as best they can.
 - d. **After** group members have answered, the person who picked the card will read the correct answer aloud to the group.
 - e. If anyone has questions, the recorder will write them on newsprint before moving on to the next card.
 - f. You'll repeat this process until all cards have been read and answered.
 - g. Advisors will float around among groups to observe and help if necessary.
4. Ensure there are no questions before having groups begin.
5. Return to a large group circle.



Total Time:

60 minutes



Materials

- 1 set of *Question and Answer Cards* for each small group
- Newsprint for each small group
- Markers for each small group
- HIV Questions & Answers Facilitator's Guide* for each advisor

6. Have recorders hang their group's newsprint. Advisors should answer any questions they can or let students know they will research answers for the next class.

Reflections

Discuss the following questions:

1. What was it like to participate in this activity?
2. What is sticking with you from the questions and answers today?

FOR REVIEW ONLY

HIV Questions & Answers

Facilitator's Guide

Below is a list of the questions & answers found on the cards to aid advisors while circulating among the peer educator groups during this activity.

1. What is HIV and what does it stand for?

HIV is a virus. HIV stands for Human Immunodeficiency Virus.

2. How does HIV affect the body's immune system?

The virus attacks cells in the body's immune system so that it can't fight off certain infections and diseases. At the present time, HIV infection remains a lifelong condition; there is no universal cure for HIV.

3. What are the six body fluids that contain enough HIV to transmit it to another person?

There are six body fluids (called infectious fluids) that contain enough HIV to infect another person: **blood, semen, pre-seminal fluid, vaginal fluid, rectal fluid, and breast milk.** Urine, feces, saliva, sweat, and other body fluids contain HIV, but not enough to infect another person.

4. How does an infectious fluid cause HIV infection?

In order for HIV infection to take place, one of the six infectious fluids must get into the bloodstream of another person. Touching and casual contact with an HIV-infected person does not cause HIV infection.

5. Who is at risk for HIV?

Anyone who engages in high-risk behaviors: unprotected oral, vaginal, or anal intercourse, as well as sharing any kind of needles. Gender and sexual orientation are irrelevant as they relate to HIV infection. It is the specific behaviors that may allow infectious body fluids to gain access to the blood supply that puts a person at risk for HIV infection.

6. What are the sexual behaviors that can put a person at risk for getting an HIV-infected fluid into his or her bloodstream?

Unprotected sexual activity: oral, vaginal, or anal sex

7. How do infected body fluids get into someone's bloodstream during sex?

Infected body fluids (semen, pre-seminal fluid, vaginal fluid, blood, and rectal fluid) obtain access to the blood supply through weakened mucus membranes, sores, or abrasions in the mouth, throat, anus, penis, or vagina.

8. Which type of intercourse is the most risky in terms of transmitting HIV infection? Why?

Anal sex is the most risky because the mucosal membrane (lining) of the anus is more fragile than that of the vagina or mouth and can be torn more easily. This makes it easier for HIV infected fluids to get into the bloodstream.

9. Why is a younger person with a cervix more at risk for sexually transmitted HIV infection than an adult person with a cervix?

Everyone is at risk for HIV infection; however, the cervical cells of younger person are more fragile than adult cells and HIV can more easily pass through the cells to the bloodstream.

10. Why does having a sexually transmitted infection increase one's chance of contracting HIV?

Some sexually transmitted infections (herpes, HPV, syphilis) break down the integrity of the skin tissue and increase the chances of HIV-infected fluids passing into the bloodstream.

11. What is a non-sexual behavior that can transmit HIV from one person to another?

Sharing needles to inject drugs, steroids, hormones, silicone, or other fluids; sharing "works" used to inject drugs or other fluids (spoon, bottle cap, etc.); using unsterilized needles for body piercings or tattooing.

12. How does sharing needles and/or "works" transmit HIV?

Infected blood left in or on an unsterilized needle and/or "works" is injected directly into the bloodstream of another person.

13. What are the symptoms of HIV infection?

In the beginning of the illness, HIV positive people may have mild flu-like symptoms that go away. Many who are infected with HIV show **no symptoms/asymptomatic** of serious illness for many years, even though they are able to pass the virus to others. Symptoms vary from person to person and may include fatigue, night sweats, fever, diarrhea, rashes, and chronic yeast infections. Since all these symptoms are common with many other illnesses, it is important to seek medical evaluation and HIV testing if these symptoms do not go away.

14. What is AIDS and what does it stand for?

AIDS is the late-stage **diagnosis** of HIV infection that a person gets if they are HIV positive and has a T-cell count of 200/ml of blood or less. (T-cells/CD4 cells are white blood cells that fight infection, and a normal count is 1000/ml of blood.) When the immune system is this depleted the person begins to get sick with rare opportunistic infections that a person with a healthy immune system is less likely to get. AIDS stands for Acquired Immune Deficiency Syndrome.

15. What are some of the opportunistic infections or diseases that people with a damaged immune system can get?

Cervical cancer, pneumocystis pneumonia (PCP), tuberculosis, toxoplasmosis, and Kaposi's sarcoma (KS), which are cancerous lesions on the skin; people who have healthy immune systems are less likely to get these diseases.

16. How is HIV transmitted from an HIV-infected pregnant person to their child?

During pregnancy, during the birth process, and during breast feeding.

17. Why do all babies born to HIV-infected pregnant people initially test positive for HIV?

A newborn inherits their mother's cellular immune system, which contains the HIV antibodies. An HIV test detects the HIV antibodies, not the virus itself. Within 18 months, a child develops their own immune system, which may be free of HIV.

18. What is the difference between HIV prevention strategies and HIV risk-reduction strategies?

Prevention includes avoiding any behaviors that would put you in contact with an infectious fluid (For example, abstinence from sexual activity and sharing injection needles and/or "works"). Risk reduction is using protective measures to decrease the chance that infectious fluid can get into one's bloodstream (For example, using internal/external condoms or other latex barriers during sex).

19. What can be done to reduce the risk for a child getting HIV from their mother?

The mother should take antiviral drugs during pregnancy and labor and, in some cases, deliver the baby by cesarean section. HIV positive pregnant people should not breastfeed. Following these guidelines has reduced transmission of HIV from mother to baby from 25% to 2%.

20. What is the only way to prevent sexually transmitted HIV?

Sexual abstinence is the only sure way of preventing the sexual transmission of HIV. Sexual abstinence means not engaging in oral, vaginal, or anal sex.

21. What is a way to reduce the risk for sexually transmitted HIV?

Use latex, polyurethane, or polyisoprene, or nitrile internal/external condoms or other latex barriers for oral, vaginal, and anal sex.

22. What is the way to prevent blood-to-blood HIV transmission?

Abstaining from sharing needles and “works” used to inject drugs, steroids, hormones, silicone, or other fluids; when getting body piercings or tattoos, insist on Universal Precautions by the use of sterile needles for the procedure.

23. What are the ways to reduce the risk for blood-to-blood HIV transmission?

Use sterile needles, or clean needles properly with bleach (Universal Precautions).

24. What does staying sober from alcohol or other drugs have to do with HIV infection?

A person whose judgment is impaired by alcohol or other drugs is more likely to be careless about using internal/external condoms for sex or sterile needles to inject drugs.

25. What other way can people who engage in HIV high-risk behaviors reduce the risk for HIV transmission?

Pre-exposure prophylaxis, or PrEP, is a way for people who do not have HIV but are at risk of contracting it to prevent infection. The pill (called Truvada) can help keep the virus from establishing a permanent infection and must be taken every day to be effective. In addition to being prescribed the PrEP medication, a strict commitment to health care visits and routine testing is necessary. Internal/external condoms and other latex barriers are still necessary for risk reduction.

26. What kinds of HIV tests are there? What is the most common type?

There are three types of HIV tests: antibody tests - which detect antibodies in blood or oral fluid, a combination or fourth-generation test - which looks for both antibodies and antigens in your blood, and a nucleic acid test (NAT) - which looks for the virus itself in the blood—also called the viral load test. Most HIV tests, including rapid HIV tests, are antibody tests.

27. What is the time period between when a person becomes infected and when an accurate antibody test can be obtained?

Three to twelve weeks; this is called the window period. It takes 3-12 weeks for enough HIV antibodies to build up in the blood to be detected by the test. About 97% of people will develop detectable antibodies during the window period. It is possible to have a negative test within that window period even if you are infected, which is why it's so important to have a follow-up test.

28. What does an HIV antibody test detect and how long does it take to get results?

An HIV test detects the presence of HIV antibodies in a person's blood. Antibodies are the part of the immune system found in blood that detect and fight off viruses and bacteria. If you get a rapid test, your results will be ready within 20 minutes.

29. What does it mean when a person tests negative for HIV?

It means that a person was HIV negative three months before the test; they must be retested three months after the last incidence of high-risk behavior to be sure they are not infected.

30. What does it mean when a person tests positive for HIV?

It means that the test detected HIV antibodies, and that person will have the HIV positive diagnosis confirmed by doing an additional blood test. The person will also be linked to HIV treatment.

31. When should a person get tested for HIV infection?

The CDC recommends that all people between 13-64 get tested for HIV at least once, and that anyone who is sexually active be tested annually. Additionally, after any incidence of HIV high risk behavior (unprotected oral, vaginal, or anal sex; sex with multiple partners or partners whose history is unknown, sharing needles to inject drugs or other fluids or for body piercings or tattooing, sharing "works") a person should get tested. To provide an accurate reading of one's HIV status, HIV testing should take place within three weeks of possible exposure and, if negative, again at three months.

32. Why is it important for people to know their HIV status?

It is important to know your status so you can prevent transmitting HIV to others. Fifty percent of teens who are HIV-infected are not aware of their status and can infect others without knowing it. It is also important for HIV-infected people to be linked immediately to appropriate medical care, as antiviral medications can keep HIV positive individuals strong and healthy for a longer period of time. Consistently taking their prescribed antiretroviral treatment (ART) is important for HIV positive people to lower and maintain their viral load.

33. Is there a cure for HIV? What is the treatment?

While there is still no cure for HIV, there are treatment options that can help people living with HIV lead long and productive lives. Antiretroviral treatment (ART) involves taking medication to slow the progression of HIV in the body by reducing the viral load and help keep the immune system strong by increasing CD4 cells that help protect the body from developing infections. When taken correctly and consistently, and in combination with regular visits to a health care provider, ART can keep HIV infected people healthy for many years and maintain their viral load at levels that can even reduce the risk of transmitting the virus to partners and from pregnant mothers to their babies.

Questions & Answers Cards

(Print and cut out)

1

What is HIV and what does it stand for?

HIV is a virus. HIV stands for Human Immunodeficiency Virus.

2

How does HIV affect the body's immune system?

The virus attacks cells in the body's immune system so that it can't fight off certain infections and diseases. At the present time, HIV infection remains a lifelong condition; there is no cure for HIV.

3

What are the six body fluids that contain enough HIV to transmit it to another person?

There are six body fluids (called infectious fluids) that contain enough HIV to infect another person:

- blood
- semen
- pre-seminal fluid
- vaginal fluid
- rectal fluid
- breast milk

Urine, feces, saliva, sweat, and other body fluids contain HIV, but not enough to infect another person.

4

How does an infectious fluid cause HIV infection?

In order for HIV infection to take place, one of the six infectious fluids must get into the bloodstream of another person. Touching and casual contact with an HIV-infected person does not cause HIV infection.

template**5****Who is at risk for HIV?**

Anyone who engages in high-risk behaviors: unprotected oral, vaginal, or anal sex, as well as sharing any kind of needles. Gender and sexual orientation are irrelevant as they relate to HIV infection. It is the specific behaviors that may allow infectious body fluids to gain access to the blood supply that puts a person at risk for HIV infection.

6**What are the sexual behaviors that can put a person at risk for getting an HIV-infected fluid into their bloodstream?**

Unprotected sexual activity: oral, vaginal, or anal sex

7**How do infected body fluids get into someone's bloodstream during sex?**

Infected body fluids (blood, semen, pre-seminal fluid, vaginal fluid, and rectal fluid) obtain access to the blood supply through weakened mucus membranes, sores, or abrasions in the mouth, throat, anus, penis, or vagina.

8**Which type of intercourse is the most risky in terms of transmitting HIV infection? Why?**

Anal sex is the most risky because the mucosal membrane (lining) of the anus is more fragile than that of the vagina or mouth and can be torn more easily. This makes it easier for HIV infected fluids to get into the bloodstream.

template**9**

Why is a younger person with a cervix more at risk for sexually transmitted HIV infection than an adult?

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How does sharing needles or "works" transmit HIV?

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template**13**

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How is HIV transmitted from an HIV-infected pregnant person to their child?

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- During the birth process
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Pre-exposure prophylaxis, or PrEP, is a way for people who do not have HIV but are at risk of contracting it to prevent infection. The pill (called Truvada) can help keep the virus from establishing a permanent infection, and must be taken every day to be effective. In addition to being prescribed the medication, a strict commitment to health care visits and routine testing is necessary. Condoms and other latex barriers are still necessary for risk reduction.

26

What kinds of HIV tests are there? What is the most common type?

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FOR REVIEW ONLY

Risk Reduction Review

Bridge

Build a bridge from the last activity. For example, “In the last activity we...” or “Yesterday, we learned...” and connect it to the theme.

Theme

The purpose of this activity is to review the most effective ways to reduce one’s chances of becoming infected with HIV.

Directions

1. Remind students that the most effective way to *avoid* HIV is to abstain from oral, vaginal, or anal sex, and to avoid sharing needles. If a person is sexually active, or uses needles to inject drugs, there are some actions they can take to *reduce* their risk of getting HIV.
2. Hand out *How to Put on an External/Male Condom* and review the steps with everyone, answering questions that arise.
3. Hand out *How to Put on an Internal/Female Condom* and review the steps with everyone, answering questions that arise.
4. Hand out *How to Use a Latex Barrier (Dental Dam)* and review the steps with everyone, answering questions that arise.
5. Hand out *Needle Cleaning* and review the steps everyone, answering questions that arise.

Reflections

Discuss the following questions:

1. What did you learn today that you didn’t already know?
2. Why do you think this information is important for students to know?



Total Time:

10 minutes



Materials

- How to Put on an External/Male Condom* handout for each peer educator
- How to Put on an Internal/Female Condom* handout for each peer educator
- How to Use a Latex Barrier (Dental Dam)* handout for each peer educator
- Needle Cleaning Process* handout for each peer educator



HOW TO USE AN EXTERNAL/MALE CONDOM

1. Check the expiration date and open carefully

2. Erection

3. Squeeze air out of tip

4. Roll condom on to base of penis

5. Sexual Intercourse
WITH CONSENT
Do Not Disturb

6. Hold on to rim of condom

7. Withdraw penis with condom

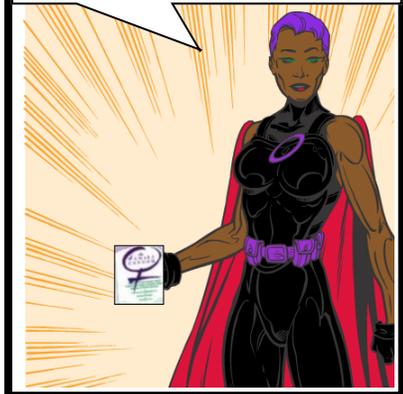
8. Loss of erection

9. Roll condom off away from partner *and*
10. Dispose of condom



HOW TO USE AN INTERNAL/FEMALE CONDOM

1. Check the expiration date and open carefully.



2. Hold upright. The outer ring covers the area around the opening of the vagina. The inner ring is used for insertion and to help hold the sheath in place during sex.



3. While holding the sheath 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.



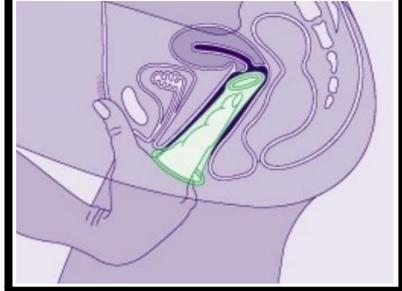
4. Choose a position that is comfortable for insertion – squat, raise one leg, sit or lie down.



5. Gently insert the inner ring into the vagina. Feel the inner ring go up and move into place.



6. Place, the index finger on the inside of the condom, and push the inner ring up as far as it will go. Be sure the sheath is not twisted. The outer ring should remain on the outside of the vagina and vulva.

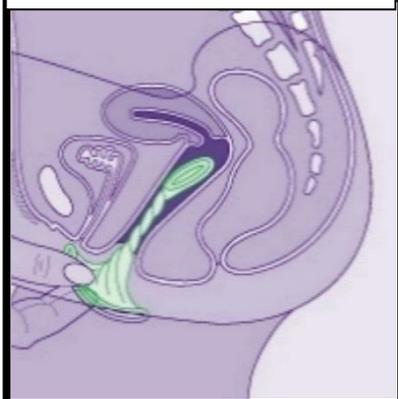


7. Sexual Activity

WITH CONSENT



8. To remove the condom, twist the outer ring and
9. Gently pull the condom out.



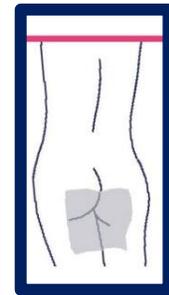
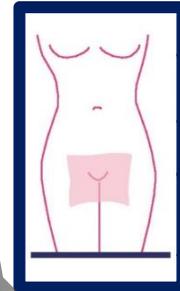
10. Wrap the condom in the package or in tissue, and throw it in the garbage. Do not put it into the toilet.





How to Use a Latex Barrier (Dental Dam)

- Before using, inspect visually for any holes or tears.
- Lay the latex barrier flat, covering the entire vulva and both the vaginal opening and clitoris; hold the edges of the barrier in place.
- For oral/anal use, lay the latex barrier flat, covering the entire anus; hold the edges of the barrier in place.
- Always use a new latex barrier if you switch from oral/anal to oral/vaginal sex to reduce the risk of infection from harmful anal germs.
- Do not stretch the latex barrier.
- Only use water-based lubricants before putting the latex barrier in place and take care not to leave lubricant on your fingers. *Lubricant on the fingers may make it difficult to hold the barrier in place.*



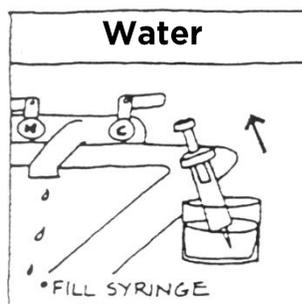
Important Note:

The Sheer Glyde Dam is the only product approved by the Food and Drug Administration (FDA) as an effective risk-reduction device for use in oral sex. It has been subjected to laboratory testing and proven to be an effective risk-reduction device with correct and consistent use. It does not eliminate risk.

Needle Cleaning Process

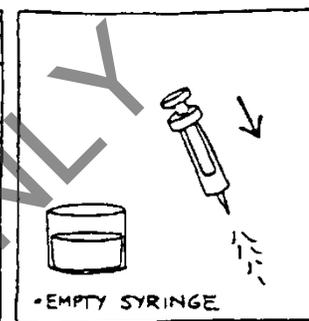
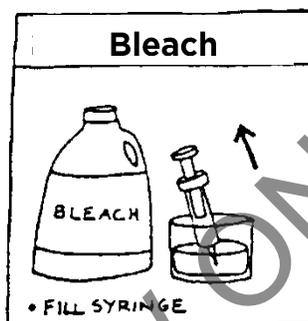
STEP 1. Fill and rinse with water several times.

This will reduce the amount of blood and other debris in the syringe. Blood reduces the effectiveness of bleach.



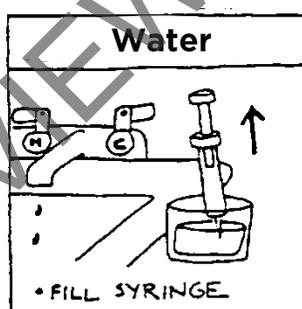
STEP 2. Completely fill syringe and rinse with bleach several times using full-strength household bleach.

The longer the syringe is completely full of bleach, the more likely HIV will be inactivated.



STEP 3. Get new water. Fill and rinse with this water several times.

After using bleach, rinse the syringe and needle by filling several times with clean water. Do not re-use water used for initial



Points to Remember

- Cleaning should be done twice—once immediately after use and again just before re-use of needles and syringes.
- For every filling of the needle and syringe, fill the syringe completely to the top.
- Shaking and tapping the syringe are recommended for each step; when filled with water, when filled with bleach, and when filled with new water. Shaking the syringe should improve the effectiveness of all steps.
- Taking the syringe apart (removing the plunger) may improve the cleaning/disinfection of parts (e.g., behind the plunger) that might not be reached by solutions in the syringe.

Adapted from U.S. Public Health Service. Centers for Disease Control and Prevention.

External Condom Line-Up

Bridge

Build a bridge from the last activity. For example, “In the last activity we...” or “Yesterday, we learned...” and connect it to the theme.

Theme

The purpose of this activity is to review correct steps of external condom use.

Directions

1. Demonstrate the steps of external condom use with a condom model. Be sure to include all 10 steps in the demonstration. *Note: This is a review of what peer educators learned in the Pregnancy Prevention unit.*
2. Hand out *External Condom Line-Up* signs to 10 students.
3. Have peer educators decide as a group on the correct order of steps for condom use, arranging the 10 students with signs in that order.
4. One by one, in order, students should read aloud their steps.
5. When finished, compare their steps with the correct order below.
 - a. Check expiration date
 - b. Sexual Arousal / Erection
 - c. Squeeze air out of the tip
 - d. Roll condom onto base of penis
 - e. Sexual Activity with Consent
 - f. Hold on to rim of condom
 - g. Withdraw penis with condom on
 - h. Roll condom off away from partner
 - i. Loss of erection
 - j. Dispose of condom properly



Total Time:

10 minutes



This activity appears in the workshop



Materials

- 1 set of *External Condom Line-Up* signs
- External Condoms for model

Reflections

Discuss the following question:

1. What did you learn today that you didn't already know?
2. Why do you think this information is important for students to know?

Adapted from Positive Images: A New Approach to Contraceptive Education, by Brick and Cooperman, The Center for Family Life Education, Planned Parenthood of Bergen County, New Jersey, 1987

FOR REVIEW ONLY

**Check
expiration date**

FOR PREVIEW ONLY

Sexual Arousal/ Erection

FOR REVIEW ONLY

Squeeze air
out of tip

FOR REVIEW ONLY

Roll condom
onto base
of penis

**Sexual activity
with consent**

FOR REVIEW ONLY

Hold on to
rim of condom

FOR REVIEW ONLY

Withdraw penis
with condom on

FOR REVIEW ONLY

Loss of erection

FOR REVIEW ONLY

Roll condom off
away from
partner

Dispose of
condom
properly

HIV Positive Guest Speaker

Bridge

Build a bridge from the last activity. For example, “In the last activity we...” or “Yesterday, we learned...” and connect it to the theme.

Theme

The purpose of this activity is to give students the opportunity to hear firsthand from someone living with the virus in order to help them more fully understand the impact of HIV.

Directions



Preparation Needed Before Class*

Consider bringing into class an HIV positive speaker who meets the following criteria:

- Skilled in speaking about their experience with an audience
- Knowledgeable about current HIV and AIDS information
- Relatable to your students and is culturally relevant
- Able to give basic information in a way teenagers can understand

Let the speaker know ahead of time specifically what information you want reviewed, and determine ahead of time what the speaker is and is **not** comfortable disclosing so you can respect their personal boundaries.

Consider this list of questions they can discuss during class time:

- a. How did you come to be infected?
- b. How did you find out you were HIV positive?
- c. How did you react to finding out about your positive status?
- d. How has HIV had an impact on your life?
- e. What has the medical treatment for the virus been like?
- f. What impact has HIV had on your relationships? (*Friends, family, partners*)
- g. What is something you hope the peer educators will take away from your speech?

1. Welcome your guest speaker.
2. Allow your guest speaker to share with the group.



Total Time:

40 minutes



Materials

No materials are needed for this activity.

*If a guest speaker is not possible, you might consider showing a video depicting an HIV positive person's perspective. Make sure you select a video(s) from a reputable source and review the video(s) ahead of time to be sure the content fits your group's needs.

Some sample videos can be found at:

<https://positivesp.in.hiv.gov>

3. If the speaker agreed to it, moderate a question & answer session.

Reflections

Discuss the following questions:

1. How do you feel after today's guest speaker session?
2. What are you left thinking about?
3. In what ways has today's session benefitted you as a peer leader?

FOR REVIEW ONLY

Jessica's Story

Bridge

Build a bridge from the last activity. For example, “In the last activity we...” or “Yesterday, we learned...” and connect it to the theme.

Theme

The purpose of this activity is to provide students with a real-life example of a teen who contracted HIV.

Directions

1. Hand out *Jessica's Story* and have everyone follow along while advisors read it aloud.

Reflections

Discuss the following questions:

1. Thinking about the qualities of a couple that is ready for a responsible sexual relationship, what qualities did Jessica and their partner have? What qualities were missing? (*Didn't use protection, didn't disclose HIV status*)
2. Why do you think Jessica's partner didn't disclose their status? (*Denial, mother said not to, afraid of Jessica's reaction*) What might have happened if they had been honest? (*Jessica may have broken up with them, may have stayed together, they may have used protection, Jessica may not have contracted the disease*)
3. What would make it easier for people with HIV to disclose their status to those who need to know? (*Less stigma and less misinformation about how it is transmitted*) As a peer educator, how can you help make this happen? (*Dispel myths about contracting HIV through casual contact*)
4. How could Jessica have known their partner was HIV positive? (*The only way to know is to have an HIV test and to share the results with partners*)
5. What steps did Jessica take to address their health concerns? (*Called a local organization to get information about being tested, went to family doctor to get tested initially, and again after she found out she was exposed to the virus*)
6. What were some of the barriers that prevented Jessica from knowing their HIV status sooner? (*Stereotypes about populations who are at risk affected the doctor's willingness to test Jessica the first time*)

 **Total Time:**
20 minutes

 This activity appears in the workshop

 **Materials**
 Jessica's Story handout for each peer educator

7. What are the misconceptions about who is at risk for HIV? (*That only certain people get HIV: those who are gay, have multiple partners, or use needles to inject drugs*) What can we do to correct these misconceptions and help overcome stigmas?
8. What would you want others to walk away with after hearing Jessica's story?

FOR REVIEW ONLY

Jessica's Story

I first met the guy who would become my junior high and high school boyfriend in the summer after 6th grade. I was 11. The first time I saw him I knew that I wanted him to be my boyfriend. He was so cute. So I told him that I was also 16. As that summer came to an end, my stepsister threatened to tell my mom how old my boyfriend really was, so we broke up.

When I was 13, we got back together. We were together for six months when I decided that I was ready to lose my virginity and start having sex with him, unprotected sex. That was the summer of my 8th grade year. Up until 10th grade I was in all advanced classes and maintained an A/B average. While in the 10th grade I noticed that I was getting tired a lot and no longer had the drive to do my best academically. I knew that I wanted my senior year to be a breeze so I took all the required courses for graduation, except 12th grade English, in my sophomore and junior years. I also had a job that year so I signed up for a program at school that allowed you to leave at lunch for the day to go to work. I found it very hard to keep up. I was so tired that most days I couldn't get out of bed to go to school. If I did go, I was asleep the whole time. In my senior year, I was absent 96 out of the 180 days. I kept telling my boyfriend and his mom how I was feeling. She suggested that I be tested for food allergies.

One of the days that I was able to drag myself out of bed for school we were shown a video in psychology class. It was an episode of Oprah about AIDS. The whole time I was watching it most of the symptoms they were describing, such as, fatigue or tiredness, night sweats, weight loss, flu like feeling, I had. My inner voice kept saying to me, "You have this. Go get tested".

That afternoon I called a local organization that I knew provided HIV testing and asked about being tested. They said it cost \$30.00. I didn't have \$30.00. So I went to my family doctor I asked them to give me an HIV test. She wouldn't test me because she said I wasn't "at risk". I had only had sex with one person, I had never used IV drugs and I hadn't had a blood transfusion. I asked to be tested anyway and she told me that it would look bad on my medical chart for insurance purposes, and that I didn't have HIV... I just needed a vacation.

On the evening of January 23, 1997 I received a phone call from my boyfriend. He sounded really upset so I asked him what was up. He beat around the bush for an hour then said "Jessica I have something really important to tell you, but the time is not right now. I knew that my boyfriend had a disease that did not allow his blood to clot without receiving platelets, which are the factors in the blood that cause clotting. He had received blood products on a regular basis since he was a child. I also knew that this was a way that some people had contracted HIV in the 1980's. So I asked him flat out, "Are you HIV positive?"

He answered softly, "Yes."

I started flipping out.

I went to the same doctor that I had been to 2 years before and told her that I needed that HIV test. I told her that I had been exposed to the virus. She tested me and two weeks later I received a phone call at work. It was my doctor, she said, "Jessica, I need you to come in as soon as possible." My worst fear was confirmed. Not only was I HIV positive, the disease had progressed to AIDS.

My boyfriend had gone with me to get my results and I kept drilling him with questions. "What were you thinking? Why didn't you tell me?" I wanted answers. You see, we were together for six years and he never showed any signs or symptoms. He'd only been sick twice the whole time, and that was only the flu. It was nothing serious. He looked fine, he acted fine, he was healthy. I now know that HIV is not a disease that you can see. For instance, you can't look at someone and know that they have HIV. I had no idea he had this. I would have done anything for him. I didn't understand why he felt he couldn't tell me he was HIV positive. Come to find out he was diagnosed in 1986 and we started dating in 1991. So he knew the whole time and he did not tell me. He was in total denial about his HIV status and never talked about it. He was only 13 when he was told that he had AIDS and his mother told him not to tell anyone. Most of my friends were having sex with more than one person and I only had sex with him. They didn't get HIV, I did. I had hopes and dreams that were destroyed with five little words, "Jessica, you are HIV positive." I wanted to go to college. I wanted to have children, but there are days when I can barely take care of myself. My medications alone last year totaled over \$50,000. I am unable to work because with HIV you can be fine one minute and feel horrible the next. This disease stinks. What I want you to see is that I was a normal teenage girl who made a huge mistake. I decided to have unprotected sex with my boyfriend. It was a decision that changed my life forever.

I know how hard it is to say no to sex. I said, "yes" and look where it got me. So please, next time you are thinking about having sex, ask yourself one question: "Am I willing to exchange my life for sex?" Let me tell you from someone who has been through it, It is NOT worth it. You DO NOT want this disease. You may hear "If you love me you will." Well, love waits, only lust won't. There are other ways that you can express your love for one another... hold hands, kiss, hug, send flowers, write love letters, be creative. You do not have to have sex with someone to show your love. Even if my story only saves one teen from contracting HIV it is worth sharing because that teen could be [you].

Jessica's Story is based on a true story of an individual who contracted HIV as a teenager. Her name has been changed to protect her anonymity.

HIV Basics⁵

Bridge

Build a bridge from the last activity. For example, “In the last activity we...” or “Yesterday, we learned...” and connect it to the theme.

Theme

The purpose of this activity is to identify the level of risk involved with different behaviors.

Directions

1. Place the *HIV Transmission Sign* in the middle of the circle and review the *HIV Infectious Fluids*.

Remind students that HIV is only transmitted when one of the six infected fluids gets into the bloodstream of another person.

2. Place the *Behavior Continuum Signs* on the floor in a row across the middle of the circle.

The order of the signs should be: *Definitely Safe (No risk)*, *Probably Safe (Low risk)*, *Probably Unsafe (Moderate risk)*, *Definitely Unsafe (High risk)*.

3. Read the following directions:

- I’m going to randomly hand out 20 *Behavior Cards* to everyone. It’s okay if you get more than one card.
- When you get your cards, decide how likely you think the activity/behavior on the card is in passing HIV via an infectious fluid from an infected person to an uninfected person.
- Place your cards under the *Continuum Sign(s)* you think best applies: *Definitely Safe*, *Probably Safe*, *Probably Unsafe*, and *Definitely Unsafe*.
- Once all the cards are down, I will lead us in a discussion of the cards.
- Remember that the purpose of this activity is to understand which behaviors can put a person at risk for HIV, not other diseases or infections. In order to be at risk, an **infected fluid** (*blood, semen, pre-seminal fluid, breast milk, rectal fluid, or vaginal fluid*) from an infected person must get into the **bloodstream** of another person.



Total Time:

30 minutes



This activity appears in the workshop



Materials

- HIV Transmission sign*
- 1 set of *Continuum signs*
- 1 set of *Behavior Cards*
- HIV Basics Facilitator’s Guide* for each facilitator

4. Hand out *Behavior Cards*.
5. Answer any questions the group has and give everyone time to place their cards.
6. After all of the cards have been positioned, use the *HIV Basics Facilitator's Guide* to lead the group through a discussion of the cards.

During this discussion, students may disagree or argue the placement of particular cards, but explain that for the **purpose of this activity it is important that they walk away with the right information and take home messages**. Therefore, each *Behavior Card* must end up under the correct *Behavior Continuum Sign*, found in the *Facilitator's Guide*.

Reflections

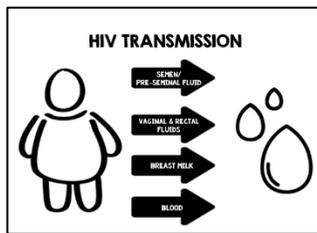
Discuss the following questions: *(These questions can also be found at the end of the HIV Basics Facilitator's Guide for this activity.)*

1. What did you learn from this activity?
2. What are the most important messages you want your peers to get from this activity?
*(There are many behaviors that are safe or probably safe and fewer that are probably unsafe or definitely unsafe. If we avoid all risk behaviors, we are **preventing the risk** of contracting HIV. If we take protective measures against low-high risk behaviors, we are **reducing the risk** of contracting HIV. This activity also shows that there are many healthy behaviors people can engage in without being at risk for contracting HIV. It's important to remember that **It's not who we are, it's what we do.**)*

HIV Basics Facilitator’s Guide

IMPORTANT!

Facilitating this activity takes a lot of practice and skill. There is a temptation to offer information instead of helping participants come to their own understanding. The point of the activity is to raise issues, have a discussion and make participants aware of what does and does not put a person at risk for contracting HIV.



Definitely Safe (No risk)		Probably Safe (Low risk)		Probably Unsafe (Moderate risk)		Definitely Unsafe (High risk)	
Hugging	Touching	Contact Sports	Getting piercings/Tattoos	Under the influence of Injection drugs	Under the influence of Alcohol	Oral sex <u>without</u> protection (no condom or latex barrier)	Vaginal sex <u>without</u> protection (no internal/external condom)
Swimming Together	Sharing a bottle of water	Kissing or Deep Open-mouth (French) Kissing	Oral sex with protection (condom or latex barrier)			Anal sex <u>without</u> protection (no internal/external condom)	Sharing injection drug needles or “works”
Identifying as heterosexual	Identifying as LGBTQ+	Vaginal sex with protection (internal/external condom)	Anal sex with protection (internal/external condom)				
Being abstinent	Masturbating						

WHEN YOU FACILITATE, BE SURE THAT YOU:

Start with *Definitely Safe* and continue in the order provided

DO NOT ask participants to identify themselves as being responsible for putting a card in a particular category. This will prevent participants from getting put on the spot.

DO NOT tell a participant an answer is wrong; instead, ask questions to get the card into the correct category. This will avoid participants feeling embarrassed.

**Note:**

Participants may need reminders throughout the activity that the purpose is to understand which behaviors would put them at risk for HIV, not other diseases or infections. In order to be at risk, an infected fluid (blood, semen, pre-seminal fluid, breast milk, rectal fluid, or vaginal fluid) from an infected person must get into the bloodstream of another person. The objective is to decide how likely it is for HIV to be transmitted through each behavior.

I. Definitely Safe (No risk)

1. Have a student read all cards placed in this category aloud.
2. Ask if anyone disagrees or has questions.
3. Lead a discussion using the *Important Questions to Ask*.
4. Summarize using the *Summary Instructions*.

**NOTE:**

Students often get distracted by thinking of extremely unlikely ways these behaviors could put you at risk. For example, "What if a person's mouth was bleeding and they got blood in the water and then another person had sores in their mouth and they drank from the same bottle?" It is important to bring students back to discussing the ways they are **likely** to become infected, rather than these remote, almost impossible scenarios.

Definitely Safe (No risk) Important Questions to Ask

Make sure the *Identifying as heterosexual* and *Identifying as LGBTQ+* cards are both placed in this category and address them together at the very start of the activity by discussing the following questions:

At the start of this activity, we mentioned that we would be assessing risks of behaviors. Some of you may have noticed that two of the cards provided aren't behaviors and are instead personal identities that individuals hold. Let's start our discussion with these two cards.

1. What does someone's identity, in this case sexual orientation, have to do with HIV transmission? (*It doesn't, identities and sexual orientation do not cause HIV infection. It is a person's behaviors that is important. High risk behaviors impact the likelihood of HIV transmission. It's not who you are, it's what you do that determines risk.*)
2. What behaviors put people at risk for HIV infection? (*Unprotected oral, vaginal, or anal sex, and sharing needles or "works".*)
3. Do heterosexual, lesbian, gay, bisexual, and other queer people have sex and/or share needles? (*Yes, anyone can choose to engage in sex or sharing needles as behaviors.*)
4. Do only LGBTQ+ couples engage in oral or anal sex? (*No. Some heterosexual couples have oral and/or anal sex and some LGBTQ+ couples do not. Anyone, regardless of their identity and sexual orientation who engages in unprotected sex is at higher risk for HIV transmission. Remember: It's not who you are, it's what you do.*)

Address the *Sharing a bottle of water and Swimming Together* cards by discussing the following question:

1. Why is someone who engages in this behavior not at risk for contracting HIV? (*With these behaviors there is an exchange of water or saliva and HIV cannot be transmitted this way. There would have to be direct blood-to-blood contact for these behaviors to be unsafe and that is extremely unlikely.*)

Address the *Being abstinent and Masturbating* cards by discussing the following questions:

1. What is the Teen PEP definition of sexual abstinence? (*Sexual abstinence is not having or engaging in oral, vaginal, or anal sex.*)
2. If someone is practicing sexual abstinence, why are they not at risk for contracting sexually transmitted HIV? What about masturbation? (*When practicing abstinence or masturbating alone, there is no exchange of infected body fluids and there is no chance of an infected fluid getting into the bloodstream or mucus membranes of the mouth, penis, vagina, or rectum of another person. Abstinence prevents the risk of HIV infection.*)

NOTE: If a person is abstinent, they are not at risk for **sexually transmitted** HIV. However, if this person is sharing injection drug needles or "works", then they are at risk for blood-to-blood transmission of HIV.

Definitely Safe Summary Instructions

If cards are incorrectly placed under this category, point them out by asking if everyone agrees that the behavior is definitely safe. If no students identify the misplaced behavior, pull it to the side and let them know you will come back to that card. Be sure to then refer back to that behavior card during the appropriate category per the answer key.

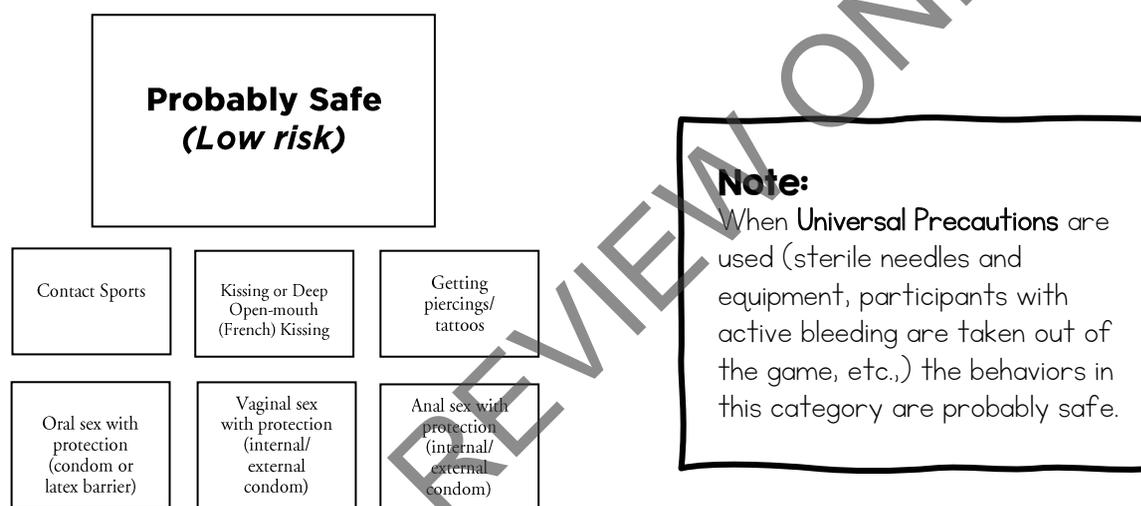
If there are behavior cards that are definitely safe and have been placed under different categories, wait until you get to that category to address those cards as you get to them.

Have a volunteer read out all of the correctly placed *Definitely Safe* behaviors.

Summary Statement: *“These behaviors are considered Definitely Safe (No risk) because there is no exchange of a potentially infected fluid, preventing any risk of HIV infection.”*

2. Probably Safe (Low risk)

1. Read and discuss each card individually.
2. Ask volunteers to explain how HIV could or could not be transmitted with each behavior.
3. Lead a discussion using the *Important Questions to Ask*.
4. Summarize using the *Summary Instructions*.



Probably Safe Important Questions to Ask

Address the *Oral sex using Protection* and *Vaginal and Anal Sex using Protection* cards by discussing the following question:

1. Why does using internal/external condoms or another latex barrier protection make these behaviors *probably safe – low risk*? (Although it is possible to transmit HIV if a condom breaks or slips off, **correct and consistent protection use via condoms or latex barrier is very effective in reducing the risk of HIV infection.** Oral sex with protection refers to the use of either external condoms or latex barriers such as a Dental Dam. Vaginal and Anal sex with protection refers to using internal or external condoms.)

Address the *Kissing/Deep Open-mouth (French) Kissing* card by discussing the following questions:

1. Why is kissing/deep open-mouth kissing **probably safe – low risk**? (There is not enough HIV in saliva to transmit the virus. In order for HIV to be transmitted by “making out”, there would need to be blood-to-blood contact.)
2. In what situation would it be possible to transmit HIV by deep kissing? (Both people would have to have active bleeding on or in their mouths for HIV to be transmitted. This is highly unlikely.)

Address the Contact sports card by discussing the following question:

1. What makes contact sports **probably safe – low risk**? What rules are followed? (During sporting events, **Universal Precautions** are used. This means that participants with active bleeding are taken out of the game, gloves are used, and all blood is treated as if it is infected, therefore reducing the risk of blood-to-blood contact during a sporting event. Many professional level extreme contact sports also require HIV testing as another way to reduce the risk of HIV transmission.)

Address the Getting piercings/tattoos card by discussing the following question:

1. When getting a piercing or a tattoo, what should you look for to ensure you are safe? (When getting a piercing, it is important to watch the person performing the piercing open up the needle in front of you, ensuring it is new and properly sterilized. The same rule applies with tattooing. The needles, and ink packages should be newly opened in front of you and no two needles should be dipped into the same ink. It is also important to ask if the piercing or tattoo shop has an autoclave, which is a device used to sterilize equipment and supplies. These are more examples of **Universal Precautions**.)

Probably Safe Summary Instructions

If cards are incorrectly placed under this category, point them out by asking if everyone agrees that the behavior is probably safe. If no students identify the misplaced behavior, pull it to the side and let students know you will come back to that card. Be sure to then refer back to that behavior card during the appropriate category per the answer key.

If there are behavior cards that are definitely safe and have been placed under different categories, wait until you get to that category to address those cards as you get to them.

Have a volunteer read out all of the correctly placed *Probably Safe* behaviors.

Summary Statement: “*These behaviors are considered Probably Safe – Low risk because, although potentially infected fluids are present, effective preventive measures are being used to reduce the risk of HIV infection by not exchanging fluids.*”

3. Probably Unsafe (moderate risk)

1. Read and discuss each card individually
2. Ask volunteers to explain how HIV could or could not be transmitted with each behavior
3. Lead a discussion using the *Important Questions to Ask*.
4. Summarize using the *Summary Instructions*.



Probably Unsafe Important Questions to Ask

Address the *Under the Influence of Alcohol* and *Under the influence of Injection drugs* cards by discussing the following question:

1. What does the use of alcohol and use of injection and other drugs have to do with HIV transmission? How does being under the influence of alcohol or drugs impact behavior and HIV transmission? (*The behavior alone of using alcohol or other drugs will not transmit HIV. However, being under the influence of drugs or alcohol lowers inhibitions and impairs judgement, which causes people to be more likely to engage in moderate to high risk behaviors, such as having unprotected sex [oral, vaginal, or anal], having more sexual partners, or sharing needles and “works”. These high risk behaviors involve an exchange of body fluids that, if infected, increase a person’s risk of transmitting or contracting HIV.*)

Probably Unsafe Summary Instructions

If cards are incorrectly placed under this category, point them out by asking if everyone agrees that the behavior is probably unsafe. If no students identify the misplaced behavior, pull it to the side and let students know you will come back to that card. Be sure to then refer back to that behavior card during the appropriate category per the answer key.

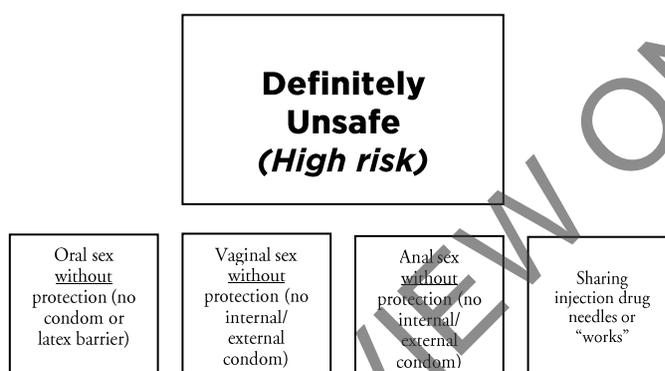
If there are behavior cards that are definitely safe and have been placed under different categories, wait until you get to that category to address those cards as you get to them.

Have a volunteer read out all of the correctly placed *Probably Unsafe* behaviors.

Summary Statement: *“These behaviors are considered **Probably Unsafe** – moderate risk because they involve the potential for risky behaviors through blood-to-blood contact or mind-altering substances that increase risk of HIV infection without taking protective measures.”*

4. Definitely Unsafe (High risk)

1. Read and discuss each card individually.
2. Ask for volunteers to explain how HIV could be transmitted with each card individually.
3. Lead a discussion using the *Important Questions to Ask*.
4. Summarize using the *Summary Instructions*.



Definitely Unsafe Important Questions to Ask

Address the *Oral sex without protection*, *Vaginal sex without protection* and *Anal sex without protection* cards by discussing the following questions:

1. What has to happen for someone to get HIV during unprotected sex (oral, vaginal, or anal)? (*An infected fluid [blood, pre-/semen, vaginal or rectal fluid] must get into the bloodstream or mucus membrane in the mouth, penis, vagina, or rectum of another person to transmit HIV.*)
2. Why is unprotected anal sex high risk? How can HIV be transmitted this way? (*Anal sex without protection is risky because the anus is a tighter space made of fragile tissue, so bleeding is more likely and infected blood, pre-seminal fluid and semen could get into the mucus membrane in the rectum. It is possible for either partner to contract and/or transmit HIV during anal sex.*)
3. Why is unprotected vaginal sex high risky? How can HIV be transmitted this way? (*Vaginal tissue can be broken down with infection or friction and it is possible for the virus to get to the bloodstream through the mucus membrane in the vaginal wall and cervix. A partner could get HIV if infected pre-/semen, vaginal fluid and/or blood got through an abrasion on their penis or vulva/vagina during vaginal intercourse.*)

4. Why is unprotected oral sex risky? How could a person get HIV from oral sex? (*Oral sex involves fluid exchange by way of putting the mouth on the genitals of a partner: penis (fellatio), vagina (cunnilingus) or anus (analingus). Certain factors may increase the risk of transmitting HIV through oral sex. For example, if someone brushed their teeth and had active bleeding in their mouth/gums and then got infected fluid into their mouth, they would be at risk. Transmission during oral sex is also possible through the lining in the urethra, mouth, or vagina.*)

Address the *Sharing injection drug needles* or “works” cards by discussing the following question:

1. What makes sharing any kind of needles, or “works”, especially needles used to inject drugs, a high-risk behavior? (*A needle stick from an HIV infected person into another person is direct blood-to-blood contact. This is also true of sharing needles used to tattoo or inject steroids or silicone. In addition, sharing reservoirs or “works” is also direct blood-to-blood contact and a high-risk behavior.*)

Definitely Unsafe Summary Instructions

By this point, there should be no cards that are definitely unsafe and in different categories. Be sure to address the cards that do not belong in this category and place them in their correct category after discussion.

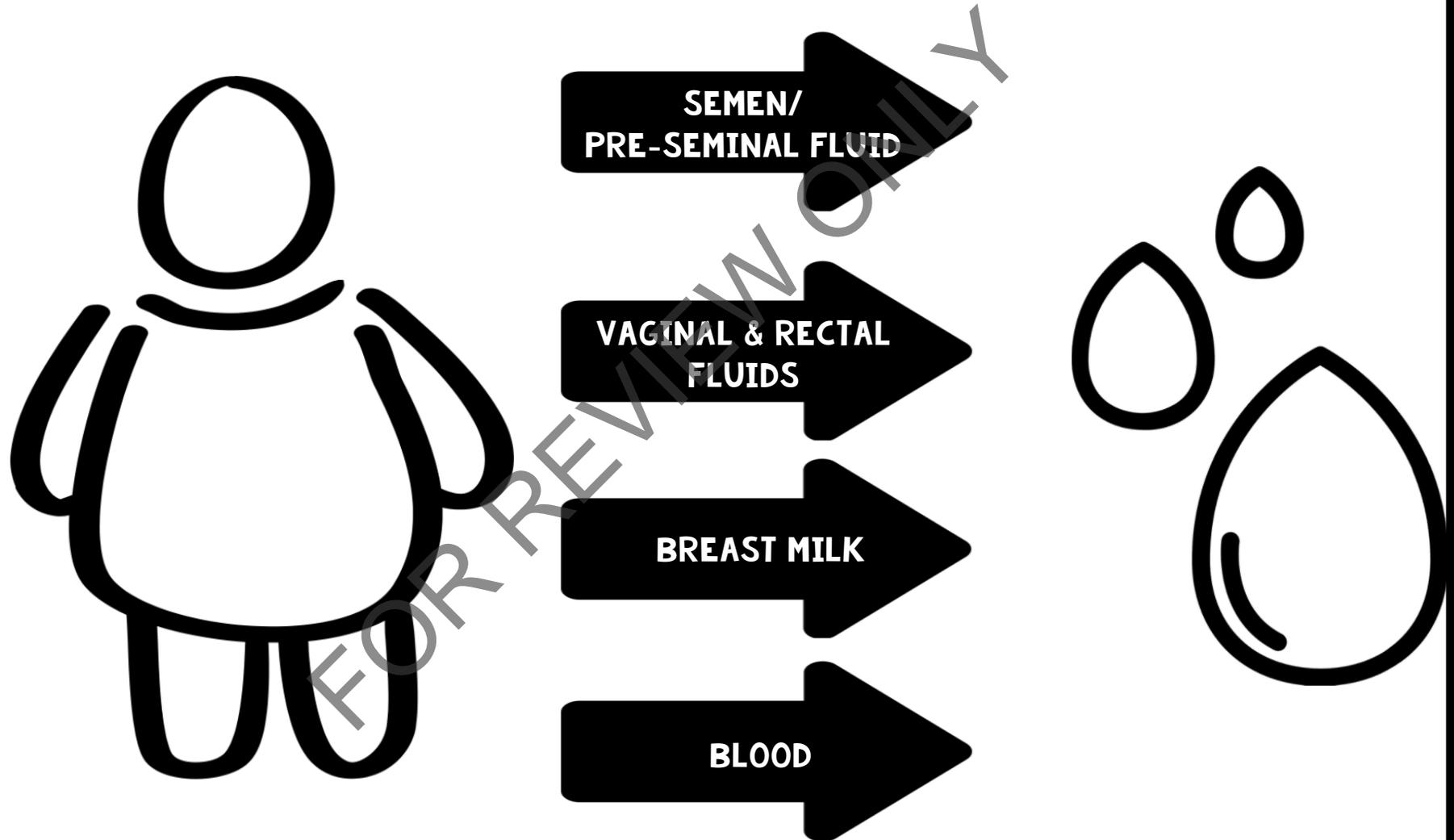
Have a volunteer read out all of the correctly placed *Definitely Unsafe* behaviors.

Summary Statement: *“These behaviors are considered Definitely Unsafe – High risk because there is highest risk of HIV infection through direct exchange of potentially infected fluid with no effective preventive measures being used to prevent or reduce the risk. It is important to remember that any unprotected sex and direct blood to blood contact puts you at highest risk for contracting and transmitting HIV.”*

Activity Reflection

1. What did you learn from this activity?
2. What are the most important messages you want your peers to get from this activity? (*There are many behaviors that are safe or probably safe and fewer that are probably unsafe or definitely unsafe. If we avoid all risk behaviors, we are preventing the risk of contracting HIV. If we take protective measures against low-high risk behaviors, we are reducing the risk of contracting HIV. This activity also shows that there are many healthy behaviors people can engage in without being at risk for contracting HIV. It’s important to remember that *It’s not who we are, it’s what we do.*)*

HIV TRANSMISSION



**Definitely
Safe
(no risk)**

**Probably
Safe
(low risk)**

**Probably
Unsafe
(moderate risk)**

**Definitely
Unsafe
(high risk)**

Behavior Cards

(Print and cut out)

<p>Anal sex with protection (internal/external condom)</p>	<p>Anal sex without protection (no internal/ external condom)</p>
<p>Under the Influence of Injection drugs</p>	<p>Masturbating</p>
<p>Under the influence of Alcohol</p>	<p>Kissing/Deep Open-mouth Kissing</p>

Behavior Cards

(Print and cut out)

<p>Sharing injection drug needles or “works”</p>	<p>Swimming together</p>
<p>Oral sex without protection (no condom or latex barrier)</p>	<p>Vaginal sex with protection (internal/external condom)</p>
<p>Oral sex with protection (condom or latex barrier)</p>	<p>Vaginal sex without a condom (no internal/ external condom)</p>

Behavior Cards

(Print and cut out)

<p>Identifying as heterosexual</p>	<p>Identifying as LGBTQ+</p>
<p>Being abstinent</p>	<p>Sharing a bottle of water</p>
<p>Hugging</p>	<p>Contact sports</p>

FOR REVIEW ONLY

Behavior Cards

(Print and cut out)

<p>Touching</p>	<p>Getting piercings/ tattoos</p>
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FOR REVIEW ONLY

Text from Chris^{6,7}

Bridge

Build a bridge from the last activity. For example, “In the last activity we...” or “Yesterday, we learned...” and connect it to the theme.

Theme

The purpose of this activity is to increase awareness of personal vulnerability to contracting HIV.

Directions



Preparation Needed Before Class

Create a resource list of HIV testing sites in your community for peer educators.

1. Have students sit in a circle.
2. Hand out envelopes containing the *Letter from Chris* and tell everyone not to open them.
3. Read the following scenario, adapting language as necessary to best reflect your group:

Life is great! This school year has been flying by—good grades, the best teachers. You’ve been working so hard this year and have your future all mapped out, knowing that all these long days and late nights are going to pay off. Plus, your social life has never been better. As a matter of fact, tonight you were invited to the party of the year. As you’re getting ready to go out, your phone buzzes—you have a new text message.
4. Have everyone open their envelope to read their text message to themselves.
5. Have someone read the text message aloud.

Reflections

Discuss the following questions:

1. Imagine that this is really happening to you. What would your first thoughts be after reading this text?
2. What would you do that evening?
3. Who would you tell and what would you say? What makes it easier to talk about testing and disclosing your HIV status?



Total Time:

30 minutes



This activity appears in the workshop



Materials

- Letter from Chris* sealed in envelopes for each group member
- Journal Entry: Letter from Chris* handout for each peer educator
- HIV Testing Site* resource list for each peer educator (Faculty Advisors create in advance)

4. What about current/past partners—would you tell them?
5. Why is it important to talk to your partners? (*Before having sex, it is important to talk to your partner about your sexual and drug history, disclose your HIV status and get tested for HIV together. Many testing sites offer services to help you have these difficult conversations. There are also partner services for people in relationships with those infected with HIV.*)
6. What information is missing in the text? (*The types of behaviors--sexual and non-sexual--that went on between Chris and Chris's partner.*)
7. What are some high-risk behaviors that you and Chris might have engaged in that could lead to HIV infection? (*Unprotected oral, vaginal, or anal sex; any needle sharing*)
8. Would you go get tested? If so, how soon? Where would you go? (*The CDC recommends that everyone between the ages of 13-64 get tested at least once and if sexually active at least once per year. People who engage in high risk behaviors may benefit from more frequent testing, every 3 to 6 months. Testing services are offered at local clinics, doctor's offices, hospitals and other healthcare providers.*)
9. What are the benefits of testing? (*The only way to know your HIV status is to get tested. Knowing your HIV status provides you with information to help keep you and your partner healthy. Testing negative gives you the opportunity to re-evaluate your behaviors and commit to prevention steps. If you test positive you will be linked to medical care and start treatment to help control the virus. Taking medicine daily can prolong your life and greatly reduce the chance of transmission.*)
10. If you test positive, how can you be sure that it was Chris who infected you? (*You may not be 100% sure. Think about past behavior, past partners, and any other ways you could have become infected.*)
11. How do you know you didn't infect Chris? (*You can't be 100% sure. It's possible that you infected Chris and Chris got tested and notified you first.*)
12. What does it mean if you test negative? (*It means one of two things: 1) You are HIV negative. 2) You tested too early for the test to detect HIV antibodies. It takes time, 2 weeks to 3 months after transmission, for enough antibodies to build up and be detected by a test. This timeframe is called the Window Period, and varies from person to person. Because of the window period it is recommended that negative individuals get tested again in 3 months to be sure. Remember if you were HIV-negative at last test, you can only be sure you're still negative if you If you were HIV negative at the last test, you can only be sure you are still HIV negative if you haven't engaged in any risky behaviors since that test. Each new potential HIV exposure restarts the window period.*)
13. How might Chris' life change because of a positive HIV diagnosis? (*Chris will need to adhere to daily medication and regular follow-up with a healthcare provider in order to be able to live a full and healthy life.*)

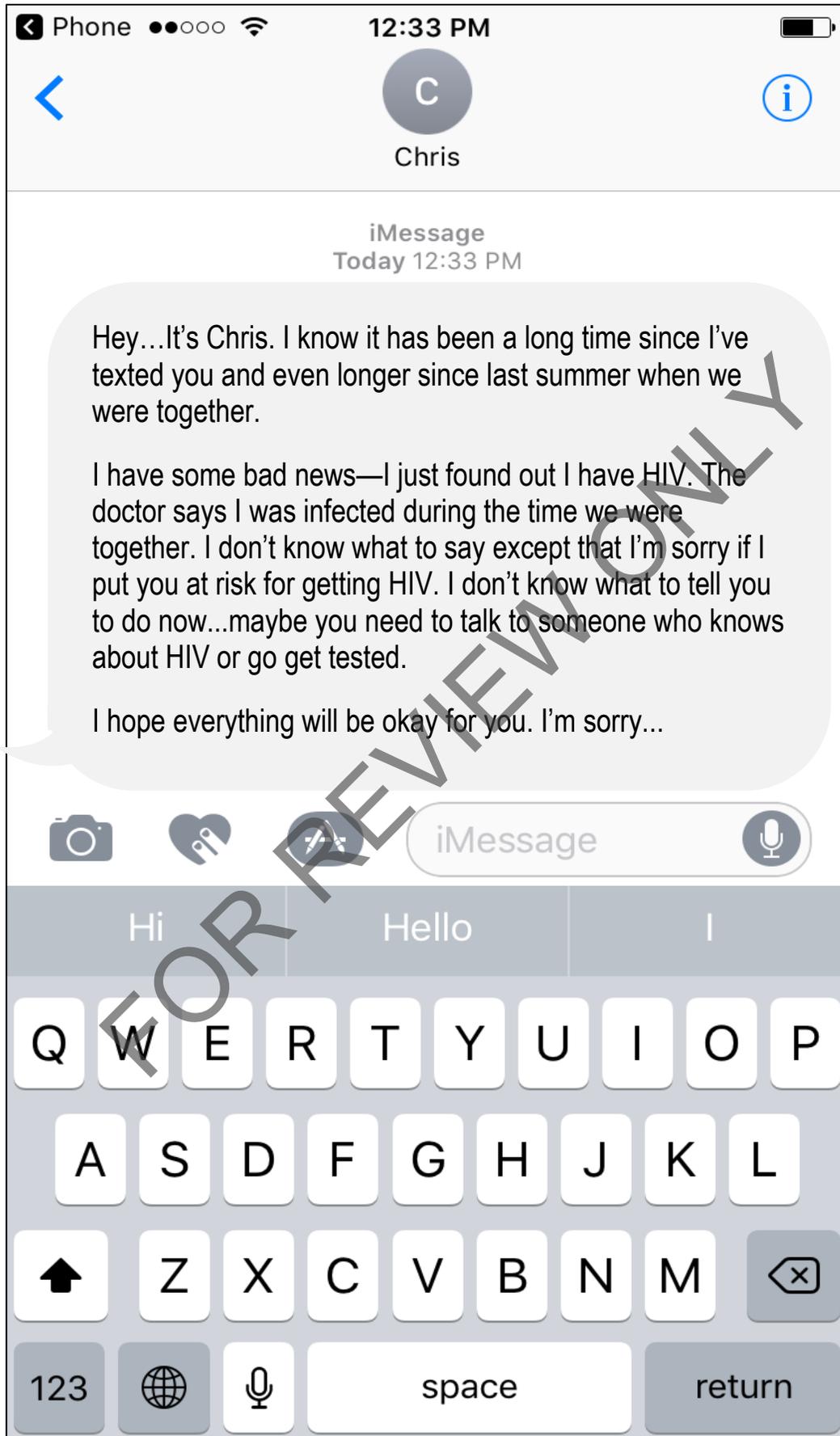
Homework

Hand out *Journal Entry: Text from Chris*. For homework, have peer educators write a journal entry based on the following:

Now that you have learned about being exposed to HIV from Chris, imagine you were just tested for the virus at a local clinic, and are awaiting the results. Answer the following questions:

1. If you test positive, how will your life change? What will your next steps be to care for yourself?
2. If you tested negative in this situation, how will this experience change your behavior? What will your next steps be to care for yourself?

handout



Journal Entry: Text from Chris

Now that you have learned about being exposed to HIV from Chris, imagine you were just tested for the virus at a local clinic, and are awaiting the results. Answer the following questions:

1. If you test positive, how will your life change? What will your next steps be to care for yourself?

2. If you tested negative in this situation, how will this experience change your behavior? What will your next steps be to care for yourself?

FOR REVIEW ONLY

Living with HIV

Bridge

Build a bridge from the last activity. For example, “In the last activity we...” or “Yesterday, we learned...” and connect it to the theme.

Theme

The purpose of this activity is to provide the opportunity for peer educators to learn more about what it is like to live with HIV and to reduce stigma attached to HIV positive individuals.

Directions

1. Select one of the following videos to play for your students. Alternately, you can assign viewing the videos for homework.
 - **Option 1:** MTV and GYT presents *I'm Positive*
<https://www.youtube.com/watch?v=KAxKITqED8E&t=53s>
 - **Option 2:** NCAIDS United AmeriCorps presents *Living Positive*
http://www.youtube.com/watch?v=gm3lftC9i_g

Reflections

Discuss the following questions:

1. What did you find most surprising from the video?
2. What did you learn about people living with HIV that you didn't already know?
3. Why do you think it's so important to reduce the stigma that exists about people living with HIV?
4. How does watching this video reinforce things you've learned in this unit about HIV?
5. What do you think would be the hardest part about living with HIV?
6. What would you want to say to the people in the video if you had the chance?
7. What questions do you have that you are left still wondering about?

 **Total Time:**
60 minutes

 **Materials**
 Video player

What Would You Say?

Bridge

Build a bridge from the last activity. For example, “In the last activity we...” or “Yesterday, we learned...” and connect it to the theme.

Theme

The purpose of this activity is to provide the opportunity for peer educators to practice giving the Teen PEP message when asked questions by their peers.

Directions

1. Have co-educator pairs sit together. Explain the importance of giving correct information when asked questions by their peers.
2. Hand out one *What Would You Say Scenario* card to each co-educator pair and give them 10 minutes to discuss their questions and prepare their answer for the class.
3. Return to large group.
4. Have a volunteer pair read their question aloud and give their answer.
5. Ask other pairs that have the same question can share how they would answer the question. Record responses on newsprint.
6. Using the *Facilitator's Guide*, ask questions that the students may have not considered to further explore the issues with the class.
7. Read aloud the *Summary Statement* at the end of each question discussed.

Reflections

Discuss the following questions:

1. What was it like to work through your scenario with your co-educator?
2. What from this activity has enhanced your understanding of HIV?



Total Time:

30 minutes



Materials

- What Would You Say Scenarios*, cut apart, so that each co-leader pair has one scenario question

What Would You Say? Scenarios

(Cut out and distribute one per co-leader pair)

Scenario 1

Your friend tells you that their partner has just gone on the pill. Since they have been together for a few months and are in a committed, monogamous relationship, they have decided to stop using condoms. *What would you say?*

In coming up with your response, answer the following questions:

- What protection do birth control pills offer? What happens if their partner forgets to take the pill?
- Why is it important for both partners to take responsibility for protection?
- What is the sexual history of both partners? What if someone is dishonest about their history?
- What happens if one partner cheats on the other? What happens if both partners are no longer monogamous? What if one partner uses needles to inject drugs?



Scenario 2

In a biology class the teacher explains how HIV invades T-cells and breaks down the immune system. A student raises their hand and says, "HIV isn't a serious illness anymore because you can just take anti-viral drugs." *What would you say?*

In coming up with your response, answer the following questions:

- When people say there is no cure for HIV, what does that mean?
- What is it like to commit to antiretroviral therapy (ART)?
- What are some of the illnesses HIV positive people can develop?
- What happens if someone stops taking their medication?
- What are possible side effects of anti-viral drugs?
- If a person doesn't have excellent medical insurance, how will they pay for or get covered the medications and medical care needed to stay healthy?

Scenario 3

Your friend tells you that they have been seeing someone for a while and is ready to have sex with them. A few weeks ago, they had insisted that they both get HIV and STI tests and they just got the results. They tell you it is safe to have sex with their partner since all the tests were negative. *What would you say?*

In coming up with your response, answer the following questions:

- What is the “window period?”
- What does an HIV test detect? How long does it take for antibodies to show up on an HIV test?
- What does a negative HIV test result really telling you?
- Why should people get re-tested even after a negative test?



Scenario 4

Your friend makes a statement, “only gay people get HIV.” *What would you say?*

In coming up with your response, answer the following questions:

- What are the high-risk behaviors that transmit HIV?
 - Who engages in high risk behaviors?
 - Why do people believe in myths and incorrectly think that only LGBTQ+ people are at risk for HIV?
 - What are some current statistics on HIV infection?
 - What does the statement “it’s not who you are; it’s what you do” mean?
-

Scenario 5

You are watching a football game on TV with your family. Your father mentions that he heard a particular football player has HIV. Your sibling says, “People with HIV should not be able to play contact sports.” *What would you say?*

In coming up with your response, answer the following questions:

- What are the ways HIV is transmitted?
- What are some ways this might happen during contact sports? What measures or Universal Precautions are taken to ensure everyone’s protection?
- With these protections, how likely is it that blood from an HIV infected person would get into bloodstream of another person while playing a sport?



Scenario 6

A student confides in you that a friend is HIV positive. This student recently used the same restroom as this friend and is now worried about now having HIV...and is considering breaking off the friendship. *What would you say?*

In coming up with your response, answer the following questions:

- What are the ways HIV is transmitted?
 - How likely is it that an infected fluid would get into this person’s bloodstream in this scenario?
 - Why might they want to remain friends with the HIV positive student? How should this person interact with the HIV positive friend?
-

What Would You Say?

Facilitator's Guide

Scenario 1

Your friend tells you that their partner has just gone on the pill. Since they have been together for a few months, and are in a committed, monogamous relationship, they have decided to stop using condoms.

What would you say?

Co-leader pair responses should include the following:

- Birth control pills don't protect against STIs
- If the partner with ovaries forgets to take the pill, the couple is not protected against pregnancy
- Both partners need to take protective measures (internal/external condoms, latex barriers, and birth control)
- Both partners may have had other sexual partners in the past and not know if they currently have an STI
- One or both partners may secretly decide not to be monogamous
- HIV is also transmitted through sharing needles which includes needles used to inject drugs or needles used for body piercings or tattoos.

If students omit any of these points, ask follow up questions as necessary.

Close out the conversation by reading the following Summary Statement:

Using internal/external condoms and/or other barrier methods offers the best protection for preventing HIV. It's recommended that anyone who engages in HIV high risk behaviors, such as unprotected oral, vaginal, or anal sex to get a rapid HIV test within 3 weeks of the behavior, and also important for anyone engaging in *protected* sex to still get routine HIV rapid testing, at least annually. You can never really know all the details of someone else's sexual history and they may have an STI or HIV without knowing. Even though couples decide to be monogamous, one or both partners may engage in sexual behaviors with someone else.

Scenario 2

In a biology class the teacher explains how HIV invades T-cells and breaks down the immune system. A student raises their hand and says: "HIV isn't a serious illness anymore because you can just take the anti-viral drugs." *What would you say?*

Co-leader pair responses should include the following:

- There is still no cure for HIV
- Antiretroviral therapy (ART) does make it possible for people to live long and full lives with HIV, but it is still a lifelong illness that requires a commitment to daily medication and routine care to remain healthy. Not adhering to prescribed treatment increases the risk of HIV viral load to increase, as well as complications with drug resistance. If a person does not adhere to ART, they could face complications from the virus, including the possibility of developing AIDS at some point
- ART is expensive and while there are insurance plans and other programs to help pay for treatment, it can be complicated to figure out how to get them paid for.

Close out the conversation by reading the following Summary Statement: While HIV treatment continues to evolve and provide options for people who are infected to live full, long lives, it is still a serious virus that requires a lifelong commitment to medical care and treatment in order for people to stay healthy and maintain their viral load.

Scenario 3

Your friend tells you that they have been seeing someone for a while and is ready to have sex with them. A few weeks ago, they had insisted that they both get a HIV test and they just got the results. They tell you it is safe to have sex with their partner since the test was negative. *What would you say?*

Co-leader pair responses should include the following:

- Depending on when the partner last had unprotected sex or shared needles, the test may not be accurate. The test needs to happen after the window period, which is 3-12 weeks after someone has been exposed to HIV.
- A negative HIV test result today just means that the person did not have HIV 3 months ago. It takes a while for the antibodies to build up, so if they were recently exposed, they would not have enough antibodies to show a positive result.
- To be sure they are negative, a person should engage in no high risk behavior for 3 months and then be re-tested.

If students omit any of these points, ask follow-up questions as necessary.

Close out the conversation by reading the following Summary Statement:

It is important to understand that when someone has been infected with HIV it can take up to three months to show an accurate result. It is never really “safe” to have unprotected sex with someone. An internal/external condom or latex barrier should always be used to reduce the risk of getting HIV. Remember, abstinence is the most effective way to prevent sexually transmitted HIV.

Scenario 4

Your friend makes a statement, “Only gay people have HIV.” *What would you say?*

Co-leader pair responses should include the following:

- HIV is transmitted through unprotected oral, vaginal, and anal sex, blood-to-blood contact through needle sharing, and from mother to child. *Anyone* who engages in these behaviors with an infected person is at risk, regardless of gender or sexual orientation.
- Even though HIV is more easily transmitted through unprotected anal sex, both LGBTQ+ couples and heterosexual couples can have anal sex.
- Even though in the United States, HIV was first seen among gay men, since that time, people of all identities, all genders, and all sexual orientations have continued to become infected. Among HIV infected teens and young adults, 40% are female-identifies and 60% are male-identified according to studies.

Close out the conversation by reading the following Summary Statement:

It is important to know that HIV does not discriminate based on race, class, sex or gender, age, or sexual orientation. Anyone who engages in unprotected oral, vaginal, or anal sex or who shares needles is at risk. It's not who you are; it's what you do.

Scenario 5

You are watching a football game on TV with your family. Your father mentions that you had heard a particular football player has HIV. Your sibling says, "People with HIV should not be able to play contact sports." *What would you say?*

Co-leader pair responses should include the following:

- HIV is only transmitted through unprotected oral, vaginal, and anal sex, blood-to-blood contact through needle sharing, and from mother to child, not casual contact.
- There are Universal Precautions in place to make sure that no one comes into direct contact with someone else's blood.

If students omit any of these points, ask follow-up questions as necessary.

Close out the conversation by reading the following Summary Statement:

Universal Precautions have been put in place to protect the public from exposure to HIV and other blood-borne infections. When used properly they are very effective.

Scenario 6

A student confides in you that a friend is HIV positive. This student recently used the same restroom as this friend and is now worried about having HIV...and is considering breaking off the friendship. *What would you say?*

Co-leader pair responses should include the following:

- HIV is only transmitted through unprotected oral, vaginal, and anal sex, blood-to-blood contact through needle sharing, and from mother to child, not casual contact.
- In order for this person to be at risk for HIV, the infected fluid (blood, semen, vaginal fluid) must get directly into the bloodstream. It is not possible to get HIV from using the same restroom as someone who is HIV positive.
- There is no reason to dissolve the friendship. There is a lot of stigma around HIV and this person could be a good source of support for the HIV infected friend.
- Being friends with someone is not a risk factor for getting HIV. They can continue social activities as normal and avoid coming into contact with any infectious fluids.

If students omit any of these points, ask follow up questions as necessary.

Close out the conversation by reading the following Summary Statement:

HIV is not transmitted through casual contact. Being friends with someone who is HIV positive does not pose a risk for infection. There is a lot of stigma around HIV and educating others about how it is spread and how it is not spread is very important. In addition, being supportive and helpful to those who are affected by HIV can really make a difference as they deal with this serious illness.

Know Your Status

Bridge

Build a bridge from the last activity. For example, “In the last activity we...” or “Yesterday, we learned...” and connect it to the theme.

Theme

The purpose of this activity is to engage students in investigating the healthcare resources in their community, and to compile a list of sites that provide HIV tests to be distributed to all participants in the *Break the Silence: Understanding & Preventing HIV Workshop*.

Directions

1. Remind students that as peer educators, it’s important that they know where peers can access HIV testing services.
2. Discuss the following questions:
 - a. When should a person get tested for HIV? (*When a person has participated in high risk behavior [unprotected oral, vaginal, or anal sex or sharing needles used to inject drugs or “works”] that has placed them at risk for HIV infection, and again six months after the behavior*)
 - b. What tests are available? (*The most commonly used HIV tests detect HIV antibodies, which are the substances the body creates when infected with HIV. There are also tests that look for HIV proteins or genetic material, but these are less commonly used.*)
 - c. How long does it take to get results? (*Rapid HIV tests can provide immediate results. Some health care providers send out HIV tests to a laboratory for testing and results take one to two weeks to come back.*)
 - d. Why is it important to know your HIV status? (*Medical care and antiretroviral therapy can keep HIV positive individuals strong and healthy for a longer period of time. It is also important to know your status so you can prevent transmitting HIV to others.*)

Homework

3. Hand out *Know Your Status*. For homework, have everyone find the HIV testing sites in your area/county.
4. At the next class, have a volunteer compile all worksheets to create a resource list to distribute at the workshop.



Total Time:

15 minutes



Materials

- Know Your Status* handout for each peer educator

Reflections

Discuss the following questions:

1. What was it like participating in today's activity?
2. What is sticking with you from your research on testing sites?

FOR REVIEW ONLY

Know Your Status

Directions

Be sure to fill in as much of the following information as you can **before** calling the HIV testing center or clinic, using the phone book or websites. If necessary, call to complete the chart. You may want to use the following introduction below when you contact the clinic.

Hello, my name is _____ and I am a Teen PEP peer educator at _____ High School. We are collecting information about HIV testing services for our health class. May I ask you a few questions about the services you provide?

 Site Name
 Location
 How to get there
 Phone
 Website
 Hours of Operation/ Testing Hours
 HIV Tests Offered
<input type="text"/> Rapid Test
<input type="text"/> Conventional Test

Revisit HIV Pre-test

Bridge

Build a bridge from the last activity. For example, “In the last activity we...” or “Yesterday, we learned...” and connect it to the theme.

Theme

The purpose of this activity is to help students understand what they knew prior to training, what they have learned about HIV, and to reinforce and summarize factual information.

Directions

1. Hand out pre-tests collected at the beginning of the unit.
2. Have students review them and change answers that they think are incorrect.
3. Go around the circle and read questions one at a time. Ask why a question is *True* or *False* and make sure that the issue related to the question is understood.

Reflections

Discuss the following questions:

1. What was it like to review your pre-test from a couple of weeks ago?
2. What do you feel like you’ve learned most in this unit?
3. What questions do you still have at this point?



Total Time:

20 minutes



Materials

- HIV Pre-Tests*, filled out in the beginning of the unit
- HIV Pre/Post-Test ANSWER KEY*

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HIV Pre/Post-Test ANSWER KEY 1,2,3,5

- True** 1. It is possible to have HIV and not know it.
Why: It is possible to be HIV infected for up to 8-10 years without having any symptoms. It is also possible to have an initial negative test result and still be infected.
- False** 2. Male identified partners can give HIV to female identified, but females cannot give HIV to males.
Why: HIV infection is caused by an infected fluid getting into the bloodstream or mucus membrane of another person. The assigned sex/gender identity of the partners does not matter.
- False** 3. There are drugs that can cure HIV infection.
Why: There is still no cure for HIV. Anti-retroviral drugs are very effective in reducing the amount of HIV virus in the blood. The immune system can improve and HIV positive individuals can live much longer when taking medication and surgery. However, there is no universal cure for HIV at this time. If a person stops taking the medication, they will eventually become sick and die.
- False** 4. A person can get HIV from sharing eating utensils, food, or having casual contact with an HIV positive person.
Why: The only behaviors that put a person at risk for acquiring HIV infection is unprotected sexual activity and sharing needles. Casual contact does not transmit HIV.
- True** 5. It's harder for people with HIV to fight off illness because their immune system is weakened by the virus.
Why: The immune system is what keeps a person healthy and well. When it is too weak to fight off infections, people get sick.
- True** 6. HIV is present in all body fluids, but is only transmitted through six.
Why: Blood, semen, pre-seminal fluid, vaginal fluid, rectal fluid, and breast milk (not urine, sweat or feces), are the fluids that contain enough HIV to transmit the virus.
- False** 7. Mosquitoes carry and transmit HIV.
Why: HIV cannot survive inside a mosquito's fluid system and cannot transmit the virus.
- False** 8. If a person gets a negative HIV antibody test one month after exposure, they do not have HIV.
Why: It takes 3-12 weeks to develop antibodies that can be detected by an HIV antibody test, this is called the window period. A negative test only indicates that you did not have antibodies to HIV three months ago. If you engaged in any risky behavior in the past 3 months, you could still have HIV and not know it.
- False** 9. Sexual orientation has nothing to do with your likelihood of contracting HIV.
Why: It is the behavior that puts a person at risk for HIV infection, not their sexual orientation. Engaging in unprotected oral, vaginal, and anal sex are high risk behaviors for transmitting HIV. Not all or only gay people have anal sex and many heterosexual, bisexual, and queer couples do.

- False** 10. If a pregnant person has HIV, they will always pass the virus on to their unborn child.
Why: Maternal transfer of HIV during pregnancy and birth occurs about one fourth of the time. That number is reduced if the mother adheres to ART during pregnancy. Recall that newborns may initially test positive for HIV but sero-convert to negative status within 18 months once their own immune systems develop.
- False** 11. Donating blood can put a person at risk for getting HIV.
Why: Donated blood is collected using sterile disposable equipment. There is no risk of an infected fluid getting into your blood.
- False** 12. You can tell by looking at someone if they are infected with HIV.
Why: HIV infected people can look and feel perfectly healthy for many years. There is no way to tell that a person has HIV by looking at them. The only way to know is to get tested and share your status.
- True** 13. Kissing is not a high-risk behavior for HIV transmission.
Why: There is not enough HIV in saliva to transmit the virus. In order for HIV to be transmitted by “making out”, there would need to be blood-to-blood contact.
- True** 14. It is possible for a person to get HIV by getting their ears pierced or getting a tattoo.
Why: If needles or ink are reused from person to person and one of those people has HIV, there is higher risk that the virus could be transmitted on the needle. However, there is low risk if Universal Precautions are followed such as by using sterile needles and ink.
- False** 15. Family members who take care of their HIV infected relatives are at risk for getting HIV.
Why: You cannot get HIV from caring for a sick person. Casual contact with or handling waste products of an infected person does not put you at risk. Only getting their infected blood, semen, vaginal fluid, rectal fluid, or breast milk into your bloodstream puts you at risk. There are no reported cases of family members getting HIV by caring for their loved ones.
- True** 16. Using alcohol and other drugs increases the likelihood of engaging in high-risk behaviors that could put a person at risk for HIV infection.
Why: When a person is high or drunk, they are less likely to use internal/external condoms or other latex barriers and may be more likely to share needles and “works” during drug use.
- False** 17. The body fluids with enough of the HIV to infect another person are blood, semen, and urine.
Why: Blood, semen, pre-seminal fluid, vaginal fluid, rectal fluid, and breast milk (not urine, sweat, or feces), are the fluids that contain enough HIV to transmit the virus.
- False** 18. Using a latex condom correctly each time a person has intercourse will place them at no risk for sexually acquired HIV infection.
Why: Using an internal/external condom correctly every time will put you at lower risk for HIV infection. Condoms are not perfect and can break or fall off, even if used properly.
- True** 19. Being infected with other STIs (sexually transmitted infections) can increase a person’s risk for getting HIV.
Why: Having any STI weakens your immune system and puts you at greater risk. STIs such as syphilis or herpes can weaken the skin tissue, providing openings to the bloodstream for HIV. If

someone has engaged in high-risk behaviors that led to getting an STI they should be tested for HIV as well.

- True** 20. HIV can be transmitted by oral sex.
Why: Although considered the least risky of the three types of sexual activity, it is possible to transmit HIV through oral sex. HIV-infected vaginal fluid, rectal fluid, or semen could get into the bloodstream of the partner through mouth sores or abrasions and mucosal membranes in the mouth or genitals.
- True** 21. If a person uses sterile needles and “works” each time, they are unlikely to get HIV from injection drug use.
Why: It is the sharing of needles that puts someone at risk for HIV. Using alcohol or drugs may make a person more likely to engage in high risk behavior.
- True** 22. If you are sexually active, you should get routine HIV tests.
The CDC recommends that all people between 13-64 get tested for HIV at least once, and that anyone who is sexually active be tested annually. Additionally, after any incidence of HIV high risk behavior (unprotected oral, vaginal, or anal sex; sex with multiple partners or partners whose history is unknown, sharing needles to inject drugs or other fluids or for body piercings or tattooing, sharing “works”) a person should get tested. To provide an accurate reading of one’s HIV status, HIV testing should take place within three weeks of possible exposure and, if negative, again at three months⁸.
- True** 23. People who routinely engage in HIV high-risk behaviors can take medicine to help prevent contracting HIV.
Pre-exposure prophylaxis, or PrEP, is a way for people who do not have HIV but are at risk of contracting it to prevent infection. The pill (called Truvada) can help keep the virus from establishing a permanent infection, and must be taken every day to be effective⁹.
- False** 24. If you contract HIV, all you need to do is take medicine.
Antiretroviral therapy (ART) consists of prescribed medication that must be taken daily under the supervision of a health care provider to slow the progression of HIV and help protect the immune system, but people living with HIV also need to seek routine medical care, commit to a healthy lifestyle, and in many cases seek emotional support to work through the early stages of diagnosis and treatment¹⁰
- True** 25. Rapid HIV tests are available in most clinics, hospitals, and medical centers.
You can find a test site near you by calling 1-800-CDC-INFO or visiting www.gettested.cdc.gov or by texting your zip code to KNOWIT.

School-Wide Campaign Check-In

Bridge

Build a bridge from the last activity. For example, “In the last activity we...” or “Yesterday, we learned...” and connect it to the theme.

Theme

The purpose of this activity is to ensure peer educators responsible for implementing a school-wide campaign following this unit’s corresponding workshop are on track.

Directions

1. Upon completion of the unit, hand out *School-Wide Campaign Check-In* to each peer educator in the group responsible for this unit’s topic. Students should start formulating ideas for their campaign as you begin preparing for the workshop.
2. Review the *School-Wide Campaign Guidelines* handout the peer educators received in *Unit One* to ensure they are on task. Remind students that they will need to submit ideas to you for approval. As advisors, be sure to get the proper approvals from the school or community before students implement their campaign ideas.



Total Time:

5 minutes



Materials

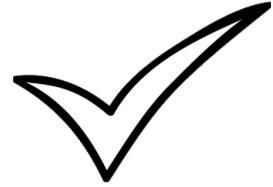
- School-Wide Campaign Check-In* handout for each peer educator in the group assigned to this topic

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SCHOOL-WIDE CAMPAIGN CHECK-IN

Workshop Topic: Understanding & Preventing HIV/AIDS



Group Members:

Structures:

- 1.
- 2.
- 3.

Plan for each structure: (Include frequency)

- 1.
- 2.
- 3.

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Parent/Guardian-Teen Homework

Bridge

Build a bridge from the last activity. For example, “In the last activity we...” or “Yesterday, we learned...” and connect it to the theme.

Theme

The purpose of this activity is to provide a structure for communication between parents/guardians/caregivers and teens on the topic of HIV.

Directions

1. Hand out *Parent/Guardian-Teen Homework*.
2. In advance of the workshop, peer educators should complete the homework assignment with a parent, guardian, or caregiver, have it signed, and turn it back into advisors.



Total Time:

5 minutes



Materials

- Parent/Guardian-Teen Homework* handout for each peer educator

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PREVENTING HIV

PARENT/GUARDIAN - CHILD HOMEWORK

 Student name: _____ Date: _____

? PURPOSE

To provide a structure for communication between parents/guardians and teens on the topic of HIV

➔ DIRECTIONS

STEP 1

Together, read out loud the workshop objectives, listed below.

WORKSHOP TAKE HOME MESSAGES



- People do not become infected with HIV through casual contact. HIV infection takes place when the HIV-infected body fluids find their way into the bloodstream or mucus membranes in the mouth, penis, vagina, or rectum of an uninfected person, through unprotected sex (oral, vaginal, or anal), through sharing needles to inject drugs or other fluids, or perinatally, from an HIV-infected mother to her child.
- Correct and consistent condom, and latex barrier use is very effective in reducing the risk of HIV transmission.
- While there are medications to keep people alive longer, there is no cure for HIV. Becoming infected with HIV will have a dramatic impact on one's life. The only way to know your HIV status, is to get tested. Rapid HIV testing is available at medical/health centers and clinics.
- The most effective strategy for preventing HIV infection is sexual abstinence and not sharing needles to inject drugs or other fluids.

STEP 2

Teens should share with parents/guardians their answers to the following question.

1. What was the most important thing you learned from this workshop?

STEP 3

Teens and parents/guardians should discuss together their responses to the following questions:

1. Why do you think the incidence of HIV is on the rise in the teen population?
2. Why do some people think HIV can be cured?
3. Why do many teens not get tested for HIV?

STEP 4

Parents/guardians should share with teens their answer to the following question.

1. What values do you want your child to receive from you regarding this topic?

STEP 5

Please sign and date below, indicating to the advisor that this assignment has been completed.



Parent/Guardian/Caregiver signature

Date

 **UNIT REFERENCES**

1. Centers for Disease Control and Prevention (CDC). (2015, January). Basic Information about HIV and AIDS. Retrieved from <http://www.cdc.gov/hiv/basics/index.html>.
2. Centers for Disease Control and Prevention (CDC). (2015, January). HIV in the United States: At a Glance. Retrieved from <http://www.cdc.gov/hiv/statistics/basics/ataglance.html>.
3. Centers for Disease Control and Prevention (CDC). (2014). HIV Testing Among Adolescents. Retrieved from http://www.cdc.gov/healthyyouth/sexualbehaviors/pdf/hivtesting_adolescents.pdf.
4. U.S. Public Health Service. Centers for Disease Control and Prevention. April 19, 1993.
5. Centers for Disease Control and Prevention (CDC). (2015, January). HIV Transmission. Retrieved from <http://www.cdc.gov/hiv/basics/transmission.html>.
6. Brick and Cooperman. (1987). Positive Images: A New Approach to Contraceptive Education. The Center for Family Life Education, Planned Parenthood of Bergen County, New Jersey.
7. American Red Cross HIV/AIDS Youth Education Program.
8. Centers for Disease Control and Prevention (CDC). (2016, September). Testing. Retrieved from <http://www.cdc.gov/hiv/basics/testing.html>.
9. Centers for Disease Control and Prevention (CDC). (2016, September). Pre-Exposure Prophylaxis. Retrieved from <http://www.cdc.gov/hiv/risk/prep.html>.
10. Centers for Disease Control and Prevention (CDC). (2016, August). Living with HIV. Retrieved from <http://www.cdc.gov/hiv/basics/livingwithHIV>.



Curriculum Feedback Form

Unit 8: Understanding & Preventing HIV

Name of Advisor: _____

School: _____

Today's Date: _____

Length of your class periods: 45 60 80 90 _____

No. of class periods to complete unit: _____

Please indicate the month the unit was taught:

<i>September</i>	<i>October</i>	<i>November</i>	<i>December</i>	<i>January</i>	<i>February</i>	<i>March</i>	<i>April</i>	<i>May</i>
<input type="checkbox"/>								

Advisor feedback is critically important in developing and revising curricular resources that work for schools. We appreciate you completing this form (or logging into www.TeenPEP.org to complete it online) so we can use your feedback in our process!

Please consider responding to any or all of the following questions in your feedback:

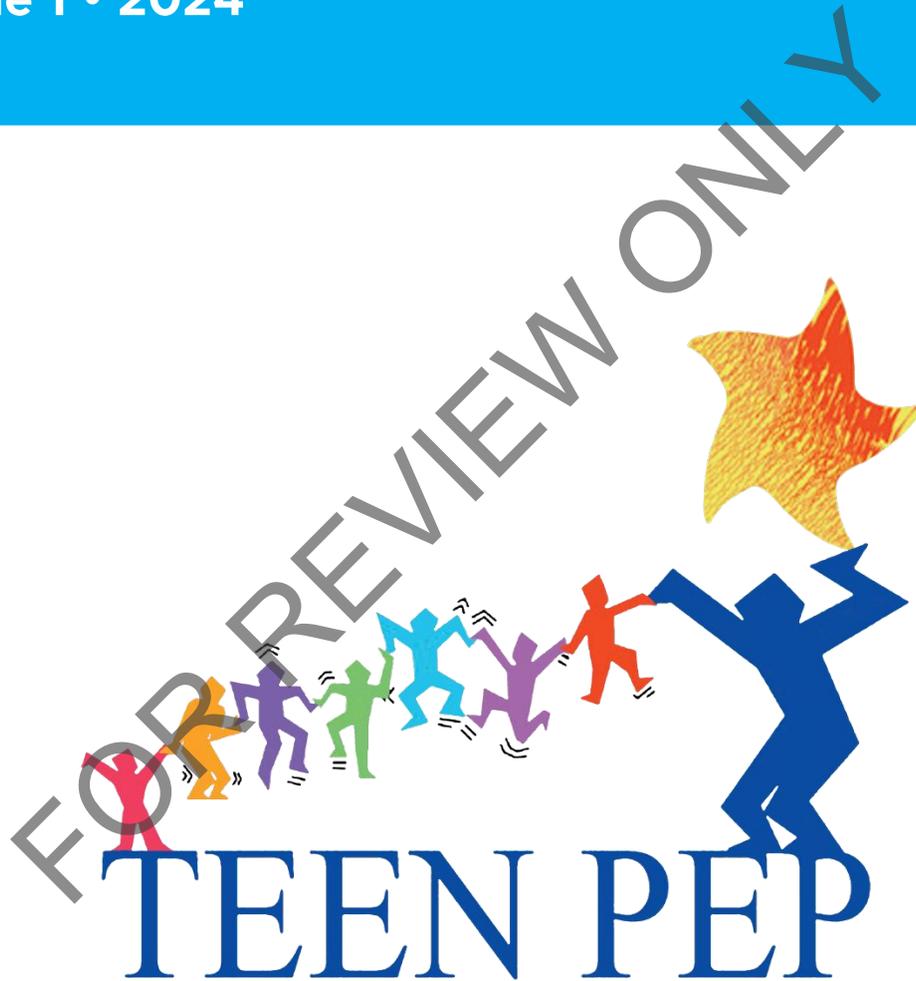
- How effective were the activities in increasing students' knowledge?
- How engaging were the activities for students?
- How clear are the objectives and directions for each activity?
- What, if anything, did you do differently for a particular activity? Why? What was the result for your group?

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Break the Silence

HIV Prevention Workshop

Volume 1 • 2024



TEEN PREVENTION EDUCATION PROGRAM

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TEEN PREVENTION EDUCATION PROGRAM
Break the Silence
HIV Prevention Workshop

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FOR REVIEW ONLY

Break the Silence

HIV Prevention Workshop Overview

► Workshop Objectives

After participating in this workshop, students will be able to:

- **Describe** the two most common ways teens contract HIV
- **Identify** at least three behaviors that will **not** put a person at risk for HIV infection
- **Name** two strategies for reducing the risk of contracting HIV
- **Describe** the 10 steps to using an external/male condom correctly
- **Explain** when a person should get tested and why testing and treatment are so important

► Take Home Messages

There is still no cure for HIV, but advances in testing and treatment can prolong the lives of those infected and this, in combination with prevention methods, can reduce the risk of transmission.

This workshop is designed to provide students with detailed information about HIV transmission and risk reduction skills.

While conducting this workshop, peer educators should keep in mind the major messages for participants to take home:

- People do not become infected with HIV through casual contact. HIV infection takes place when the HIV-infected body fluids find their way into the bloodstream or mucus membranes in the mouth, penis, vagina, or rectum of an uninfected person, through unprotected sex (oral, vaginal, or anal), through sharing needles to inject drugs or other fluids, or perinatally, from an HIV-infected mother to her child.
- Correct and consistent condom and latex barrier use is very effective in reducing the risk of HIV transmission.

- The only way to know your HIV status is to get tested. If individuals test positive for HIV it is important that they be linked to medical care and begin treatment as soon as possible.
- While there are medications to keep people alive longer, there is no cure for HIV. Even with current medical advances, becoming infected with HIV still impacts one's life.
- The most effective strategy for preventing HIV infection is sexual abstinence and not sharing needles to inject drugs or other fluids.

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Workshop Agendas

► 90-minute workshop

	Time
Attention-Getting Skit: <i>The Faces of HIV</i>	4 minutes
Presenter Introduction	2 minutes
Workshop Introduction	3 minutes
Bridge to Skits	2 minutes
Skits:	16 minutes
★ As the Virus Churns	10 minutes
★ Life as You Know It	2 minutes
★ Captain Condom or Mother Knows Best	4 minutes
Bridge to Small Group Activities	1 minute
Small Group Activities 	42 minutes
★ HIV Basics	22 minutes
★ Text from Chris	20 minutes
Bridge to Large Group Activities	2 minutes
Large Group Activities 	13 minutes
★ Jessica's Story	5 minutes
★ Condom Line-up	8 minutes
Closure	1 minute
Evaluation & Homework	4 minutes

► Two 45-minute workshops

Session 1	Time
Attention-Getting Skit: <i>The Faces of HIV</i>	4 minutes
Presenter Introduction	2 minutes
Workshop Introduction	3 minutes
Bridge to Skit	1 minute
Skit:	8 minutes
★ As the Virus Churns	8 minutes
Bridge to Small Group Activities	1 minute
Small Group Activity	
★ HIV Basics	20 minutes
Bridge to Large Group Activity	1 minute
Large Group Activity	
★ Jessica's Story	4 minutes
Closure/Bridge to Next Session	1 minute

Session 2	Time
Reintroduction	1 minute
Bridge from Last Session	1 minute
Bridge to Skits	1 minute
Skits:	6 minutes
★ Life as You Know It	2 minutes
★ Captain Condom or Mother Knows Best	2 minutes
Bridge to Small Group Activity	1 minute
Small Group Activity	
★ Text from Chris	20 minutes
Bridge to Large Group Activity	1 minute
Large Group Activity	
★ Condom Line-up	8 minutes
Closure	2 minutes
Evaluation & Homework	4 minutes

***Note:**

If completing this workshop in two 45-minute sessions within the same week, use the closing and opening bridges provided below. These should be used to close out Session 1 and open Session 2 by adding the scripts into the appropriate places within the workshop as noted in the *2 45-Minute Sessions Workshop Agenda*.

**Closure/Bridge to Next Session**

Peer Ed. 1: We've covered a lot in this first session. It's important to know which behaviors do and do not put you at risk for HIV infection. As you can see, there are many things that you can do to reduce your risk. HIV infection is still on the rise, and teenagers become infected every day. The next activity will bring home just how real HIV is.

Peer Ed. 2: In session two, we'll think more about how HIV can affect someone's life. We'll also talk about the importance of abstinence and if you are sexually active, how important it is to use an internal or external condom correctly each and every time you have sex. Thanks so much for your attention today.

**Reintroduction**

Scene: *Students form a line across the stage*

(One peer educator moves forward)

Peer Ed.: Hi. We are Teen PEP, which stands for Teen Prevention Education Program. We are here today to continue the workshop, *Break the Silence: HIV Prevention*. My name is _____.

(Peer educator moves back in line and all students introduce themselves to the audience)

**Bridge from Last Session**

Peer Ed. 1: In session one, we spent some time learning more about the ways HIV is spread and what specific behaviors can place us at risk for infection. Who can name some behaviors that are considered definitely safe because there is a no risk of transmitting HIV? *(Pause, wait for responses, and repeat answers: being abstinent, touching, swimming, hugging, identifying as LGBTQ+ or heterosexual, sharing pizza or a bottle of water, masturbation)*

Peer Ed. 2: Good job! And who remembers some of the behaviors that are definitely unsafe, because there is a high risk of transmitting HIV? (*Pause, wait for responses, and repeat answers: having unprotected oral, vaginal, or anal sex, and sharing injection drug needles or “works”.*) Excellent!

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Workshop Agendas

Note:

It is not recommended that schools do this workshop in under 90 minutes. If following a 60-minute agenda is imperative, take note of what is being cut or shortened from the original agenda.

►60-minute workshop

	Time
Attention-Getting Skit: <i>The Faces of HIV</i>	4 minutes
Presenter Introduction	2 minutes
Workshop Introduction	2 minutes
Bridge to Skit	1 minute
Skit:	12 minutes
★ As the Virus Churns	10 minutes
★ Life As You Know It	2 minutes
Bridge to Small Group Activity	1 minute
Small Group Activities	22 minutes
★ HIV Basics	22 minutes
Bridge to Large Group Activity	1 minute
Large Group Activity	
★ Condom Line-up	6 minutes
Bridge to Skit	1 minute
Skit:	4 minutes
★ Captain Condom or Mother Knows Best	4 minutes
Closure	1 minute
Evaluation & Homework	3 minutes

Break the Silence:

HIV Prevention Workshop



Attention-Getting Skit: *The Faces of HIV*

Scene: *Wearing masks, the presenters quickly form a tightly-knit group—standing, kneeling, sitting, all looking in different directions. In turn, each member makes a statement regarding the face of HIV. The final statement—“I may be there”—is said in unison as all members turn their faces to the audience.*

Peer Ed. 1: I am HIV. If you don't get tested, I can hide inside your body for many years before you know I am there.

Peer Ed. 2: I am HIV. I live in the fluids of your body and infect you from the inside.

Peer Ed. 3: I am HIV. I infect babies inside the uterus of the mothers where I live.

Peer Ed. 4: I am HIV. I had intercourse with a man who had sex with other men and we didn't use a condom.

Peer Ed. 5: I am HIV. I have infected over 35 million people worldwide¹.

Peer Ed. 6: I am HIV. I had vaginal intercourse with my partner. We didn't know our status.

Peer Ed. 7: I am HIV. One out of every seven infected Americans don't even know I'm there².

Peer Ed. 8: I am HIV. I am a child who got infected through my mother's breast milk.

Peer Ed. 9: I am HIV. Teenagers are my favorite group. They don't use condoms or get tested because they don't think they can get sick.

Peer Ed. 10: I am HIV. I have infected _____ people in _____ alone.
of people State/local community

Peer Ed. 11: I am HIV. I am a person who got infected when I shared a needle with an IV drug user. I only did it once.

Peer Ed. 12: I am HIV. I got drunk at a party and had unprotected sex with someone I didn't know.

Notes:

Performance note: This powerful skit should be performed very seriously with bold, strong voices. Emphasis is placed on the first **'I'** of each statement.

Information note: It is recommended that you have a peer educator use the CDC website to research and update the underlined statistics in this skit before performing this workshop each year.

Peer Ed. 13: I am HIV. My partner said, “Trust me,” and we didn’t use protection.

Peer Ed. 14: I am HIV. Actually, you can avoid me if you want to. You can **choose** not to share needles. You can **choose** not to have sex. And if you **do** have sex you must **limit** your partners, **know** your partners’ history and status, **get tested**, and use an internal or external condom correctly **every time** to reduce your risk. If you don’t. . .

ALL: . . . *I MAY BE THERE.* (Said in unison while turning to face audience)



Presenter Introduction

Scene: *Students form a line across the stage.*

(One peer educator moves forward.)

Peer Ed.: Hi. We are Teen PEP from _____ High School. Teen PEP stands for Teen Prevention Education Program. We are ____ juniors/seniors who have been trained in leadership and sexuality issues. Today, we’re going to do a workshop for you on HIV. Our workshop is called *Break the Silence: HIV Prevention*. My name is _____.

(Peer educator moves back in line and all students introduce themselves to the audience)



Workshop Introduction

(Two peer educators move forward and present the introduction, trading off paragraphs.)

Peer Ed. 1: We’re here today to talk about HIV and how we can reduce our risk for contracting the virus. So what is HIV? HIV stands for Human Immunodeficiency Virus. The virus attacks our immune system, making us less able to fight certain diseases and infections.

Peer Ed. 2: HIV is transmitted through six body fluids. Can anybody tell us what they are? *(Wait for audience response, then repeat correct answers)*

- Blood
- Semen
- Pre-Seminal Fluid
- Vaginal Fluid
- Rectal Fluid
- Breast Milk

Peer Ed. 1: So, how do you get it? A lot of people think that you can get HIV through casual contact like hugging or sharing eating utensils. But the virus can **only** be transmitted when one of the infected fluids gets into the **bloodstream or mucus membrane of the mouth, penis, rectum, or vagina** of another person. What are some of the behaviors that can put someone at risk for getting an infected fluid into their bloodstream or mucus membrane? *(Wait for audience response, then repeat correct answers)*

1. Sex without protection (*Ask audience*) What kinds of sex can put you at risk for HIV? (*Oral, vaginal, anal*)
2. Blood-to-blood contact (*Sharing needles or "works"*)
3. Pregnant person to their baby
4. Breast milk to baby

The two most common ways teens get infected with HIV are through unprotected sex and sharing needles. Most people know the facts: how you get it and how you don't. The **easy** part is knowing the facts; the **hard** part is changing our behavior.

Peer Ed. 2: There is so much we can do to **avoid** getting HIV. You can choose not to have sex or share needles. If you do decide to become sexually active, you have to use a latex, polyurethane, or polyisoprene (*pol-ee-ahy-sub-preen*) condom **every** time. Consistent and correct condom use is **very** effective in reducing the risk of HIV infection.

Peer Ed. 1: It's also important to remember that people with HIV don't look any different than you or me. The only way for anyone to know their HIV status is to get tested. You can't tell if someone has HIV just by looking at them, so you should avoid any behaviors that put you and your partners at risk, like sharing needles or having unprotected sex. It is really important to get tested if you have engaged in any of those high-risk behaviors.



Bridge to Skit

Peer Ed.: The next skit, called *As the Virus Churns*, gives you more information about HIV and shows how an unhealthy decision could put you and your partner at risk for HIV infection and change your lives.



About the Skits

Using dramatic skills, peer educators will present skits designed to help participants appreciate the consequences of unprotected sex and increase their knowledge of HIV transmission and the effects of HIV on the immune system. Peer educators are encouraged to adapt the language in the skits to better reflect their school community. As always, the language that is used should be clear and relevant, but not offensive, and rehearsed ahead of time.

Note:

"As the Virus Churns" has 11 roles: Narrator 1, Narrator 2, Mark, Carrie, Sign Person, HIV, Antibody, T-cell, PCP, Kaposi's Sarcoma, Cervical Cancer.

The skit can be done with a minimum of 7 peer educators if HIV, Antibody and T-cell double as PCP, Kaposi's Sarcoma, and Cervical Cancer, and one peer educator reads both narrator parts.

If your population would be better served by a same-sex couple in this skit, you can do so by making the actors same-sex.



Skits: *As the Virus Churns*

As the Virus Churns is a **pantomime**. Peer educators act out the story as told by the narrators. The story involves a couple, Mark and Carrie, who become sexually involved after drinking at a party. Mark contracts HIV from Carrie, but neither of them have symptoms for eight years. While the narrators describe what has been happening inside their bodies, other peer educators portray HIV, antibodies, T-cells and diseases to illustrate the effects of HIV and AIDS. The story then replays, showing how the ending would have been different if Mark and Carrie had used safer sex practices. Narrators should pause where appropriate to allow actors time to exaggerate their movements and expressions (*Ham it up!*) as the skit is meant to be humorous in some places.

Directions

1. The complete scenario is read by the narrators while presenters act out the scenes.
2. The narrators **do not** need to memorize their lines but should be familiar with the skit in order for it to run smoothly.
3. **Skit dialogue** is reflected on the **left** side of the page, while **actor/stage directions** are reflected on the **right** side of the page in *italics*.
4. In the middle of the skit, large posters are used to reinforce information about the infectious fluids and modes of transmission. Posters should be uniform and large enough for the audience to read.

Narration	Stage Directions
Scene:	<i>Peer educators form a line with backs to audience. Narrators are stationed on either side of the stage facing the audience.</i>
Narrator 1: This is Mark. Mark really wants a girlfriend. Mark is looking for love.	<i>Mark moves out, smiles and waves at audience. Looks around as if they're searching for something.</i>

Narration	Stage Directions
<p>This is Carrie. Carrie thinks Mark is very cute. So they arrange to be at the same party one weekend.</p>	<p><i>Carrie moves out, smiles and checks out Mark. Actors in back line turn around and create a party scene.</i></p>
<p>Narrator 1: Mark and Carrie start to get to know each other at the party. They talk (<i>Pause</i>); they dance (<i>Pause</i>); they laugh (<i>Pause</i>); they have fun together (<i>Pause</i>). Mark casually suggests that he and Carrie go off upstairs so they can be alone.</p>	<p><i>Mark and Carrie talk, dance, laugh, and have fun.</i></p> <p><i>Mark points to upstairs.</i></p>
<p>Carrie is shocked (<i>Pause</i>). It's too soon for her. Mark tries to persuade Carrie to go with him.</p>	<p><i>Carrie looks shocked and shakes their head. Mark tries to get Carrie to go upstairs with them.</i></p>
<p>She tells him she doesn't like the pressure and asks him why he isn't listening to her. Mark continues to pressure Carrie. She suggests they go get something to eat and talk about this later.</p>	<p><i>Carrie shakes their head.</i></p> <p><i>Mark and Carrie exit the stage together, and the back line faces away from the audience.</i></p>
<p>Narrator 2: Time passes (<i>Pause</i>). Not a lot of time, but some time.</p>	<p><i>Sign person moves across stage holding up Time sign.</i></p>
<p>Mark and Carrie are a couple. They care about each other very much. Carrie still isn't sure she wants to have sex with Mark, but she's starting to think about it. Mark is very sweet to her. She trusts him. She knows he would never do anything to hurt her.</p>	<p><i>Mark and Carrie move back on stage holding hands.</i></p> <p><i>Mark smiles and puts arm around Carrie.</i></p>
<p>This weekend, Mark and Carrie go to another party.</p>	<p><i>Back line creates another party scene.</i></p>
<p>They talk (<i>Pause</i>); they dance (<i>Pause</i>); they laugh (<i>Pause</i>); they drink (<i>Pause</i>); they have fun together (<i>Pause</i>).</p>	<p><i>Mark and Carrie talk, dance, laugh, and have fun. Two people from the party hand Mark and Carrie a cup (alcohol). They drink and continue to dance.</i></p>

Narration	Stage Directions
<p>Carrie has a surprise for Mark. She went to the _____ clinic last month and started birth control pills. <i>(Insert name of local family planning clinic)</i> Carrie wants to have sex with Mark. But only if they have a condom.</p>	<p><i>Carrie leans in and whispers to Mark.</i></p> <p><i>Mark acts excited with a big gesture.</i></p>
<p>Narrator 1: They talk <i>(Pause)</i>; they drink <i>(Pause)</i>; they dance <i>(Pause)</i>; they laugh <i>(Pause)</i>; they drink <i>(Pause)</i>; they have fun together <i>(Pause)</i>. Mark is very happy.</p> <p>But Mark doesn't have a condom. Not to worry, after a few drinks it doesn't matter anymore. Besides, Carrie is on the pill. Mark and Carrie go upstairs where they can be alone.</p>	<p><i>Mark and Carrie talk, drink, dance, laugh, drink, and act drunk.</i></p> <p><i>Mark smiles and acts very happy.</i></p> <p><i>Mark checks pockets and looks sad/worried when he doesn't have a condom.</i></p> <p><i>Carrie reassures Mark that it's okay. Mark and Carrie exit the stage together.</i></p>
<p>Narrator 2: As you can see, Mark and Carrie could be at risk for HIV. They have both had other partners have never been tested, and Mark has never used a condom, so both he and Carrie are at risk.</p> <p>So what is HIV exactly and what does it do inside your body that could eventually kill you? Let's review what you heard earlier. HIV is a virus. HIV can be transmitted by six body fluids. Those six body fluids are blood, semen, pre-seminal fluid, rectal fluid, vaginal fluid, and breast milk.³</p>	<p><i>Peer educators from the party scene form a line with their backs to the audience as Mark and Carrie return and sit in chairs with their backs to the audience.</i></p> <p><i>Sign person holds up a sign that says: Blood, Semen & Pre-Seminal Fluid, Vaginal & Rectal Fluids, Breast Milk.</i></p>
<p>Narrator 2: You can only get HIV if one of those infected fluids gets into your bloodstream or the mucus membrane in your mouth, penis, vagina, or rectum.³</p>	

Narration	Stage Directions
<p>The four things that you could do to get an infected fluid into your blood stream are: having unprotected sex (oral, vaginal, or anal), sharing needles, from a pregnant person to their baby, and breast milk to baby.³</p>	<p><i>As the narrator says the four behaviors, four people from the party scene keep their backs to the audience, and hold up signs to face the audience in the following order: Unprotected Sex, Sharing Needles or “works”, Pregnant Person to Baby, Breast Milk to Baby.</i></p>
<p>Narrator 1: Now let’s get back to our story. Time passes (<i>Pause</i>). A lot of time. It is now 8 years later. Mark and Carrie went their separate ways after high school.</p>	<p><i>Sign person walks through with Time sign</i></p>
<p>Carrie got married a year ago and will soon have a baby (<i>Pause</i>).</p>	<p><i>Carrie rises and faces audience with a small pillow under their shirt to simulate pregnancy.</i></p>
<p>Narrator 1: Mark became an attorney at a well-known law firm. Mark is not ready for the commitment of marriage. Mark is still looking for love.</p>	<p><i>Mark rises and faces audience wearing a tie.</i></p> <p><i>People gather around Mark.</i></p>
<p>Now comes the sad part of this story. Carrie got HIV from a sexual partner she had when she was a camp counselor in the summer after their junior year. She and Mark were together for their entire senior year and at the time Carrie didn’t know her status. Since Carrie was on the pill, they never used condoms.</p>	<p><i>Mark and Carrie sit in chairs with backs to audience.</i></p>
<p>It’s been 10 years now since Carrie infected Mark. For 10 years Mark and Carrie did not know they were infected. In the beginning they had flu-like symptoms that went away and didn’t have severe symptoms until now.⁴ Unfortunately, Mark and Carrie have continued to have other sexual partners and didn’t always use condoms.</p>	
<p>Narrator 2: So, what exactly has been happening in their bodies all these years? Meet HIV.</p>	

Narration	Stage Directions
<p>HIV: I am HIV. I live in some of the body fluids of Mark and Carrie. I have one mission: <i>(Pause)</i> To destroy the immune system.⁴</p>	<p>HIV, wearing a sign, puts on sunglasses and looks evil.</p>
<p>Narrator 1: Meet an antibody.</p>	
<p>Antibody: We are the fighters. We destroy bacteria and viruses that get into the body. We keep Carrie and Mark from getting sick.⁴</p>	<p>Antibody, wearing sign, flexes muscle.</p>
<p>Narrator 2: Meet a T-cell.</p>	
<p>T-cell: I am a T-cell. It's our job to tell the antibodies to get to work. Without us, antibodies are useless.⁴</p>	<p>T-cell, wearing sign, stands behind antibody and has hands on shoulders, pumping up the antibody.</p>
<p>Narrator 2: HIV invades the T-cell so that it can't tell the antibodies to do their job. When the T-cells quit working, the antibodies don't kill off infections and the person gets sick.⁴</p>	<p><i>HIV puts sunglasses on the T-cell, immobilizing it. T-cell sits down, stretches, and yawns.</i> <i>Antibody looks lost and confused and lies down.</i></p>
<p>Narrator 2: A healthy person has about 1000 T-cells per milliliter of blood. When a person with HIV has a T-cell count of 200 or less, they are diagnosed as having AIDS. So AIDS is not the disease, AIDS is the diagnosis when a person's T-cell count is so low that the person can't fight infections <i>(Pause)</i>.⁵</p>	<p><i>T-cell, antibody, and HIV return to the line.</i></p>
<p>Narrator 1: In our story, Mark and Carrie had enough T-cells to keep their antibodies working for about ten years. Finally their T-cell count got so low that they couldn't get the antibodies to work and rare infections began to take over. Meet some of the diseases that people with AIDS can get.</p>	

Narration	Stage Directions
<p>Kaposi's: I am Kaposi's (cap-oh-sees) Sarcoma. I am a form of cancer that will destroy Mark's blood vessels.⁶</p>	<p><i>Kaposi's Sarcoma</i>, wearing a sign, moves to Mark and places hands near one side of Mark's neck and freezes.</p>
<p>PCP: I am Pneumocystis (new-mo-sis-tis) Pneumonia or PCP. I am a deadly kind of pneumonia in people with AIDS, just like Mark.⁷</p>	<p><i>Pneumocystis Pneumonia (PCP)</i>, wearing a sign, moves to Mark and places hands near the other side of Mark's neck and freezes.</p>
<p>Cervical Cancer: I am Cervical Cancer. I am very hard to treat and have killed many women just like Carrie.</p>	<p><i>Cervical Cancer</i>, wearing a sign, moves to Carrie and places hands near Carrie's neck and freezes.</p>
<p>Narrator 2: For Mark and Carrie, they will have to deal with HIV for the rest of their lives. They'll need to take their medication every day as prescribed and put a lot of effort into staying healthy. <i>(Pause)</i>. Oh, and what about Carrie's baby? Some babies born to infected mothers have HIV. Her baby was lucky in one way. They were born without HIV. But, one day, they may lose their mother.</p>	
<p>Sign Person: Wait, I can't stand it. This is too sad. Can't we do anything to prevent this? I want to go back and help Mark and Carrie make healthier decisions.</p>	
<p>Narrator 1: Okay, let's go back.</p>	<p><i>Sign person moves backward with Time sign; all characters move around fast and backwards as if rewinding and return to the party scene positions and then freeze.</i></p>
<p>Narrator 1: Carrie has a surprise for Mark. She went to the _____ <i>(Insert name of local family planning clinic)</i> clinic last month to get tested and start birth control pills. She's ready to have sex with Mark, but only if he shares his status, too, and agrees to use a condom. She's never had sex without a condom and she doesn't plan to start now.</p>	<p><i>Carrie leans in and whispers to Mark. Mark acts excited with a big gesture.</i></p> <p><i>Mark puts hands over their pockets as if feeling for condoms. Carrie shakes their head to indicate they have never had sex without a condom.</i></p>

Narration	Stage Directions
They talk (<i>Pause</i>); they dance (<i>Pause</i>); they laugh (<i>Pause</i>); they have fun together (<i>Pause</i>).	<i>Mark and Carrie talk, dance, laugh and have fun.</i>
They stay sober (<i>Pause</i>).	<i>Mark and Carrie turn down alcohol offered by party scene peer educators.</i>
Mark is very happy . He got tested last week, and he has condoms with him, too (<i>Pause</i>). He's never had sex without a condom, and he doesn't plan to start now.	<i>Mark pulls out a string of condoms from their pocket and looks very happy.</i>
Carrie is happy too. Mark and Carrie can see how much they care about one another. The End .	<i>Carrie smiles and Mark puts arm around Carrie and then they freeze.</i>
<i>(Peer educators form a line across the stage)</i>	
<i>(One peer educator moves forward and says the following:)</i>	
Peer Ed.: The point of the skit is to demonstrate how HIV could be transmitted if individuals engage in risky sexual behavior. It is important to make sexual decisions sober, to use internal or external condoms correctly every time if you are sexually active, and to know your HIV status.	



Bridge to Large Group Activity

Two peer educators move forward. Peer Ed. 2 brings a stool or chair and sits in the middle of the stage. Peer Ed. 1 delivers the bridge. Other peer educators sit quietly on the stage.

Peer Ed. 1: Thank you to our actors. (*Applause*) In our story, Mark and Carrie were able to go back in time and choose to do things differently by making healthier decisions. But our story was make-believe. In the real world, a decision to have unprotected sex could change the course of your life. Next, we're going to read a true story that was written by a young person who made that decision and found out that there is no going back.

Their name is Jessica. Jessica's Story will be read by _____.

(Peer Ed. 1 joins the group sitting on the stage. Peer Ed. 2 reads Jessica's Story.)



Large Group Activity: *Jessica's Story*

I first met the guy who would become my junior high and high school boyfriend in the summer after 6th grade. I was 11. The first time I saw him I knew that I wanted him to be my boyfriend. He was so cute. We broke up and got back together when I was 13. After six months I decided that I was ready to lose my virginity and start having sex with him, unprotected sex. That was the summer of my 8th grade year. In 10th grade, I noticed that I was getting tired a lot and no longer had the drive to do my best academically. I found it very hard to keep up. I was so tired that most days I couldn't get out of bed to go to school. If I did go, I was asleep the whole time. In my senior year, I was absent 96 out of the 180 days.

One of the days that I was able to drag myself out of bed for school we were shown a video in psychology class. It was an episode of Oprah about AIDS. The whole time I was watching it, most of the symptoms they were describing such as tiredness, night sweats, weight loss, flu like feeling, I had. My inner voice kept saying to me, "You have this. Go get tested".

That afternoon I called a local organization that I knew provided HIV testing and asked about being tested. They said it cost \$30.00. I didn't have \$30.00. So I went to my family doctor, and I asked them to give me an HIV test. She wouldn't test me because she said I wasn't "at risk". I had only had sex with one person, and I had never used IV drugs. I asked to be tested anyway and she told me that it would look bad on my medical chart for insurance purposes, and that I didn't have HIV...I just needed a vacation.

On the evening of January 23, 1997 I received a phone call from my boyfriend. He sounded really upset so I asked him what was up. He beat around the bush for an hour then said, "Jessica I have something really important to tell you, but the time is not right now." I knew that my boyfriend had hemophilia, a disease that did not allow his blood to clot, so he had received blood transfusions on a regular basis since he was a child. I also knew that this was a way that some people had contracted HIV in the 1980's. So I asked him flat out, "Are you HIV positive?" He answered softly, "Yes". I started flipping out.

I went to the same doctor that I had been to 2 years before and told her that I needed that HIV test. I told her that I had been exposed to the virus. She tested me and two weeks later I received a phone call at work. It was my doctor. She said, "Jessica, I need you to come in as soon as possible". My worst fear was confirmed. Not only was I HIV positive; the disease had progressed to AIDS.

My boyfriend had gone with me to get my results and I kept drilling him with questions. "What were you thinking? Why didn't you tell me?" I wanted answers. You see, we were together for six years and he never showed any signs or symptoms. He'd only been sick twice the whole time, and that was only the flu. He looked fine, he acted fine; he was healthy. I now know that HIV is not a disease that you can see. For instance, you can't look at someone and know that they have HIV. I had no idea he had this. I would have done anything for him. I didn't understand why he felt he couldn't tell me he was HIV positive. Come to find out he was diagnosed in 1986 and we started dating in 1991. So he knew

the whole time and he did not tell me. He was in total denial about his HIV status. He was only 13 when he was told that he had AIDS and his mother told him not to tell anyone.

Most of my friends were having sex with more than one person and I only had sex with him. They didn't get HIV, I did. I had hopes and dreams that were destroyed with five little words, "Jessica, you are HIV positive." I wanted to go to college. I wanted to have children, but there are days when I can barely take care of myself. My medications alone last year totaled over \$50,000. I am unable to work because with HIV you can be fine one minute and feel horrible the next. This disease stinks. What I want you to see is that I was a normal teenage girl who made a huge mistake. I decided to have unprotected sex with my boyfriend. It was a decision that changed my life forever. I know how hard it is to say no to sex. I said, "yes" and look where it got me. You DO NOT want this disease.

You may hear "If you love me you will." Well, love waits. There are other ways that you can express your love for one another...hold hands, kiss, hug, send flowers, write love letters, be creative. You do not have to have sex with someone to show your love. Even if my story only saves one teen from contracting HIV it is worth sharing because that teen could be [you].

Jessica's Story is based on a true story of an individual who contracted HIV as a teenager. Her name has been changed to protect her anonymity.

Note:

Facilitating this activity takes a lot of practice and skill. There is a temptation, especially when the peer educators conduct this activity, to offer information instead of helping participants come to their own understanding. The point of the activity is to raise issues, have a discussion and make participants aware of what does and does not put a person at risk for contracting HIV.

**Bridge to Small Group Activities**

Peer Ed.: We hope our skits and Jessica's story taught you more about HIV and how it can affect peoples' lives. Now we're going to talk about the ways you can protect yourself. We're going to break you up into small groups. Please count with me while I number you off. Then look for the peer educator holding your group number and go with that peer educator to your small group location.



Small Group Activity: *HIV Basics*⁸

Directions

1. Divide participants into small groups of 6-10, with at least two peer educators, but no more than four, facilitating each small group.
2. Have your small group form a circle with peer educators sitting across from one another.
3. Place the *Behavior Continuum Signs* on the floor in a row across the middle of the circle.

The order of the signs should be: *Definitely Safe (No risk)*, *Probably Safe (Low risk)*, *Probably Unsafe (Moderate risk)*, *Definitely Unsafe (High risk)*.

4. Read the following directions to participants:

Peer Ed.:

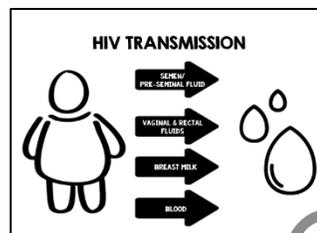
- I'm going to randomly hand out 20 *Behavior Cards* to everyone. It's okay if you get more than one card.
 - When you get your cards, decide how likely you think the activity/behavior on the card is in passing HIV via an infectious fluid from an infected person to an uninfected person.
 - Place your cards under the *Continuum Sign(s)* you think best applies: *Definitely Safe*, *Probably Safe*, *Probably Unsafe*, and *Definitely Unsafe*.
 - Once all the cards are down, I will lead us in a discussion of the cards.
 - Remember that the purpose of this activity is to understand which behaviors can put a person at risk for HIV, not other diseases or infections. In order to be at risk, an infected fluid (*blood, semen, pre-seminal fluid, breast milk, rectal fluid, or vaginal fluid*) from an infected person must get into the bloodstream of another person.
5. Hand out *Behavior Cards* to everyone.
 6. Answer any questions the group has and give everyone time to place their cards.
 7. After all of the cards have been positioned, use the *HIV Basics Facilitator's Guide* to lead the group through a discussion of the cards.

During this discussion, students may disagree or argue the placement of particular cards, but explain that for the purpose of this activity it is important that they walk away with the right information and take home messages. Therefore, each *Behavior Card* must end up under the correct *Behavior Continuum Sign*, found in the *Facilitator's Guide*.

HIV Basics Facilitator's Guide

IMPORTANT!

Facilitating this activity takes a lot of practice and skill. There is a temptation to offer information instead of helping participants come to their own understanding. The point of the activity is to raise issues, have a discussion and make participants aware of what does and does not put a person at risk for contracting HIV.



Definitely Safe (No risk)		Probably Safe (Low risk)		Probably Unsafe (Moderate risk)		Definitely Unsafe (High risk)	
Hugging	Touching	Contact Sports	Getting piercings/ Tattoos	Under the influence of Injection drugs	Under the influence of Alcohol	Oral sex without protection (no condom or latex barrier)	Vaginal sex without protection (no internal/external condom)
Swimming Together	Sharing a bottle of water	Kissing or Deep Open-mouth (French) Kissing	Oral sex with protection (condom or latex barrier)				
Identifying as heterosexual	Identifying as LGBTQ	Vaginal sex with protection (internal/external condom)	Anal sex with protection (internal/external condom)			Anal sex without protection (no internal/external condom)	Sharing injection drug needles or "works"
Being abstinent	Masturbating						

WHEN YOU FACILITATE, BE SURE THAT YOU:

Start with *Definitely Safe* and continue in the order provided

DO NOT ask participants to identify themselves as being responsible for putting a card in a particular category. This will prevent participants from getting put on the spot.

DO NOT tell a participant an answer is wrong; instead, ask questions to get the card into the correct category. This will avoid participants feeling embarrassed.



Note:

Participants may need reminders throughout the activity that the purpose is to understand which behaviors would put them at risk for HIV, not other diseases or infections. In order to be at risk, an infected fluid (blood, semen, pre-seminal fluid, breast milk, rectal fluid, or vaginal fluid) from an infected person must get into the bloodstream of another person. The objective is to decide how likely it is for HIV to be transmitted through each behavior.



Note:

During this discussion, students may argue the placement of particular cards, but explain that for the purpose of this activity it is important that they walk away with the right information and take home messages. Therefore, each *Behavior Card* must end up under a specific *Continuum Sign*. The correct placement of cards is laid out throughout this activity.

Process the signs in the order listed below in the *Facilitator's Guide*.

I. Definitely Safe (No risk)

1. Have a student read all cards aloud placed in this category.
2. Ask if anyone disagrees or has questions.
3. Lead a discussion using the *Important Questions to Ask*.
4. Summarize using the *Summary Instructions*.

**Definitely Safe
(No risk)**

Hugging	Touching	Sharing a bottle of water	Swimming Together
Identifying as heterosexual	Identifying as LGBTQ+	Being abstinent	Masturbating

NOTE:
Students often get distracted by thinking of extremely unlikely ways these behaviors could put you at risk. For example, "What if a person's mouth was bleeding and they got blood in the water and then another person had sores in their mouth and they drank from the same bottle?" It is important to bring students back to discussing the ways they are **likely** to become infected, rather than these remote, almost impossible scenarios.

Definitely Safe (No risk) Important Questions to Ask

Make sure the *Identifying as heterosexual* and *Identifying as LGBTQ+* cards are both placed in this category and address them together by discussing the following questions:

At the start of this activity, we mentioned that we would be assessing risks of behaviors. Some of you may have noticed that two cards provided aren't behaviors and are instead personal identities that individuals hold. Let's start our discussion with these two cards.

1. What does someone's identity, in this case sexual orientation, have to do with HIV transmission? *(Nothing, it doesn't because identities and Sexual orientation do **not** cause HIV infection. A person's behavior is what's important. High risk behaviors impact the likelihood of HIV transmission. Don't assume to know someone's behavior just from knowing their sexual orientation. It's **not** who you are, it's what you do that determines risk.)*
2. What behaviors put people at risk for HIV infection? *(Unprotected oral, vaginal, or anal sex, and sharing needles or "works".)*
3. Do heterosexual, lesbian, gay, bisexual, and other queer people have sex and/or share needles? *(Yes, anyone can choose to engage in these behaviors.)*
4. Do only LGBTQ+ couples engage in oral or anal sex? *(No. Some heterosexual and couples have oral and/or anal sex and some LGBTQ+ couples do **not**. **Anyone**, regardless of their identity and sexual orientation who engages in unprotected sex is at higher risk for HIV transmission. Remember: **It's not** who you are, it's what you do.)*

Address the *Sharing a bottle of water* and *Swimming Together* cards by discussing the following question:

1. Why is someone who engages in this behavior not at risk for contracting HIV? *(With these behaviors there is an exchange of water or saliva and HIV cannot be transmitted this way. There would have to be direct blood-to-blood contact for these behaviors to be unsafe and that is extremely unlikely.)*

Address the *Being abstinent* and *Masturbating* card by discussing the following questions:

1. What is the Teen PEP definition of sexual abstinence? *(Sexual abstinence is not having or engaging in oral, vaginal, or anal sex.)*
2. If someone is practicing sexual abstinence, why are they not at risk for contracting sexually transmitted HIV? What about masturbation? *(When practicing abstinence or masturbating alone, there is no exchange of infected body fluids and there is no chance of an infected fluid getting into the bloodstream or mucus membranes of the mouth, penis, vagina, or rectum of another person. Abstinence prevents the risk of HIV infection.)*

NOTE: If a person is abstinent, they are not at risk for **sexually transmitted** HIV. However, if this person is sharing injection drug needles or "works", then they are at risk for blood-to-blood transmission of HIV.

Definitely Safe Summary Instructions

If cards are incorrectly placed under this category, point them out by asking if everyone agrees that the behavior is definitely safe. If no students identify the misplaced behavior, pull it to the side and let them know you will come back to that card. Be sure to then refer back to that behavior card during the appropriate category per the answer key.

If there are behavior cards that are definitely safe and have been placed under different categories, wait until you get to that category to address those cards as you get to them.

Have a volunteer read out all of the correctly placed *Definitely Safe* behaviors.

Summary Statement:

Peer Ed.: These behaviors are considered *Definitely Safe (no risk)* because there is no exchange of a potentially infected fluid, preventing any risk of HIV infection.

2. Probably Safe (Low risk)

1. Read and discuss **each card** individually.
2. Ask volunteers to explain how HIV could or could not be transmitted with **each behavior**.
3. Lead a discussion using the *Important Questions to Ask*.
4. Summarize using the *Summary Instructions*.

Probably Safe (Low risk)

Contact Sports	Kissing or Deep Open-mouth (French) Kissing	Getting piercings/ tattoos
Oral sex with protection (condom or latex barrier)	Vaginal sex with protection (internal/ external condom)	Anal sex with protection (internal/ external condom)

Note:

When **Universal Precautions** are used (sterile needles and equipment, participants with active bleeding are taken out of the game, etc.,) the behaviors in this category are probably safe.

Probably Safe Important Questions to Ask

Address the **Oral sex using Protection** and **Vaginal and Anal Sex using Protection** cards by discussing the following question:

1. Why does using internal/external condoms or another latex barrier protection make these behaviors *probably safe – low risk*? (Although it is possible to transmit HIV if a condom breaks or slips off, **correct and consistent protection use via condoms or latex barrier is very effective in reducing the risk of HIV infection**. Oral sex with protection refers to the use of either external condoms or latex barriers such as a Dental Dam. Vaginal and Anal sex with protection refers to using internal or external condoms.)

Address the **Kissing/Deep Open-mouth (French) Kissing** card by discussing the following questions:

1. Why is kissing/deep open-mouth kissing *probably safe – low risk*? (There is not enough HIV in saliva to transmit the virus. In order for HIV to be transmitted by “making out”, there would need to be blood-to-blood contact.)
2. In what situation would it be possible to transmit HIV by deep kissing? (Both people would have to have active bleeding on or in their mouths for HIV to be transmitted. This is highly unlikely.)

Address the **Contact sports** card by discussing the following question:

1. What makes contact sports *probably safe – low risk*? What rules are followed? (During sporting events, **Universal Precautions** are used. This means that participants with active bleeding are taken out of the game, gloves are used, and all blood is treated as if it is infected, therefore reducing the risk of blood-to-blood contact during a sporting event. Many professional level extreme contact sports also require HIV testing as another way to reduce the risk of HIV transmission.)

Address the **Getting piercings/tattoos** card by discussing the following question:

1. When getting a piercing or a tattoo, what should you look for to ensure you are safe? (When getting a piercing, it is important to watch the person performing the piercing open up the needle in front of you, ensuring it is new and properly sterilized. The same rule applies with tattooing. The needles, and ink packages should be newly opened in front of you and no two needles should be dipped into the same ink. It is also important to ask if the piercing or tattoo shop has an autoclave, which is a device used to sterilize equipment and supplies. These are more examples of **Universal Precautions**.)

Probably Safe Summary Instructions

If cards are incorrectly placed under this category, point them out by asking if everyone agrees that the behavior is probably safe. If no students identify the misplaced behavior, pull it to the side and let students know you will come back to that card. Be sure to then refer back to that behavior card during the appropriate category per the answer key.

If there are behavior cards that are definitely safe and have been placed under different categories, wait until you get to that category to address those cards as you get to them.

Have a volunteer read out all of the correctly placed *Probably Safe* behaviors.

Summary Statement:

Peer Ed.: These behaviors are considered *Probably Safe (low risk)* because, although potentially infected fluids are present, **effective preventive measures** are being used to **reduce the risk of HIV infection** by not exchanging fluids.

3. Probably Unsafe (moderate risk)

1. Read and discuss **each card** individually
2. Ask volunteers to explain how HIV could or could not be transmitted with **each behavior**
3. Lead a discussion using the *Important Questions to Ask*.
4. Summarize using the *Summary Instructions*.



Probably Unsafe Important Questions to Ask

Address the *Under the influence of Alcohol* and *Under the influence of Injection Drugs* cards by discussing the following question:

1. What does the use of alcohol and use of injection and other drugs have to do with HIV transmission? How does being under the influence of alcohol or drugs impact behavior and HIV transmission? *(The behavior alone of using alcohol or other drugs will not transmit HIV. However, being under the influence of drugs or alcohol lowers inhibitions and impairs judgement, which causes people to be more likely to engage in moderate to high risk behaviors, such as having unprotected sex [oral, vaginal, or anal], having more sexual partners, or sharing needles and “works”. These high risk behaviors involve an exchange of body fluids that, if infected, increase a person’s risk of transmitting or contracting HIV.)*

Probably Unsafe Summary Instructions

If cards are incorrectly placed under this category, point them out by asking if everyone agrees that the behavior is probably unsafe. If no students identify the misplaced behavior, pull it to the side and let students know you will come back to that card. Be sure to then refer back to that behavior card during the appropriate category per the answer key.

If there are behavior cards that are definitely safe and have been placed under different categories, wait until you get to that category to address those cards as you get to them.

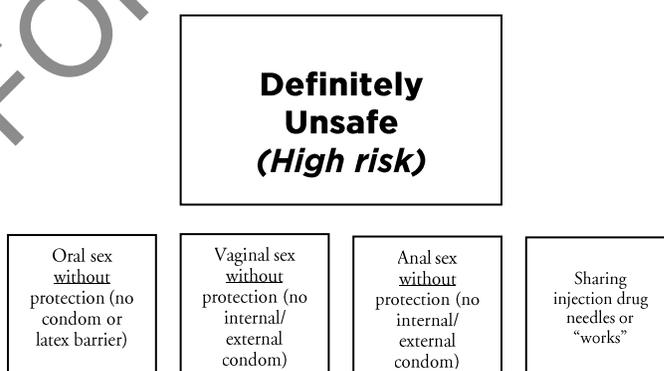
Have a volunteer read out all of the correctly placed *Probably Unsafe* behaviors.

Summary Statement:

Peer Ed.: These behaviors are considered *Probably Unsafe (moderate risk)* because they involve the **potential for risky behaviors** through blood-to-blood contact or mind-altering substances that **increase risk of HIV infection without taking protective measures**.

4. Definitely Unsafe (High risk)

1. Read and discuss **each card** individually.
2. Ask for volunteers to explain how HIV could be transmitted with **each card** individually.
3. Lead a discussion using the *Important Questions to Ask*.
4. Summarize using the *Summary Instructions*.



Definitely Unsafe Important Questions to Ask

Address the *Oral sex without protection*, *Vaginal sex without protection* and *Anal sex without protection* cards by discussing the following questions:

1. What has to happen for someone to get HIV during unprotected sex (oral, vaginal, or anal)? (*An infected fluid [blood, pre-/semen, vaginal or rectal fluid] must get into the bloodstream or mucus membrane in the mouth, penis, vagina, or rectum of another person to transmit HIV.*)
2. Why is unprotected anal sex high risk? How can HIV be transmitted this way? (*Anal sex without protection is risky because the anus is a tighter space made of fragile tissue, so bleeding is more likely and infected blood, pre-seminal fluid and semen could get into the mucus membrane in the rectum. It is possible for either partner to contract and/or transmit HIV during anal sex.*)
3. Why is unprotected vaginal sex high risky? How can HIV be transmitted this way? (*Vaginal tissue can be broken down with infection or friction and it is possible for the virus to get to the bloodstream through the mucus membrane in the vaginal wall and cervix. A partner could get HIV if infected pre-/semen, vaginal fluid and/or blood got through an abrasion on their penis or vulva/vagina during vaginal intercourse.*)
4. Why is unprotected oral sex risky? How could a person get HIV from oral sex? (*Oral sex involves fluid exchange by way of putting the mouth on the genitals of a partner: penis (fellatio), vagina (cunnilingus) or anus (analingus). Certain factors may increase the risk of transmitting HIV through oral sex. For example, if someone brushed their teeth and had active bleeding in their mouth/gums and then got infected fluid into their mouth, they would be at risk. Transmission during oral sex is also possible through the lining in the urethra, mouth, or vagina.*)

Address the *Sharing injection drug needles* or “works” cards by discussing the following question:

1. What makes sharing any kind of needles, or “works”, especially needles used to inject drugs, a high-risk behavior? (*A needle stick from an HIV infected person into another person is direct blood-to-blood contact. This is also true of sharing needles used to tattoo or inject steroids or silicone. In addition, sharing reservoirs or “works” is also direct blood-to-blood contact and a high-risk behavior.*)

Probably Safe Summary Instructions

By this point, there should be no cards that are definitely unsafe and in different categories. Be sure to address the cards that do not belong in this category and place them in their correct category after discussion.

Have a volunteer read out all of the correctly placed *Definitely Unsafe* behaviors.

Summary Statement:

Peer Ed.: These behaviors are considered *Definitely Unsafe (high risk)* because there is **highest risk of HIV infection** through **direct exchange of potentially infected fluid with no effective preventive measures** being used to prevent or reduce the risk. It is important to remember that any unprotected sex and direct blood-to-blood contact puts you at highest risk for contracting and transmitting HIV.

Reflection Questions

1. What did you learn from this activity?
2. What are the most important messages you want your peers to get from this activity? *(There are many behaviors that are safe or probably safe and fewer that are probably unsafe or definitely unsafe. If we avoid all risk behaviors, we are **preventing the risk** of contracting HIV. If we take protective measures against low-high risk behaviors, we are **reducing the risk** of contracting HIV. This activity also shows that there are many healthy behaviors people can engage in without being at risk for contracting HIV. It's important to remember that **It's not who we are, it's what we do.**)*



Bridge to Next Activity

Peer Ed.: It's important to know which behaviors do and do not put you at risk for HIV infection. As you can see, there are many things that you can do to reduce your risk. HIV infection is still on the rise, and teenagers become infected every day. The next activity will bring home just how real HIV is.



Small Group Activity: *Text from Chris*

Directions

1. Hand out *Letter from Chris* envelopes and tell everyone **not** to open them.
2. Read the following:

Peer Ed.: Life is great! This school year has been flying by—good grades, the best teachers. You've been working so hard this year and have your future all mapped out, knowing that all these long days and late nights are going to pay off. Plus, your social life has never been better. As a matter of fact, tonight you were invited to the party of the year. Before meeting your friend for the party, you run home to change. As you're getting ready to go out, your phone buzzes – you have a new text message.

3. Have everyone open their text message and read it to themselves.
4. When everyone has finished, have someone read the text aloud.
5. Use the following questions to discuss the experience.

Peer Ed.: Imagine that this is really happening to you. Take a few minutes to let this sink in and think about what it would feel like. (*Pause*)

► Discussion Questions

Discuss the following questions:

1. Imagine that this is really happening to you. What would your first thoughts be after reading this text?
2. What would you do that evening?
3. Who would you tell and what would you say? What makes it easier to talk about testing and disclosing your HIV status?
4. What about current/past partners—would you tell them?
5. Why is it important to talk to your partners? (*Before having sex, it is important to talk to your partner about your sexual and drug history, disclose your HIV status and get tested for HIV together. Many testing sites offer services to help you have these difficult conversations. There are also partner services for people in relationships with those infected with HIV.*)

Note:

You can adapt this scenario to fit the needs of your group.

6. What information is missing in the text? (*The types of behaviors--sexual and non-sexual--that went on between Chris and Chris's partner.*)
7. What are some high-risk behaviors that you and Chris might have engaged in that could lead to HIV infection? (*Unprotected oral, vaginal, or anal sex; any needle sharing*)
8. Would you go get tested? If so, how soon? Where would you go? (*The CDC recommends that everyone between the ages of 13-64 get tested at least once and if sexually active at least once per year. People who engage in high risk behaviors may benefit from more frequent testing, every 3 to 6 months. Testing services are offered at local clinics, doctor's offices, hospitals and other healthcare providers.*)
9. What are the benefits of testing? (*The only way to know your HIV status is to get tested. Knowing your HIV status provides you with information to help keep you and your partner healthy. Testing negative gives you the opportunity to re-evaluate your behaviors and commit to prevention steps. If you test positive you will be linked to medical care and start treatment to help control the virus. Taking medicine daily can prolong your life and greatly reduce the chance of transmission.*)
10. If you test positive, how can you be sure that it was Chris who infected you? (*You may not be 100% sure. Think about past behavior, past partners, and any other ways you could have become infected.*)
11. How do you know you didn't infect Chris? (*You can't be 100% sure. It's possible that you infected Chris and Chris got tested and notified you first.*)
12. What does it mean if you test negative? (*It means one of two things: 1) You are HIV negative. 2) You tested too early for the test to detect HIV antibodies. It takes time, 2 weeks to 3 months after transmission, for enough antibodies to build up and be detected by a test. This timeframe is called the Window Period, and varies from person to person. Because of the window period it is recommended that negative individuals get tested again in 3 months to be sure. Remember if you were HIV-negative at last test, you can only be sure you're still negative if you haven't engaged in any risky behaviors since that test. Each new potential HIV exposure restarts the window period.*)
13. How might Chris' life change because of a positive HIV diagnosis? (*Chris will need to adhere to daily medication and regular follow-up with a healthcare provider in order to be able to live a full and healthy life.*)

Peer Ed.: Thank you for a great discussion. We hope this activity helped you to think about what it might be like to possibly be exposed to HIV and how important it is to get tested and seek treatment if you are HIV positive.

Return to the large group for the next series of skits, workshop closure, and evaluations.



Skits: Life as You Know It

Scene: *Four peer educators, wearing white masks, form a line across the stage. Other peer educators form a second line behind them with their backs to the audience.*

Peer Ed.1: I got drunk at a party and had unprotected sex with someone I didn't know. (*Takes mask off*)

Avoiding HIV means knowing your partners, staying sober, and always using a condom or latex barrier. (*Puts mask back on and freezes*)

Peer Ed.2: I am a person who got infected when I shared needles to inject drugs. I only did it once. *(Takes mask off)*

Avoiding HIV means choosing not to engage in high risk behaviors like sharing needles. *(Puts mask back on and freezes)*

Peer Ed.3: My partner said, “Trust me,” and we didn’t use condoms. *(Takes mask off)*

Avoiding HIV means talking to your partner and making a commitment together to using condoms and latex barriers. Using protection shows that you care about yourself and your partner. *(Puts mask back on and freezes)*

Peer Ed.4: I am HIV. Teenagers are my favorite group. They don’t use condoms or get tested because they don’t think they can get sick. *(Takes mask off)*

Avoiding the spread of HIV means getting tested regularly to know your status. *(Puts mask back on and freezes)*

(All peer educators turn, forming one line facing the audience)

All: Avoiding HIV means choosing to protect yourself.



Bridge to Skit

Peer Ed.1: Despite what some people may think, HIV is still a very serious issue that will have an impact on many aspects of your life. The good news is, you don’t have to get HIV. The next part of the workshop addresses the most effective ways to avoid putting yourself at risk for HIV.

Peer Ed.2: We’ve talked a lot so far in this workshop about protection if you are sexually active. Nationwide, about 50% of high school students have had sex. We know there is a lot of pressure on kids from the media and peers to have sex, often before they are ready. It is important to remember that 50% of high school students have **not** had sex. If you are a teenager who has chosen abstinence, we think it is a really smart decision. As you know, not having sex and not sharing needles are the most effective ways of avoiding HIV. It is important to wait until you feel ready...until it’s **your** decision and **not** somebody else’s.

Peer Ed. 3: For those of you who are sexually active or considering it, we strongly encourage you to talk to your partner. In making decisions about whether or not to have sex, it is important to decide together, ahead of time, and when you are both sober. Be sure to talk about testing and the possible consequences of having sex and what kind of birth control and protection you will use. If you’re not comfortable enough to talk about it first, you probably aren’t ready, and that’s okay. If you **do** make the decision to have sex, you must use an internal or external condom or latex barrier correctly **every time**. The next skit will review the proper steps for using an external/male condom.



Skit: *Captain Condom*

Note:

In this portion of the workshop, there is time for only one skit. *Captain Condom* is the preferred skit, but if condom demonstration is not allowed, *Mother Knows Best* may be used. The skit is followed by an activity called *Condom Line-up* that reinforces the correct steps for using a condom.



Note about the Skit:

In this skit, Captain Condom describes the proper steps of condom use to Max. Max follows Captain Condom's step-by-step instructions using a wooden penis model and non-lubricated condom. If you don't have a wooden penis model, you can use a small cucumber or zucchini.

Scene: *Max and Kelly are talking on the phone.*

Kelly: Well I'm **not** so surprised, I mean I **knew** she felt like that about you, she just wanted to make sure you were interested in more than just a one night stand kind of thing.

Max: She thought that?! You **know** I'm not like that. I really like her.

Kelly: Yeah, I know, but no one wants to be used or cheated on. There are plenty of jerks out there.

Max: I guess...

Kelly: Anyway, I hear you guys are going to the beach for the weekend and your parents are letting you. I'm so jealous.

Max: Well, her mom is cool with it, and my parents are pretty clueless, so it works out.

Kelly: So.... you're going to do it, right?

Max: I **want** to.

Kelly: She does too. You're going to use condoms right?

Max: Of course we are, you got to.

Kelly: Just checking. You told me you were a virgin. Are you sure you know how to use a condom?

Max: Kelly! We took health class together; of course I do.

Kelly: Well, be safe Max, and be good to her, she's one of my best friends.

Max: Yeah, okay. I'll talk to you later.
(They hang up; Max pulls a condom from pocket and looks at it)

Max: *(To audience)* Health class was a while ago. I hope I remember everything Mr. Matthews said. He's kinda hard to follow. Hey, there's an 800 number on here. "Call with questions or comments". *(Picks up the phone and dials)*

Captain Condom: *(Charges into Max's room like a superhero would)* Hi! You've reached CAPTAIN CONDOM! How can I help?

Max: Oh...wow...you're here... *(Hangs up the phone and puts it away)* Well I, I, ummm...

Captain Condom: I know, Max. You've never had sex and you're about to for the first time. You love your partner and you want to be safe, right?

Max: Wow, how did you know?

Captain Condom: Because...I'm Captain Condom... So young fella, are you sure you know what you're getting yourself into?

Max: Well, I think so.

Captain Condom: Better make sure. Let's take it one step at a time. Do you have something that resembles a penis?

Max: *(Looks down)* Uh, yeah, I guess so.

Captain Condom: No, no, I mean something else. How about something from the kitchen?

Max: *(Walks away, then comes back with a thermos)* Okay, I found something.

Captain Condom: Oh come on, Max. Let's be realistic. Why don't you try your pinky finger?

Max*: *(Holds up pinky finger)* Hey, that's kind of harsh Captain Condom. Hold on, I do have my woodshop project. *(Pulls out wooden penis model from pocket)*

Note:

If you don't have a wooden penis model, you can use a small cucumber or zucchini, in which case, Max's line would become:

(Holds up pinky finger) Hey, that's kind of harsh Captain Condom. Hold on, I'll get something else. (Leaves again and returns with a cucumber.)

Captain

Condom: Excellent, now what's the first thing you do?

Max: I tell them they're gorgeous?

Captain

Condom: Yeah, yeah Romeo, I mean when you're ready to have sex.

Max: Oh, well I open up the condom and put it on.

Captain

Condom: Have you checked the date?

Max: Well sure, they're ready.

Captain

Condom: No, I mean the **expiration date**, on the condom.

Max: Huh? *(Looks at package)* Oh wow, I see it. *(Reading)* 1999.

Captain

Condom: What museum did you steal that from big guy? Look, they have to be up to date or they're no good. But hey, we'll use this one for our demo and you can buy some fresh ones for your big weekend. So what's next?

Max: I open it up and... *(Tearing the package open with his teeth and mumbling)* and I...

Captain

Condom: WHOA! Son, is that your teeth you're using?

Max: *(Stopping with condom in mouth and saying slowly)* Nooooo...

Captain

Condom: Never open a condom with your teeth. I mean we make 'em strong but they're still rather delicate things. **Careful** is the code word.

Max: *(Using fingers)* Oh, okay, I get it. Okay. it's open.

Captain

Condom: Great. Now make sure you have it right side up so it rolls down properly.

Max: Okay.

Captain

Condom: Now, you pinch the tip of the condom, to squeeze out any air so there's room for the semen when you ejaculate. Get it?

Max: That makes sense.

Captain

Condom: Now, roll it all the way down to the base of the penis and you're ready to...?

Max: *(Silence)*

Captain

Condom: Ready to...?

Max: Oh, yeah, to make love *(Gazes dreamily into distance)*

Captain

Condom: Good choice of words, Max. *(Captain Condom puts phone down and speaks to audience with emotion)* Teens these days...they have sex without love. It makes me so sad. It's always best when there's love.

Max: Uh, Captain Condom, are you still there?

Captain

Condom: Oh, yes, okay. So then what, after you make love you...?

Max: Stare into their eyes?

Captain

Condom: Yeah, yeah, in a minute. It's great to get all soft and mushy Max, but I want you to pull out while you're still hard. When you pull out of your partner, hold onto the rim of the condom so it doesn't slip off inside. Then you take it off away from their body so nothing drips, throw the condom out, and clean yourself off. **Then** you can cuddle. Any questions?

Max: Well, just a few. I don't have a lot of money. Can I wash out the condom and use it again? And what about HIV testing? I heard that's **really** important.

Captain

Condom: NO! Never use the same condom twice! If you're that broke, Max, you can get some free ones at _____ *(Insert name of place to get free condoms)*. And while you're there, talk to a healthcare provider about rapid HIV testing to learn your status. I gotta go now, I'm getting another emergency call. Be safe Max, and remember what Captain Condom says, "No glove, no love".

Max: **Thanks**, Captain Condom. That wasn't so bad. I can definitely do this!



Alternate Skit: *Mother Knows Best*

Scene: *Mom is onstage looking surprised, then questioning, then upset as they pantomime pulling a condom out of their child's laundry. Child walks in and startles Mom, and they quickly put it behind their back.*

Dave: Hey, Mom? I'm going to the court to play ball. Could you give me a ride?

Mom: *(Looks out at the audience and smiles broadly.)* Sure honey, I'd be happy to. I'll get the car.

Dave: Great, thanks. I'll get my stuff.

(Mom and Dave walk away from each other, then circle around and come back together at the front of the stage to sit in two chairs next to each other. Mom is "driving" and has their hands on the steering wheel.)

Mom: Sooooo, Dave...look what I found when I was doing your laundry. *(Pulls out wrapped condom.)*

Dave: Oh,...Uh...Yeah...It's not mine. Really. I was just holding it for somebody.

Mom: It doesn't matter who it belongs to. Everyone should know how to use one. Do you know how to use a condom?

Dave: Mom! I can't believe you are asking me this! I can walk from here...

(Dave turns and reaches for the door handle; Mom locks the doors.)

Mom: Not so fast. This is important Dave; it could save your life. Listen, don't be so embarrassed, we'll just talk it through. Here—at least find the expiration date. *(Hands over the condom.)*

Dave: Okay, here it is. It says June 2019. That's pretty close.

Mom: Pretty close isn't good enough. If it's expired it's more likely to break. Where'd you get that from *anyway?*

Dave: I told you, I'm just holding it for a friend.

Mom: Oh, right. Tell your friend they needs some new ones. Now, show me how you'd open it up.

(Dave rolls their eyes, takes condom and starts to open it with his teeth.)

Mom: STOP! Don't open it with your teeth, it could tear. Use your fingers!

Dave: Okay, okay.

Mom: Make sure it's right side up so it will roll down properly. Put it on the head of the erect penis (*Dave groans and puts his head in his hands while mom keeps talking*), squeeze the air out of the tip, and roll it all the way down. After sex, hold onto the rim...Dave! Pay attention, this is the most important part. Hold onto the rim so it doesn't fall off inside your partner. Withdraw the penis and roll the condom off carefully and throw it away. Never use the same condom twice. Also when you **are** ready to have sex, it's really important that you and you partner discuss getting tested for STIs like HIV. Now that wasn't so bad, was it?

Dave: Whoa, Mom. I can't believe you just said **all** that. I gotta go.

Mom: Sweetheart, no one ever died from embarrassment, but they **have** died from infections connected to the HIV virus. Here, take these and show your friends how to use them too. (*Hands Dave a handful of condoms*) Good luck with the game.



Bridge to Large Group Activity

Peer Ed.: Okay, now we're going to see what you learned about using an external male condom correctly.



Large Group Activity: External Condom Line Up

Directions

1. Peer educators ask for 10 volunteers, and hand each person a card representing one step in using a condom.
2. Explain that they are to get the steps of proper condom use in the **correct order**. Show them where the line should begin and where the line should end.
3. Have participants hold their card up high when they have accomplished the task.
4. Have participants read the cards from the beginning of the line to the end.
5. Ask the audience if they agree with the placement of the steps. (*See correct placement below.*) If there is disagreement, have the group reach consensus and form their line again. Repeat the process until everyone agrees upon the placement.
6. Have participants read the steps in order out loud.

1. Check expiration date	4. Roll condom onto base of penis
2. Sexual Arousal / Erection	5. Sexual Activity with Consent
3. Squeeze air out of the tip	6. Hold on to rim of condom

7. Withdraw penis with condom
8. Roll condom off away from partner
9. Loss of erection
10. Dispose of condom properly

Closure

(Volunteers return to their seats. Peer educators line up across the stage.)

(Five peer educators move forward and say the following:)

- Peer Ed. 1:** We hope that you learned a lot about HIV today and that this workshop has helped you to identify behaviors that could put you at risk. Remember, HIV is not spread through casual contact. It is only transmitted from an infected person to the bloodstream or mucus membrane in the mouth, penis, vagina, or rectum of another person through unprotected oral, vaginal, or anal sex, sharing needles, and from mother to child.
- Peer Ed. 2:** We also hope we have given you some skills that will help prevent the spread of HIV. Abstinence from oral, vaginal, and anal sex and from sharing needles are the most effective ways to *prevent* HIV infection. Correct and consistent condom and latex barrier use is very effective in *reducing the risk* of HIV transmission.
- Peer Ed. 3:** It's important to remember that while there are medications like ART and PrEP that help keep people healthy and reduce transmitting it to others, there is no universal cure for HIV and the illness is still very serious. People can live full and long lives with HIV as long as they get linked to treatment as soon as they find out that they're infected. And the only way to know your HIV status is to get tested.
- Peer Ed. 4:** Everyone between the ages of 13-64 should get tested for HIV at least once. If you're sexually active, you should get tested every year. And if you have ever engaged in unprotected sex or shared needles to inject drugs or other fluids, you should get tested for HIV immediately. Fifty percent of teens with HIV do not know they are infected. Knowing if you are HIV infected provides you with an opportunity to seek medical treatment to control the virus and prevent illness.
- Peer Ed. 5:** Thank you for your attention and participation. At this time we ask you to please complete the evaluation form to give us some feedback about this workshop. Your comments are very helpful. We will also pass out a homework assignment that you can do with a parent, guardian, or other trusted adult.

Evaluation

Pass out evaluations and pencils. Ask all participants to fill out an evaluation and hand it in before leaving the workshop.



Homework

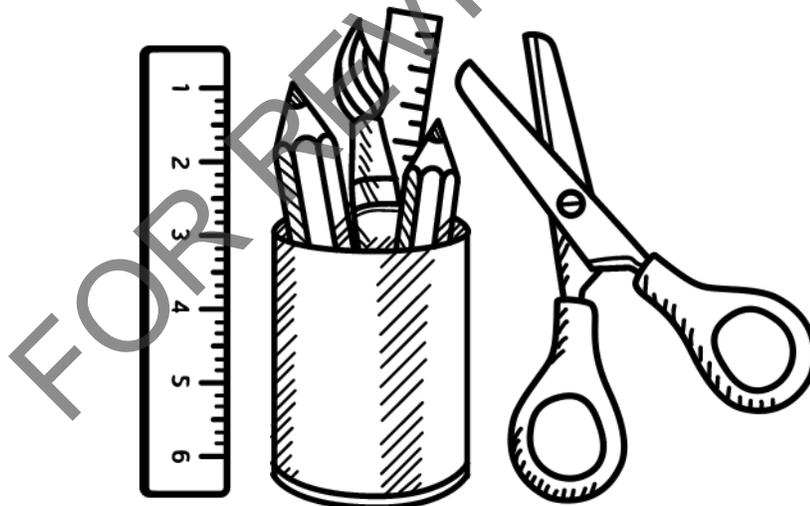
Pass out *Parent-Teen Homework* handouts to all participants. Instruct participants to complete this handout for homework with their parent/guardian, obtain a signature from their parent/guardian, and return it the next day to their classroom teacher.

FOR REVIEW ONLY

**WORKSHOP REFERENCES**

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Workshop Materials & Templates



**UNPROTECTED
SEX**

FOR REVIEW ONLY

**SHARING
NEEDLES OR
“WORKS”**

**PREGNANT
PERSON TO
Baby**

FOR REVIEW ONLY

Breast Milk to Baby

FOR REVIEW ONLY

Time

FOR REVIEW ONLY

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Blood, Semen &
Pre-Seminal Fluid,
Vaginal & Rectal
Fluids, Breast Milk

HMV

FOR REVIEW ONLY

Antibody

FOR REVIEW ONLY

T-cell

FOR REVIEW ONLY

**Kaposi's
Sarcoma**

Cervical Cancer

FOR REVIEW ONLY

PEP

FOR REVIEW ONLY

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Behavior Cards

(Print and cut out)



<p>Anal sex with protection (internal/ external condom)</p>	<p>Anal sex without protection (no internal/ external condom)</p>
<p>Under the Influence of Injection Drugs</p>	<p>Masturbating</p>
<p>Under the Influence of Alcohol</p>	<p>Kissing/Deep Open-mouth Kissing</p>

Behavior Cards

(Print and cut out)

<p>Sharing injection drug needles or “works”</p>	<p>Swimming together</p>
<p>Oral sex without protection (no condom or latex barrier)</p>	<p>Vaginal sex with protection (internal/external condom)</p>
<p>Oral sex with protection (condom or latex barrier)</p>	<p>Vaginal sex without a condom (no internal/ external condom)</p>

Behavior Cards

(Print and cut out)

Identifying as heterosexual	Identifying as LGBTQ+
Being abstinent	Sharing a bottle of water
Hugging	Contact sports

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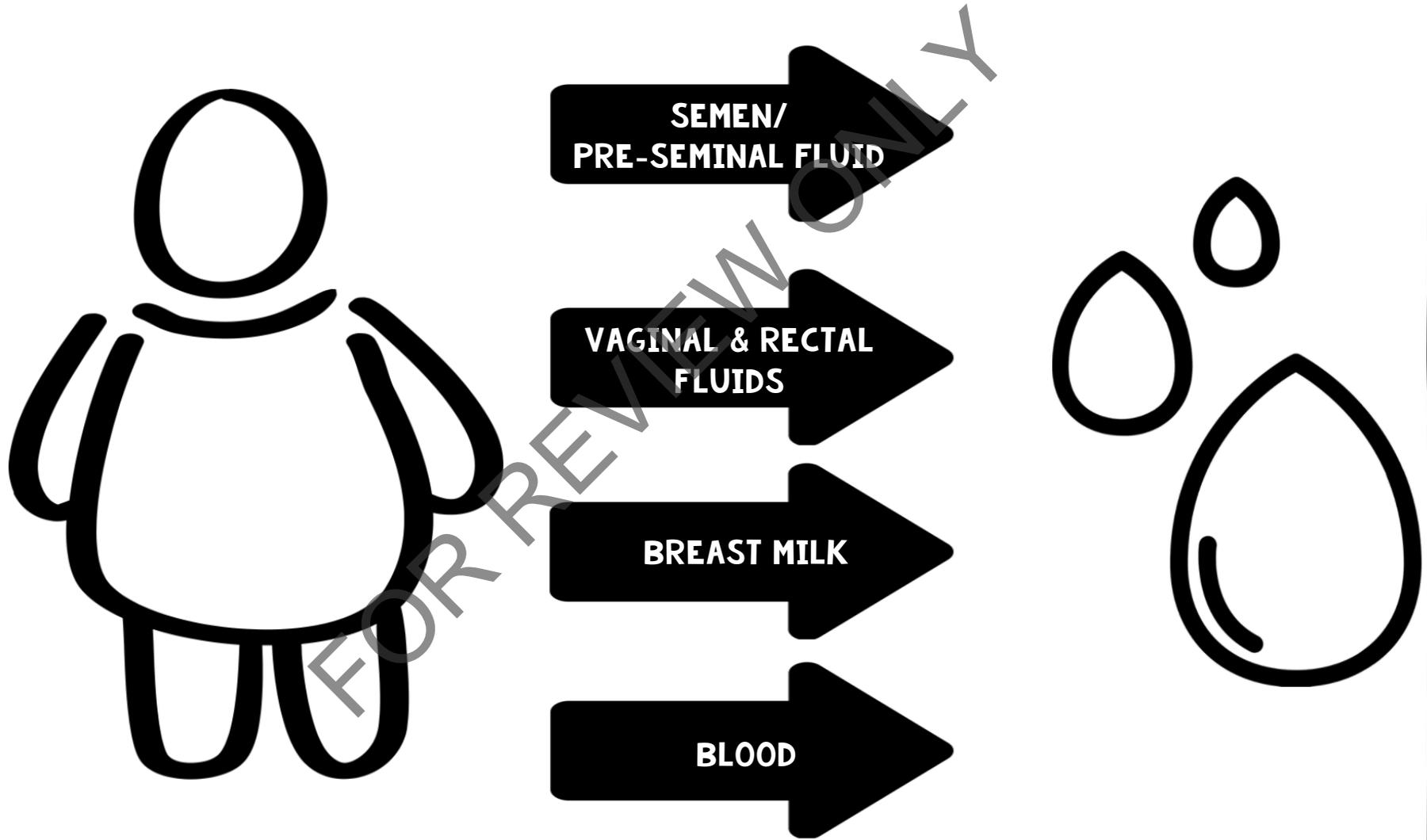
Behavior Cards

(Print and cut out)

<p>Touching</p>	<p>Getting piercings/ tattoos</p>
------------------------	--

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HIV TRANSMISSION



**Definitely
Safe
(no risk)**

**Probably
Safe
(low risk)**

**Probably
Unsafe
(moderate risk)**

**Definitely
Unsafe
(high risk)**



**Check
expiration date**

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Sexual Arousal/ Erection

FOR REVIEW ONLY

Squeeze air
out of tip

FOR REVIEW ONLY

Roll condom
onto base
of penis

**Sexual activity
with consent**

FOR REVIEW ONLY

Hold on to
rim of condom

FOR REVIEW ONLY

Withdraw penis
with condom on

FOR REVIEW ONLY

FOR REVIEW ONLY

Loss of erection

Roll condom off
away from
partner

Dispose of
condom properly

FOR REVIEW ONLY

PREVENTING HIV

PARENT/GUARDIAN - TEEN HOMEWORK



Student name: _____ Date: _____

? PURPOSE

To provide a structure for communication between parents/guardians and teens on the topic of HIV.

➔ DIRECTIONS

STEP 1

Together, read out loud the workshop take home messages below.

TAKE HOME MESSAGES

Advances in medicine have led to the mistaken idea that HIV is a chronic condition that can be managed easily or cured with the use of these medications. As a result, HIV education has diminished in the U.S. over the past several years leading to an increase in new infections among teens.

- HIV is not transmitted through casual contact. It is only transmitted from an infected person to the bloodstream or mucus membranes in the mouth, penis, vagina, or rectum of another person through unprotected sex (oral, vaginal, or anal), sharing needles, and from mother to child.
- Correct and consistent condom and latex barrier use is very effective in reducing the risk of HIV transmission.
- HIV testing is available and it's the only way to know your HIV status. If individuals test positive for HIV it is important that they be linked to medical care and begin treatment as soon as possible.
- While there are medications to keep people alive longer, there is no cure for HIV and the illness is still very serious. Becoming infected with HIV will have a dramatic effect on one's life.
- The most effective strategies for preventing HIV infection are sexual abstinence and not sharing needles to inject drugs or other fluids.

STEP 2

Teens should share with parents/guardians their answers to the following question:

1. What was the most important thing you learned in this workshop?

STEP 3

Teens and parents/guardians should discuss together their responses to the following questions:

1. Why do you think the incidence of HIV is on the rise in the teen population?
2. Why do some people think HIV can be cured?
3. Why do many teens not get tested for HIV?

STEP 4

Parents/guardians should share with teens their answer to the following question:

- I. What values do you want your child to receive from you regarding this topic?

STEP 5

Please sign and date below, indicating to the advisor that this assignment has been completed.



Parent/Guardian signature

Date

FOR REVIEW ONLY



Break the Silence: Understanding & Preventing HIV

Workshop Evaluation

Please rate how much you agree or disagree with each statement by placing a check mark in the appropriate box.

	Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree
This workshop increased my knowledge of the two most common ways teens get HIV.					
This workshop has increased my knowledge of the ways a person cannot get HIV.					
This workshop increased my knowledge of things I can use to reduce my chance of getting HIV.					
This workshop has increased my understanding of how to use a condom.					
This workshop helped me to understand why HIV testing and treatment are important.					

Please list three behaviors that are very unlikely to transmit HIV:

1. _____
2. _____
3. _____

List the two most common ways teens get HIV.

1. _____
2. _____

List the two ways a person can reduce the chance of getting HIV

1. _____
2. _____

Name one place you can get tested for HIV

1. _____

Place the steps to correctly using a condom in the correct order (step 1-10)

- _____ hold on to rim of condom
- _____ squeeze air out of the tip
- _____ check expiration date
- _____ roll condom on to base of penis
- _____ dispose of condom properly
- _____ loss of erection
- _____ sexual arousal / erection
- _____ sexual activity with consent
- _____ roll condom off, away from partner
- _____ withdraw penis with condom

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Please rate the presenters on the following by placing a check mark in the appropriate box.

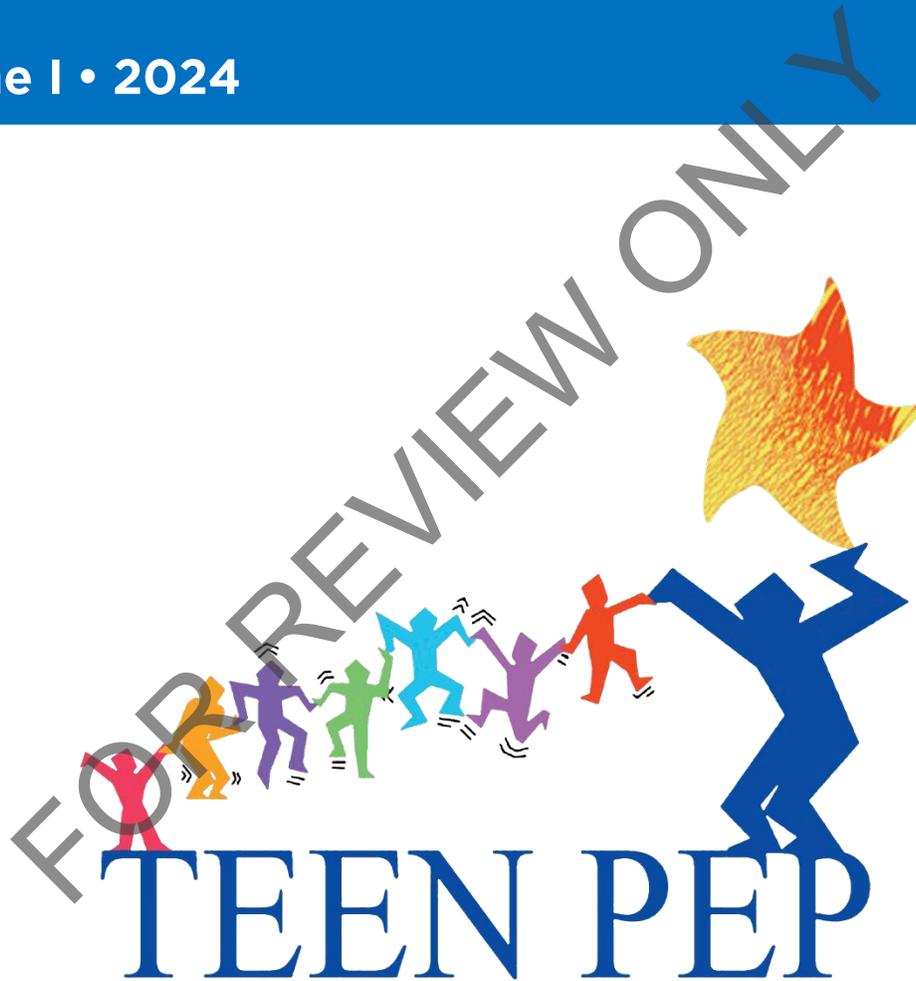
	Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree
The presenters clearly explained the directions for each activity.					
The presenters were well prepared and organized.					

Please use the space below to write any comments and suggestions. Thank you for completing this evaluation.

Unit Nine

Alcohol, Other Drugs, and Sexual Decision-Making

Volume I • 2024



TEEN PREVENTION EDUCATION PROGRAM

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TEEN PREVENTION EDUCATION PROGRAM

Unit Nine

Alcohol, Other Drugs, and Sexual Decision-Making

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FOR REVIEW ONLY

Homework

Homework

Alcohol, Other Drugs, and Sexual Decision-Making Overview

Bridge

Build a bridge from the last activity. For example, “In the last activity we...” or “Yesterday, we learned...” and connect it to the theme.

Theme

The purpose of this activity is to provide peer educators with a general overview of the topics to be discussed in the unit.

Directions

1. Hand out *Alcohol, Other Drugs, and Sexual Decision-Making Overview* and have volunteers read aloud, one paragraph at a time.

Reflections

Discuss the following questions:

1. What is your reaction to the statistic in the first paragraph? Do you think it is accurate? Why or why not?
2. Why is it so common to mix alcohol and sex? Drugs and sex? What drugs are prevalent among your peers? *
3. What are the benefits to making sexual decisions while sober? (*When sober, you are more likely to stick to your values, choose abstinence, know your partner, limit your number of partners, and use protection.*)
4. What qualities does a teenager need in order to avoid mixing alcohol and other drugs and sex? (*Self-confidence, self-control, good communication, strong values*)



Total Time:

15 minutes



Materials

- Alcohol, Other Drugs, and Sexual Decision-Making Overview* handout for each peer educator

*NOTE:

Throughout this unit, “other drugs” can refer to crystal meth, cocaine, inhalants, prescription drugs, ecstasy, and other substances that impair sexual decision-making. In the following activities and workshop, when referring to “other drugs”, be sure to specify the drugs your peer educators have identified as common among their peers. This helps provide students with concrete examples and helps make the messages more relevant.



Alcohol, Other Drugs, and Sexual Decision-Making Overview

According to a recent nationwide survey of high school students, approximately 1 in 5 reports that they were under the influence of alcohol or other drugs the last time they had sexual intercourse. "Other drugs" can refer to crystal meth, cocaine, inhalants, prescription drugs, ecstasy, and other substances that impair sexual decision-making.

Using alcohol and other drugs has a significant impact on one's ability to make good decisions in sexual situations. This impairment in decision-making occurs even when individuals under the influence believe they are thinking just fine.

Many young people are unaware that mixing sex with alcohol or other drugs puts them at risk in a number of ways. Being under the influence makes it more difficult to maintain the decision to be abstinent or, if sexually active, to use protection. This, in turn, puts a person at higher risk for STIs, HIV, or unintended pregnancy. It also increases the risk of miscommunication, and misunderstandings about sexual boundaries, which could lead to sexual assault. Studies show that sexual violence is more likely to occur when the perpetrator and/or victim are under the influence of alcohol. Finally, mixing alcohol and other drugs with sex may lead to embarrassment and regret.

Sex is a decision that is best made sober, so that both partners' values and sexual limits are fully taken into account.

This unit will give students the opportunity to explore the relationship between using alcohol and other drugs and making decisions about sex. Students will examine how the media connects sexuality with alcohol and other drugs and learn important decision-making steps and refusal skills.

Objectives

By the end of this unit, you should be able to:

- Describe how the use of alcohol and other drugs affects sexual decision-making
- Identify five potential consequences of mixing alcohol and/or other drugs and sex
- Name the three steps to use when making a decision
- Demonstrate the three negotiation and refusal skills to resist peer pressure
- Recognize the unhealthy messages about making sexual decisions while under the influence as portrayed by the media
- .

Take Home Messages

As peer educators, you will also be expected to make sure that workshop participants understand the following Take Home Messages:

- Being under the influence of alcohol and other drugs increases the likelihood of engaging in behaviors that put a person at risk for STIs, unintended pregnancy, and HIV infection.
- Having sex is a decision that is best made sober. When sober, a person is more likely to choose abstinence or use protection correctly and consistently if sexually active.
- It is important to set boundaries ahead of time, before getting into a potentially risky situation

Introducing Message in the Music

Bridge

Build a bridge from the last activity. For example, “In the last activity we...” or “Yesterday, we learned...” and connect it to the theme.

Theme

The purpose of this activity is to help students critically analyze the messages in popular songs and how they promote risky behaviors under the influence of alcohol and/or other drugs.

Directions

1. Brainstorm a list of songs that contain content related to alcohol or other drugs and sex. Record responses on newsprint.
2. Divide everyone into 5 small groups.
3. Assign each group a song from the list, ensuring the songs chosen do not contain harmful messages or violate school policy.
4. Hand out *Message in the Music* and review the questions and guidelines.

Homework

5. For homework, have each group listen to their song, print the “clean” version of the lyrics, and use their handout to prepare a 5-minute presentation for the class.



Total Time:

5 minutes



Materials

- Newsprint
- Markers
- Message in the Music* handout for each peer educator



Message in the Music



➔ DIRECTIONS

STEP 1

As a group, listen to a clean/edited version of your assigned song.

STEP 2

Print lyrics and be sure to remove any explicit words before submitting it to your faculty advisors.

STEP 3

Prepare a 5-minute presentation for the class using the following guidelines:

1. Identify specific lines in the song and describe the message they are promoting about mixing alcohol or other drugs and sex.
2. Name the consequences that could happen to anyone involved in the situation described in the song.
3. Rewrite a portion of the lyrics to promote a positive message.
4. Write down your group's response to the following questions:
 - If you heard this song before, what did you think it was saying?
 - In what ways has that impression changed since this discussion?

STEP 4: IN CLASS

When you return to class, each group will do the following:

- Present your song and lyrics
- Facilitate a short conversation with the class using the two questions from #4 (above).
- Share your group's answers to those same questions to close the presentation.

Quick Facts

Bridge

Build a bridge from the last activity. For example, “In the last activity we...” or “Yesterday, we learned...” and connect it to the theme.

Theme

The purpose of this activity is to attain a greater understanding of the relationship between alcohol, other drugs, and sexual decision-making.

Directions

1. Divide the group into pairs.
2. Hand out *Quick Facts Quiz* and give pairs 8 minutes to discuss and complete the quiz together.
3. Hand out *Quick Facts Answer Sheet* and give pairs 5-8 more minutes to “score” their quiz, read the rationales, and discuss any items they got incorrect.

Reflections

Discuss the following questions.

1. Which of these answers most surprised you?
2. What did you learn from taking this quiz?



Total Time:

20 minutes



Materials

- Quick Facts Quiz* for each peer educator
- Quick Facts Quiz Answer Sheet* for each peer educator

FOR REVIEW ONLY

Quick Facts Quiz

Test Your Knowledge

Circle *T* if you believe the statement is true. Circle *F* if you believe the statement is false.

T **F**

1. Teens who use alcohol and other drugs are more likely to have sex.

T **F**

2. The most commonly used date rape drug is alcohol.

T **F**

3. When people are drinking or using drugs, they are not as able to evaluate risky situations.

T **F**

4. When people are drinking, they are less likely to become sexually aggressive.

T **F**

5. As more alcohol and/or other drugs are consumed, physical arousal increases.

T **F**

6. More than one in three perpetrators of sexual assault or under the influence of alcohol.

T **F**

7. More than half of all cases of STIs are transmitted when partners are under the influence of alcohol or other drugs.

T **F**

8. Among teens who have sex, 25% used alcohol or other drugs the last time they had sexual intercourse.

T **F**

9. One out of 10 first sexual experiences occur under the influence of alcohol.

T **F**

10. Teens who use alcohol are more likely than teens who use drugs to have more sexual partners.

Quick Facts Quiz

ANSWER SHEET

TRUE

1. **Teens who use alcohol and other drugs are more likely to have sex¹.**

Of those teens who have had sexual intercourse, they are also more likely to have used alcohol or other drugs when compared to those teens who have not had sexual intercourse.

TRUE

2. **The most commonly used date rape drug is alcohol².**

Alcohol, as opposed to any other drug, is the most common substance used in cases of sexual assault.

TRUE

3. **When people are drinking or using drugs, they are not as able to evaluate risky situations².**

Since alcohol and other drugs interferes with information processing, people are less able to evaluate social situations for risk factors like a partner's aggressive body language, sexual touching, or manipulation.

FALSE

4. **When people are drinking, they are less likely to become sexually aggressive³.**

While under the influence of alcohol, people are more prone to misinterpreting sexual cues and clues from a partner's body language. Alcohol also encourages the expression of sexual aggression.

FALSE

5. **As more alcohol and/or other drugs are consumed, physical arousal increases⁴.**

The more alcohol and/or other drugs are consumed, the less the body is able to respond sexually, including achieving and maintaining an erection.

TRUE

6. **More than 1 in 3 perpetrators of sexual assault are under the influence of alcohol⁵.**

Nearly half of all sexual assaults involve alcohol—either for the victim or the perpetrator. Sexual assault is never the victim's fault; rather these conditions increase the risk for assault to occur.

TRUE

7. **More than half of all cases of STIs are transmitted when partners are under the influence of alcohol or other drugs⁶.**

60% of all STIs are transmitted when the partners are under the influence. When people are drinking, they are more likely to engage in risky sexual behaviors, including having sex with someone who they have just met or having more than one partner. Also, the correct use of condoms/latex barriers is reduced when people are drinking.

- TRUE** 8. **Among teens who have sex, 25% used alcohol or other drugs the last time they had sexual intercourse⁶.**
Many teens are uncomfortable about making sexual decisions and use alcohol and/or drugs to decrease their nervousness.
- FALSE** 9. **One out of ten first sexual experiences occur under the influence of alcohol¹.**
About four out of five first sexual experiences involve alcohol. Similar to the reasons discussed above, many first sexual experiences are unplanned, and the use of alcohol increases the chances of this occurring.
- FALSE** 10. **Teens who use alcohol are more likely than teens who use other drugs to have more sexual partners⁷.**
Teens who use alcohol are twice as likely and teens who use other drugs are three times more likely than non-using teens to have sexual intercourse with four or more people.

FOR REVIEW ONLY

Presenting Message in the Music

Bridge

Build a bridge from the last activity. For example, “In the last activity we...” or “Yesterday, we learned...” and connect it to the theme.

Theme

The purpose of this activity is to help students critically analyze the messages in popular songs and how they promote risky behaviors under the influence of alcohol and/or other drugs.

Directions

1. Refer back to the homework assignment given in the *Introducing Message in the Music* activity earlier in this unit.
2. Have each groups conduct their 5-minute presentations on their assigned song following the guidelines on the handout.

Reflections

Discuss the following questions:

1. Why should we care if a song gives a dangerous or destructive message?
2. Respond to this statement: By buying and/or listening to songs with these messages a person is supporting the message in the music.
3. What are you willing to commit to doing as a result of what you’ve learned from this activity?



Total Time:

20 minutes



Materials

- All edited song lyrics for each peer educator
- Presentation materials from each group, including their completed handouts from *Introducing Message in the Music*

FOR REVIEW ONLY

The Text from Last Night

Bridge

Build a bridge from the last activity. For example, “In the last activity we...” or “Yesterday, we learned...” and connect it to the theme.

Theme

The purpose of this activity is to **highlight consequences of electronic communication while under the influence.**

Directions

1. Post the 3 sheets of newsprint in different locations around the room.
2. Divide peer educators into 3 groups, with one group at each sheet.
3. Have one person in each group be the recorder to write the group’s responses and another person be the reporter.

4. Read Scenario A out loud.

- **Scenario A**

Frankie is drinking at a party with some friends. They go on Facebook to look at pictures of Jo, who had been at the party earlier. Frankie thinks Jo is hot, but they’ve never talked because Jo is so popular. Frankie is usually shy but is wasted enough tonight to Facebook message Jo: *“You looked so good at the party. Come back and hook up with me.”*

5. Give each group 5 minutes to respond to the questions on their newsprint.
6. Starting with the group at poster #1, have each group report out on their responses.
7. Have each group rotate to their right so they are now at a different newsprint.

8. Read Scenario B aloud.

- **Scenario B**

Zè is staying over at a friend’s house where they have been drinking and smoking weed. Zè and Nic have been texting each other for most of the night. Before going to bed, Zè asks Nic to text a naked selfie. Nic send the photo with the caption: *“You know you want this.”*

 **Total Time:**
45 minutes

 This activity appears
in the workshop

Materials

3 sheets of newsprint that read:

1. What is the problem? What are potential consequences?
2. What would you do if you **received** this message? What would you do if you realized you **sent** this message?
3. How can this be avoided? What advice would you give others to help avoid this situation?

9. Give each group 5 minutes to respond to the questions on their newsprint.
10. Starting with the group at poster #1, have each group report out on their responses.
11. Have each group rotate to their right so they are now at a different newsprint.
12. Read Scenario C aloud.
 - **Scenario C**

Brent and Tashannae are hanging out with Darius and Ravi. They all have been drinking. Brent and Tashannae go downstairs to get high. Darius and Ravi start hooking up. They don't notice when Brent and Tashannae return, but Brent takes a video of them together and posts it on social media.
13. Give each group 5 minutes to respond to the questions on their newsprint. Starting with the group at poster #1, have each group report out on their responses.

Reflections

Discuss the following questions.

1. How common do you think these scenarios are among your peers?
2. Do teens think this is a problem? Why or why not?
3. Look at the list of potential consequences. What are your reactions? Which consequences are of most concern to you?
4. What is the common factor in each of these scenarios that contributed to the behavior? (*Alcohol and other drug use*)
5. What can you do as peer educators to help your peers understand the risks involved with sending sexual messages while under the influence?

What Do You Have to Lose?

Bridge

Build a bridge from the last activity. For example, “In the last activity we...” or “Yesterday, we learned...” and connect it to the theme.

Theme

The purpose of this activity is to help students identify the reasons why teens drink and use other drugs and to highlight the consequences of those actions.

Directions

1. Post the piece of newsprint that says *Why Do Teens Drink/Use Drugs?*.
2. Have everyone brainstorm reasons why teens drink or use other drugs. (See sample list below.)

Why Do Teens Drink/Use Drugs?

- Bored
- Curious
- Peer Pressure
- Fun
- To loosen up
- To rebel
- Like the way it tastes
- Like the way it feels
- Problems at home and/or school
- Feel upset, want to escape
- To decrease stress
- To fit in
- To feel like an adult
- To decrease nervousness in a situation

3. Discuss the following questions.
 - a. Who or what has the biggest influence on a teen’s decision to drink or use drugs?
 - b. In what ways do teens pressure each other to use alcohol or other drugs? What could someone say to overcome this pressure?
 - c. Where do you think teens learn about using alcohol as a way to escape? What are some examples of more productive ways of dealing with problems?
 - d. Why do teens often drink or use other drugs in sexual situations? What makes this dangerous?

 **Total Time:**
20 minutes

 This activity appears
in the workshop

Materials

- Three pieces of newsprint with the following questions written on each:
 - *Why Do Teens Drink/Use Drugs?*
 - *What Do You Have to Lose by Drinking/Using Drugs?*
 - *What Do You Have to Lose by NOT Drinking/Using Drugs?*

- e. What do you notice about the reasons listed? (*There are a lot of unhealthy reasons why teens drink or use drugs*)
4. Post the piece of newsprint that says *What Do You Have to Lose by Drinking/Using Drugs*.
5. Have everyone brainstorm a list of things someone could lose if they drink or use drugs. (*See sample list below.*)

What Do You Have to Lose by Drinking/Using Drugs?

- Self-respect
- Respect of others
- Your good reputation
- Virginity
- Driver's license if convicted of DUI
- Freedom because of jail time or community service
- Your health due to injury (fighting, driving, or riding with driver under the influence)
- Your life due to alcohol poisoning/overdose or accident
- Trust of your parents
- Privileges
- Your boyfriend or girlfriend due to doing something sexual with someone else
- Your health due to pregnancy, STIs, or HIV
- Your choice of whether or not you want to have sex

6. Discuss the following questions.
- a. How important are the items on this list to you?
- b. How do they compare to the other list? For example, how does maintaining your self-respect compare to the desire to “fit in”?
- c. How easy or difficult would it be to gain these items back?
- d. How could using alcohol and/or other drugs lead to a situation involving sexual assault? (*Decreasing inhibitions may lead to sexual behavior that is not consensual. For the perpetrator: it might make them more aggressive or more likely to misread cues. For the victim: might make them unable to consent or be clear about what they want.*)
- e. What do you notice about the list? (*There is a lot to lose by drinking or using drugs*)
7. Remind students that one of the biggest reasons teens drink and use drugs is because they think they will lose too much if they don't, such as not fitting in.
8. Post the sheet of newsprint labeled *What Do You Have to Lose by NOT Drinking/Using Drugs?*

9. Ask students to brainstorm a list of things someone could lose if they **do not** drink or use drugs. (*See the sample list below.*)

**What Do You Have to Lose by NOT
Drinking/Using Drugs?**

- Invitations to parties or to hang out with friends
- Reputation for being “fun,” “cool,” etc.
- Having “fun”

10. Discuss the following questions.

- a. What makes someone “fun” or “cool”? How does alcohol and/or drug use play into that definition?
- b. Think of someone you know who doesn’t drink or use drugs. What makes them “fun” or “cool”?
- c. What do you notice about this list overall? (*There really isn’t that much to lose if you do not drink or use drugs*)

Reflections

Discuss the following questions.

1. What was the value of doing this activity?
2. What message do we want to promote as Teen PEP peer educators? (*There’s a lot to lose by using alcohol and other drugs. Know your values and stay sober so you can make healthy decisions.*)
3. What does a couple have to gain by making sexual decisions sober? (*Good communication, equal decision-making, sticking to values, deciding not have sex or using protection if sexually active, avoiding regret*)

Think It Through

Bridge

Build a bridge from the last activity. For example, “In the last activity we...” or “Yesterday, we learned...” and connect it to the theme.

Theme

The purpose of this activity is to help students understand how alcohol and other drugs have an impact on sexual decision-making.

Directions

1. Discuss the following question.
 - a. When you are making a decision to go somewhere or do something, what things do you think about? (*How will I get there, who will be there, will I get in trouble*)
2. Place one set of the 3 *Decision-Making* cards in order in the middle of the circle and read the 3 things that a person should ask themselves when making a decision.
3. Read the scenario below out loud to students.

Kendal and Frankie have been flirting with each other for the past few weeks. On Friday, Kendal is home alone and invites Frankie over to hang out. They watch a movie and begin kissing. Kendal starts to pull away when things start going a little too far. Frankie pulls out some alcohol and asks Kendal to have a drink to loosen up. Kendal never drinks, but doesn't want Frankie to be offended, so takes one sip. They continue talking and drinking. Frankie starts kissing Kendal again and soon they are laying down on the couch.
4. Discuss the scenario above using the following questions.
 - a. Why is it important to think about all the issues you're faced with before making a decision? (*Trying to make a decision when faced with multiple issues can be overwhelming. By separating the issues, you can feel more confident in your ability to make decisions for each.*)
 - b. What are the two issues in this scenario? (*Kendal likes Frankie, but is uncomfortable being so physical and Kendal doesn't want to drink but feels pressure to do so*)



Total Time:

25 minutes



This activity appears in the workshop



Materials

- 2 sets of *Decision-Making* cards

NOTE:

It may be helpful to offer the acronym “CCD” in order to help students remember the three vital decision-making steps.

5. Divide peer educators into 2 groups, with one advisor in each group. Group 1 will concentrate on the issue dealing with Kendal's decision to drink, and Group 2 will concentrate on the issue surrounding Kendal's decision of whether or not to have sex with Frankie.
6. Once groups have moved into individual circles, use the following cards and questions to facilitate a conversation about the 3 steps to decision-making surrounding the group's assigned issue.

Step 1:
Choices

- a. What are Kendal's choices? *(Be clear about boundaries, drink, not drink, just make out with Frankie and do nothing more, stop making out with Frankie and do something else, have sex)*

Step 2:
Consequences

- b. What are the pros and cons of each decision? *(Pros: Kendal won't do something regrettable; making a decision together could make the relationship stronger; won't get in trouble for drinking. Cons: Drink too much and go further than Kendal wants to; STIs/pregnancy if there is unprotected sex; Kendal might do something outside of personal values and might regret the decision; if Kendal doesn't drink or hook up with Frankie, they might break up)*

Step 3:
Decision

- c. What do you think Kendal should do?
 - d. How will Kendal know if the right decision was made? *(If some of the negative consequences described in question 3 were avoided, such as regret, STI, pregnancy, bad reputation)*
7. In large group, each small group should briefly report out what they considered in the decision-making process for their issue.

Reflections

Discuss the following questions:

1. Why is it important to go through all three steps of decision-making?
(In order to make a thoughtful decision it is necessary to know exactly what the decision is about, know your options, and weigh pros and cons)
2. Why is it important to reflect after you've made a decision?
(In order to learn from your decisions, it is important to think about how you made the decision, what decision you made, and how it went. From there, you can determine for yourself if the decision worked well or didn't work well and can use that to help you make decisions in the future.)
3. Why is it common for teens to use alcohol and other drugs at times when they know they will need to make sexual decisions?
(Many people are uncomfortable in sexual situations and use substances so they will feel less nervous. The substances then impair their decision-making ability, and they may end up with consequences like pregnancy, STIs, or embarrassment.)
4. How does using alcohol or other drugs have an impact on decision-making?
(Substances slow down brain function so that it is harder to think clearly. They can also decrease a person's inhibitions, leading them to make a decision while under the influence that would not be made when sober. A person is less likely to think about all the choices or consequences to making a bad decision if under the influence.)
5. How can we use these decision-making skills in other situations that are addressed in Teen PEP?

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Decision-Making Cards

(Print and cut out)

1. Choices

2. Consequences

3. Decision

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Just Say No

Bridge

Build a bridge from the last activity. For example, “In the last activity we...” or “Yesterday, we learned...” and connect it to the theme.

Theme

The purpose of this activity is to review negotiation and refusal skills in situations involving alcohol and other drugs.

Directions

- Place the *Negotiation & Refusal* sign in the middle of the circle.
- Discuss the following questions:
 - What does it mean to negotiate? (*To discuss the issue, to work it out, to compromise*)
 - What are examples of times when you or someone you know needed to negotiate? (*When you disagree but want to work it out; when you want to continue the relationship with the person and you both need to “give” a little*)
 - What does it mean to refuse? (*To say “no” or get out of a situation*)
 - What are some examples of situations someone might refuse? (*When the situation involves something you think is wrong like drinking and driving or having sex when you do not want to*)
- Remind students that there are 3 skills to use when you are in a situation that makes you uncomfortable.
- Place the *Skills* sign below the *Negotiation & Refusal* sign.
- Have volunteers read each skill aloud. Pause after each one to ask discussion questions below.

1. Say “No”

- Why is your body language important when you’re saying “no?” (*To make sure your message is strong and consistent*)
- How should you look when you’re saying “no?” (*Look at the person you’re speaking to; be firm and self-assured; stand tall*)
- Besides how you look, what are some other important factors for saying “no” effectively? (*Tone of voice, clear message, confidence*)

 **Total Time:**
20 minutes

 This activity appears
in the workshop

 **Materials**

- 1 sign that reads:
 - *Negotiation & Refusal*
- 1 *Skills* sign that reads:
 - Say no
 - Say how you feel
 - Compromise or walk away
- 1 set of *Role Play Scenario* cards

- What can make it hard to use these skills when saying “no?” (*Fear, lack of self-esteem or confidence, power dynamics between people*)

2. Say how you feel

- Why is it important to tell the person how you feel? (*You are working towards a solution so it is important to state your case and let the person know how their pressure makes you feel; if the person cares about your feelings, you are more likely to get a compromise*)
- When might it not be effective to tell someone how you feel? (*In an unsafe situation, in which case you should try to get out*)

3. Compromise or walk away

- How will you know when you have a compromise? (*Both of you will agree to the solution*)
- Under what circumstances will a compromise not work? (*When you can't agree to what the other person wants; in that case you will need to refuse*)
- What if you're afraid that the person might hurt you if you say “no”? What are some things you might do in this situation? (*Get to a public place, make an excuse, ask someone else for help, whatever is necessary to try to get out of the situation.*)

6. Divide the group into pairs, and have partners sit facing each other.
7. Give one person in each pair a piece of paper with a *Role Play Scenario*. Leave the *Refusal & Negotiation Skills* steps in the circle so participants can refer to them.
8. Have one student in each pair apply pressure using the scenario, while the other person uses **all 3** *Refusal & Negotiation Skills* to say “no” to the behavior.
9. After a few minutes, ask partners to switch roles using the same scenario.
10. Ask pairs to volunteer to perform their scenarios for the group. If they do not demonstrate all 3 *Refusal & Negotiation Skills*, coach them to continue role playing until all 3 skills are used.

Reflections

Discuss the following questions:

1. What was it like to practice these skills today?
2. What can make it hard to negotiate or refuse?
3. Why do you think it's important to practice negotiation and refusal skills before facing situations like these?
4. What aspects of a person's identity that might make negotiation and refusal skills more difficult? (*If someone has more power over the other person because of their identity, such as age, gender or race, etc.*)
5. What additional skills, resources, or actions might make it easier for a person to use these negotiation and refusal skills in real world scenarios?

Negotiation & Refusal

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Skills

1. Say "No"
2. Say how you feel
3. Compromise or walk away

Role Play Scenarios

Directions

On this page are sample refusal scenarios for use with each pair. If these scenarios do not reflect realistic situations in your community, advisors can create new ones that will be more relevant.

(Copy and cut the following set of scenarios into strips for each small group)



Jo is with a small group of friends watching a movie. Ze starts smoking weed and passes it around. Jo doesn't want to do smoke, but Ze keeps pressuring.

Bri and Ever have been hanging out together all night at the party. Ever wants to go somewhere more private and tells Bri to come for a ride. Bri thinks they've had too much to drink and refuses to get in the car.

Jordan's friends have been drinking at a party. They start to pressure Jordan to hook up with Raj. Raj is very drunk and keeps asking Jordan to come over and talk. Jordan is not interested in hooking up with someone who has been drinking and tells their friends to back off.

Ali is getting ready to go to a party with some friends. While everyone is getting ready, Sam suggests that they take some of their mom's prescription medicine so they can "really have a good time." Ali thinks it's a bad idea.

Gab meets Xi at a party. They start dancing with each other and are having a really good time. They start kissing and want to go upstairs to be alone. Xi suggests they take a couple of shots to loosen up first.

School-Wide Campaign Check-In

Bridge

Build a bridge from the last activity. For example, “In the last activity we...” or “Yesterday, we learned...” and connect it to the theme.

Theme

The purpose of this activity is to ensure peer educators responsible for implementing a school-wide campaign following this unit’s corresponding workshop are on track.

Directions

1. Upon completion of the unit, hand out *School-Wide Campaign Check-In* to each peer educator in the group responsible for this unit’s topic. Students should start formulating ideas for their campaign as you begin preparing for the workshop.
2. Review the *School-Wide Campaign Guidelines* handout the peer educators received in *Unit One* to ensure they are on task. Remind students that they will need to submit ideas to you for approval. As advisors, be sure to get the proper approvals from the school or community before students implement their campaign ideas.



Total Time:

5 minutes



Materials

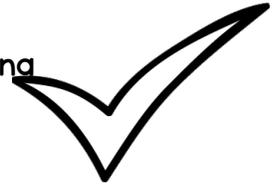
- Newsprint and markers
- School-Wide Campaign Check-In* handout for each peer educator in the group assigned to this topic

FOR REVIEW ONLY



SCHOOL-WIDE CAMPAIGN CHECK-IN

Workshop Topic: Alcohol, Other Drugs, and Sexual Decision-Making



Group Members:

Structures:

- 1.
- 2.
- 3.

Plan for each structure: (Include frequency)

- 1.
- 2.
- 3.

FOR REVIEW ONLY

Parent/Guardian-Teen Homework

Bridge

Build a bridge from the last activity. For example, “In the last activity we...” or “Yesterday, we learned...” and connect it to the theme.

Theme

The purpose of this activity is to provide a structure for communication between parents/guardians and teens on the topic of alcohol, other drugs, and sexual decision-making.

Directions

1. Upon completion of the unit, hand out *Parent/Guardian-Teen Homework* to each peer educator.
2. In advance of the workshop, peer educators should complete the homework assignment with a parent/guardian, have it signed, and turn it back into advisors.

 **Total Time:**
5 minutes

 **Materials**
 Parent/Guardian-Teen Homework handout for each peer educator

NOTE:
Having peer educators complete this homework assignment before the workshop can help them create buy-in among workshop participants when asked to do the same.

FOR REVIEW ONLY

ALCOHOL, OTHER DRUGS, AND SEXUAL DECISION-MAKING

PARENT/GUARDIAN - CHILD HOMEWORK



Student name: _____ Date: _____

? PURPOSE

To provide a structure for communication between parents/guardians and teens on the topic of alcohol, other drugs, and sexual decision-making

➔ DIRECTIONS

STEP 1

Together, read out loud the workshop objectives, listed below.

WORKSHOP TAKE HOME MESSAGES

- Being under the influence of alcohol and other drugs increases the likelihood of engaging in behaviors that put a person at risk for STIs, unintended pregnancy, and HIV infection.
- Making the decision of whether or not to have sex is one best made sober.
- It is important to set boundaries ahead of time, before getting into a potentially risky situation.

STEP 2

Teens should share with parents/guardians their answers to the following question.

1. What was the most important thing you learned from this workshop?

STEP 3

Teens and parents/guardians should discuss together their responses to the following questions:

1. What are some potential problems when teens drink and use other drugs?
2. Why is it important to make sexual decisions while sober?

STEP 4

Parents/guardians should share with teens their answer to the following question.

1. What values do you want your child to receive from you regarding this topic?

STEP 5

Please sign and date below, indicating to the advisor that this assignment has been completed.



Parent/Guardian/Caregiver signature

Date



UNIT REFERENCES

1. Centers for Disease Control. (2013). Youth Risk Behavior Survey. Retrieved from <http://www.cdc.gov/healthyyouth/yrbs/factsheets/sexualrisk.htm>.
2. Office of Women's Health—U.S. Department of Health and Human Services. (2015). Date Rape Drug Fact Sheet. Retrieved from <http://www.womenshealth.gov/publications/our-publications/fact-sheet/date-rape-drugs.html#a>.
3. Antonia Abbey, Ph.D., Tina Zawacki, M.A., Philip O. Buck, M.A., A. Monique Clinton, M.A., and Pam McAuslan, Ph.D. (n.d.) Alcohol and Sexual Assault. National Institutes of Health. Retrieved from <http://pubs.niaaa.nih.gov/publications/arh25-1/43-51.htm>.
4. Brown University. (2015). Alcohol & Sex. Retrieved from http://brown.edu/Student_Services/Health_Services/Health_Education/alcohol_tobacco_and_other_drugs/alcohol/alcohol_and_sex.php.
5. National Council on Alcoholism and Drug Dependence, Inc. (2008). Alcohol and Crime. Retrieved from <https://ncadd.org/learn-about-alcohol/alcohol-and-crime>.
6. Centers for Disease Control. (1999). Alcohol and Sex: A Prescription for Poor Decision-Making. Human Relations Media Youth Behavior Risk Survey.
7. The Henry J. Kaiser Family Foundation. (2002, February). Substance Use and Risky Sexual Activity. Retrieved from <https://kaiserfamilyfoundation.files.wordpress.com/2002/01/3214.pdf>.



Curriculum Feedback Form

Unit 9: Alcohol, Other Drugs, and Sexual Decision-Making

Name of Advisor: _____

School: _____

Today's Date: _____

Length of your class periods: 45 60 80 90 _____

No. of class periods to complete unit: _____

Please indicate the month the unit was taught:

September
 October
 November
 December
 January
 February
 March
 April
 May

Advisor feedback is critically important in developing and revising curricular resources that work for schools. We appreciate you completing this form (or logging into www.TeenPEP.org to complete it online) so we can use your feedback in our process!

Please consider responding to any or all of the following questions in your feedback:

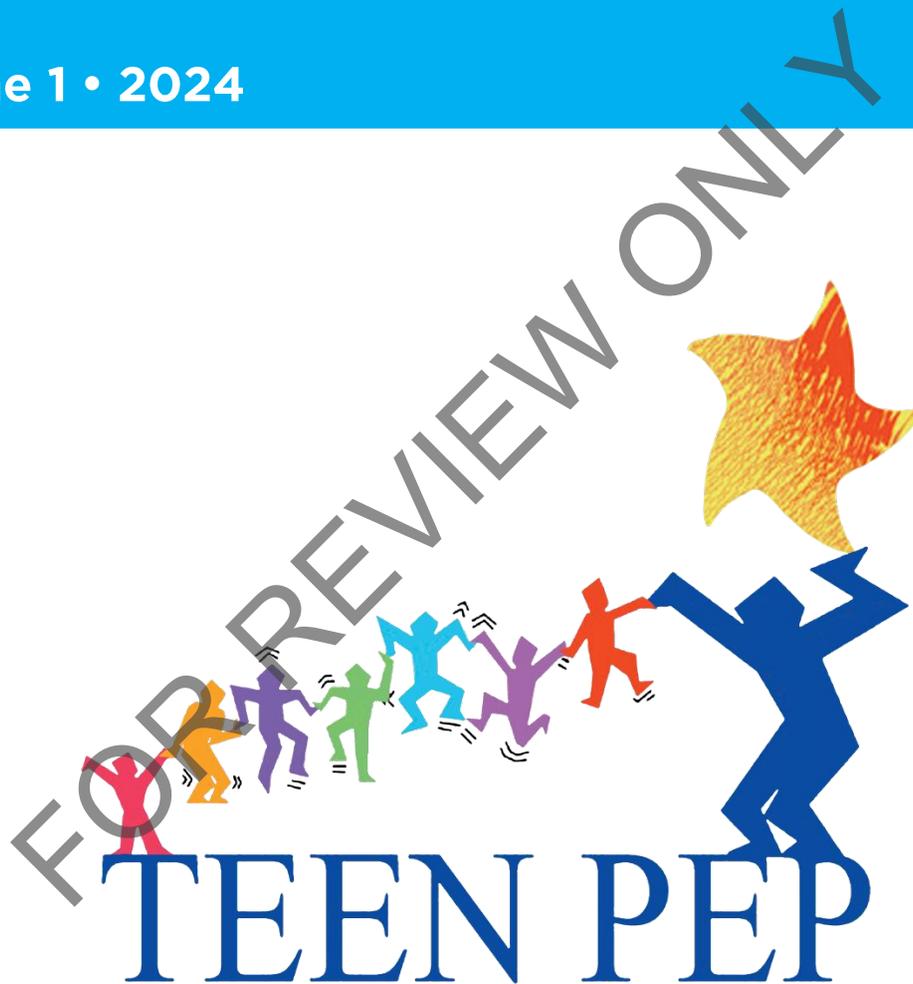
- How effective were the activities in increasing students' knowledge?
- How engaging were the activities for students?
- How clear are the objectives and directions for each activity?
- What, if anything, did you do differently for a particular activity? Why? What was the result for your group?

FOR REVIEW ONLY

Sex on the Rocks

Alcohol, Other Drugs and Sexual Decision-Making Workshop

Volume 1 • 2024



TEEN PREVENTION EDUCATION PROGRAM

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TEEN PREVENTION EDUCATION PROGRAM

Sex on the Rocks

Alcohol, Other Drugs and Sexual Decision-Making Workshop

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Sex on the Rocks:

Alcohol, Other Drugs and Sexual Decision-Making

Workshop Overview

► Workshop Objectives



After participating in this workshop, students will be able to:

- **Describe** how the use of alcohol and other drugs affects sexual decision-making
- **Identify** five potential consequences of mixing alcohol and sex
- **Name** the three steps to use when making a decision
- **Demonstrate** the three negotiation and refusal skills to resist peer pressure

► Take Home Messages



The goal of this workshop is to help students understand that the use of alcohol and other drugs* significantly impairs one's ability to make good decisions in sexual situations.

While conducting this workshop, peer educators should keep in mind the major messages for participants to take home:

- Being under the influence of alcohol and other drugs increases the likelihood of engaging in behaviors that put a person at risk for STIs, unintended pregnancy, and HIV infection.
- Having sex is a decision that is best made sober. When sober, a person is more likely to choose abstinence or use protection correctly and consistently if sexually active.
- It is important to set boundaries ahead of time, before getting into a potentially risky situation.

***Note:** Throughout this workshop, "other drugs" can refer to crystal meth, cocaine, inhalants, prescription drugs, ecstasy, and other substances that impair sexual decision-making. In the following activities and skits, when referring to "other drugs", be sure to specify the drugs you identified as being commonly used among your peers. This helps provide students with concrete examples and helps make the messages more relevant.

Workshop Agendas

► 90-minute workshop

	Time
Attention-Getting Skit: <i>What Happened?</i>	2 minutes
Presenter Introduction	2 minutes
Workshop Introduction	2 minutes
Bridge to Skits	2 minutes
Skits:	15 minutes
★ Losing Control	
★ The Morning After	
★ Play it Safe	
Bridge to Small Group Activities	1 minute
Small Group Activities	
★ What Do You Have to Lose?	15 minutes
★ Think it Through	15 minutes
★ Just Day No	15 minutes
★ Sex on the Rocks: How Much Do You Know?	15 minutes
Closure	2 minutes
Evaluation & Homework	4 minutes

► Two 45-minute workshop

Session 1	Time
Attention-Getting Skit: <i>What Happened?</i>	2 minutes
Presenter Introduction	2 minutes
Workshop Introduction	2 minutes
Bridge to Skits	1 minute
Skits:	15 minutes
★ <i>Losing Control</i>	7 minutes
★ <i>The Morning After</i>	8 minutes
Bridge to Small Group Activity	1 minute
Small Group Activity	
★ What Do You Have to Lose?	20 minutes
Closure/Bridge to Next Session	2 minutes

Session 2	Time
Reintroduction	1 minute
Bridge from Last Session	1 minute
Bridge to Small Group Activities	1 minute
Small Group Activities	
★ Think it Through	10 minutes
★ Just Say No	8 minutes
★ Sex on the Rocks: How Much Do You Know?	13 minutes
Bridge to Skit	1 minute
Skit: <i>Play it Safe</i>	4 minutes
Closure	1 minute
Evaluation & Homework	4 minutes

**It is preferred that the two 45-minute sessions be presented within the same week.*

***Note:**

If completing this workshop in two 45-minute sessions within the same week, use the closing and opening bridges provided below. These should be used to close out Session 1 and open Session 2 by adding the scripts into the appropriate places within the workshop as noted in the 2 45-Minute Sessions Workshop Agenda.

**Reintroduction**

Scene: *Students form a line across the stage*

(One peer educator moves forward)

Peer Ed.: Hi. If you remember from last time, we are Teen PEP, which stands for Teen Prevention Education Program. We are here today to continue the workshop, *Sex on the Rocks*. My name is _____.

(Peer educator moves back in line and all students introduce themselves to the audience)

**Bridge from Last Session**

Peer Ed. 1: In the first session, we showed you some skits with couples who made some poor decisions while under the influence of drugs and alcohol. As you saw in those examples, mixing alcohol and sex can lead to some very serious consequences.

**Bridge to Small Group Activities**

Peer Ed.: As we know, many teens are offered alcohol or other drugs in social situations. We also know that using these substances could get us in a lot of trouble. It's not always easy to avoid them, but you can if you have the correct skills- *Refusal Skills*. Now we are going to review how to get out of a difficult situation.

Workshop Materials

Activity	Materials	Template Provided
Workshop Introduction	<input type="checkbox"/> Posters with statistics printed on them that can be held up by students as they say their Facts . Posters should be uniform and large enough to be read by the audience.	
Skit: <i>Losing Control</i>	<input type="checkbox"/> Sign that says The Next Morning	✓
Small Group Activity <i>What Do You Have to Lose?</i>	<input type="checkbox"/> 1 sheet of newsprint with heading: <i>Why Do Teens Drink/Use Drugs?</i> for each small group <input type="checkbox"/> 1 sheet of newsprint with the heading: <i>What Do You Have To Lose by Drinking/Using Drugs?</i> for each small group <input type="checkbox"/> 1 sheet of newsprint with the heading: <i>What Do You Have To Lose by NOT Drinking/Using Drugs?</i> for each small group	
Small Group Activity: <i>Think It Through</i>	<input type="checkbox"/> 3 signs with the following headings for each small group: <ul style="list-style-type: none"> ★ Choices ★ Consequences ★ Decision 	✓
Small Group Activity: <i>Just Say No</i>	<input type="checkbox"/> 1 sign that says Negotiation & Refusal <input type="checkbox"/> 1 sign that says: <ul style="list-style-type: none"> ★ Say "NO" ★ Say How You Feel ★ Compromise or Walk Away <input type="checkbox"/> Slips of paper with different refusal scenarios for role play activity	✓ ✓ ✓ ✓ ✓
Small Group Activity: <i>Sex on the Rocks: How Much Do You Know?</i>	<input type="checkbox"/> Pieces of candy for each workshop participant <input type="checkbox"/> 11 pieces of paper for each small group	
Skit: <i>Play It Safe</i>	<input type="checkbox"/> 3 signs that say: <ul style="list-style-type: none"> ★ Say "NO" ★ Say How You Feel ★ Compromise or Walk Away 	✓ ✓ ✓
Evaluation	<input type="checkbox"/> Evaluation form for <i>each</i> participant <input type="checkbox"/> Pens or pencils for <i>each</i> participant	✓
Homework	<input type="checkbox"/> Parent-Teen Homework handout for <i>each</i> participant	✓

Sex on the Rocks:

Alcohol, Other Drugs and Sexual Decision-Making Workshop



Attention-Getting Skit: *What Happened?*

Scene: *Peer educators form a line across the “stage” with backs turned to the audience. After speaking, peer educator pairs remain facing audience with sign up, and the next pair joins them at the front of the stage as they say their lines.*

Peer Ed. 1: *(Turns to face audience)* Did we have sex last night?

Peer Ed. 2: *(Turns to face audience and moves next to Peer Ed. 1)*

Fact: 1 in 5 teens used alcohol or other drugs the last time they had sex¹.

Note:

The first person in each pair says their line with animation. The second person should start off their line by saying “Fact” loudly and distinctively.

Peer Ed. 3: *(Turns to face audience)* **What?!** We didn’t use a condom?

Peer Ed. 4: *(Turns to face audience and moves next to Peer Ed. 3)*

Fact: Drinking alcohol increases the chance that a teen will have unprotected sex².

Peer Ed. 5: *(Turns to face audience)* I would **never** have done that if I hadn’t been so high.

Peer Ed. 6: *(Turns to face audience and moves next to Peer Ed. 5)*

Fact: Drinking alcohol increases the chance that a teen will have unintended sex².

Peer Ed. 7: *(Turns to face audience)* *(Concerned)* If I get drunk, I know we’ll hook up.

Peer Ed. 8: *(Turns to face audience and moves next to Peer Ed. 7)*

Fact: Drinking alcohol increases the chance that a teen will have unwanted sex².

Peer Ed. 9: *(Turns to face audience)* Rape? What are you talking about? She said she wanted to.

Peer Ed. 10: *(Turns to face audience and moves next to Peer Ed. 9)*

Fact: A sexual assault has occurred if a person is too intoxicated to consent.



Presenter Introduction

Scene: *The rest of the peer educators turn around and join the skit participants in a line across the stage.*

(One peer educator moves forward.)

Peer Ed.: Hi. We are Teen PEP from _____ High School. Teen PEP stands for Teen Prevention Education Program. We are ____ juniors/seniors who have been trained in leadership and sexuality issues. Today we are going to do a workshop for you on sex, alcohol, and other drugs. Our workshop is called Sex on the Rocks. My name is _____.

(Peer educator moves back in line and all students introduce themselves to the audience.)



Workshop Introduction

Scene: *Two students present the introduction, trading off paragraphs. Have students move forward in order to speak directly to the audience.*

Peer Ed. 1: We know lots of teens use alcohol and other drugs even though we've been taught about the risk to our health and safety.

Peer Ed. 2: Everybody has heard "Don't drink and drive,"—and we all know that driving under the influence is very dangerous. What we don't hear is "Don't drink and have sex." TV and movies often show people who are under the influence, having sex with no consequences.

Peer Ed. 1: Having sex under the influence is risky. If we mix alcohol and other drugs with sex, we're less likely to use condoms, which means that we're at risk for pregnancy, HIV, and other sexually transmitted infections. We also may wake up the next morning feeling frightened and embarrassed.

Peer Ed. 2: Sometimes people drink alcohol to get over their nervousness around sex. But if we're **that** nervous, maybe it's a sign that we should slow down and think about whether or not we are ready to have sex.

Peer Ed. 1: We are here today to explore some of these issues together.



Bridge to Skits

Peer Ed.: The next skit, called *Losing Control*, shows how being under the influence of alcohol can affect the ability to make responsible decisions.



About the Skits

Using dramatic skills, peer educators will present skits designed to help participants understand the consequences of making sexual decisions while drunk or high. Peer educators are encouraged to adapt the language in the skits to better reflect their school community. As always, the language that is used should be clear and relevant, but not offensive.



Skit: *Losing Control*

Scene: *Party scene. Peer educators are dancing and having a good time. Darren, holding a cup of “alcohol” notices Ashley across the room and he goes over to her. The two move to the front of the stage.*

Note:

Ashley’s Conscience should be offstage, hidden from the audience. She should be heard but not seen. Ashley’s Conscience should speak loudly with expression.

Darren: Hey Ashley. I didn’t expect to see **you** at this party.

Ashley: What’s **that** supposed to mean?

Darren: Well, you’re one of those girls that never gets into trouble. And this party is all about trouble – a lot to drink, and no parents.

Ashley: Well even a **good** girl needs to get out once in a while.

Darren: It’s so loud in here. Why don’t we go hang out in the other room? I’ll get us some more drinks.

Ashley: *(Looking a little uncomfortable)* Ok, I guess that’ll be ok.

(Darren goes to get “drinks” and Ashley sits down on one of two chairs that are next to each other. Other peer educators turn their backs to the audience. She looks around the room, kind of nervous.)

(Darren freezes when Ashley's Conscience speaks. Throughout the skit, Ashley reacts with animation as she listens to her conscience.)

Ashley's

Conscience: Oh my gosh, I am hanging out with Darren Gordon!! I can't believe he noticed me! I have to play it cool. What if he thinks we're gonna hook up? I don't even know him that well. We're **not** hooking up!

(Darren returns to Ashley and sits next to her and hands her a drink.)

Darren: I hope your boyfriend won't be mad if I talk to you for a while.

Ashley: Don't worry, there is no boyfriend.

Darren: Good to know. *(Takes a seat)*

Ashley: *(Looks at her drink)*

Ashley's

Conscience: Okay, I'm not used to this. I'll just hold on to it for a while and drink it slowly.

Ashley: *(Takes one small sip)*

Ashley's

Conscience: I guess one sip is ok, I don't want him to think I am a total loser. He's so cute!

Darren: Let's play a game. I'm gonna say something about myself and you have to guess if it's true or false. If you're wrong, you have to drink until I say "stop." Then it's your turn.

Ashley: *(Looks thoughtful)*

Ashley's

Conscience: What? He's just trying to get me drunk! But he's so cute, I have to play.

Ashley: Okay, I'll play your game. Go ahead.

Darren: *(Moves closer and touches Ashley's leg)* I played baseball in middle school. True or False?

Ashley: *(Looks at his hand, surprised)*

Ashley's

Conscience: Is he touching my leg?! He is **not** touching my leg! Whatever, forget that for now...concentrate. *(Pause)* Did he play baseball? *(Thinking)* I think so, it must be true.

Ashley: I think that's true.

Darren: Unfortunately, you are wrong!! I played basketball, not baseball. Drink up!!

Ashley's

Conscience: Ok, drink slowly...

Ashley: *(Takes small sips)*

Darren: Keep going...keep going...*(Pause)* Ok that's good.

Ashley's

Conscience: **Wow!** That's strong, but I'm feeling a little more relaxed. He's even cuter than I thought. I'll leave his hand right there.

Ashley: *(Puts her hand on top of Darren's hand, which is still on her leg)* My turn now. *(Pause)* I got straight A's all last year.

Darren: That's gotta be true, you are one of the smartest girls I know.

Ashley: Nope, I got a B in math. Now you have to drink...

Darren: Fine with me...I'll show you how it's done. *(Starts chugging alcohol)*

Ashley: *(Shocked/worried)* Ok, stop!

Darren: Now it's my turn again. *(Pause)* I have wanted to get with you since the beginning of the school year.

Ashley: No way, I don't believe that's true.

Darren: Well, it is. I think you are really hot, Ashley. So drink up. *(Leans in closer to Ashley, and kisses her cheek)*

Ashley: *(Starts drinking and keeps drinking)*

Ashley's

Conscience: *(Sort of intoxicated)* Did he say I'm hot?! I am so glad I came to this party! He is the cutest guy in the world and he just kissed me.

Ashley: *(Leans close to Darren)* I'm done with my drink. Does that mean the game is over?

Ashley's

Conscience: What?! I drank the whole thing? I wasn't supposed to drink the whole thing! *(Pause)* Oh, well. This is so much fun.

Darren: Yeah, for now. I have some other ideas about what we can do. Why don't we go upstairs for a while? I'll go get us some more drinks.

Ashley: Okay, I guess that's cool...let's go...

(Ashley and Darren get up and leaves the room, obviously intoxicated.)

Ashley's

Conscience: Wait, what's happening? He is so cute. Why was it that I didn't want to hook up with him? I can't remember. I won't do anything I'll regret, right?

(Peer educator displays a sign that says, "The Next Morning". Ashley reenters, looking confused.)

Ashley: I'm confused. I don't know what happened last night. I didn't plan on having sex. I hardly even **know** Darren. But once I started drinking I didn't really care about that. Now I see what a mistake I made. I'm so embarrassed...what's everyone going to say once they find out? Did we even use a condom?

► Processing the Skit

(Two peer educators move forward and speak to the audience.)

Peer Ed. 1: We know that at some parties alcohol is available. However, we do hope that this skit helped you to think about how the use of alcohol can affect your ability to make good decisions.

Peer Ed. 2: Darren used alcohol as a way to loosen up and to get Ashley drunk. He figured that if they were both under the influence they would be more likely to hook up.

Peer Ed. 1: Even though Ashley wasn't comfortable with drinking, she did it anyway. Did you notice how once she started drinking she lost her inhibitions? She ended up having sex with Darren even though she hadn't wanted to and she doesn't remember if they used a condom.

Peer Ed. 2: What could that mean for Ashley and Darren? *(Pause and wait for responses from audience. Repeat responses as they are called out. Responses may include STIs, pregnancy, bad reputation)*

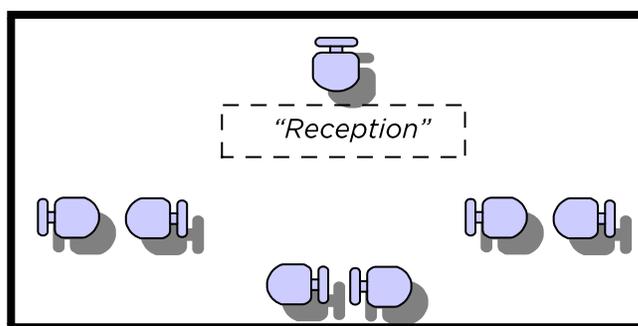
Peer Ed. 1: Plus, it's never a good idea to get someone drunk or high in order to have sex. If your partner is too drunk or high to consent to sexual activity, it is considered rape. Don't put yourself in that situation.

Peer Ed. 2: The next skit shows the consequences for two teens who found themselves in a similar situation as Ashley and Darren.



Skit: *The Morning After*

Scene: *Health clinic where two teens are coming in for appointments. Seven chairs are needed (see diagram):*



Front of Stage

Shana on to the stage, reaches for an imaginary doorknob, turns it, opens door and enters. She walks over to the reception desk.

Shana: Hi, my name is Shana. I called this morning—I have an appointment.

Receptionist: Hi Shana. I need you to fill out some paperwork for me. You can take it right over there, and we'll call you in a few minutes.

Shana: Okay, thanks. *(Shana sits down on one of the center chairs and begins to fill out the papers.)*

(Derick comes on to the stage and reaches for an imaginary doorknob and opens the door. He does not notice Shana as he moves to the reception desk.)

Derick: Hi, my name is Derick. I have an appointment.

(When Derick says his name, Shana looks up and quickly covers her face with the paperwork so he cannot see her.)

Receptionist: Okay, Derick. Someone will be with you shortly. Just have a seat and fill out these papers for me.

Derick: Okay. *(Derick moves over, sits down in the chair with his back to Shana and begins his paperwork.)*

(Health Care Provider [HCP 1] comes on to the stage.)

HCP 1: Shana? Hi. Please come with me.

(Derick looks up, sees Shana, and quickly covers his face with the paperwork. Shana moves, without looking at Derick, and follows the health care provider to the chairs sitting on the far right side of the stage. She closes an imaginary door. They both sit down.)

HCP 1: Hi Shana, my name is Janet. What brings you in to see us today?

Shana: Um, well, it's kind of embarrassing but...I had sex last night and I don't think we used a condom. Well...I'm not really sure what happened because I was pretty wasted. *(Shana puts her head down, in her hands.)* I can't believe I did that.

- HCP 1:** Okay, Shana, it's really good that you came in. Let's talk for a few minutes about your concerns. Are you using any birth control?
- Shana:** No, and if I get pregnant, it will ruin everything. Isn't there a pill I can take? I didn't plan to have sex--I don't really know the guy and he probably has all kinds of diseases. Oh wow, I am so stupid.
- HCP 1:** I know you're really upset but there are some things we can do. I'm going to ask you a few more questions and then I will explain emergency contraception pills. I also want to talk to you about possible risks for sexually transmitted infections, and whether you feel you consented to have sex or feel you were forced. Stop me anytime if you have questions.
- (Shana and the health care provider freeze. Another health care provider [HCP 2] comes on to the stage and turns to Derick.)*
- HCP 2:** Derick? Please come with me. *(They move over to the chairs at the far left of the stage and sit down. The HCP closes an imaginary door.)* My name is Daniella. What can I do for you today, Derick?
- Derick:** Well, I guess I need to get some tests. A friend of mine said I need to see you guys because I might have gotten some diseases or something. I had sex last night with a girl I hardly know and I was pretty high at the time. I know I didn't use a condom...I would remember that, right? It was really stupid.
- HCP 2:** Okay, Derick. I understand that you're nervous about this but let's start at the beginning. I'll need to ask some questions about your health history and then we can talk about your risk for sexually transmitted infections.
- Derick:** Okay.
- HCP 2:** We should also talk about the risks associated with having sex under the influence. Was your partner also drunk or high? Was the sex consensual?
- Derick:** *(Worried, agitated)* Oh man! Of course, I would never force a girl to have sex...I'm sure she said "Okay." *(Pauses briefly as he realizes what he did)* I guess I need to talk to her.
- HCP 2:** Yes, I think it's really important that you talk with her. But first, let's talk about your exam. It's too early to test for anything you might have contracted last night, but we can look at your health history and decide if there is something we need to do today.
- (Derick and HCP 2 freeze.)*
- Shana:** *(Talking to HCP1)* Thank you for your help. I'll take the pills right now and I'll make a follow-up appointment for an exam *(Pause)*. And...I'll talk to Derick. You're right that it's important to talk to him.

(Shana moves toward the center of the stage just as Derick is shaking hands with his HCP. They meet in the center of the stage.)

Derick: *(Awkwardly)* Hey, Shana. I thought I saw you walk by.

Shana: *(Awkwardly)* Uh, hi Derick. Yeah, I saw you too.

**Shana &
Derick:**

(They both speak at the same time...) Listen I need to talk to you...
(They stop and laugh)

Shana: This is embarrassing. I don't even know you very well and it shouldn't have happened. I'm not like that, you know. *(Holds up pack of Emergency Contraception Pills)*. I'm worried...

Note:

If you don't have a pack of Emergency Contraception Pills, make a card that says "Plan B."

Derick: *(Derick interrupts her)* Shana, I know, I feel really bad, too. I was wasted and I'm not really sure how it all happened. I...like you and... Do you think we could just hang out and talk for a little while?

Shana: Yeah, that's a good idea.

(They turn their backs to the audience and move off the stage together.)

► Processing the Skit

(Two peer educators speak to the audience.)

Peer Ed. 1: Everyone agreed that Derick and Shana need to talk to one another. What are some things they need to talk about? *(Pause and wait for responses. Repeat responses as they're called out. Responses may include: How they're feeling, whether it was consensual, sexual history, whether protection was used, the nature of their relationship now)*

Peer Ed. 2: They may have made poor decisions at the party but they did the **right** thing by going to the clinic the next day. They also did the right thing by agreeing to get together to talk about what happened.



Bridge to Small Group Activities

Peer Ed.: Now we're going to break up into small groups and talk about how alcohol and other drug use can lead to poor decision-making. Please count with me while I number you off. Then look for the peer educator holding a sign with your group's number and go with that peer educator to your small group location.



Small Group Activity: *What Do You Have to Lose?*

Directions

A peer educator in each small group says:

Peer Ed.1: First we're going to spend some time thinking about some of the reasons teens drink or use other drugs.

Small Group Activity: Part 1

1. One peer educator places a sheet of newsprint labeled *Why Do Teens Drink/Use Drugs?* in the middle of the circle.
2. Ask participants to brainstorm reasons why teens drink or use other drugs. (*See the following sample list*)

Why Do Teens Drink/Use Drugs?

- Bored
- Curious
- Peer pressure
- Fun
- To loosen up
- To rebel
- Like the way it tastes
- Like the way it feels
- Problems at home and/or school
- Feel upset, want to escape
- To decrease stress
- To fit in
- To feel like an adult
- To decrease nervousness in a situation

► Discussion Questions

3. Discuss the following questions:
 - a. Who or what has the biggest influence on a teen's decision to drink or use drugs?
 - b. In what ways do teens pressure each other to use alcohol or other drugs? What can be done to overcome this pressure?

- c. Where do you think teens learn about using alcohol as a way to escape? What are some examples of more productive ways of dealing with problems?
 - d. Why do teens often drink or use other drugs in sexual situations? What makes this dangerous?
4. Close the discussion by asking participants to share what they notice about the reasons listed. (*There are a lot of unhealthy reasons why teens drink or use drugs*)

Peer Ed.2: So, there are a lot of reasons teens use alcohol and other drugs. We all know there are consequences of substance use, but some teens do it anyway because of all the reasons we just listed. It seems like it's worth the risk, because we don't think about the bad things that can happen. Right now, we're going to talk about what we have to **lose** by using alcohol or other drugs.

Small Group Activity: Part 2

5. One peer educator places a sheet of newsprint labeled *What Do You Have to Lose by Drinking/Using Drugs?* in the middle of the circle.
6. Ask participants to brainstorm a list of things someone could lose if they drink or use drugs. (*See the following sample list.*)

What Do You Have to Lose by Drinking/Using Drugs?

- Self-respect
- Respect of others
- Your good reputation
- Virginity
- Driver's license if convicted of DUI
- Freedom because of jail time or community service
- Your health due to injury (fighting, driving, or riding with driver under the influence)
- Your life due to alcohol poisoning/overdose or accident
- Trust of your parents
- Privileges
- Your boyfriend or girlfriend due to doing something sexual with someone else
- Your health due to pregnancy, STIs, or HIV
- Your choice of whether or not you want to have sex

► Discussion Questions

7. Discuss the following questions:
 - a. How important are the items on this list to you?
 - b. How do they compare to the other list? For example, how does maintaining your self respect compare to the desire to "fit in"?
 - c. How easy or difficult would it be to gain these items back?
 - d. How could using alcohol and/or other drugs lead to a situation involving sexual assault? (*Decreasing inhibitions may lead to sexual behavior that is not consensual. For the perpetrator: it might make him or*

her more aggressive or misread cues. For the victim: might make him or her unable to consent or be clear about what he or she wants.)

8. Close the discussion by asking participants to share what they notice about the list. *(There is a lot to lose by drinking or using drugs)*

Small Group Activity: Part 3

Peer Ed.1: From the list you have come up with, there seems to be a lot to lose by drinking or using drugs. Now we're going to make one more list and talk about what we have to lose if we don't drink or use drugs.

9. One peer educator places a sheet of newsprint labeled *What Do You Have to Lose by NOT Drinking/Using Drugs?* in the middle of the circle.

10. Ask participants to brainstorm a list of things someone could lose if they do not drink or use drugs. *(See the following sample list.)*



► Discussion Questions

11. Discuss the following questions:
- a. What makes someone "fun" or "cool"? How does alcohol and/or drug use play into that definition? Think of someone you know who doesn't drink or use drugs. What makes them "fun" or "cool"?
 - b. What do you notice about this list overall? *(There really isn't that much to lose if you do not drink or use drugs)*
 - c. What does a couple have to gain by making sexual decisions sober? *(Good communication, equal decision-making, sticking to values, deciding not have sex or using protection if sexually active, avoiding regret)*

Peer Ed.1: Right, so if you don't drink or use other drugs, you won't lose anything as important as your life or future. Also, you will be more likely to stay safe in social situations and people will respect you for making that decision. Now let's look at another way of thinking about decision making.



Small Group Activity: *Think It Through*

Small Group Activity: Part 1

Peer Ed. 1: What sorts of things do you think about when you have to make an important decision? *(What are the choices, pros and cons of each)*

Peer Ed. 2: Whether you realize it or not, you probably go through several different steps before you make a decision. We're going to talk a little bit more about what those steps are.

Peer Ed. 1: I am going to read a scenario involving a decision about sexual behavior. *(Peer educator reads scenario out loud to the group.)*

Alex and Taylor have been flirting with each other for the past few weeks. On Friday, Alex is home alone and invites Taylor over to hang out. They watch a movie and begin kissing. Alex starts to pull away when things start going a little too far. Taylor pulls out some alcohol and asks Alex to have a drink to loosen up. Alex never drinks, but doesn't want Taylor to be offended, so takes one sip. They continue talking and drinking. Taylor starts kissing Alex again. Soon they are laying down on the couch.

Peer Ed. 2: When we make a decision, there are 3 Steps we need to use. *(Peer educator places the cards down, one by one, for each question of the decision-making process and asks the corresponding discussion questions.)*

► Discussion Questions

Step 1: Choices

Peer Ed. 1: What are Alex's choices? *(Be clear about boundaries, drink, not drink, just make out with Taylor and do nothing more, stop making out with Taylor and do something else, have sex)*

Step 2: Consequences

Peer Ed. 2: What are the pros and cons of each decision? *(Pros: Alex won't do something regrettable; making a decision together could make the relationship stronger; won't get in trouble for drinking. Cons: Drink too much and go further than Alex wants to; STIs/pregnancy if there is*

unprotected sex; Alex might do something outside of personal values and might regret the decision; if Alex doesn't drink or hook up with Taylor, they might break up)

Step 3: Decision

Peer Ed. 1: What do you think Alex should do?

How will Alex know if the right decision was made? *(If some of the negative consequences described in question 3 were avoided, such as regret, STI, pregnancy, bad reputation)*

Peer Ed. 2: How does the decision you recommend reflect Alex's values? How can Alex learn from this situation?

Peer Ed. 1: Most of the time we use the steps to decision-making automatically, but once we start drinking we're more likely to skip some of them. Which questions are most likely to be left out by a teen who is drinking? *(Choices and Consequences)*

Peer Ed. 2: That's why it is really important that we think about what we want to do ahead of time and make our decisions sober.

Peer Ed. 1: If Alex had made a decision and talked about it with Taylor **before** they got in a sexual situation, they might have avoided making a decision under pressure.



Bridge to Next Activity

Peer Ed.: As we know, many teens are offered alcohol or other drugs in social situations. In order to avoid using these substances, you will need some *Negotiation & Refusal Skills*. Now we are going to review how to get out of a difficult situation.



Small Group Activity: *Just Say No*

Small Group Activity: Part 1

1. Peer educator places the **Negotiation & Refusal** sign in the middle of the circle of participants and asks:
 - a. What does it mean to negotiate? *(To discuss the issue, to work it out, to compromise)*
 - b. What are examples of times when you or someone you know needed to negotiate?
 - c. What does it mean to refuse? *(To say "no" or get out of a situation)*
 - d. What are examples of times when you or someone you know needed to refuse?

2. Share with students that there are times when negotiating to a compromise is the best solution. However, when a compromise can't be reached or if the situation is against your values or you are in danger, it is necessary to refuse and/or get out of the situation.
3. Peer educator places the *Skills* sign below the **Negotiation & Refusal** sign and asks three volunteers to read each skill aloud. After each skill is read, peer educators lead the participants in a discussion using the corresponding questions.

1. Say "No"

- Why is your body language important when you're saying "no?" (*To make sure your message is strong and consistent*)
- How should you look when you're saying "no?" (*Make eye contact; don't stare at the floor or ceiling; be firm and self-assured; stand tall*)
- Besides how you look, what are some other important factors for saying "no" effectively? (*Tone of voice, clear message, confidence*)

2. Say how you feel

- Why is it important to tell the person how you feel? (*You are working towards a solution so it is important to state your case and let the person know how their pressure makes you feel; if the person cares about your feelings, you are more likely to get a compromise*)

3. Compromise or walk away

- How will you know when you have a compromise? (*Both of you will agree to the solution*)
- Under what circumstances will a compromise not work? (*When you can't agree to what the other person wants; in that case you will need to refuse*)
- What if you're really afraid that the person might hurt you if you say "no"? What are some things you might do in this situation? (*Get to a public place, make an excuse, whatever is necessary to get out of it.*)

► Role plays

4. Divide the group into pairs, and have partners sit facing each other.
5. Give one person in each pair a piece of paper with a scenario to refuse. Leave the *Refusal & Negotiation Skills* steps in the circle so participants can refer to them.
6. Begin with all participants on one side applying pressure using the scenario. The other person will use all three *Refusal & Negotiation Skills* to say "no" to the behavior.
7. After a few minutes, ask partners to switch roles using the same scenario, only this time they will work toward a compromise.

8. Ask pairs to volunteer to perform their scenarios for the group using all three negotiation and refusal skills. Coach groups to continue or repeat until all three skills have been used.

When pairs perform, everyone else should indicate when a skill is being shown by holding up the number of fingers that correspond to the number of the skill being used.

For example, hold up one finger for *say "no,"* two fingers for *say how you feel,* and three fingers for *compromise or walk away.*



Small Group Activity: Sex on the Rocks: How Much Do You Know?

Small Group Activity: Part 1

1. Divide participants into pairs and give each pair eleven small sheets of paper and a pen or pencil.

Peer Ed. 1: Now we are going to play a game to see how much you have learned about mixing alcohol and other drugs with sexual decision-making. I'm going to read a series of questions for you to answer. You will have 10 seconds to consult with your teammate and write down your response for each question. Put your paper face down in front of you when you have answered the question.

Peer Ed. 2: After time is up, one person from each pair should hold up the piece of paper with their answer on it. Those pairs who get the answer right should place their sheets face up in front of them. If the answer is incorrect, place the sheet behind them, outside of the circle. At the end of the game, the pair with the most correct answers wins the game.

Peer Ed. 1: Let's begin.

1. How many first sexual experiences involve alcohol?
 - a. 1 out of 10
 - b. 1 out of 5 (*Correct answer*)
 - c. 1 out of 3

Peer Ed. 2: 2. Name 5 things that you can lose from drinking/using drugs. (*Possible answers: Freedom, self-respect, trust of parents, life, virginity, good reputation*)

Peer Ed. 1: 3. How many teens report having unprotected sex due to alcohol or drug use?

- a. 1 out of 10
- b. 3 out of 4
- c. 1 out of 4 (*Correct answer*)

Peer Ed. 2: 4. Your partner shows up at your house while you're babysitting and wants to drink your dad's beer. You refuse. Using this scenario, name all 3 Refusal Skills and write down what you would say for each. (*Say no, take the offensive, get out of it*)

Peer Ed. 1: 5. True or False? Teens that are under the influence of drugs are 5 times more likely to have sex than if they were sober. (*True*)

Peer Ed. 2: 6. True or False? A man who smokes a lot of marijuana can't get his partner pregnant. *(False)*

Even though marijuana reduces sperm count, there is still enough sperm to get someone pregnant. Remember, it only takes one!

Peer Ed. 1: 7. What substance is most commonly used as a date rape drug?

- a. Alcohol *(correct answer)*
- b. Marijuana
- c. Rohypnol, aka "roofie"

Peer Ed. 2: 8. True or False? It is against the law to have sex with someone who is unable to give consent because he or she is under the influence of drugs or alcohol. *(True)*

Peer Ed. 1: 9. True or False? Using alcohol and/or other drugs increases sexual arousal. *(False)*

Peer Ed. 2: 10. Name 3 consequences of having sex under the influence. *(Possible answer: could get an STI, become pregnant, ruin reputation, put yourself in a dangerous situation, etc.)*

Peer Ed. 1: 11. Bonus Round: Worth 5 points

Name the 3 steps you should use when making a decision. *(Choices, Consequences, Decision)*

Peer Ed. 2: Now, each team count up their number of correct answers. Excellent job! But in Teen PEP, everyone's a winner! *(Give all students a piece of candy)* Now, we're going to return to large group.

Bridge to Skit

(Two peer educators, in the front of the room, speak to the larger group.)

Peer Ed. 1: We know it is hard for some people to resist the pressure to drink or do drugs. In your small groups you practiced getting out of situations that involve alcohol and drugs by using *refusal skills*. The last skit shows a teen using the skills that you learned.

Peer Ed. 2: Before we start, can someone name the three *refusal skills* again? *(Pause and for responses. Repeat answers as they're called out. Say "No"; Say how you feel; Compromise or walk away)* As you watch the skit, hold up one finger when hear Eric use "Say 'No'" *(Peer ed displays the "Say 'No'" sign)*, two fingers when he uses "Say how you feel" *(Peer ed. holds up the "Say how you feel" and three fingers when he uses "Compromise or walk away" (Peer ed. holds "Compromise or walk away" sign).*



wait
you
sign),
up the



Skit: *Play It Safe*

Scene: *At a party Eric, Mike, Davis, and Samantha are watching a scary movie.*

Eric: Okay, okay, this is the best part!

Samantha: I hate scary movies! *(Turns to Davis)* Come on, let's go hang out with everyone else.

Mike: No, no, don't go. You gotta wait and see this next part!

Samantha: I don't **think** so. *(Goes to leave, glares at Davis)* Are you **coming**?

Davis: *(Shrugs, follows Samantha out)*

Eric: Okay...here it comes!

(Mike & Eric excitedly react to the movie scene)

(Anita enters, drunk)

Anita: What are you watching?

Eric & Mike: *(Leaning forward, watching the movie)* Shh!

Anita: *(Sits down next to Eric)* Ewww, that is so disgusting! *(Reaches out and puts her hand on Eric's leg)* Eric, you don't **really** want to watch this, **do** you?

Eric: *(Brushes her hand away)* Are you kidding? This is my favorite movie! I've seen it a million times.

Anita: *(Moves closer)* Well then you **don't** need to see it again. Come on, everyone is doing shots. *(Pauses, sits on Eric's lap)* Let's do it together. *(Puts her hand on his chest)*

Mike: *(Uncomfortable, goes to leave)* Uh, it's getting a little hot in here. I'm gonna go get some air. *(Moves off stage)*

Eric: *(Placing Anita back in her chair)* No thanks, looks like you have already had enough to drink. Maybe doing shots isn't such a good idea.

Anita: Aw, come on. I **like** you. Don't you like me? Maybe we should just stay here and be alone.

Eric: I like you too, but you're kinda wasted.

Anita: So?

- Eric:** I'm not really into that...
- Anita:** Just because you don't drink doesn't mean we can't **do** anything. *(Moves closer again)*
- Eric:** No, I mean I don't want to do anything with you because you're drunk. Let's go hang out with everyone else.
- Anita:** Come on...please??
- Eric:** Uh, why aren't you listening to me? *(Eric goes to leave)* I already told you no. You should respect that. It's not happening.
- Anita:** *(Pouting)* Come on! *(Tugs Eric's arm in an attempt to get him to sit back down)* I know how to change your mind.
- Eric:** Maybe you and I can get together some other time, but not tonight. *(Eric exits)*

► Processing the Skit

(One peer educator speaks to the audience.)

Peer Ed.: Let's see how you think Eric did using the *Negotiation & Refusal Skills*. Which skills did he use in this situation?

- **Say "No":** Anita was drunk, and he wasn't into that
- **Say How You Feel :** He told Anita how he felt
- **Compromise or Walk Away:** Eric leaves

Great job!

Closure

(Two peer educators in the front of the room)

Peer Ed. 1: We know that the use of alcohol and other drugs has an impact on our ability to make good choices in sexual situations. It's important for us to set boundaries for ourselves and stick to them. Being under the influence increases someone's risk for unintended pregnancy, STIs, and HIV. The decision of whether or not to have sex is best made sober.

Peer Ed. 2: We hope this workshop has given you a lot of information and some skills to take with you. Now we need you to take a few minutes and fill out this evaluation to provide feedback on today's workshop. We will also pass out a homework assignment that you can do with a parent, guardian, or other trusted adult. Thank you for your participation.



Evaluation

Pass out evaluations and pencils. Ask all participants to fill out an evaluation and hand it in before leaving the workshop.



Homework

Pass out *Parent-Teen Homework* handouts to all participants. Instruct participants to complete this handout for homework with their parent/guardian, obtain a signature from their parent/guardian, and return it the next day to their classroom teacher.

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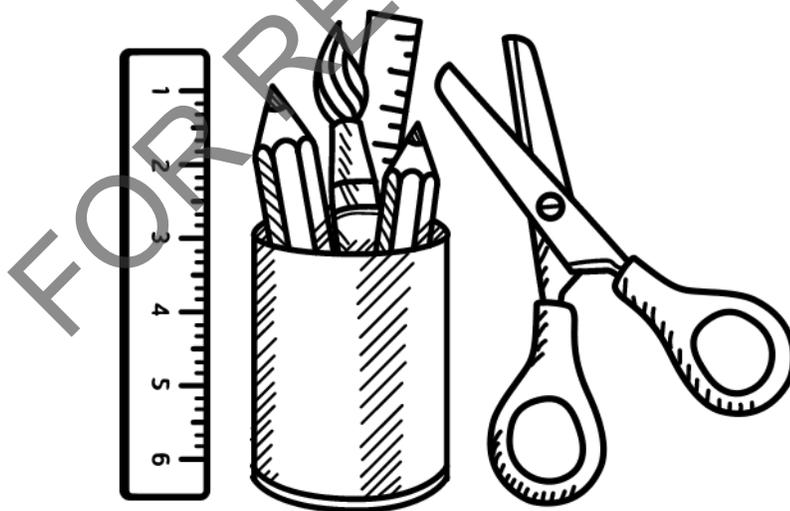


WORKSHOP REFERENCES

1. Centers for Disease Control and Prevention. (2017). Youth Risk Behavior Survey. Retrieved from www.cdc.gov/yrbs
2. Substance Abuse and Mental Health Services Administration. (2013). Retrieved from <http://www.samhsa.gov/underage-drinking-topic>

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Workshop Materials & Templates



**The Next
Morning...**

Choices

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Consequences

FOR REVIEW ONLY

Decision

FOR REVIEW ONLY

Negotiation & Refusal

FOR REVIEW ONLY

Skills

1. **Say no**
2. **Say how you feel**
3. **Compromise or walk away**

Role Play Scenarios

Directions

On this page are sample refusal scenarios for use with each small group. If these scenarios do not reflect realistic situations in your community, have peer educators create new ones that will be more relevant to participants.

(Copy and cut the following set of scenarios into strips for each small group)



Jo is with a small group of friends watching a movie. Ze starts smoking weed and passes it around. Jo doesn't want to do smoke, but Ze keeps pressuring.

Bri and Ever have been hanging out together all night at the party. Ever wants to go somewhere more private and tells Bri to come for a ride. Bri thinks they've had too much to drink and refuses to get in the car.

Jordan's friends have been drinking at a party. They start to pressure Jordan to hook up with Raj. Raj is very drunk and keeps asking Jordan to come over and talk. Jordan is not interested in hooking up with someone who has been drinking and tells their friends to back off.

Ali is getting ready to go to a party with some friends. While everyone is getting ready, Sam suggests that they take some of their mom's prescription medicine so they can "really have a good time." Ali thinks it's a bad idea.

Gab meets Xi at a party. They start dancing with each other and are having a really good time. They start kissing and want to go upstairs to be alone. Xi suggests they take a couple of shots to loosen up first.

1. Say "No"

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2. Say How
You Feel

FOR REVIEW ONLY

**3. Compromise
or Walk Away**

FOR REVIEW ONLY

ALCOHOL, OTHER DRUGS AND SEXUAL DECISION MAKING

PARENT/GUARDIAN - CHILD HOMEWORK



Student name: _____ Date: _____

? PURPOSE

To provide a structure for communication between parents/guardians and teens on the topic of alcohol, other drugs, and sexual decision-making.

➔ DIRECTIONS

STEP 1

Together, read out loud the workshop take home messages below.

TAKE HOME MESSAGES

- Being under the influence of alcohol and other drugs increases the likelihood of engaging in behaviors that put a person at risk for STIs, unintended pregnancy, and HIV infection.
- Making the decision of whether or not to have sex is one best made sober.
- It is important to set boundaries ahead of time, before getting into a potentially risky situation.

STEP 2

Teens should share with parents/guardians their answers to the following question:

1. What was the most important thing you learned in this workshop?

STEP 3

Teens and parents/guardians should discuss together their responses to the following questions:

1. What are some potential problems when teens drink and use other drugs?
2. Why is it important to make sexual decisions while sober?

STEP 4

Parents/guardians should share with teens their answer to the following question:

1. What values do you want your child to receive from you regarding this topic?

STEP 5

Please sign and date below, indicating to the advisor that this assignment has been completed.



Parent/Guardian signature

Date



Sex on the Rocks: Alcohol, Other Drugs and Sexual Decision-Making Workshop Evaluation

Please rate how much you agree or disagree with each statement by placing a check mark in the appropriate box.

	Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree
This workshop has made me think about what can happen when sex is mixed with drugs or alcohol.					
This workshop has helped me to understand how alcohol/drug use affects a person's ability to make responsible decisions in sexual situations					
This workshop taught me the steps of how to think through a decision					

List five possible consequences of making sexual decisions under the influence of alcohol or drugs:

1. _____
2. _____
3. _____
4. _____
5. _____

Describe the 3 steps to decision-making:

1. _____
2. _____
3. _____

What is one way alcohol or other drug use affects sexual decision-making?

Please rate the presenters on the following by placing a check mark in the appropriate box.

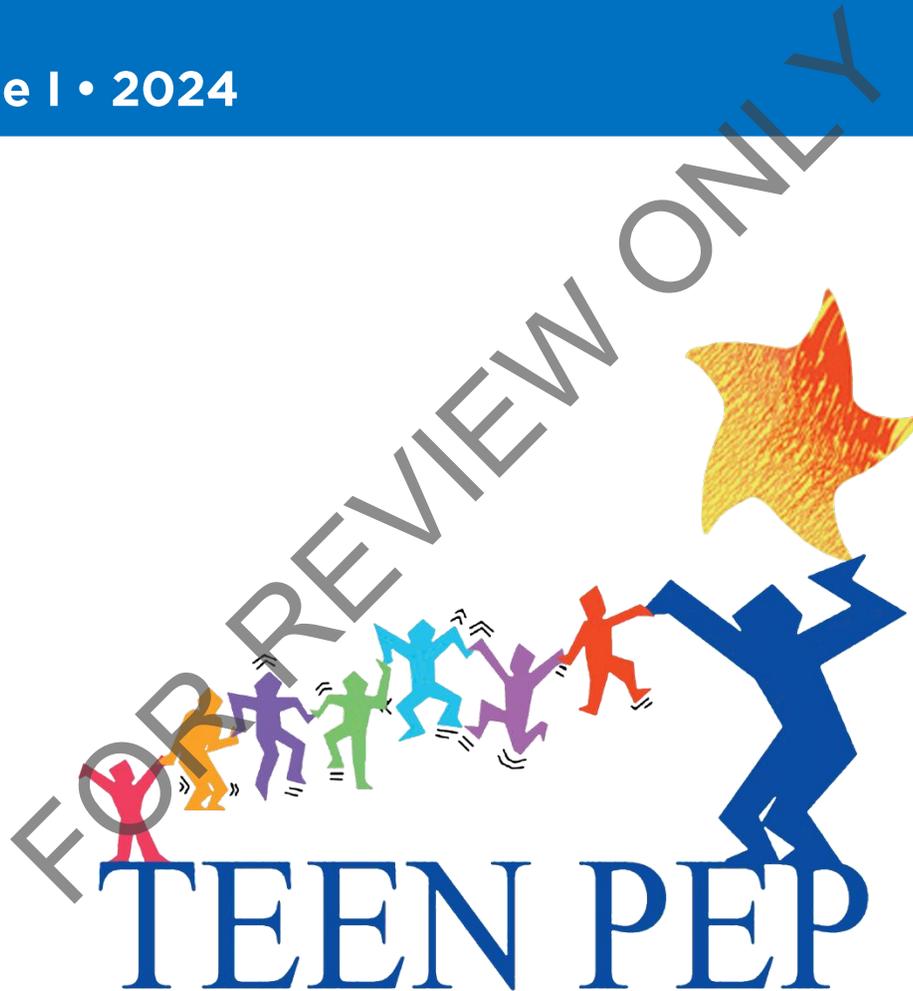
	Strongly Agree	Agree	Disagree	Strongly Disagree
The presenters clearly explained the directions for each activity.				
The presenters were well prepared and organized.				

*Please use the back of this form to write any comments or suggestions.
Thank you for completing this evaluation!*

Unit Ten

Understanding & Preventing Dating Violence

Volume I • 2024



TEEN PREVENTION EDUCATION PROGRAM

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TEEN PREVENTION EDUCATION PROGRAM

Unit Ten

Understanding & Preventing Dating Violence

★ Unit Preparation for Advisors	1
★ Overview	2
<i>(15 minutes)</i>	
★ Understanding Dating Violence	6
<i>(30 minutes)</i>	
★ Cycle of Abuse	8
<i>(30 minutes)</i>	
★ Breaking the Cycle	16
<i>(45 minutes)</i>	
★ Power & Control Wheel in Dating	22
<i>(15 minutes)</i>	
★ Red Flags	25
<i>(25 minutes)</i>	
★ Dating Violence & the Law	37
<i>(20 minutes)</i>	
Homework	
★ Frankie’s Story	39
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★ How to Help a Friend	42
<i>(45 minutes)</i>	
★ School-Wide Campaign	47
<i>(5 minutes)</i>	
★ Parent/Guardian-Teen Homework	49
<i>(5 minutes)</i>	
Homework	

Unit Preparation for Advisors

Before You Begin

Discussing the topic of dating violence and prevention with adolescents is important, powerful, and sometimes upsetting. It is possible that you will have students who have experienced or know someone who has experienced dating violence or domestic violence and participating in the unit activities and workshop may bring up difficult memories. To ensure the most effective learning experience, consider the following suggestions before beginning this unit.

Consider your own history

Sometimes advisors have their own history with abuse. Be sure you think through your own values, attitudes, and experience regarding dating violence. Seek support and/or counseling if you have unresolved issues and ask your co-advisor to take the lead on this unit.

Read through the entire unit

Think through the activities and discussion questions and consider how your students may react. Make sure you are well-prepared to handle issues that arise.

Prepare support

Establish the necessary support structure from the counseling department or school psychologist or school social worker. Inform them of the content before beginning the unit and make sure someone is available during and after your class/workshops in case a student needs to talk to a support person.

Know the limits of confidentiality

Review your school's policy on confidentiality in case a student confides in you. This may include a need to consult with or inform parents/guardians/caregivers. Be sure to let students know ahead of time what you can and cannot keep confidential.

Referrals

Ensure students will have access to a referral list of therapists and support groups in your area that have experience with teen dating violence.

Disclaimer at the beginning of the unit

Tell students about the content and scope of the *Dating Violence Unit*. Explain that it is common in a group of this size for someone to have experienced or know someone who has experienced dating violence. If at any time someone feels uncomfortable with the material or the conversation, they may leave the class and go to their school counselor or other support staff. They may also speak with you privately after class.

Student reactions

Be aware of student reactions and responses. Jokes, disruptive behavior, withdrawal, and silence are all possible examples of behaviors students may exhibit to indicate their discomfort with the topic. Address these issues with care. Be aware of any indications that a student is having difficulty, and seek assistance from a trusted colleague, counselor, or other mental health professional to decide how best to approach the student (privately) in a supportive way. This may include a need to consult with or inform parents/guardians/caregivers.

Dating Violence Overview

Bridge

Build a bridge from the last activity. For example, “In the last activity we...” or “Yesterday, we learned...” and connect it to the theme.

Theme

The purpose of this activity is to provide peer educators with a general overview of the topics to be discussed in the unit.

Directions

1. Hand out *Dating Violence Overview*.
2. Have everyone take turns reading each paragraph aloud.
3. Discuss the following questions:
 - a. What was the most surprising fact you learned from the *Dating Violence: Overview*?
 - b. Respond to the statement, “*Dating violence is linked to power and control?*” Do you agree? Why or why not?
 - c. What is something you’re hoping to get out of this unit?
4. Read the following aloud:

The National Centers for Disease Control and Prevention has documented that intimate partner violence (IPV) is a serious problem that has lasting harmful effects on individuals, families, and communities. The goal for IPV prevention is to stop it from happening in the first place. However, the solutions are just as complex as the problem. Prevention efforts should ultimately reduce the occurrence of intimate partner violence through the promotion of healthy, respectful, nonviolent relationships. Prevention efforts should attempt to promote healthy relationships by addressing change at all levels of the social ecology that influence IPV: individual, relationship, community, and society. Additionally, effective prevention efforts will attempt to reduce known risk factors for IPV and promote protective factors.

It is everyone's responsibility to use effective decision making, evaluation, communication, negotiation, and assertiveness skills needed to engage in a healthy dating relationship at all stages of the dating relationship to prevent and reduce the risk of IPV or dating violence.



Total Time:
15 minutes



Materials

- Dating Violence: Overview* double-sided handout for each peer educator

Violence within a dating relationship is never acceptable and should never be condoned. If you are in a dating relationship that includes violence of any kind, you are advised to seek the assistance from parents, teachers, counselors, other trusted adults and friends in order to develop strategies for stopping the violence. If you know people in a relationship that involves violence, you are encouraged to talk with them as part of an effort to link them to the kind of help that will stop the violence.

FOR REVIEW ONLY

Dating Violence Overview

One in three adolescents in the United States is a victim/survivor of *physical, emotional, or sexual abuse* from a dating partner – a figure that is far higher than other types of violence affecting youth¹. Teens in same-sex relationships experience rates of violence and abuse similar to rates experienced by teens in heterosexual relationships². These statistics are particularly alarming given that teen dating violence is among the most underreported crimes in the United States.

Many teens find it difficult to admit when abuse is happening or has happened to them, whether because of shame, confusion, denial, or a desire to protect their partners, and are therefore unlikely to seek help. But getting help is critical, as the effects of dating violence on adolescents can be long lasting and often devastating. Victims/survivors of dating abuse are more likely to have low self-esteem, eating disorders, sexual dysfunction, depression, withdrawal, anger, and may even attempt suicide. For this reason, teens should be encouraged to talk to counselors, parents, trusted adults, or friends about any issues related to dating violence.

The incidence of teen dating violence doesn't stop after high school. Research shows that while violent behavior typically begins at ages 12-18, people who were in abusive relationships as teenagers suffer increased violence in their adult relationships.³

Sometimes, there are issues that might put some teens more at risk for being victims or perpetrators of dating violence, such as depression, post-traumatic stress, substance abuse, or developmental disabilities. But it is important to recognize that **the victim/survivor of dating violence is never at fault**. Regardless of the circumstances, no one deserves to be physically, emotionally, or sexually abused. The person who is to blame is the abusive partner, who is using their power to control the other person's actions, thoughts, and beliefs. **Power and control** are at the center of all abusive relationships.

To combat this problem, teens need to be educated to identify warning signs, recognize patterns of abuse, and know what to do if they experience or witness abuse in a relationship. When discussing prevention, it is important to be clear that people of all gender identities and expressions can be victims or perpetrators of dating violence. *Everybody deserves a relationship that is safe, respectful, loving, and healthy.*



Objectives



The goal of this unit is to provide you with important information and resources that can reduce the incidence of dating violence. Specifically, by the end of this unit you should be able to:

- Define the three types of dating violence and related behaviors
- Describe three effects of dating violence
- Describe the cycle of abuse
- Identify at least five red flags of abuse
- Describe the legal consequences of dating violence
- Identify three strategies teens can use to address dating violence if it is happening to them or a friend

Take Home Messages



As peer educators, you will also be expected to make sure workshop participants understand the following Take Home Messages:

- Dating violence is about power and control and can include emotional, physical, and sexual abuse.
- Violence in a relationship is never the victim's fault.
- Oftentimes, abusers are not able to stop on their own and need to get help from a professional.
- There are several things you can do if a victim/survivor comes to you for support.

FOR REVIEW ONLY

Understanding Dating Violence

Bridge

Build a bridge from the last activity. For example, “In the last activity we...” or “Yesterday, we learned...” and connect it to the theme.

Theme

The purpose of this activity is to define dating violence and increase awareness about the three main types of abusive behavior.

Directions

1. Discuss the following questions:
 - a. What comes to mind when you hear the term *dating violence*?
 - b. How would you define *dating violence* in your own words?
2. Display the following definition and read it aloud, emphasizing the words marked in bold and underlined.

A pattern of **physically, emotionally, or sexually** abusive behavior in which one person in a dating relationship attempts to gain and maintain power and control over the other person.

3. Hang 3 labeled sheets of newsprint (*Physically Abusive, Emotionally Abusive, Sexually Abusive*) around the room.
4. Divide everyone into 3 groups, one at each sheet.
5. Give each team one marker.
6. Have students in each group consider the definition of *dating violence* and spend 5 minutes writing examples of abuse on their newsprint.
7. Rotate groups to a new piece and have each group spend 2 minutes adding to what was already written by the previous group.
8. Rotate groups a final time and spend 2 minutes adding examples again.



Total Time:
30 minutes



Materials

- 3 pieces of newsprint with the following headings:
 - Physically Abusive
 - Emotionally Abusive
 - Sexually Abusive
- Dating Violence Definition* written on newsprint, with key words underlined as seen in step 2.
- Markers

9. Hang the 3 completed newsprints side-by-side and ask group members to clarify any items that may not be clear to others.
10. Use the following sample lists to prompt students to think of any behaviors that might be missing from the newsprints.

Physically Abusive	Emotionally Abusive	Sexually Abusive
Pushing/shoving	Criticizing	Calling partner sexually derogatory names
Pinching	Threatening	
Scratching	Lying	
Biting	Name-calling	Pressuring for sex after being told "no"
Slapping/Punching	Putdowns	
Kicking	Mind Games/Manipulation	
Hitting with Something	Publicly humiliating	Unwanted or uncomfortable touching
Grabbing/Restraining	Extreme jealousy	
Holding partner to keep them from leaving	Possessiveness (controlling behavior)	Rape/sexual assault (forced sexual activity)
	Isolating partner from others	
	Ignoring partner's feelings	Refusing to use or tampering with condoms or other forms of birth control
	Destroying partner's possessions	
	Cyber abuse	

Reflections

Discuss the following questions:

1. What surprised you when doing this activity?
2. What makes these behaviors abusive? (*They are abusive because they are painful, humiliating, disrespectful, which makes the relationship unhealthy*)
3. Why would someone in a relationship do these things to their partner? (*To have power, because they do not know appropriate ways to cope with anger or frustration or may be under the influence of drugs or alcohol*)
4. What does an abusive partner get out of doing these things? (*A sense of power and control*)

Cycle of Abuse

Bridge

Build a bridge from the last activity. For example, “In the last activity we...” or “Yesterday, we learned...” and connect it to the theme.

Theme

The purpose of this activity is to explain and discuss the cycle of abuse.

Directions



Preparation Needed Before Class

At least one day before class:

- Choose 5 students to read the parts in *Amari and Kai's Story* aloud. You should give the students the story in advance and ask them to practice reading it aloud at home.

1. Hand out *Amari and Kai's Story*.
2. Have the 5 pre-selected students read the story aloud.
3. Discuss the following questions and record responses on newsprint:
 - a. What is your reaction to this story?
 - b. Who was the abuser?
 - c. What types of abuse did you hear?
 - d. What happened that was problematic?

Ensure your completed list matches what is below before moving on to the next step.

Story Facts

1. Kai was the abuser
2. Kai abused Amari emotionally and physically
3. Amari didn't do anything back to Kai
4. Amari stayed in the relationship
5. Kai got mad at Amari all the time
6. They loved each other
7. Kai kept Amari away from their family and friends
8. Kai gave Amari stuff after a fight



Total Time:

30 minutes



Materials

- Newsprint and markers
- Amari and Kai's Story* for each peer educator
- Cycle of Abuse* poster (ideally printed on 11x17 or larger, or drawn on newsprint)

4. Discuss the following questions.
 - a. While you were listening to the story, did you consider Kai's behavior abusive? Why or why not?
 - b. As you were listening, did your brain paint a picture of what Kai's identity might be? How might that have impacted your answer to the question above?
 - c. If aspects of Kai's identity might be revealed to be different than what you imagined, how might that impact your answer to the first question? For example, if you imagined Kai to be a male, but Kai was revealed to identify as female, what might that change for you? Why?
 - d. How might our biases come into play when we evaluate whether we think a situation is abusive or not? Why is it important to recognize and check those biases?
5. Display the *Cycle of Abuse*.
6. Explain to students that in order to understand abuse in relationships, it is important to understand the Cycle of Abuse. Discuss the following three phases:
 - a. **Tension-Building Phase:** The abusive partner is easily irritated, starts fights, yells and makes the victim unable to determine the cause of anger, feeling like they can't do anything right
 - b. **Explosion Phase:** The abusive partner attacks their partner becoming emotionally, physically, or sexually abusive.
 - c. **Honeymoon Phase:** The abuser apologizes and blames something or someone else for the abuse. The abuser will also try to make up with their partner and promises the abuse won't happen again.
7. Explain that the cycle now starts over with **Tension-Building**, and that the violence usually gets worse with each cycle. Emphasize that many abusive relationships follow this pattern, though not all do, and some can be completely unpredictable.

Reflections

Discuss the following questions:

1. What are some examples of tension building in this story? (*Kai starts controlling Amari's behavior – who they can be with; Kai is jealous, suspicious, and angry for no reason*)
2. What are examples of explosive incidents? (*When Kai shoves Amari, the scratch on neck, screaming at them*)
3. What kinds of things did Kai do in the honeymoon period? (*Brought ice cream to Amari's house, interacted with the family, bought gifts such as a shirt, took them to a concert*)
4. How might Amari feel during the honeymoon period? (*Happy, more relaxed, hopeful*)
5. What is the purpose of the honeymoon period? (*To make-up for the abuse and keep the victim believing that it will get better, to keep their partner from leaving, gain and maintain power and control over their partner*)

6. Toni went to speak to her school counselor. How could this be helpful? (*Gives Toni someone to talk to, shares the burden, Toni and Mr. Anderson might be able to talk with Amari and show support, might be able to get Kai some help*)

Summary Statement

Read the following summary statement.

In this scenario, the gender identity of Kai is intentionally kept unrevealed. Although statistics show that people who identify as female are more commonly the victims/survivors of dating violence, they can also be the abusers and all teens—regardless of sexual orientation or gender identity and expression—can find themselves in unhealthy dating relationships. Pay attention to your relationships and those around you. If you recognize the Cycle of Abuse—talk to an adult.

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Amari and Kai's Story

**Lines in italics represent past conversations Toni is recalling with the counselor.*

Mr. Anderson: Hi, Toni.

Toni: Hey, Mr. Anderson. Thanks for letting me come talk to you. I'm worried about my brother, Amari. He seems kind of depressed and I don't know what to do about it. His grades have been going down and my dad is on him all the time; he gets mad easy and just isn't around very much anymore. He's been with his partner Kai most of junior year and they are together almost all the time now.

Mr. Anderson: How did it all start?

Toni: Things were cool in the beginning. He fell for Kai at the beginning of the year. Kai's really good looking and a great basketball player. Amari couldn't believe Kai liked him too; he's kinda shy and it's his first relationship. Anyway, he started going to Kai's games and hanging out after to talk and stuff. Kai started coming over, and pretty soon was there every day. Our mom started complaining that they were always up in his room, and nobody ever saw them. Amari told me that Kai didn't like my mom and how mom was always raggin' on them to spend time with the family. You know, like:

Mom: *Amari, you and Kai come on down here and have dinner.
Amari, I think you and Kai spend way too much time together.
Amari, let's do something together as a family.*

Mr. Anderson: So, what happened?

Toni: So they stopped being at our house at all. Amari hung out with me sometimes—we'd watch a game on TV or go get pizza, but Kai called him constantly—it was like I wasn't even there. One day when Kai called, I listened in...

Kai: *What are you doing?*

Amari: *I'm with Toni – we're watching the game.*

Kai: *Where are you?*

Amari: *At home – do you want to come over?*

Kai: *No, I want you to come here.*

Amari: *Well, I promised Toni.*

Kai: *I don't care what you promised Toni. I want to see you.*

Amari: *Kai, sorry but, I...*

Kai: *Amari, baby, I need to see you. Today. Now. I know you don't like to see me mad.*

Amari: *Okay, okay; I'll get there as soon as I can.*

Toni: Amari just stared out the window for a few minutes and then he looked at me and shrugged. Like, "What do you want me to do?" And then he left. The only time I see him now is in school. If he's not **with** Kai then he's looking at his phone. His friend said the coach finally took it away at practice. I snuck a look at it once:

Kai:



Mr. Anderson: Is it just with family that you're noticing this? What about Amari's friends?

Toni: No. His friends have backed off because Kai never lets him hang out with them. But it doesn't stop there; my friends said they saw them in the gym and Kai started yelling at him.

Kai: *Why are you talking to Jo? I told you not to talk to Jo. What's wrong with you? How could you be so stupid? You better not EVER talk to Jo again. Do you hear me?*



Toni: Amari just stood there looking at the floor.

Kai: *Do you HEAR me?*

Toni: And then Kai shoved him.

The next day I passed Amari going into my room and I saw this scratch on his neck. "What's that?" I asked. He told me to shut up and left the house.

That night Kai came over with ice cream and was being real sweet to my mom and tried to hang out with me. They were laughing and joking around and Amari looked happy for once. The next day at school started out all good. I saw them holding hands and kissing in front of their lockers. But later on...Kai was talking real loud to their friends, right in front of Amari.

Kai: *What is wrong with him? He is such a terrible boyfriend. He can be so stupid; I don't know why I put up with him.*

Toni: Amari just stood there looking embarrassed. I tried to talk to him after that.

Toni: *Amari, why are you still with Kai? It seems like you're always getting talked down to.*

Amari: *You don't know Kai, Toni.*

Toni: *I see what Kai says to you and how that makes you feel. It's not right.*

Amari: *Look, Kai gets mad sometimes but is really trying...and is a good person. Like when we were all hanging at the house together the other night, remember? Most of the time things are a lot of fun; I'm happy that we're together.*

Toni: *Amari, you deserve to be treated better.*

Amari: *Stop, Toni. I love Kai and it's really none of your business.*

Mr. Anderson: Have things gotten any better?

Toni: No...it just keeps going. After the big fights Kai brings him stuff. Amari had a new shirt on the other day, and I know my mom didn't buy it for him. In December I thought maybe they had broken up because he was home a lot and in a really bad mood. But then Kai took him to a concert and paid for everything. I heard them talking when they got back:

Kai: *I'm sorry. I'm just under a lot of stress. It won't happen again. I promise. I love you. Please, Amari, I need you.*

handout

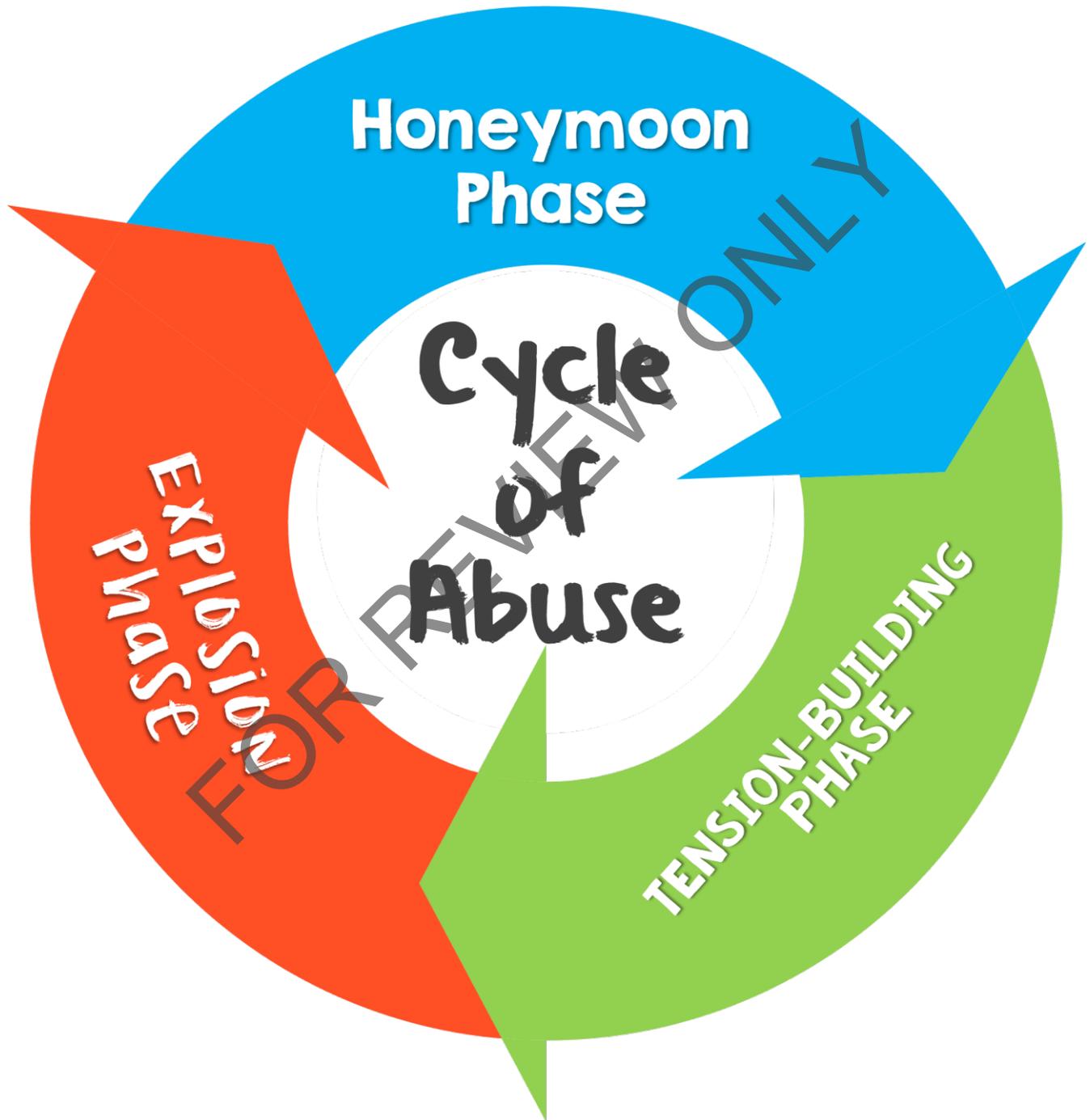
Toni: So I guess they got back together...again. I'm worried about him, and I don't know what to do.

Mr. Anderson: *(Leans forward)* Toni, you did the right thing by coming to talk to me. Let's talk about how we can help Amari.

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template

Cycle of Abuse



Breaking the Cycle

Bridge

Build a bridge from the last activity. For example, “In the last activity we...” or “Yesterday, we learned...” and connect it to the theme.

Theme

The purpose of this activity is to **explain and discuss the common themes related to dating violence and how to break the cycle of abuse.**

Directions

1. Divide the group in half, with one advisor to lead each group.
2. In each group, complete the following steps:
 - Divide the smaller group into triads.
 - Hand out a *Breaking the Cycle Card* to each triad.
 - Have pairs read and respond to the questions on their card.
 - Facilitate a discussion on each card using the *Breaking the Cycle Facilitator’s Guide* by having triads report out, adding additional information from the guide, and reading the **statement**.
3. Continue until all the cards have been discussed.
4. Return to large group for reflections.

Reflections

Discuss the following questions:

1. Why do people often stay in abusive relationships? What makes it hard to leave? (*Loves partner, likes the popularity, thinks they can change the abusive partner, blames self, shame, fear of more violence*)
2. Is it true that the victim of dating violence can make the abuse stop by changing their own behavior? (*No—abuse is never the victim’s fault; the person who is abusive is the one who needs to change*)



Total Time:
45 minutes



This activity appears in the workshop



Materials

- Newsprint and markers
- 2 sets of *Breaking the Cycle* cards

Breaking the Cycle Facilitator's Guide

Red Flags

1. What does a *Red Flag* mean? (*Early warning signs of trouble*)
2. What are some red flags of dating violence? (*One person demanding to spend all of their time with you, extreme jealousy and possessiveness, checking up on you when you are not with them, not listening or caring about your point of view*)

Summary Statement:

There are often warning signs in an abusive relationship and it is important to pay attention and get out of the relationship if behaviors continue or get worse.

Alcohol and Other Drugs

1. What role do alcohol and other drugs play in abusive relationships? (*People lose inhibitions and do things they normally wouldn't. It often makes abusive people more violent, people are less likely to effectively communicate, use assertiveness skills, or get out of a situation*)
2. What kinds of abusive behavior have you seen when someone is under the influence? (*Yelling, shoving, humiliating*)

Summary Statement:

Alcohol and other drugs are often involved in cases of abuse between intimate partners. When abusive people are under the influence, they have less control and do not think about the consequences of their behavior.

Embarrassment & Guilt

1. Why might a victim/survivor feel embarrassed or guilty about the abuse? (*Victims/survivors often blame themselves for the violence and think if they were a better partner, it would not happen.*)
2. Why do victims/survivor often stay in abusive relationships? (*Love, fear that the abuser will hurt them more, don't know how to get away, don't have any support from friends or family, think they can "change" the person, think this is the norm for relationships, don't want to get the abuser in trouble*)
3. How might embarrassment keep an abuser from seeking help? (*The perpetrator might know their behavior is wrong but is too embarrassed to seek help*)

Summary Statement:

Many victims/survivors feel embarrassed or guilty about the abuse. It is important not to judge people who may stay in abusive relationships. Instead, we need to give them our support and offer to help them go to an adult for help.

Witnessing Abuse

1. Why do you think people sometimes ignore abuse in other people's relationships? *(If it is emotional abuse, they may think it is not serious; may think it's none of their business; don't want to get others in trouble)*
2. What responsibility do friends have if someone they know is being abused? *(They can tell a parent or trusted adult and assist their friend in getting help. It is important to know that dating violence does not get better on its own. It may begin as emotional abuse and escalates to physical or sexual abuse as the relationship progresses.)*
3. What if it is someone you don't know well? *(Tell an adult about what's happening, call out the behaviors and tell the abuser that their behavior is not okay if you feel comfortable doing so, go get help)*

Summary Statement:

It is our responsibility to speak out, stand up and not be afraid to intervene if we know someone is being abused emotionally, physically, or sexually.

Violence in the Media

1. In what ways do you think the media contributes to dating violence? Name three examples. *(Violent song lyrics, movies that associate sex with violence, TV and movies showing that partners may say "no" when they really mean "yes," violent video games dehumanizing abuse, etc.)*
2. What can we do about media's influences? *(Refuse to buy or listen to music that puts women down or promotes violence, talk with your friends when you hear or see violence in the media)*

Summary Statement:

It is important to watch or listen to media messages with a critical eye. Notice how often you see or hear violent messages and speak out against them.

Violence in the Home

1. What are some specific ways that violence in the home might affect teens? *(They could get hurt, it makes them upset, fearful and angry, they are afraid to tell because they don't want a parent to get in trouble, they may think it is the norm)*
2. How might this violence affect their future relationships? *(If a violent parent is a child's role model, the child might grow up to believe that this is normal behavior and become abusive or submissive in their own relationships.)*

Summary Statement:

Not all people who grow up in violent homes become violent. However, sometimes teens who witness or experience violence with family copy that behavior in their own relationships. It is important to talk to a trusted adult about what is happening at home and seek out healthy adult role models.

Gender Issues

1. What are some gender stereotypes in a relationship that might support dating violence? (*Think back to Gender Boxes in Unit 2—Males/masculine partners making all sexual or non-sexual decisions, females/feminine partners expected to be more passive and try harder to please their partner, etc.*)
2. What are the qualities of an equal relationship? (*Both people make decisions, there is mutual respect, both partners feel heard, there is an equal distribution of power*)
3. What can a couple do at the beginning of a relationship to decrease this partner imbalance? (*Talk about what both partners want in terms of communication, respect, and equality*)

Summary Statement:

Both partners in a relationship may have different ideas about what they expect based on how they view societal gender roles and expectations. It is important to challenge these pressures by talking about what both people want, need, and expect in the relationship in order to avoid conflict.

LGBTQ Relationships

1. How common is dating violence in LGBTQ relationships? (*Statistics show that teen dating violence is just as prevalent in LGBTQ relationships as it is in heterosexual relationships*)
2. What might make it more difficult for a person who identifies as LGBTQ in an abusive relationship to get help? (*If the person is not “out” to family and/or friends, then they may not have a support system of people who even know about the relationship, and therefore could not lend support if the relationship is unhealthy or abusive. If someone in the relationship does seek help, they need to make sure to find someone who is not only supportive, but LGBTQ friendly*)
3. How can someone know if the adult being sought out for help is LGBTQ friendly? (*Look for a safe zone or other LGBTQ support sign outside of their office, seek out an adult who has worked with LGBTQ youth or is an advisor for the school’s Gay-Straight Alliance or LGBTQ support group*)

Summary Statement:

It is important to remember that dating violence can happen in all types of relationships, regardless of gender identity or sexual orientation. However, LGBTQ teens who experience abuse may have increased difficulty seeking help depending on the support system around them.

Breaking the Cycle Card Template

Red Flags



What does *red flag* mean?

What are some red flags of dating violence?

Embarrassment & Guilt



Why might a victim feel embarrassed or guilty about the abuse?

Why do victims often stay in an abusive relationship?

Alcohol & Other Drugs



What role do alcohol and other drugs play in abusive relationships?

What kinds of abusive behavior have you seen when someone is under the influence?

Witnessing Abuse



Why do you think people sometimes ignore abuse in other people's relationships?

What responsibility do friends have if someone they know is being abused?

What if it is someone you don't know well?

Breaking the Cycle Card Template

Violence in the Home



What are some specific ways that violence in the home might affect teens?

How might this violence affect their future relationships?

Gender Issues



What are some gender stereotypes in a relationship that might support dating violence?

What are the qualities of an equal relationship?

What can a couple do at the beginning of a relationship to decrease this partner imbalance?

Violence in the Media



In what ways do you think the media contributes to dating violence?

Describe 3 examples you have seen or heard.

LGBTQ+ Relationships



How common is dating violence in LGBTQ+ relationships?

What might make it more difficult for someone who identifies as LGBTQ+ to get help if they are a victim of abuse?

How can someone know if the adult sought out for help is a supportive ally?

Power & Control Wheel in Dating

Bridge

Build a bridge from the last activity. For example, “In the last activity we...” or “Yesterday, we learned...” and connect it to the theme.

Theme

The purpose of this activity is to give students an opportunity to privately assess their own dating relationships.

Directions

1. Explain that dating violence is about power and control – when one person in the relationship believes that they have the right to control the other person in a variety of ways.
2. Hand out *Power & Control Wheel*.
3. Have a volunteer read a section aloud. Then pause to have the group think about the questions in terms of their own relationships or the relationships of people they know
4. Continue this process until all sections have been read.

Reflections

Discuss the following questions:

1. What surprised you about the *Power & Control Wheel*?
2. Which behaviors had you **not** thought about as being abusive before reading the handout?
3. Which of the behaviors stood out to you as being fairly **common** behaviors in teen relationships?
4. What could an individual do if experiencing one or more of these behaviors? (*Communicate with their partner to see if the behavior will stop, talk to a parent or guardian, talk to the school counselor, tell an advisor*)
5. What would equal power in a relationship look like? (*Both people would talk about what they want and don't want, have greater respect for one another, would want the best for each other, would both be able to grow*)
6. What was valuable about discussing the handout?



Total Time:

15 minutes



Materials

- Power & Control Wheel* handout for each peer educator

Summary Statement

Read the following summary statement to students.

Sometimes it is surprising to realize that you or your friends are putting up with behaviors that are considered abusive. You might even realize that you have been the one to do some of these things to your partner. If you recognize your relationship in any of these ways, please talk to an adult you trust to get some support. Everybody deserves a relationship that is safe, respectful, and loving. If you are concerned about your own relationship, or concerned for someone you know, talk to an advisor, school counselor, or other trusted adult for guidance.

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