BE PROUD! BE RESPONSIBLE! BE PROTECTIVE!

FACILITATOR CURRICULUM

THIRD EDITION

An Evidence-Based Intervention for Pregnant and Parenting Teen Mothers That Reduces Their Risk of HIV/STD and Unplanned Repeat Pregnancy

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Be Proud! Be Responsible! Be Protective! An Evidence-Based Intervention for Pregnant and Parenting Teen Mothers that Reduces Their Risk of HIV/STD and Unplanned Repeat Pregnancy was adapted by Dr. Deborah Koniak-Griffin from an original curriculum developed by Dr. Loretta Sweet Jemmott, Dr. John Jemmott and Dr. Konstance McCaffree. The program was evaluated through services provided by Vital Research and the Department of Biostatistics in UCLA School of Public Health. The curriculum was implemented with pregnant adolescents and young mothers by Dr. Koniak-Griffin and associates in hopes of improving the health and life circumstances of young mothers and their children, particularly preventing HIV/STDs and unplanned repeat pregnancy.

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BE PROUD! BE RESPONSIBLE! BE PROTECTIVE!

THIRD EDITION

Facilitator's Guide

Introduction

Sexually transmitted diseases (STDs), including HIV, are a major risk for young women of reproductive age in the United States. Women who have limited financial resources, are under 25 years of age, and are of African-American or Hispanic/Latino descent are at increased risk. Pregnant adolescents and young mothers constitute a particularly vulnerable subgroup of youth at especially high risk for STDs, including HIV infection, because they have been engaging in unprotected sex and are predominantly from ethnic-racial groups that are disproportionately affected by the virus. Their high-risk behaviors often began prior to becoming pregnant, with early initiation of sexual activity and infrequent or no condom use. Other risky behaviors may include having multiple sexual partners, needle sharing for tattoos or body piercing, and use of alcohol and illegal substances. These activities are often associated with a history of STDs and physical or sexual abuse. In addition to personal risk factors, many teens who become parents are socioeconomically disadvantaged and live in communities with few resources, increasing their vulnerability to both adolescent pregnancy and HIV.

The sexual partners of teen mothers are often themselves at high risk for HIV due to similar factors as well as heavy substance use and a history of incarceration. Young mothers (and their partners) usually have some knowledge of HIV and other STD transmission; however, misconceptions about HIV and people with HIV are common, and safer sex using condoms and/or abstinence may be infrequently, inconsistently or never practiced to protect themselves.

Failure to be safe in this population gives rise to a particular concern because of the danger of perinatal transmission of HIV from mother to baby and through breast milk. While many adolescent mothers have engaged in high-risk activities prior to their pregnancies, research findings indicate that maternal identity and feelings of maternal protectiveness serve to motivate some of these young mothers toward healthy behavior changes. After they become pregnant and following childbirth, they may improve their diets, decrease or stop alcohol and drug use, stay in or return to and finish school, or separate themselves from gang activity. Their renewed hope for the future creates a "window of opportunity" during pregnancy and early parenthood for HIV prevention programs that emphasize protective maternal behaviors and encourage young mothers to improve their own lives and health.



Be Proud! Be Responsible! Be Protective! is an adaptation of the **Be Proud! Be Responsible!** program that targets adolescent mothers and pregnant teens. The curriculum emphasizes the role of maternal protectiveness in motivating adolescents to make healthy sexual decisions and decrease risky sexual behavior. It also encourages adolescents to take on sexual responsibility and accountability and increases awareness of the effects of HIV/AIDS on inner-city communities and their children.

The intervention aims to affect knowledge, beliefs and intentions related to condom use and sexual behaviors such as initiation and frequency of intercourse. It also addresses the impact of HIV on young pregnant women and their children, the prevention of disease during pregnancy and the postpartum period, and special concerns of young mothers.

Although adolescents are aware of the risks that come with unsafe sexual behavior and the potential debilitating ramifications of an unplanned pregnancy or disease, many continue to participate in behaviors that place them at risk. Since unplanned pregnancies and STDs such as HIV are preventable, it may be possible to reduce the risks among adolescents by identifying the key risk-associated behaviors, the intervention-sensitive conceptual variables that determine those behaviors, and the most effective behavior-change intervention strategies.

The following patterns have been noted among people at risk for HIV infection:

- Although many adolescents know a fair amount about HIV and AIDS, they often do not know how to apply safer sex practices or might not be motivated to apply them.
- Adolescents often tend to feel they are invulnerable to HIV infection.
- Many adolescents fail to use latex (or polyurethane/polyisoprene) condoms, particularly during pregnancy when they do not see the need for contraception and are not considering HIV and other STDs.

Relationship issues of trust and power imbalances may make safer sexual choices difficult for pregnant adolescents and young mothers.

- Concerns about effects of condoms on sexual enjoyment are a major barrier to condom use.
- Many adolescents do not know how to use condoms correctly.
- Many adolescents lack skills in negotiating condom use or abstinence.
- Some adolescents may identify themselves as heterosexual, but engage in same-gender sexual activity.

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- Characteristics such as being depressed, psychologically distressed or experiencing stressful life events may increase the likelihood of engaging in unsafe sex practices.
- Alcohol and other drug use interferes with judgment and reduces self-control in sexual situations.

Motivating people to change risky behavior is very difficult. The model of human behavior used in this curriculum grows out of Social Cognitive Theory, the Theory of Reasoned Action, and the Theory of Planned Behavior, and the interventions reflect a cognitive-behavioral approach. To help people adopt behaviors that reduce their risks, the following key elements are addressed in this curriculum:

- Information essential to understanding the issues.
- The cognitive skills that will allow young women to examine their beliefs about personal risks and their consequences, and to analyze the behaviors or situations that increase their risk of HIV, other STDs or unplanned pregnancy.
- > The intrapersonal (within self) skills to understand and manage their feelings and thoughts.
- The interpersonal (between self and others) skills to define and exercise behaviors that reduce personal risk.
- A sense of self-efficacy or the belief that one can engage in the desired behaviors.
- > The motivation to apply these skills to their everyday lives.

This curriculum is intended to reduce the incidence of unsafe sex (vaginal, anal, oral) among young women and help them make a difference in their lives by making proud, responsible and protective choices about their sexual behavior. The facilitator's ability to deliver the information and conduct the exercises contained in this manual will determine the success of the curriculum, so please take the time to carefully read and understand the basic principles, key elements and content of each module. Our collective efforts can help prevent HIV, other STDs and unplanned repeat pregnancy in our female adolescent population and can have a meaningful impact on the lives of many young women and their children.

Overview of the Curriculum

Be Proud! Be Responsible! Be Protective! is an eight-module curriculum that provides adolescents with the knowledge, motivation and skills necessary to change their behaviors in ways that will reduce their risk of contracting HIV and other STDs and having unplanned repeat pregnancies. To change behavior, adolescents need not only information and a perception of personal vulnerability, but also skills and confidence in their ability to act safely. The curriculum consists of eight 60-minute modules, which can be presented over 1 to 8 days and include the following:

- Module 1: Introduction to HIV/AIDS and Other STDs and Their Relationship to Teen Motherhood
- Module 2: Building Knowledge About HIV, AIDS and Unplanned Pregnancy
- Module 3: Understanding Vulnerability to HIV/STD Infection and Unplanned Repeat Pregnancy (Part 1)
- Module 4: Understanding Vulnerability to HIV/STD Infection and Unplanned Repeat Pregnancy (Part 2)
- Module 5: Attitudes and Beliefs About HIV, Other STDs and Safer Sex (Part 1)
- Module 6: Attitudes and Beliefs About HIV, Other STDs, Safer Sex and Contraception (Part 2)
- Module 7: Building Condom Use Skills
- Module 8: Building Negotiation and Refusal Skills

The first page of each module explains the goals, objectives, activities and materials needed. The modules contain various activities that serve as the vehicle for instruction throughout the curriculum. Adhering to the schedule provided for activities and modules will increase participants' ability to master the material. Additional optional activities included in Appendix A provide opportunities for extending modules or addressing the particular needs of certain groups. Please note that these activities were not part of the original curriculum included in the research evaluation. The **Be Proud! Be Responsible! Be Protective!** curriculum was designed to be used with small groups ranging from 6 to 12 participants, but it can be implemented in settings with larger numbers. The curriculum can be implemented in various community settings, including schools or youth-serving agencies. Based on the structure of the agency or classes within the school, educators can implement the curriculum in one of four ways:

- 8 days of approximately 1 hour per day
- 4 days of approximately 2 hours per day
- 2 days of approximately 4 hours per day
- 1 day (Saturday) for approximately 8 hours, plus time for serving lunch and snacks

Some activities may lend themselves to in-depth group discussions that take longer than the recommended amount of time. Therefore, facilitators may wish to allow more time for covering the information. Be encouraged to use whatever time is necessary to meet participants' needs and reinforce the message.

Unique Features of the Curriculum

Three overriding themes provide the **Be Proud! Be Responsible! Be Protective!** curriculum with a unique approach that has proved to be successful in urban environments with ethnically and racially diverse populations of pregnant and parenting adolescents.

THE COMMUNITY AND FAMILY APPROACH

A key feature of this curriculum is its strong emphasis on family and community. It emphasizes how HIV, other STDs and unplanned repeat pregnancy affect various communities in which young people live. The importance of protecting one's family and community is used as a motive to change individual behavior. This strategy differs from the traditional approach of HIV/STD and pregnancy prevention, which focused more on protecting oneself as the motive to change risky behavior. The **Be Proud! Be Responsible! Be Protective!** theme encourages young people to be proud, responsible and protective of themselves, their children and their communities, and to either abstain from sex or use condoms as a way to prevent HIV, other STDs and unplanned repeat pregnancy.

THE ROLE OF SEXUAL RESPONSIBILITY AND ACCOUNTABILITY

Adolescent mothers need to learn how to be sexually responsible and accountable. Thus, participants will learn that abstaining from sex or continuing to be sexually active is a choice every young mother must make at some point in her life. This choice should be based upon how individuals feel about themselves, their partners and the consequences of active sexual relations, such as HIV, other STDs and unplanned repeat pregnancy. Participants will investigate what constitutes sexual responsibility (i.e., abstinence or condom use during sexual behaviors) and will learn to make responsible decisions regarding their sexual choices.

THE ROLE OF PRIDE IN MAKING SAFER SEXUAL CHOICES

Adolescence can be a difficult period of development. Young people are often faced with confusion, mixed emotions, and uncertainty. They are bombarded with sexual messages from various sources, including the media, popular music and their peer group. They are often pressured to be sexually active. They struggle with issues of self-esteem, self-respect and self-pride. Because of this, it is extremely important that they learn to feel good about themselves, their decisions and their behaviors. **Be Proud! Be Responsible! Be Protective!** addresses these feelings by emphasizing that it can feel good to make proud and responsible safer sexual choices. As adolescents participate in the curriculum, their sense of pride, self-confidence, self-satisfaction and self-respect is reinforced during the roleplays and other skill-building activities.

THE ROLE OF MATERNAL PROTECTIVENESS IN MAKING SAFER SEXUAL CHOICES

Pregnancy and motherhood may serve as a driving force to make life changes to improve the life of the adolescent and her child. The construct of maternal protectiveness was developed through a series of qualitative studies, suggesting that health promotion programs for teen mothers, including HIV prevention, could build on the strengths of inherent protective maternal tendencies to motivate health behaviors and thus facilitate an improvement in young mothers' lives and health.

Theoretical Framework

Research shows that curricula are most effective if they are based on a sound theoretical framework. **Be Proud! Be Responsible! Be Protective!** draws upon three theories: the Social Cognitive Theory, the Theory of Reasoned Action, and its extension, the Theory of Planned Behavior. These theories have been shown to be of great value in understanding a wide range of health-related behaviors. Two major concepts included in these theories are (1) self-efficacy or perceived behavioral control beliefs, which are defined as people's confidence in their ability to take part in the behavior, e.g. use a condom; and (2) outcome expectancies or behavioral beliefs, which are beliefs about the consequences of the behavior. Experience shows that all of the outcome expectancies or behavioral beliefs below are critically important to change behavior:

PREVENTION BELIEF — The belief that behaving in a specific manner will prevent a negative outcome. An example of such an outcome expectancy is the belief that the effective use of latex or polyurethane/polyisoprene condoms can reduce the risk of HIV, other STDs and unplanned repeat pregnancies.

HEDONISTIC BELIEF — Such beliefs are influenced by personal satisfaction and gratification. People engage in sexual activities for a variety of reasons, including sexual enjoyment. Hedonistic considerations may influence key outcome expectancies during sexual experiences. For example, many people believe that condoms reduce physical sensations during sexual activity or ruin the mood and, therefore, are less likely to use condoms during sexual intercourse.

PARTNER-REACTION BELIEF — The third type of belief influencing outcome expectancies is an individual's perception of a partner's attitudes about engaging in particular safer sex practices. For example, the belief that one's sexual partner will react negatively to the use of condoms may prevent a person from suggesting condom use during sexual intercourse.

Also emphasized in the Social Cognitive Theory and the Theory of Planned Behavior are the importance of skills and self-efficacy to perform a behavior. Perceived self-efficacy, defined as confidence in one's ability to perform a given behavior required to produce desired outcomes, has been shown to affect: (1) whether people consider changing their behavior, (2) the degree of effort they invest in changing, and (3) the long-term maintenance of behavioral change. According to these theories, beliefs about the consequences of behavior and perceptions of self-efficacy are the key determinants of effective behavior change. For example, perceptions of efficacy to negotiate condom use with a partner, expectations of positive outcomes of condom use (e.g., preventing repeat pregnancy or HIV infection) and few expectations of negative outcomes of condom use (e.g., reduced pleasure, negative partner response) all contribute to using condoms. Based on these conclusions, the following model for understanding people's reactions was created and adhered to during the development of **Be Proud! Be Responsible! Be Protective!**

A MODEL FOR UNDERSTANDING ADOLESCENT BEHAVIOR

ADOLESCENTS WILL ADOPT AND MAINTAIN PROUD AND RESPONSIBLE SAFER SEXUAL BEHAVIOR IF...

- They expect something positive to come as a result of their behavior.
- Something positive does in fact result from their behavior.
- > The positive result occurs often.

PEOPLE WILL BEHAVE EFFECTIVELY IN THEIR OWN INTERESTS IF...

- They have the skills to behave in a safe manner.
- They have the opportunities to learn skills in many ways, including through observation, imitation and practice.
- They believe they have effective tools and can use them effectively.
- These new skills and behaviors fit into the environment in which they live and the environment supports them.

Underlying Principles

Based on Social Cognitive Theory, individual behavior change related to prevention of HIV infection and unplanned repeat pregnancy requires that all of the following principles be understood. Each of these principles is addressed repeatedly in the curriculum. The terms shown in parentheses following each principle explain how these principles relate to the theory and how they are used in the curriculum.

PRINCIPLE 1: EVERYONE IS VULNERABLE TO HIV, OTHER STDs AND UNPLANNED REPEAT PREGNANCY (PERSONAL RISK).

Many adolescents hold the belief that they are invulnerable to health risks, including HIV infection. This belief is a deterrent to safer sex practices. Adolescents avoid behaviors only if they believe that they are vulnerable to the outcomes of those behaviors. Most current health behavior theories agree that perception of personal risk and vulnerability are necessary prerequisites for health behavior change (Emmons et al. 1986). One of the goals of this curriculum is to increase participants' perception of personal vulnerability to HIV and other STDs, as well as repeat unplanned pregnancy.

PRINCIPLE 2: THERE ARE CONSEQUENCES TO HIV/STD INFECTION (ILLNESS OUTCOMES).

Not only must adolescents believe that they can become infected with HIV or other STDs, but they must also recognize the potential severity of the infection, as well as the risk of passing an infection on to their unborn children. In the United States, knowledge about HIV/STD infection is generally high, and most people are aware that HIV infection can lead to more serious and incurable illnesses, which can cause a person to suffer and eventually die. The curriculum repeats these points to ensure that all participants are aware of these basic facts.

PRINCIPLE 3: SAFER SEX WILL HELP PREVENT HIV, OTHER STDs AND UNPLANNED REPEAT PREGNANCY (PREVENTION BELIEFS).

Even if adolescents believe that they are at risk for HIV and other STDs and that they and/or their babies can become very sick, they will not change their behavior unless they also believe that these changes will reduce their risk. For example, adolescents must believe that condoms used during intercourse will effectively prevent the HIV/STD transmission and pregnancy, and that a condom is unlikely to break. If they believe that behavior change will protect them from HIV and other STDs they are more likely to make those changes.

NOTE: Facilitators need to be sensitive to the possibility that some participants in the group might have an STD, be HIV positive or have relatives or friends who are HIV positive. Prevention responsibility includes taking the steps necessary to prevent transmitting the virus to someone else, as well as protecting oneself from infection.

PRINCIPLE 4: CONDOMS DON'T RUIN THE MOOD AND ARE ACCEPTABLE (PREVENTION BELIEFS).

One of the main reasons adolescents do not use condoms is because they believe that condoms interfere with sexual pleasure. Many adolescents believe that "condoms ruin the mood," "condoms are not natural," or "sex does not feel as good when a condom is used." If sexually active adolescents believe that condoms ruin sexual enjoyment, they are less likely to use condoms during sexual intercourse. In order for a curriculum to effectively reduce adolescent risk of HIV infection, it must dispel beliefs that condoms interfere with sexual pleasure.

PRINCIPLE 5: USING CONDOMS CORRECTLY IS EASY: "I CAN DO IT" (SELF-EFFICACY; CONDOM SKILL).

Many adolescents find it difficult to obtain condoms and use them correctly—to put them on gracefully without interrupting sexual activity and to take them off correctly. This curriculum provides necessary skills by letting participants handle condoms and practice working with condoms, using a penis model or their fingers as props.

PRINCIPLE 6: GETTING YOUR PARTNER TO COOPERATE IN USING CONDOMS OR ABSTAINING FROM SEX IS EASY: "I CAN DO IT" (SELF-EFFICACY; NEGOTIATION).

Practicing safer sex, including abstinence, is not something a person can do without a partner's cooperation. Unfortunately, mutual agreement and cooperation can be difficult to attain. Many partners will resist on any of several grounds. For example, attempts to use condoms might be seen by a partner as a sign of unfaithfulness, illness or distrust. Condoms also might be thought to diminish the pleasure of a sexual experience. Pregnant adolescents might not realize the risk of HIV or other STDs and think they do not have to use a condom since they've already become pregnant. When working with young people, facilitators need to be sensitive to participants' fears and to their desires to keep their partners' interest and avoid conflict. At the same time, they need to practice responding to partner objections tactfully and effectively. This curriculum will provide such opportunities through the use of roleplays and other exercises.

PRINCIPLE 7: NOT HAVING SEX WHILE UNDER THE INFLUENCE OF DRUGS AND ALCOHOL IS EASY: "I CAN DO IT" (SELF-EFFICACY; SELF-CONTROL).

Drug use plays a major role in increasing risk for HIV and other STD infection and repeat pregnancy for two reasons: (1) because sharing drug injection equipment (works) is a known mode of transmission, and (2) because individuals under the influence of alcohol or drugs are less able to recognize the risk of unsafe sexual behaviors. Young people need to know not to share injectable drug paraphernalia. They also need to understand how using drugs and alcohol leads to poor judgment and unprotected sex. Most important, they need the skills to reduce such risk behaviors. This curriculum teaches these skills.

PRINCIPLE 8: CONTROLLING SEXUAL AROUSAL WHEN NO CONDOM IS AVAILABLE IS EASY: "I CAN DO IT" (SELF-EFFICACY; SELF-CONTROL).

There are times when young people are sexually aroused and want to have sex, yet no condom is available. It is at that moment that young people should say, "Let's stop and not have sex until a condom is available." However, this is very difficult to do. It is crucial that young people control sexual arousal and urges and negotiate not engaging in unprotected sex. The negotiation skills needed for not having sex without a condom while both partners are sexually aroused are addressed in this curriculum.

Facilitator Information

The **Be Proud! Be Responsible! Be Protective!** curriculum involves a series of learning activities, such as DVDs, small-group discussion, games and roleplaying. Activities are designed to help participants recognize when faulty reasoning and decision making can increase their risk for HIV infection and unplanned repeat pregnancy. The activities will also help young people understand how participating in unsafe sexual activity can have negative consequences.

Participants engage in activities to increase comfort with condom use and to address concerns about negative effects of condoms on sexual enjoyment and spontaneity. They handle condoms and learn the correct steps involved in using a condom. They view entertaining educational and culturally relevant videos depicting teens in various situations. These videos evoke feelings, thoughts, attitudes, beliefs and stereotypes about HIV infection, STD, risky sexual behavior, pregnancy, parenting and prevention skills. Participants also take part in a variety of roleplay situations that provide them opportunities to use and practice the skills of negotiating condom use, delaying sexual involvement and abstinence, and receive feedback during and after each roleplay activity. Closure activities review information in fun and interactive ways.

Using the Curriculum

The **Be Proud! Be Responsible! Be Protective!** curriculum consists of eight 60-minute modules. Many of the modules incorporate handouts, supplemental information and posters that promote interactive participation. Prior to implementing the curriculum, facilitators should have carefully read and digested the module instructions to gain an overall sense of the flow and order of the scheduled activities. When preparing for each module, the following suggestions might be helpful:

- Review the instructions in advance.
- As you become familiar with what to say and feel comfortable with the material, use your own words rather than those that are provided.
- Use the Materials Needed section to check that you have the necessary equipment and materials.
- Relax, be enthusiastic and be supportive.

MODULE OVERVIEW

As mentioned in the Introduction, the overall goal of **Be Proud! Be Responsible! Be Protective!** is to reduce unprotected sex among sexually active, pregnant and parenting teens, and to help them make proud, responsible and protective sexual decisions. Each module contributes to this broad goal in the following ways.

Module 1: Introduction to HIV/AIDS and Other STDs and Their Relationship to Teen Motherhood

The first module: (1) informs participants about the program; (2) helps them become comfortable, cohesive and productive in groups; (3) generates enthusiasm about being proud and responsible decision makers; (4) promotes the goal of protecting themselves, their babies and their community; (5) gives them factual information about HIV/AIDS and teen pregnancy; (6) gives them factual information about the risks and benefits of early motherhood to both mother and child, and how these risks are increased with repeat pregnancies; and (7) helps participants recognize that behaviors leading to an unplanned repeat pregnancy (unprotected sex) increase their chances of exposure to HIV.

Module 2: Building Knowledge About HIV, AIDS and Unplanned Pregnancy

The second module: (1) clarifies myths about the causes, transmission and prevention of HIV while providing correct factual information; and (2) reinforces participants' knowledge about safer sex behaviors and methods to prevent unplanned repeat pregnancies.

Module 3: Understanding Vulnerability to HIV/STD Infection and Unplanned Repeat Pregnancy (Part 1)

The third module: (1) helps participants realize that they are vulnerable to HIV and other STDs and unplanned repeat pregnancy; (2) examines who is responsible for safer sex behavior; and (3) examines various opinions about HIV and safer sex behaviors.

Module 4: Understanding Vulnerability to HIV/STD Infection and Unplanned Repeat Pregnancy (Part 2)

The fourth module: (1) helps participants realize that they are vulnerable to HIV and other STDs and unplanned repeat pregnancy; (2) examines various opinions about safer sex behaviors; (3) clarifies the risk level for a variety of behaviors; and (4) helps participants identify their personal level of risk for HIV/STD and unplanned repeat pregnancy.

Module 5: Attitudes and Beliefs About HIV, Other STDs and Safer Sex (Part 1)

The fifth module: (1) highlights the impact of attitudes and beliefs on risky sexual behavior; (2) weakens negative beliefs and attitudes that foster risky sexual behaviors; (3) builds participants' sense of responsibility for reducing the risk of HIV/STD infection and unplanned pregnancy; and (4) reinforces their knowledge about safer sex behaviors and methods to prevent unplanned pregnancy.

Module 6: Attitudes and Beliefs About HIV, Other STDs, Safer Sex and Contraception (Part 2)

The sixth module: (1) encourages planning for pregnancy and child-rearing; (2) reinforces knowledge about safer sex behaviors and methods to prevent unplanned pregnancy in the future; and (3) reinforces goal-setting skills.

Module 7: Building Condom Use Skills

The seventh module: (1) reinforces pride and responsibility in avoiding HIV risk–associated behaviors; (2) assesses barriers to condom use while providing strategies to reduce these barriers; (3) examines the relationship between attitudes and condom use behaviors; (4) reinforces knowledge, comfort, and skills on how to use condoms correctly and how to make condom use fun and pleasurable; and (5) reinforces understanding of the consequences of unprotected sex.

Module 8: Building Negotiation and Refusal Skills

The eighth module: (1) increases participants' communication and negotiation skills and enhances their ability to resist situations that may place them at risk for contracting an STD, including HIV, and having an unplanned repeat pregnancy; (2) increases participants' desire to practice safer sex, including abstinence; (3) builds skills to negotiate safer sex, including abstinence; (4) reviews and reinforces HIV and pregnancy prevention facts and skills learned; (5) allows participants to rehearse skills and to receive performance feedback; and (6) reinforces participants' sense of pride and protectiveness in making safer sex decisions.

MODULE FORMAT

The modules follow a simple, easy-to-use format. The first page of each module explains the goals, objectives, materials needed and activities. The very first activity of each module, the warm-up, helps ease participants into the discussion about the module's subject and reviews information from the previous module. The warm-up should be kept brief and informal. A series of activities that serve as the mode of instruction then follow.

Each module provides the following information.

Goals — Serves as a reference point for what participants should learn.

Module Preview — Provides a brief description of what will take place in each module.

Learning Objectives — Provides measurable objectives that will help you evaluate participants' success with completing a given activity.

Strategies/Methods — Identifies teaching strategies utilized in the activities.

Materials Needed — Identifies equipment and materials needed for each activity.

Preparation Needed — Identifies any preparation needed prior to the start of the module.

Total Instruction Time — Establishes the time allotted for each activity. NOTE: Some activities might foster active discussion and require more time.

Procedures — Provides one or more group activities with instructions for implementing them. These exercises build important skills and are the central focus of the curriculum. Instructions for each activity include the rationale for the activity, necessary preparation, time recommendation and step-by-step procedures for completing the activity. Procedural instructions include suggestions for introducing the subject matter, sample dialogue to use with participants and special notes for the facilitator.

Sample dialogue is set off from the regular instructions in dialogue boxes. Although it is not necessary to follow the sample dialogue verbatim, facilitators should try to maintain the tone and content. Some facilitators who choose to follow the script find that memorizing the information works best for them. Participants probably will be more attentive if they do not think the facilitator is reading to them. Here is an example of a dialogue box.



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

Facilitator's Notes

These appear at different points in the curriculum to provide background information or special teaching suggestions. These notes appear in a special box, as in the following example.

FACILITATOR'S NOTE

Only four of the key words identified on the poster are used in this activity. You may extend the activity by providing participants with the definitions of the other terms and reviewing their meanings. Another option is to have the participants research the meanings of the words and how they relate to HIV infection and AIDS.

ESTABLISHING GROUP AGREEMENTS

The opening module is designed to create a safe, nurturing, nonthreatening environment for participants; stimulate their interest in the process and the group; and give them more detailed information than they may have previously heard about the program. The agreements that will govern participation in the group should be developed during the opening module. This presentation should permit and encourage group discussion to give members a sense of participation in the group's decision making. Members should be encouraged to accept and abide by the agreements they agree upon and seek to alter those they wish to change. This is also a good time to provide reassurance to group members about concerns they might have, such as confidentiality, embarrassment and fear of active participation. The facilitator's behavior with and reactions to the participants can go a long way toward encouraging a cohesive group.

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General Tips for Improving Group Cohesion and Performance

The following tips can help with group cohesion.

- Frequently reward positive behaviors (i.e., during demonstrations or roleplays).
- Be supportive.
- Give compliments.
- Be nonjudgmental.
- Respect participants' feelings and parameters.
- Encourage group cohesion.
- Model appropriate assertive behavior.
- Be firm when necessary.
- Demonstrate concepts and examples when possible.
- Share appropriate personal experiences.
- Keep the language simple.
- Encourage group members to share their experiences at their own pace.
- Build on strengths.
- Listen.
- Let group members react, think and analyze.
- Be flexible.
- Be patient with the process and try different approaches until you find one that works.
- Be clear about your expectations for how group members treat each other and how they participate.
- Encourage self-disclosure through reinforcement and accepting group members regardless of the feelings and content expressed while demonstrating respect for individual needs.
- Demonstrate acceptance and respect for all participants, regardless of race, religion, social class, sexual orientation or gender identity.

ADAPTING THIS PROGRAM FOR YOUR POPULATION

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

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

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

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

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

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

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

PREPARING TO TEACH

Be Proud! Be Responsible! Be Protective! uses the following materials at various points in the curriculum. Use this checklist to prepare for teaching the program. Some of the items will need to be prepared prior to beginning the modules; others will be developed as part of the process.

GENERAL SUPPLIES

Monitor and device for showing DVDs Newsprint Markers Pencils Pens Masking tape Scrap paper Name tags Paper and envelopes for Letter to My Baby Stamps Index cards Birth control methods kit (optional) Beautifully decorated box (i.e., shoe box) for Magic Box Activity Paper towels Lubricated condoms Lubricant (such as K-Y Jelly ®) Paper bag (for condom disposal) Penis model (optional) Lettered index cards (labeled C, A, P, U, D and O)

PRE-LABELED NEWSPRINT

Group Agreements Contraceptives

POSTERS

Key Words HIV/AIDS Review Agree/Disagree signs Risk Continuum signs Birth Control Choices Steps for Using a Condom STOP Roleplay Guidelines

CARDS

Risk Behavior cards Calling Koko Caller (1–8) cards Condom Line-Up cards Roleplay (A–G) cards

HANDOUTS

Myths/Facts Hopes, Wishes, Goals and Dreams Time Line Activity STOP Observer Checklist Letter to My Baby

DVDS

The Subject Is HIV Tanisha & Shay He Said He Loved Me: A Portrait of Personal Vulnerability Baby Talk The Subject Is STDs Wrap It Up: Condom Negotiation and Condom Use Animation

Teaching Strategies

Be Proud! Be Responsible! Be Protective! uses several key strategies to facilitate behavioral change. These strategies include the following:

Modeling

The facilitator sets an example of appropriate behaviors for others. When participants see the facilitator modeling a behavior, whether putting a condom on a model smoothly or thinking of a good response for negotiating condom use, they will learn from the experience.

Roleplaying

Participants act out situations by assuming assigned roles. This gives participants opportunities to practice skills. You can ask for volunteers or assign group members to act out situations.

Situations are provided on the *roleplay* cards or participants may draw upon their own experiences. In such cases, remind participants about respecting other people's privacy and maintaining confidentiality. Roleplaying follows these rules:

1. The facilitator acts as the director of the scene and determines who plays which part.

- The facilitator tells actors their roles and asks them to play the characters realistically, to stay in role until instructed to stop, and not to resolve the conflict immediately. The main actor reviews the instructions for the behavioral steps.
- 3. The facilitator asks the remaining participants (the audience) to observe the interaction, watching for subtle messages including eye contact and body language.
- 4. The facilitator lets the actors play the scene. The main actor should use the behavioral steps the group has learned. All the actors should think through all possible options. This is the main purpose of roleplaying.
- 5. The facilitator helps, coaches and encourages the main actor to keep the roleplaying going according to the behavioral steps. Participants who break role and begin to explain their behavior or make observer-like comments should be reminded to get back into the role and explain later. Roleplays that go astray from the behavioral steps should be stopped, redirected and then restarted.
- 6. The facilitator asks the audience for suggestions about other ways to play the scene.

Allow as many participants as possible an opportunity to play the role of the main actor. Although the behavioral steps of each roleplay in an activity remain the same, the actual content should change from roleplay to roleplay.

Role reversal is also used in this curriculum. When roleplaying, participants occasionally have difficulty perceiving their co-actors' viewpoint. In such cases, having actors exchange roles and resume the roleplay can help. At times, you can assume the co-actor role and give participants the opportunity to handle reactions not otherwise roleplayed.

In addition, during the roleplay practice, participants will roleplay sexual pressure situations with each other. This may be awkward for straight teens who are sensitive to the suggestion of same-sex romance, for young women who identify as lesbian, or for teens who are transgender or gender nonconforming. It's important to address this situation directly and proactively.

Here are some tips:

- Explain the situation in a matter-of-fact way. Let participants know that they may be doing roleplays in which they portray someone of a different or the same gender.
- Emphasize that they are playing roles. Doing the roleplay to practice the skill doesn't say anything about the sexual orientation of the people doing the roleplay or mean that anyone is expressing a real-life attraction toward the other person in the roleplay.

 Explain that they need to take their roles seriously because teens of all sexual orientations and gender identities need to learn how to resist sexual pressure and negotiate condom use to protect themselves. This will help ensure that they all get the most out of the roleplay activities.

Performance Feedback

A brief feedback period following a roleplay lets the main actor know how well he or she followed the behavioral steps. During feedback, the co-actors, audience and facilitator share reactions to the performance. Co-actors share their reactions first. Next, observers comment on the roleplay, the strategies and information shared, and other relevant aspects of the roleplay. Finally, the facilitator offers comments on the roleplay and provides reinforcement (praise, encouragement) for adherence to the steps.

The main actor should wait until everyone has commented before responding. When providing reinforcement, follow these guidelines:

- 1. Vary the content of the reinforcements offered; for example, praise particular aspects of the performance, such as tone of voice, posture and phrasing.
- 2. Provide reinforcement in an amount consistent with the quality of the performance.
- Provide reinforcement for effort whenever the roleplay departs significantly from the behavioral steps.
- 4. Provide reinforcement for an individual participant's improvement over previous performances.
- 5. Provide reinforcement to the co-actors for being helpful and cooperative.

In all aspects of feedback, maintain the behavioral focus. Your comments and those of participants should address the presence or absence of specific, concrete behaviors and not take the form of broad generalities. Feedback should always be constructive regardless of whether praising or correcting a behavior. Phrase corrections positively and follow up with an explanation of how a particular portrayal might be improved. At minimum, a poor performance can be praised as a good effort at the same time that it is being critiqued for weaknesses. When possible, participants should have the opportunity to do the roleplay again after receiving corrective feedback.

Be flexible when critiquing roleplays. Because a primary goal of this curriculum is skill flexibility, roleplay enactments that depart somewhat from the behavioral steps might not be wrong. That is, a different approach to the skill might, in fact, work in some situations. You

should stress, however, that you are trying to teach a specific approach that participants can add to their repertoire of skill behaviors.

Overlearning

Training in a skill beyond what is necessary to produce initial changes in behavior is often referred to as overlearning. The methods that are used in this curriculum to teach skills include:

- modeling
- repeated roleplaying by participants
- performance feedback by actors, observers and facilitators
- practicing skills in real-life settings one or more times as part of between-group assignments

Working with Small Groups

The curriculum was designed for small groups ranging from 6 to 12 participants. It can be implemented, however, in larger group settings with adaptation. In such instances, divide the participants into groups of 6 to 8 for some activities, and then bring the small groups together to share their discussions and results. Small-group work is preferable for a number of reasons.

- Group members observe others struggling with the same issues, which counteracts feelings of isolation.
- > Peer influence encourages safer sex behaviors and peaceful resolution of conflict.
- Group support can enhance self-esteem and self-efficacy.
- Observing others learning new skills increases the acquisition of new skills through vicarious learning.
- The presence of others while practicing a skill tends to improve performance through immediate feedback.
- Group interaction in a participatory, nonjudgmental way promotes a strong emotional experience that facilitates learning and motivation.
- · Group members are provided more opportunities to practice skills.

Handouts

Handouts provided for participants include quiz questions, worksheets for small-group work and roleplay materials. These can be copied beforehand and distributed during each activity.

BE PROUD! BE RESPONSIBLE! BE PROTECTIVE!

THIRD EDITION

Curriculum

MODULE

Introduction to HIV/AIDS and Other STDs and Their Relationship to Teen Motherhood

OVERVIEW

GOALS

The goals of this module are to:

- Increase participants' comfort about participating in this curriculum.
- Provide participants with an overview of the curriculum.
- Increase participants' knowledge about transmission and prevention of HIV infection.
- Increase participants' knowledge about teen pregnancy and motherhood and their connection to HIV risk.
- Increase participants' confidence about making proud and responsible decisions about protecting themselves and their babies from HIV and other STDs.
- Examine participants' attitudes and beliefs about HIV risk behaviors.
- Examine participants' attitudes and beliefs about the benefits and risks of early childbearing.
- Discuss the potential relationship between early childbearing, HIV and unplanned repeat pregnancy.

MODULE PREVIEW

The first module: (1) informs participants about the program; (2) helps them become comfortable, cohesive and productive in groups; (3) generates enthusiasm about being proud and responsible decision makers; (4) promotes the goal of protecting themselves, their babies and their community; (5) gives them factual information about HIV and AIDS; (6) gives them factual information about the risks of early motherhood to both mother and child and how these risks are increased with repeat pregnancies; and (7) helps participants recognize that behaviors leading to an unplanned repeat pregnancy (unprotected sex) increase their chances of exposure to HIV.

LEARNING OBJECTIVES

After completing this module, participants will be able to:

- Formulate a list of group agreements that will facilitate discussions about HIV/AIDS, other STDs, sexual behaviors and teen motherhood.
- Identify what it means to be a proud, responsible and protective mother.
- Describe the relationship between pregnancy and the risk of HIV.
- Describe why a proud, responsible and protective mother prevents HIV and repeat pregnancy by using condoms.
- Identify what it means to protect oneself, one's child and one's community.
- Identify and distinguish myth from fact regarding the causes, transmission and prevention of HIV infection.
- Distinguish between the benefits and challenges associated with early childbearing and unplanned repeat pregnancy.

STRATEGIES/METHODS

Ice Breaker

Mini-Lecture

Student Brainstorming

Class Discussion

MATERIALS NEEDED

- Pencils/pens
- Scrap paper
- Markers
- Newsprint
- Pre-labeled newsprint:
 - » Group Agreements
- Name tags

PREPARATION NEEDED

1. Hang the posters and newsprint.

- Masking tape
- Key Words poster
- HIV/AIDS Review poster
- Agree/Disagree signs

TOTAL INSTRUCTION TIME

▶ 60 minutes

ACTIVITY

MINUTES NEEDED

Α.	Warm-Up: Introduction and Overview	10
	Creating Group Agreements	
C.	Program Introduction	10
D.	Discussing HIV, AIDS and Teen Motherhood	25
Ε.	"What I Think About HIV/AIDS, Other STDs and Safer Sex"	5

ACTIVITY

WARM-UP: INTRODUCTION AND OVERVIEW

PREPARING FOR THE ACTIVITY

Rationale

To provide the participants with a general overview of the program, foster excitement and enthusiasm about their participation and introduce the participants to one another and the facilitator.



Materials Needed

None

FACILITATOR'S NOTE

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

PROCEDURE

- 1. Introduce yourself. Describe your interest and work with teens and pregnant women, your background and why you decided to facilitate this program.
- 2. Present the purpose, overview and format of the program.

I am going to give you a little introduction about the program before we begin the activities. Today we will talk about HIV, the virus that causes AIDS, and other sexually transmitted diseases (STDs). We also will be talking about pregnancy in relation to HIV and other STDs. I am concerned about

(continued)

the things young women do that place them at risk for HIV infection and other STDs in general and especially during pregnancy and after birth. These behaviors may also place young mothers at risk for an unplanned repeat pregnancy. This program focuses on STD, HIV and AIDS knowledge, attitudes, prevention skills, risk factors, relationship issues, sexual behavior, decision making and negotiating in difficult situations. The program is designed to teach specific information about ways to reduce your risk of an unplanned pregnancy and of becoming infected with an STD, including HIV.

Unfortunately, there is still no cure for HIV. However, HIV infection is preventable. But because many young people don't believe they are at risk for HIV infection, they neglect to take simple precautions. This is especially true during pregnancy when most women don't think about HIV or other STDs. Today we will focus on what HIV and other STDs are, how you can get them, and how you can prevent yourself and your child from getting them. We will also examine the benefits and challenges of teen motherhood. Many teen moms have a baby and don't want to have another for many years. Yet, 25% of young mothers give birth to another child within 2 years of their first child's birth. This program will be taught in eight modules. Each will add new information and skills; I hope you will make every effort to attend all the sessions.

- 3. Ask participants to pair up. Participants each have a minute and a half to tell the other person about themselves. Participants should tell each other only things that they would be OK having shared with the group; for example, name, age, when the baby is due, other children—how many and ages—and why they decided to participate in this program.
- 4. Reverse roles for another minute and a half.
- 5. Ask each participant to introduce her partner. Re-emphasize importance of confidentiality. Allow 45 seconds for each introduction.

ACTIVITY

CREATING GROUP AGREEMENTS

PREPARING FOR THE ACTIVITY

Rationale

Group agreements increase trust among group participants and help facilitators provide structure when discussions become difficult or awkward. Developing guidelines as a group builds cohesion and increases the likelihood that the agreements will be followed.



Materials Needed

- Pre-labeled newsprint:
 - » Group Agreements
- Newsprint/markers

PROCEDURE

1. Discuss the following information.

Today we will discuss important information about HIV and other STDs, pregnancy prevention, sex and condom use. You will have the opportunity to talk about yourselves, your lives and your relationships. Part of respecting yourself is respecting others. I want you to feel respected and comfortable while you are here. Having guidelines or agreements will help everyone feel comfortable.

Most important is the agreement that everything that is said or written in this room stays in this room and is confidential. You can and should share the factual information you learn with your friends, but personal information about people in this group should not be discussed with anyone outside this room. To further protect your own privacy and that of your friends, you should avoid using specific names of others during class discussions. Does everyone agree with the confidentiality rule?

FACILITATOR'S NOTE

If consensus among all participants is not reached, work through the disagreements until everyone can reach a level of comfort with the agreements. Process participants' concerns until all obstacles have been overcome. Agreements such as confidentiality are crucial to the success of the program.

2. If everyone nods yes write "Confidentiality" on the newsprint. Then say,

Also, it is very important for you to attend all eight of the modules if you are to get the most out of this program. (Facilitator: If applicable, discuss what to do if participants are called to the nursery; e.g., bring the baby back with you or to the classroom or clinic setting). Therefore, can we agree to add the agreements of "Attendance" and "Be on time."

3. If everyone nods "yes" write "Attendance" and "Be on time" on the newsprint. Then say,

There is one other agreement that I would like to suggest. As we discuss personal information, we need to realize that everybody is different and has had different experiences. Therefore, it is important to respect these differences and avoid using put-down statements or laughing at anyone. If someone says something that you disagree with, it would be a violation of the group to say, "That's stupid," or "You're wrong." Instead, say you have a different idea, belief or attitude and share it. Does everyone agree to be respectful of differences and not make fun of others?

Does everyone agree to avoid insults or "killer statements" and respect differences?

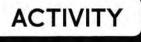
4. Write, "Respect differences" and "No killer statements" on the newsprint. Ask the participants to suggest other agreements for the group. Write any other agreements that the group generates.

Propose the following agreements if participants do not mention them:

- Use "I" statements (i.e., speak for yourself rather than in broad generalities: "I feel" versus "All girls feel that...").
- Listen to others.
- Don't interrupt.
- Allow everyone to participate.
- 5. Then say,

I will display these agreements each time we meet. Any time anyone feels that someone is breaking an agreement, remind the person of that agreement. All of us have the right to speak up.

- 6. Re-read each agreement and ask participants to say "yes" as they agree to follow that agreement.
- 7. Compliment them on creating the group agreements together and let them know how much you look forward to working with them.



PROGRAM INTRODUCTION

PREPARING FOR THE ACTIVITY

Rationale

Creating an understanding of the theme will help set a tone and provide focus for the rest of the program.



Materials Needed

- Newsprint
- Markers

PROCEDURE

- 1. Write the words "Be Proud! Be Responsible! Be Protective!" on newsprint.
- 2. Open discussion by saying,

This program is called **Be Proud! Be Responsible! Be Protective!** What does it mean to be proud? What does it mean to be responsible? What does it mean to be protective?

3. Have participants brainstorm answers to these questions.

Responses might include:

- To be proud means being secure and confident; having self-worth, integrity and dignity. It also means that you value yourself and that you are proud to be a mother.
- To be responsible means being dependable, dedicated, reliable, committed, truthful and trustworthy and to take responsibility for your baby.

- To be protective means to take care of your child and to protect your child from illness and harm. Getting an HIV test during pregnancy can help protect your unborn baby from getting HIV. Pregnant women who are HIVpositive can take medicines to greatly reduce the risk of transmission to the baby.
- To be protective during pregnancy also means using condoms to prevent the spread of other STDs that can harm your baby and cause premature labor.
- To be protective after birth means nurturing your child, and spacing children far enough apart so that you have time for each one of them. Planning your family is a proud, responsible and protective behavior.

4. Ask the participants,

What are examples of proud, responsible and protective behavior?

Responses might include:

- Proud and responsible behavior means being protective of yourself and family/unborn baby by using a condom during sexual intercourse.
- Abstaining from sexual behavior when no condom is available.
- Not using alcohol and other drugs.
- Talking with friends, partners and family members about risk behaviors and encouraging them to protect themselves.

5. Ask participants,

What are the benefits of being proud, responsible and protective and making responsible safer sex decisions?

Responses might include:

- Feel better about yourself.
- Have healthier relationships.
- Stay out of trouble.
- Accomplish your goals so that you and your children can have a good life.
- · Make people feel proud of you.
- Reduce your risk of HIV and other STDs.
- Avoid an unplanned pregnancy before you are able to take care of one or more children.
- Stay in school.
- Feel like you are helping your loved ones and your community.

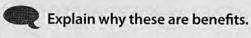
6. Then say,

Now we are going to spend a few minutes discussing the issue of teen pregnancy and motherhood. We know that teens really care about their babies and want to be good mothers by protecting their children, and this is one of their strengths.

7. Ask,

What are some of the benefits of teen motherhood?

8. Write their responses on newsprint. Say,



9. Write their responses on newsprint. Ask,

What are some of the challenges faced by teen mothers?

10. Write their responses on newsprint.

Some examples might include:

- Benefits: responsibility can positively change life, give life a purpose, gain identity as a mother
- Challenges: financial, educational, co-parenting with the baby's father, single parenthood

You need to remember to respect yourself, your baby, your loved ones and your community; protect yourself, your baby and your people. Use this love as a guide to your actions and decisions and as an important strategy for preventing the spread of HIV and for giving yourself and your child the best future opportunities.

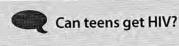
11. Initiate class discussion by asking participants what they believe they can do to stop unplanned pregnancy and the spread of HIV in their social group or community. Allow the group to generate responses.

12. Then explain,

"Respect Ourselves, Protect Ourselves" is the motto chosen to help young people look at themselves, their children and their community and to take responsibility for changing risk behaviors. As a young person, you must make numerous social and personal decisions daily. These choices should be based on respecting yourself and protecting yourself as well as respecting and protecting your child and community.

In making these choices you learn that self-worth is important to your well-being and that today's choices will impact your child's life and your community in the future. Respecting and protecting ourselves is a powerful guideline that can remind us of the importance of taking care of ourselves, our children, our loved ones and our community.

13. Ask,



14. Allow for responses, and then say,

Everyone is vulnerable to HIV. Young people ages 13 to 24 account for an estimated 22% of all new HIV cases in the United States. Teens may not protect themselves because they don't believe they are at risk.

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Pregnant women, including teens, may be less likely to use condoms while they are pregnant, and therefore are at a greater risk of getting HIV. If a pregnant woman has HIV, the virus can be transmitted to the fetus in her womb. Some babies get exposed to HIV at the time of birth when they go through the birth canal or after birth when they are breastfed.

After childbirth, teen mothers in intimate relations with their baby's father often believe there is no reason to use condoms. They may assume that they are in a monogamous relationship without checking this out with their partner. They also may believe that their partner won't trust them if they ask him to use condoms. Those using birth control pills or other contraceptives may not see the need to use condoms. But hormonal contraceptives don't protect teen mothers against HIV.

Most teen mothers don't know they are HIV positive unless they are tested or their baby becomes sick. Sometimes, it is years later before a young woman finds out she is HIV positive. Most of the women between 20 and 30 who are diagnosed with AIDS became infected as teens and never knew it.

15. Summarize by saying,

This program has been developed to build your knowledge and skills so you can protect yourselves, your babies and others against HIV and other STDs and unplanned repeat pregnancy. If you choose to have sex, the proud, responsible and protective thing to do is to use condoms. People who engage in responsible behavior feel proud for helping to protect themselves, their babies, their sexual partners and their families and communities.



DISCUSSING HIV, AIDS AND TEEN MOTHERHOOD

PREPARING FOR THE ACTIVITY

Rationale

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



Materials Needed

- Key Words poster
- HIV/AIDS Review poster
- Agree/Disagree signs

PROCEDURE

 Direct participants' attentions to the Key Words poster and the HIV/AIDS Review poster. Ask volunteers to answer the following questions. Allow participants the opportunity to explore the answers and provide them with correct information when necessary. Discuss their answers thoroughly.

FACILITATOR'S NOTE

Only four of the key words identified on the *Key Words* poster are used in this activity— HIV, AIDS, Immune System and HIV Test. You may want to extend the activity by providing participants with the definitions of the other terms and reviewing their meanings. Another option is to have the participants research the meanings of the words and how they relate to HIV and AIDS. Possible discussion questions and answers are supplied.

KEY WORDS POSTER – QUESTIONS & ANSWERS

What is HIV?

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

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

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

What is AIDS?

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

How is AIDS different from HIV?

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

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

What is the immune system?

The immune system is a collection of cells and chemicals that protect the body against anything foreign (such as disease agents or pathogens) that can make people sick. When the system works as it should, white blood cells patrol the body and attack many organisms that should not be there.

What is the test for HIV?

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

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

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

ADDITIONAL QUESTIONS

What is the window period?

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

Why is early treatment so important?

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

Why is it important to use latex condoms?

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

FACILITATOR'S NOTE

Remind participants that this program focuses on sexual behaviors that can cause HIV and that protecting herself from HIV also protects a teen mother from an unplanned, repeat pregnancy. Acknowledge that the risk of infection from blood transfusions is nearly nonexistent now, but that many people were infected before 1985 when blood banks began to routinely screen donations.

 Direct participants' attention to the HIV/AIDS Review poster and ask the following questions,

HIV/AIDS REVIEW POSTER - QUESTIONS AND ANSWERS

How do people get HIV?

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

What common body fluids can transmit HIV?

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

How is HIV not transmitted?

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

People can't get HIV from:

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

Who is at risk?

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

People are at risk for HIV if:

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

How can you prevent HIV?

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

How can you reduce your risk of HIV?

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

FACILITATOR'S NOTE

The sharing of needles for injection drug use is a major mode of HIV transmission and is emphasized in this curriculum. You might also wish to mention to participants that the sharing of all needles carries a potential risk. This includes needles used for the purposes of body piercing and tattooing.

3. Then ask the following questions,

When are pregnant teens at greater risk for HIV than many other young people?

When they have unprotected sex.

How can HIV be prevented during pregnancy?

Consistent condom use (100% of time) is the best method for sexually
active teens to prevent disease and to protect their unborn babies.

FACILITATOR'S NOTE

This question may cause discomfort for some participants. Allow the discussion to flow freely while respecting some participants' desires not to participate. Be sure to remind participants that other means of birth control don't protect against HIV.

4. Ask them,

Knowing what you know now, do you think you are at risk for HIV infection?

5. Summarize by saying,

Many people do not believe they are at risk for HIV. But anyone who participates in the risk behaviors we've been discussing could be exposed to and get HIV.

ACTIVITY

"WHAT I THINK ABOUT HIV/AIDS, OTHER STDs AND SAFER SEX"

PREPARING FOR THE ACTIVITY

Rationale

Examining attitudes and beliefs about HIV and other STD risk behaviors and safer sex behaviors begins the process of helping participants perceive their vulnerability to these infections.



Materials Needed

Agree/Disagree signs

PROCEDURE

FACILITATOR'S NOTE

Safer sex is defined as taking appropriate measures to decrease the likelihood of exchanging certain bodily fluids, including semen or vaginal secretions. Such measures include decreasing incidences of vaginal, oral and/or anal sex, practicing mutual monogamy and using latex or polyurethane/polyisoprene barriers whenever engaging in sexual practices.

1. Explain,

I am going to read a series of statements. After I read each statement, please go stand under the *Agree* sign if you agree with the statement, or the *Disagree* sign if you disagree with the statement. If you're not sure, you can stand in between the two signs.

After each statement, I will ask volunteers to share why they agree, disagree or are undecided.

The following statements will help you understand people's feelings about HIV and other STDs and safer sex. Please be honest. If you think that a statement is true, show that you agree; if not, show that you disagree.

Statements:

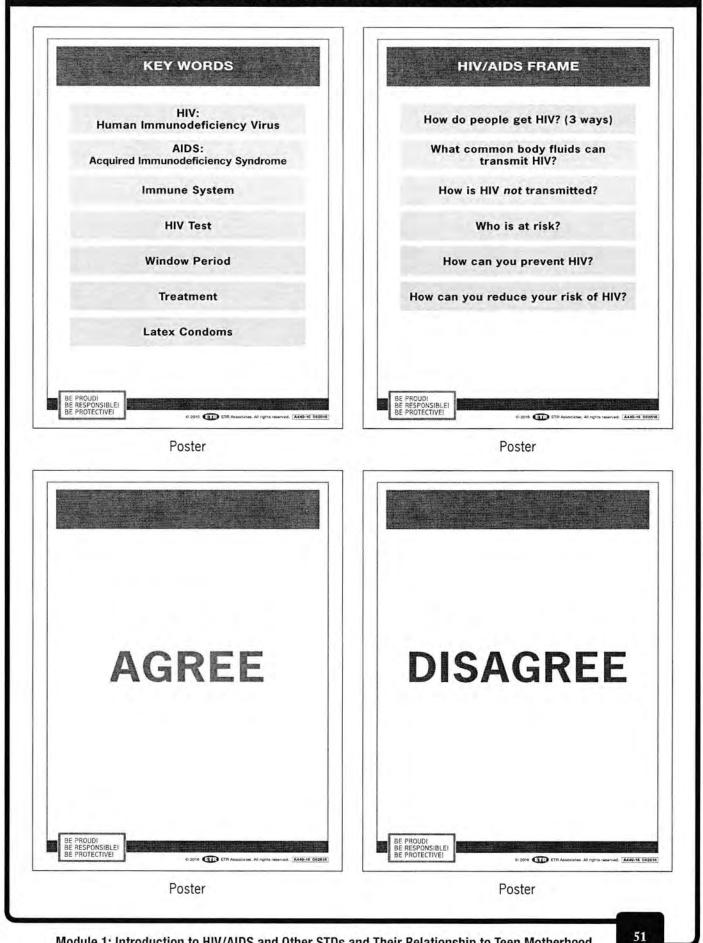
- You can tell by looking that a person is healthy and not infected with HIV or another STD.
- It is very difficult to ask a sexual partner to use a condom.
- Sexual partners get angry when condom use is suggested.
- People do not like to use condoms because they do not feel good.
- People do not need to worry about getting HIV or other STDs when they know their sexual partners very well.
- People do not like to use condoms because they don't know how to use them.
- You don't have to use protection for oral sex.
- People who want to avoid HIV and other STDs should abstain from having sex.
- People who decide to be sexually active can protect themselves by practicing safer sex, which might save their lives.
- Most people are afraid to talk to their partners about their concerns about HIV and other STD infection.
- Pregnant women do not need to use condoms because it no longer makes a difference.
- Teen mothers do not need to worry about getting HIV or other STDs from their baby's father.
- Teen mothers using birth control pills are protected against HIV and other STDs.

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- After each statement, ask for volunteers from under each of the signs to share why they chose to stand under that sign. If there are no participants under a particular sign, ask for a volunteer to share why they think someone might stand under that sign.
- 3. Summarize by saying,

As we can see, many people have different feelings about sex, HIV, other STDs, abstinence and condoms. However, there are some facts that we can agree on: HIV and other STDs are found in blood, semen, vaginal secretions and rectal fluids. HIV is also found in breast milk. People can get HIV from sharing needles to inject drugs or for any other reason or by having sex with an infected person. Birth control pills and other hormonal contraceptives don't protect against HIV or other STDs. To protect yourself and your baby, avoid sharing needles, always use latex or polyurethane/polyisoprene condoms if you are going to have sex, or abstain from sex altogether.

HANDOUTS AND POSTERS FOR FACILITATOR REFERENCE



Module 1: Introduction to HIV/AIDS and Other STDs and Their Relationship to Teen Motherhood

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MODULE

Building Knowledge About HIV, AIDS and Unplanned Pregnancy

OVERVIEW

GOAL

The goal of this module is to increase participants' knowledge about HIV transmission, causes and prevention, and methods to prevent unplanned repeat pregnancies.

MODULE PREVIEW

The second module: (1) clarifies myths about the causes, transmission and prevention of HIV while providing correct factual information; and (2) reinforces participants' knowledge about safer sex behaviors and methods to prevent unplanned repeat pregnancies.

LEARNING OBJECTIVES

After completing this module, participants will be able to:

- Identify why it is important to learn about HIV and other STD prevention strategies.
- Differentiate myths from facts about HIV/AIDS and unplanned repeat pregnancy.
- Identify the correct information regarding the transmission, causes and prevention of HIV infection.
- Identify ways to prevent a repeat unplanned pregnancy.

STRATEGIES/METHODS

- Class Discussion
- Mini-Lecture
- DVD Viewing

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MATERIALS NEEDED

- Markers
- Key Words poster
- HIV/AIDS Review poster
- Masking tape
- Pre-labeled newsprint:
 - » Group Agreements
- Newsprint

PREPARATION NEEDED

- 1. Hang the newsprint, posters and Group Agreements.
- 2. Make sure The Subject Is HIV DVD is set up and ready to play.

TOTAL INSTRUCTION TIME

▶ 60 minutes

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

ACTIVITY

MINUTES NEEDED

Α.	The Subject Is HIV DVD	30
Β.	Myths and Facts About HIV, AIDS and Teen Pregnancy	30

- DVD: The Subject Is HIV
- Myths/Facts handout
- Pencils
- Monitor and DVD player

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ACTIVITY

THE SUBJECT IS HIV DVD

PREPARING FOR THE ACTIVITY

Rationale

Learning about HIV and AIDS from peer role models can encourage teens to believe that HIV is a serious problem for them and that they need to protect themselves. Reinforcing information via a motivating DVD has the possibility of reaching more teens who learn quickly through dramatizations.

Materials Needed

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

PROCEDURE

1. Introduce the DVD by saying,

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

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

30

MINUTES

FACILITATOR'S NOTE

Try to involve everyone in the discussion. Give each person a chance to express some thoughts and feelings about the DVD.

3. After the DVD, ask the participants to brainstorm answers to the following questions,

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

Answer:

 You can't get HIV from casual contact (e.g., combs, toilet seats, telephones, sharing eating utensils).

What was the message about condoms in the DVD?

Answer:

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

What was the message about needle sharing?

Answer:

Do not share needles or works.

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

Answers:

- Don't have sex before you are ready.
- Don't let anyone pressure you to have sex.

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 If you have sex, you must use a latex (or polyurethane/polyisoprene) condom.

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

Answers:

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

4. Summarize this activity by saying,

You did a great job answering these questions and remembering the important messages in the DVD. HIV infection can happen to anyone who engages in risky behaviors. The choice is yours. Take responsibility for your actions and decisions and be proud of your ability to protect yourself, your baby and others. So if you choose to have sex, choose to use a latex (or polyurethane/polyisoprene) condom.

FACILITATOR'S NOTE

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

ACTIVITY

MYTHS AND FACTS ABOUT HIV, AIDS AND TEEN PREGNANCY

PREPARING FOR THE ACTIVITY

Rationale

Distinguishing between myths and facts about HIV, AIDS and unplanned repeat pregnancy provides an opportunity for participants to learn the correct information about HIV infection and protection and ways to avoid an unplanned pregnancy.



Materials Needed

- Myths/Facts handout
- HIV/AIDS Review poster
- Newsprint
- Markers

PROCEDURE

1. Explain the following information,

Since there are a lot of myths circulating about HIV, AIDS and teen pregnancy, it is important that we know the facts. The next activity is going to help with that. I will give you a handout about HIV/AIDS and teen pregnancy, and you will have to determine whether the statements are myths or facts. A myth is something that is false and a fact is something that is true. Hand out the Myths/Facts handout and have participants decide independently whether each statement is a myth or a fact. Tell participants to be prepared to provide reasons for their answers in this activity.

FACILITATOR'S NOTE

The size of your class will determine the best way to use this activity. If you have a small group, conduct the activity and discussion as a class; in larger groups, separate the participants into small groups of five or six and have each group discuss and draw a conclusion about each statement. When you get back together as a class, the groups can share and discuss their answers. Use this activity to teach participants the correct answers. Note whether the statements are facts or myths and explain why. Some statements are followed by italicized questions. Use these questions to further process and discuss the information solicited from the statement.

- 3. Write the word Fact on newsprint.
- 4. Read each statement on the Myths/Facts handout to the group. After individual participants say whether a statement is a myth or a fact and why, ask the group if they agree or disagree and why. Write the correct Fact answer under the heading on the newsprint.

FACILITATOR'S NOTE

One strategy for this activity is to use a rapid-fire round-robin format, meaning that you go around in a circle asking each participant to answer one question. This makes the game go faster, is more fun and gives all of the participants a chance to respond.

5. Support the explanation or correct it, and then give a more thorough explanation of why the answer is a myth or a fact. After the list of fact statements is completed, ask the group if there are any questions about the information covered.

Example

- Read a statement such as, "You can get HIV from shaking hands with a person who is HIV positive."
- Ask, "Is that a fact or a myth?" Someone answers, "That is a myth."

- Ask that person, "Why?"
- Ask if the group agrees with the answer and ask why.
- Ask, "How does a person get HIV?" Refer to the HIV/AIDS Review poster questions.
- Ask, "What body fluids can transmit HIV?" Refer to the HIV/AIDS Review poster.
- 6. Ask,

Why do you think we did this activity? Why is it important for you to know the facts about HIV and unplanned teen pregnancy?

7. Summarize by saying,

Good job. It is important to have accurate information so that you can use that information to protect yourself and your baby.

MYTHS/FACTS

Facilitator Copy

* Italicized questions may be used at the discretion of the facilitator to spark additional class discussion.

- 1. AIDS is a medical condition in which your body cannot fight off diseases.
 - » FACT
- 2. AIDS is caused by a virus.
 - » FACT (The virus is called HIV.)
- Young women are more likely to acquire HIV from heterosexual contact than any other transmission method.
 - » FACT
- 4. If you hug someone with AIDS you can get HIV.
 - » MYTH (no exchange of blood, semen, or other infected bodily fluids)
- 5. Anyone can get HIV.
 - » FACT (anyone who participates in risky behavior that involves exposure to infected blood, semen, vaginal secretions, rectal fluids or breast milk)
- 6. One in every five new HIV infections occurs in people under age 24.
 - » FACT (In 2014, 22% of new HIV infections occurred in people under age 24.)
- 7. AIDS can be cured.
 - » MYTH
- 8. HIV can be spread by using someone's personal belongings like a comb or hairbrush.
 - » MYTH (no exchange of infected body fluids)
- 9. AIDS is increasing more rapidly among women than men.
 - » FACT
- If a pregnant woman is HIV positive, there is a chance it may be passed on to her unborn baby.

» FACT

11. A pregnant woman with HIV can take medicines to reduce the risk of passing it to her baby.

» FACT

12. You can tell by looking whether someone is HIV positive.

» MYTH

- 13. Condoms are 100 percent effective against the transmission of HIV.
 - » MYTH (Nothing is 100% effective except abstinence, never injecting drugs, and avoiding any exchange of body fluids.)
- 14. You increase your chance of getting HIV if you have sex with many people.
 - » FACT * What if you use condoms every time you have sex with different people? (FACT: Condoms are not 100% effective.)
- 15. HIV is mainly present in semen, blood, vaginal secretions, rectal fluids and breast milk.
 - » FACT
- 16. If you give blood you are at risk for getting HIV.
 - » MYTH
- 17. You can catch HIV from a toilet seat.
 - » MYTH
- 18. Lesbians don't have to worry about HIV infection.
 - » MYTH
- 19. An HIV-infected mother can infect her child through breastfeeding.
 - » FACT
- 20. Birth control pills can prevent the transmission of HIV.
 - » MYTH (Hormonal birth control methods do not protect a person from HIV or other STDs.)
- 21. Monogamy is 100 percent safe.
 - » MYTH (only when the monogamous partners are uninfected)
- 22. If you kiss someone with HIV you will get the virus.
 - » MYTH (You cannot get HIV from a kiss on the cheek or a closed mouth kiss. There are extremely rare cases of HIV being transmitted via deep "French" kissing but in each case, infected blood was exchanged due to bleeding gums or sores in the mouth. Because of this remote risk, it is recommended that individuals who are HIV-positive avoid deep, open-mouth "French" kissing with a non-infected partner, as there is a potential risk of transferring infected blood.)

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- 23. Having unprotected sex with someone who is HIV positive is one way of getting it.
 - » FACT * What about sex with an HIV-infected partner using a condom? (FACT: Condoms are not 100% effective)
- 24. You can get HIV by sharing a needle with someone who is infected.
 - » FACT
- 25. Only gay men are vulnerable to getting HIV.
 - » MYTH
- 26. Injection drug users are at high risk for HIV.
 - » FACT
- Having unprotected sex with a man who shoots drugs is a way many women get HIV.
 - » FACT * What about sex with a man who shoots up drugs and uses condoms? (FACT: Condoms are not 100% effective)
- 28. Having anal sex with someone who has HIV increases a person's chances of getting it.
 - » FACT * What about anal sex with a condom?

(FACT: Condoms are not 100% effective)

- 29. Performing unprotected oral sex (mouth on a partner's penis, vagina or anus) on someone with HIV increases a person's chances of getting it.
 - » FACT * What about doing oral sex on a guy with a flavored condom?

(FACT: Condoms are not 100% effective)

- 30. People who bleach their needles can share them with friends and not be at risk for HIV.
 - » MYTH
- 31. Abstinence is the only way of preventing the sexual transmission of HIV 100 percent of the time.

» FACT

32. Condoms protect teen mothers from both HIV and an unplanned, repeat pregnancy.

» FACT

TEEN PREGNANCY AND MOTHERHOOD

33. In 2010, approximately 625,000 adolescent females became pregnant.

» FACT

34. Teen mothers are more likely to get pregnant again in their teens than sexually active teens who have never given birth.

» FACT

35. Educational goals play a big part in determining which young mothers will get pregnant again within a year or two of their first child's birth.

» FACT

36. Over three quarters of teen pregnancies are unplanned.

» FACT

37. One in six teen births are to mothers who already have one or more babies.

» FACT

38. Teen mothers living with their baby's father are more likely to have an unplanned, repeat teen pregnancy than those who do not live together.

» FACT

- 40. Withdrawal is an effective method of birth control.
 - » MYTH (While better than nothing, pulling out is not an effective way to avoid HIV, other STDs or pregnancy. A fluid called pre-ejaculate that comes out of the penis before ejaculation can sometimes pick up sperm left in the urethra from a previous ejacluation or contain viruses and/or bacteria that cause STDs. Even if the male withdraws, the pre-ejaculate may have enough sperm to get the female pregnant, or may have enough bacteria or virus to transmit an STD.)

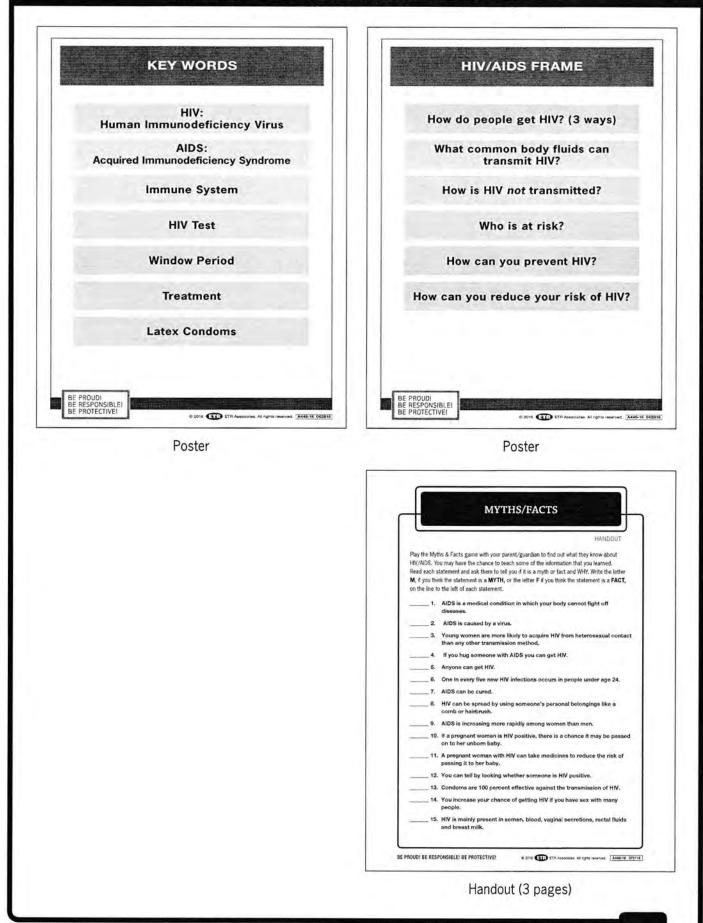
Sources:

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Kost, K., and S. Henshaw. 2014. U.S. Teenage Pregnancies, Births and Abortions, 2010: National and State Trends by Age, Race and Ethnicity. Guttmacher Insitute.

Office of Adolescent Health. 2016. Reproductive Health: Trends in Teen Pregnancy and Child Rearing. From website: www.hhs.gov/ash/oah/adolescent-health-topics/reproductive-health/teen-pregnancy/trends.html

HANDOUTS AND POSTERS FOR FACILITATOR REFERENCE



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MODULE

Understanding Vulnerability to HIV/STD Infection and Unplanned Repeat Pregnancy (Part 1)

OVERVIEW

GOALS

The goals of this module are to:

- Increase participants' perceived vulnerability to HIV and other STDs.
- Increase participants' perceived vulnerability to unplanned repeat pregnancy.
- Increase participants' knowledge about which behaviors place them at various levels of risk for HIV and other STDs, as well as unplanned repeat pregnancy.
- Increase participants' understanding of their responsibility for safer sexual behaviors.

MODULE PREVIEW

The third module: (1) helps participants realize that they are vulnerable to HIV and other STDs and unplanned repeat pregnancy; (2) examines who is responsible for safer sex behavior; and (3) examines various opinions about HIV and safer sex behaviors.

LEARNING OBJECTIVES

After completing this module, participants will be able to:

- Examine why young women often let their partners make sexual decisions.
- Recall correct information concerning HIV and other STDs.
- Identify their responsibility in making safer sex choices.

STRATEGIES/METHODS

- Mini-Lecture
- Class Discussion
- Game
- DVD Viewing

MATERIALS NEEDED

- Beautifully decorated box
- Hopes, Wishes, Goals and Dreams handout
- Pencils/pens
- Pre-labeled newsprint:
 - » Group Agreements
- Masking tape
- Monitor and DVD player
- > DVD; He Said He Loved Me: A Portrait of Personal Vulnerability
- > DVD: Tanisha & Shay

PREPARATION NEEDED

- 1. Hang the Group Agreements.
- 2. Secure a young HIV-positive mother as a speaker. Review with the speaker the things you would like her to address in her talk ahead of the presentation. (See Activity D.)
- 3. If you are using the DVD option, make sure the DVDs are set up and ready to play.

TOTAL INSTRUCTION TIME

▶ 60 minutes

ACTIVITY

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MINUTES NEEDED

Α	Warm-Up: Discussion and Overview	5
	Goals and Dreams — Magic Box	
	Acknowledging the Threat of HIV and Other STDs	
D.	Presentation by an HIV-Positive Mother	25
D.	(Alternate) He Said He Loved Me: A Portrait of Personal Vulnerability and Tanisha & Shay DVDs and Discussion	25]



WARM-UP: DISCUSSION AND OVERVIEW

PREPARING FOR THE ACTIVITY

Rationale

Reviewing the message of the program may increase participants' excitement and enthusiasm for the curriculum.



Materials Needed

None

PROCEDURE

1. Open the module by saying,

In the last session, we talked a lot about HIV, AIDS and teen pregnancy. Now we will each take a closer look at our own hopes and wishes, and how they can help us to be proud, responsible and protective. Before we begin, are there any questions?

ACTIVITY

GOALS AND DREAMS— MAGIC BOX

PREPARING FOR THE ACTIVITY

Rationale

Allows young mothers to look positively toward the future without the problems of reality interfering with the visualization of their dreams.



Materials Needed

- Beautifully decorated box
- Hopes, Wishes, Goals and Dreams handout
- Pencils/pens

PROCEDURE

FACILITATOR'S NOTE

This activity requires the use of a pre-prepared "magic box." Any type of box will be suitable (e.g., shoe box, package box, photo box), as long as it has been decorated in a way that displays its value in this program.

1. Have participants sit in a circle. Hold the decorated box up and say,

This is a magic box. I'd like you to imagine that whatever you want or need to make you happy in your life is in this box. Because the box is magical, it can hold anything, of any size. I am going to pass this box around. When you are holding it, tell us what you would wish for inside this box. What would make your dreams come true?

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- 2. Pass the box around and give each participant a chance to say what is inside it.
- 3. Use the following questions to generate discussion after all participants have had their turn holding the box. Write concrete answers on the chalkboard.

Discussion questions:

- How might your dreams change your life?
- How would you make your dreams come true without the magic box?
- Do people ever stop dreaming? Why?
- · What happens to a person if they have no dreams?
- 4. Then say,

You all have dreams for your child. What are some of these dreams?

- 5. Write these on the board. They may include baby to be healthy, to be happy, not be abused, to be safe, to have a positive future, to have a loving family, etc.
- 6. Pass out the Hopes, Wishes, Goals and Dreams handout and pens/pencils to each participant. Have each participant write down two or three dreams for their baby and two or three dreams for themselves and write their names on it. Collect these lists and let them know that you will return their lists to them at the end of the program.
- 7. Summarize by saying,

You can reach your goals by planning, organizing and making proud and responsible decisions. You can be proud and also make your family proud. Remember, you are capable of doing whatever you put your mind to.

ACTIVITY

ACKNOWLEDGING THE THREAT OF HIV AND OTHER STDs

PREPARING FOR THE ACTIVITY

Rationale

Acknowledging the threat of HIV and other STD infection among their peers and in their communities helps teens increase their personal perception of vulnerability.



Materials Needed

None

PROCEDURE

- 1. Ask participants whether they think that they should be concerned about HIV and other STDs. Ask them why or why not.
- 2. Explain the following information,

Young people are at risk for HIV. In 2014, youth ages 13 to 24 accounted for an estimated 22% of new HIV infections in the United States.

Although there is still no cure for HIV or AIDS, it is preventable. The more you know about HIV, the better prepared you are to protect yourself from infection. Remember, anyone who engages in risky behaviors is at risk for infection with HIV.

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

(continued)

(continued)

Note: The most recent data on young people and HIV/STD can be found at www.cdc.gov/hiv/group/age/youth/index.html and www.cdc.gov/std/life-stages-populations/adolescents-youngadults.htm.

3. Emphasize the following,

As you can see, adolescents are at very high risk for HIV and other STDs. Most STDs can be cured, but only if people know they are infected. Though there is still no cure for HIV, it is preventable. The more you know about HIV and other STDs the better prepared you are to protect yourself from infection. Remember, anyone who engages in risky behaviors is at risk for infection with HIV and other STDs and may be at risk for an unplanned pregnancy.

4. Review how people become infected with HIV and other STDs by saying,

These are the main ways people get HIV or other STDs:

- They have unprotected sex (without a condom) with an infected partner.
- They share needles or works.
- Women pass the STD to a fetus during pregnancy, to the baby during childbirth or to an infant through breast milk.
- A few STDs (herpes, syphilis, HPV) can be passed by skin-to-skin contact or genital touching.

5. Explain,

The threat of HIV and other STDs means it's very important to practice abstinence or safer sex. Acknowledging the threat of HIV and other STDs and demanding abstinence or the use of a latex barrier can create stress in a relationship. Many people feel afraid to ask their sexual partners to use condoms, believing it will drive them away, make them angry or make them violent. Many people deny that HIV or other STDs are a personal or family issue. Until HIV affects them or someone they know, they often avoid taking responsibility for their decisions and actions concerning sex and protecting themselves. Using condoms to help protect yourself from HIV and other STDs also helps protect you against repeat pregnancy. 6. To clarify responsibilities for safer sex, ask participants to listen to the following statements and raise their hands to indicate who in a relationship they believe should be responsible for each behavior—you, your partner, both partners equally, or neither partner. Ask,

"Who is responsible for"

- Deciding whether to abstain from intercourse?
- Starting a discussion about sexual and drug use history?
- Planning ahead and getting condoms before intercourse?
- Making sure latex or polyurethane/polyisoprene condoms are used at each act of intercourse?

7. Summarize by saying,

Both partners have the right and the responsibility to be equally involved. Partners are ultimately responsible for their own safety and protection and have the right to make personal choices. When both partners are involved in the decision making, each has control over personal behaviors and is less likely to take advantage of the other. So be proud and responsible by making protective choices.

FACILITATOR'S NOTE

Consider having participants review this set of statements for people in same-sex relationships. Are their responses different or the same?



PRESENTATION BY AN HIV-POSITIVE MOTHER

PREPARING FOR THE ACTIVITY

Rationale

Hearing from a young mother with HIV triggers group discussion and helps personalize the perception of vulnerability.



Materials Needed

None

PROCEDURE

FACILITATOR'S NOTE

Facilitators are strongly encouraged to include the presentation by an HIV-positive mother. This activity was a key part of the original intervention and a powerful experience for many participants. Some communities may have an organized HIV Speakers' Bureau, or there may be a local HIV/AIDS service agency that can put you in touch with individuals who would be willing to come speak to the group.

1. Introduce the HIV-positive speaker by saying,

I'm pleased to introduce you to a special guest. (*Name of speaker*) is the mother of (*number of*) child(ren) and she is HIV positive. She is here today to share her story with you.

2. Allow 15 minutes for the speaker to present her life story and tell how her diagnosis has affected her life and her family. Be sure to ask her to talk about her experiences around being a mother with HIV.

- 3. Follow the presentation with a brief question-and-answer period. Thank the speaker for sharing her story with the group.
- 4. Allow 15 minutes for a guided group discussion.

Sample Discussion Questions

- Does anyone know another person who is HIV positive or living with AIDS?
- How is this person feeling?
- · How has the diagnosis affected this person's life?
- · How is this person being treated by their friends, family or others?
- How might having HIV/AIDS affect a person's career or life goals?
- · How does having a mother with HIV affect a woman's children?



HE SAID HE LOVED ME: A PORTRAIT OF PERSONAL VULNERABILITY AND TANISHA & SHAY DVDS AND DISCUSSION

PREPARING FOR THE ACTIVITY

Rationale

Showing a video about HIV, other STDs and unplanned pregnancy risk behaviors and vulnerability triggers group discussion and facilitates learning.



Materials Needed

- Monitor and DVD player
- > DVDs: He Said He Loved Me: A Portrait of Personal Vulnerability and Tanisha & Shay

PROCEDURE

1. Introduce the activity,

We are going to continue our focus on the behaviors that young people engage in that place them at risk for infection with HIV and other STDs as well as unplanned repeat pregnancy.

2. Ask participants,

Why do people have sex without condoms?

Some of their reasons might be:

- They don't like the way condoms feel.
- They don't have any.

- They worry that their partners will think they are having sex with other people.
- They believe they have nothing to worry about and that the people they have sex with are clean.
- Condoms are too much trouble.
- Condoms cost too much.
- They believe there is no need because they are using other forms of birth control.
- They want to keep a good relationship with their baby's father and are afraid of upsetting him.

3. Introduce the DVD.

In this DVD, *He Said He Loved Me: A Portrait of Personal Vulnerability,* we will see five young women, about the same age as you, who are dealing with the consequences of their sexual behavior. As you watch, think about their age, the reasons they are in their situations and how they are dealing with the issues that each of them are facing, and think about how you would handle these things.

- 4. Show the DVD, which is 4¹/₂ minutes long.
- 5. Discuss feelings and reactions to the DVD and ask,

• How do you feel about what happened to these women?

- Why are they in these situations?
- How would you have handled things?
- What issues come up when young women date?
- 6. Introduce the next DVD.

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

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- 7. Show the DVD, which is 18 minutes long.
- 8. When the DVD is over, review by asking the following questions,
 - What is your reaction? What do you think happens?
 - Why do you think Tanisha and Shay didn't use birth control?
 - What did you think about Tanisha's mom's reaction to the pregnancy?
 - Tanisha talked about dropping out of school to work and take care of the baby. What do you think about that?
 - Should Shay have to give up his scholarship? Why or why not?
 - Were these teens ready to become parents? Why or why not?
 - How would your life change if you became pregnant again?
 - What precautions will you take to keep from getting pregnant again?
- 9. Summarize the activity by saying,

As you know, becoming pregnant can dramatically affect your life, and a repeat pregnancy can affect your life even more. Many women who have had multiple early pregnancies say that, while it was manageable to have one baby, having two made their lives incredibly difficult. Therefore, it is important to avoid a repeat pregnancy by practicing abstinence or safer sex. Be prepared. If you're going to engage in sexual activity, make sure you use a latex or polyurethane/polyisoprene condom every time!

FACILITATOR'S NOTE

Facilitators should note that a small number of program participants may have more than one child. Be sensitive to this issue in relation to the discussion.

HANDOUTS AND POSTERS FOR FACILITATOR REFERENCE

-	HANDOUT
Instructions:	
	baby and 2-3 dreams for yourself. When you are
FOR MYSELF:	
I	
2	
3	
Contra Maria I	
FOR MY BABY:	
ļ	
2	
3	
Name:	CTANE AND A

Handout

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MODULE

Understanding Vulnerability to HIV/STD Infection and Unplanned Repeat Pregnancy (Part 2)

OVERVIEW

GOALS

The goals of this module are to:

- Increase participants' perceived vulnerability to HIV and other STDs.
- Increase participants' perceived vulnerability to unplanned repeat pregnancy.
- Increase participants' knowledge about which behaviors place them at various levels of risk for HIV and other STDs as well as unplanned repeat pregnancy.
- Increase participants' understanding of their responsibility for safer sexual behaviors.

MODULE PREVIEW

The fourth module: (1) helps participants realize that they are vulnerable to HIV and other STDs and unplanned repeat pregnancy; (2) examines various opinions about HIV and safer sex behaviors; (3) clarifies the risk level for a variety of behaviors; and (4) helps participants identify their personal level of risk for HIV/STD and unplanned repeat pregnancy.

LEARNING OBJECTIVES

After completing this module, participants will be able to:

- Identify which of their own behaviors today increases their vulnerability and risk for HIV/STD and unplanned repeat pregnancy in the future and the importance of life planning.
- Identify how easily HIV is transmitted and how it feels to be at risk for HIV and other STDs.
- Correctly identify which behaviors are low risk, high risk and no risk for contracting HIV and having an unplanned repeat pregnancy.
- Recall correct information concerning HIV and other STDs.
- Identify their responsibility in making safer sex choices.

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STRATEGIES/METHODS

- Mini-Lecture
- Class Discussion

MATERIALS NEEDED

- Newsprint/markers
- Pencils
- Pre-labeled newsprint:
 - » Group Agreements
- Masking tape
- Monitor and DVD player

PREPARATION NEEDED

- 1. Hang the newsprint and Group Agreements.
- 2. Prepare one index card for each participant. Place one of the following letters on each card: "D," "C," "O," "A," "P" and "U." Use each of the letters at least once. Write the letter "D" on only one index card. Some or all of the other letters may be used on more than one card. Make enough cards so that each participant gets a card.
- 3. Shuffle the *Risk Behavior* cards into two separate decks of cards, using two different colored markers or dots to differentiate between the decks.

TOTAL INSTRUCTION TIME

▶ 60 minutes

ACTIVITY

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MINUTES NEEDED

Α.	Warm-Up: Discussion and Overview	5
В.	"Don't Pass It Along" Transmission Game	10
C.	HIV Risk Continuum Exercise — High, Some and No Risk	10
D,	Baby Talk DVD and Discussion	20
Ε.	Time Line/Life Plan Activity	15

- Game
- DVD Viewing
- DVD: Baby Talk
 - Time Line Activity handout
 - Index cards for the Transmission Game pre-labeled with D, C, O, A, P and U
 - Risk Continuum signs
 - Risk Behavior cards

ACTIVITY

WARM-UP: DISCUSSION AND OVERVIEW

PREPARING FOR THE ACTIVITY

Rationale

Reviewing the message of the program may increase participants' excitement and enthusiasm for the curriculum.



Materials Needed

None

PROCEDURE

1. Open the module by saying,

In the last session, we talked a lot about HIV and unplanned pregnancy. Now we will talk more about how the two topics intersect and what we can do to reduce our risk of having to deal with the consequences of either one. Before we begin, are there any questions? ACTIVITY

"DON'T PASS IT ALONG" TRANSMISSION GAME

PREPARING FOR THE ACTIVITY

Rationale

Reviewing the message of the program may increase participants' excitement and enthusiasm for the curriculum.



Materials Needed

Lettered index cards (D, C, A, P, U and O)

PROCEDURE

FACILITATOR'S NOTE

The following activity helps participants understand the potential ease of transmission of HIV and other STDs and their vulnerability to repeat pregnancy if responsible behavior isn't practiced. Be aware, however, that it can be a sensitive activity. Some participants might be HIV positive or have family members who are. Others might worry about being wrongly identified as HIV positive. Remind participants that the activity is not intended to identify anyone personally and that it is strictly an exercise. Make sure no one is stigmatized by the activity.

- Distribute the lettered cards and pencils/pens so that only 1 person has a "D" card, at least 2 people have "U" cards, and the other cards are distributed evenly. If there are fewer than 7 participants, eliminate the "O" card. If the group is large, give 5 to 10 people "U" cards. DO NOT tell the participants what the letters mean at this time.
 - A = Abstinence
 - C = Condoms
 - P = Pregnant

- 0 = Outercourse
- U = Unprotected Sex (oral, anal or vaginal sex without a condom)
- D = Disease (HIV/STD)

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

UNFINISHED SENTENCES

- The most important thing for teens to know about HIV is...
- If I asked whether my partner was having sex with other people, the response would be ...
- People do not like to use condoms because ...
- A repeat pregnancy would affect my life by
- If I was carrying a condom, my partner would think ...
- I could convince my partner to use a condom if I ...
- Practicing sexual abstinence to avoid HIV is ...
- You can make using condoms fun by ...
- 4. When five unfinished sentences have been discussed, ask all participants to have a seat.

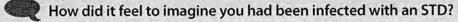
5. Use the process below to discuss the activity. Say,



 This has been an exercise involving "verbal intercourse," but we're going to pretend that each conversation was an act of "sexual intercourse."

- Look at your cards. The letters on the cards represent something in this exercise.
- Will the person with the "D" card, please stand. For the purposes of this
 activity only, you have HIV or another STD, and anyone whose name is on
 your card could have it too.
- (To the person with the "D"): Read the names on the back of your card.
 Everyone whose name is read, please stand.
- 6. After the people whose names were called are standing. Say,
 - If you have a "C" on your card, that means you correctly used a latex condom to reduce your risk, and so you can sit back down.
 - If you have an "A" on your card, that means you insisted on abstinence and refused to engage in sexual intercourse or any type of skin-to-skin genital contact, so you can sit back down. Abstinence is the 100% sure way to protect yourself.
 - If you have an "O" on your card, you may sit down because you had outercourse (did different sexual pleasurable things without having intercourse, such as masturbation, massage or body rubbing with clothes on). (Note: Explain that while HIV cannot be transmitted by skin-to-skin contact, there are some STDs that can, such as herpes, syphilis and HPV. Outercourse is only a safer sex behavior for these STDs if there is no skin-toskin genital contact or genital touching.)
 - If you have a "P" on your card, remain standing because you had unprotected sex. You didn't use a condom or other birth control, and you became pregnant again.
 - If you have a "U" on your card, you must remain standing because you had unprotected sex and now you are possibly infected with HIV or another STD.

- 7. If the group is large, ask each of the people still standing, one at a time, to read the names on their cards. Use the same process to find out the total number of people who got "infected" or became "pregnant" again during this activity. Repeat the steps as needed to emphasize individual vulnerability.
- 8. Count the number of people standing and ask the group to consider what would happen if they each continued to have unprotected sex with new partners.
- 9. Ask the standing people to sit down.
- 10. Ask the person with the "D" card,



11. Ask the people with the "P" and "U" cards,

How did you feel about possibly being pregnant/infected?

12. Ask the people with the "A," "C" and "O" cards,

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

13. Review the modes of HIV transmission.

Having unprotected vaginal, anal or oral sex

- Sharing needles or works to inject drugs or for any other reason
- Mother to fetus during pregnancy or to newborn through breastfeeding
- 14. Take the cards back and formally remove the results of the activity by saying,

Now none of you have a disease and nobody has become pregnant again because you are all proud, responsible and protective mothers.

15. Summarize this activity by saying,

Even though this was just a game, it is meant to model how fast and easily an STD such as HIV can spread, and how easy it is for a pregnancy to occur. I want to emphasize that HIV and other STDs are not spread through casual contact, such as talking to someone, shaking hands with someone, or sharing a pencil, as we imagined in this exercise. The best ways not to get infected through sexual contact are to use latex barriers such as condoms or to abstain from sex completely. If you are allergic to latex condoms, you may use polyurethane or polyisoprene condoms instead. Pregnancy is best prevented by the combination of using condoms 100 percent of the time and using another birth control method, such as the birth control pill, the implant or the shot.



HIV RISK CONTINUUM EXERCISE — HIGH, SOME AND NO RISK

PREPARING FOR THE ACTIVITY

Rationale

Actively identifying the risk level for a variety of sexual and nonsexual behaviors allows participants to internalize the information and facilitates learning.



Materials Needed

- Risk Behavior cards
- Newsprint/markers
- Masking tape
- Risk Continuum signs

PROCEDURE

- 1. Tape the High/Some/No Risk signs on the wall to create a continuum.
- 2. Divide the group into two teams.
- 3. Hand out one set of behavior cards and tape to each group. Then explain the directions.

Each card contains a behavior. With your team, place each card under the heading that you feel identifies the level of risk for HIV infection that the behavior presents.

High-Risk/Red-Light behaviors involve the exchange of blood, semen, breast milk or vaginal secretions and can transmit HIV, the virus that causes AIDS.

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Some-Risk/Yellow-Light behaviors involve a barrier such as a latex or polyurethane/polyisoprene condom, but they are activities during which exchange of blood, semen, vaginal secretions or rectal fluids might create some danger of transmitting HIV.

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

The term sex on these cards means oral, anal and /or vaginal intercourse.

- 4. Give the groups 5 minutes to place their cards in the correct category.
- 5. Have participants sit down. Review each behavior to see the group agrees it has been placed under the correct category.
- 6. If there is a discrepancy, ask which answer is correct and why.
- 7. Use their answers and any misconceptions to clarify the facts.

FACILITATOR'S NOTE

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

8. Summarize by saying,

To protect yourself from HIV infection, it is important to know which behaviors are safe and which are risky. Knowing what is safe and what you should avoid will help you make proud and responsible choices, and the choices you make affect not only you but your family, peers, your community and certainly your baby. Each one of you is a worthwhile and unique individual with a future to strive toward. Making informed and healthy decisions about yourself now will allow you to reach your future goals and help ensure a good life for your child.

RISK BEHAVIORS

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

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

ACTIVITY

BABY TALK (DVD AND DISCUSSION)

PREPARING FOR THE ACTIVITY

Rationale

Watching *Baby Talk* will help facilitate discussions on young mothers' expectations and attitudes regarding unplanned pregnancy and how becoming a mother has affected their hopes, dreams and plans for the future.



Materials Needed

- Monitor and DVD player
- > DVD: Baby Talk

PROCEDURE

- 1. Write questions in the dialogue box on the board.
- 2. Say,

Now we are going to show you a DVD called *Baby Talk*. As you watch please consider the following questions:

- How did becoming a mother affect Shelia's (Tyisha's) life?
- · What are Shelia's (Tyisha's) hopes and dreams?
- How is Shelia (Tyisha) protecting her own and her child's health and future?
- Why was Shelia (Tyisha) concerned about HIV, other STDs and repeat pregnancy?
- 3. Show the DVD, which is 11 minutes long.
- 4. Discuss the above questions.

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TIME LINE/LIFE PLAN ACTIVITY

PREPARING FOR THE ACTIVITY

Rationale

Provides young women with the opportunity to focus on their future and to begin seeing that their behavior today can have an impact on what they and their baby will be doing 5 and 10 years from now.



Materials Needed

- Time Line Activity handouts
- Pencils
- Newsprint
- Markers
- Masking tape

PROCEDURE

1. Introduce the Time Line Activity by saying,

Each of us has had things in our lives that were very important to us. We can all remember past experiences or achievements that were really new or exciting at the time and maybe had a big impact on our lives. Sometimes it's bad things that happen that change our lives; sometimes it's good things that change our lives.

For example, remember your first day of school? Remember going on a trip somewhere that you remember as being really special? If you can swim, do you remember when you finally learned? Remember when a good friend moved away?

(continued)

(continued)

Thinking about memorable events in our lives is a good way of recognizing what we have done or experienced and how we have grown.

We also have things that we would all like to do in the future. People your age are especially likely to think about what you want to do when you get older and become adults.

What we're going to do now is have you construct a time line of your life from when you were born up to the present and beyond, 10 years into the future.

2. Draw a copy of the *Time Line Activity* on the board. Distribute the *Time Line Activity* handout and give the following instructions.

Start by writing the day you were born, marking the year, place, and your birth weight. From there, think of at least two important or significant events in your life, marking how old you were at the time and what happened —for example, when you found out you were pregnant or gave birth.

 Put up some dates from your own life as examples for the teens. Provide examples of when you went to a special place, when you moved from one state to another, etc. Give the participants a few minutes to complete the first part of the time line. Then say,

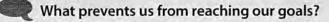
Starting with today and looking to 5 years in the future, think of at least two things you would like to do or goals you'd like to achieve. What kind of mother would you like to be?

4. Give the participants a few minutes to complete this next part of the Time Line. Then say,

Then look ahead 5 more years. You are 10 years older than you are now. Think of at least two things you would like to have achieved.

5. Give the participants a few minutes to complete the last section of the time line. Then ask for volunteers to share their goals and aspirations with the group.

- 6. Finally, ask the participants to write down two things that they must do to achieve one of their goals.
- 7. Put up some newsprint and ask participants,



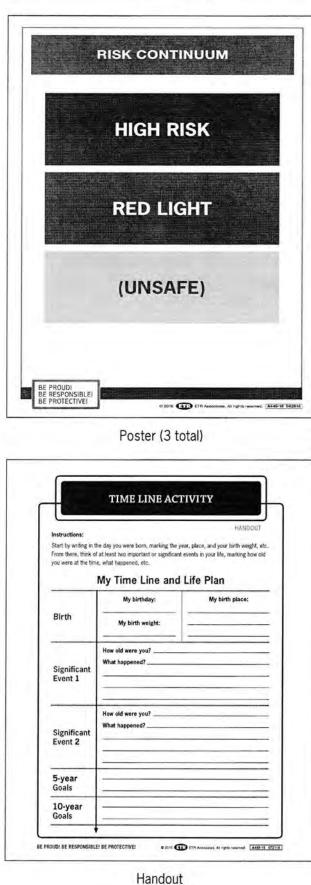
8. Write their responses on the newsprint. Process the activity by discussing ways they can stop these obstacles from preventing them from reaching their goals and explain that they will be looking at some of these strategies during the program. Refer back to the *Time Line Activity* to tie in the goals they have and the obstacles that they must (and can) overcome to reach their goals.

9. Summarize by saying,

It's important to have goals for yourself as you are more likely to get where you want to be if you know where that is. It's important to believe in yourself and make plans for your future so that you are able to achieve your goals and be a proud, responsible and protective mother to your baby.

Try to find someone in your life who will support you in achieving your goals. Support from others is important in overcoming obstacles and reaching your goals.

HANDOUTS AND POSTERS FOR FACILITATOR REFERENCE



RISK BEHAVIOR CARDS VAGINAL SEX WITHOUT A CONDOM Be Proud! Be Responsible! Be Protective! C 2018 TR Associates As rights reserved [A4Ap to Decente] Cards (24 total)

MODULE

Attitudes and Beliefs About HIV, Other STDs and Safer Sex (Part 1)

OVERVIEW

GOALS

The goals of this module are to:

- ▶ Increase participants' perceived vulnerability to HIV, other STDs and unplanned pregnancy.
- Examine attitudes and beliefs about HIV, other STDs and safer sex.
- Increase participants' ability to make smart safer sex decisions.
- Understand how culture may influence behavior, including sexual decision making.

MODULE PREVIEW

The fifth module: (1) highlights the impact of attitudes and beliefs on risky sexual behavior; (2) weakens negative beliefs and attitudes that foster risky sexual behaviors; (3) builds participants' sense of responsibility for reducing the risk of HIV/STD infection and unplanned pregnancy; and (4) reinforces their knowledge about safer sex behaviors and methods to prevent unplanned pregnancy.

LEARNING OBJECTIVES

After completing this module, participants will be able to:

- Identify their attitudes toward risky sexual behavior.
- Describe the impact of problematic attitudes on risky sexual behavior.
- > Problem solve for risky sexual behavior situations.

STRATEGIES/METHODS

- DVD Viewing
- Class Discussion
- Decision-Making and Problem-Solving Exercises

MATERIALS NEEDED

- Pre-labeled newsprint:
 - » Group Agreements
- Masking tape
- Newsprint
- Markers
- Monitor and DVD player
- The Subject Is STDs
- Calling Koko Caller cards

PREPARATION NEEDED

- 1. Hang the newsprint and Group Agreements.
- 2. Make sure The Subject Is STDs DVD is set up and ready to play.

TOTAL INSTRUCTION TIME

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

ACTIVITY

MINUTES NEEDED



WARM-UP: DISCUSSION AND OVERVIEW

PREPARING FOR THE ACTIVITY

Rationale

Reviewing examples of red-, yellow-, and green-light behaviors will reinforce the information and re-establish group cohesion for this session.



Materials Needed

None

PROCEDURE

1. Open the module by saying,

We have started to discuss levels of risk for certain behaviors and will continue that discussion today. Before we start, are there any thoughts, feelings, reactions, or questions regarding our last module that you would like to discuss?

2. Review the previous lesson by asking participants to identify two high-risk, some-risk, and no-risk behaviors.

ACTIVITY

THE SUBJECT IS STDs DVD AND DISCUSSION

PREPARING FOR THE ACTIVITY

Rationale

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



Materials Needed

- Monitor and DVD player
- DVD: The Subject Is STDs
- Newsprint/markers

PROCEDURE

1. Introduce the DVD, The Subject Is STDs by saying,

Now we will see a video called *The Subject Is STDs*. In this DVD, you will see sexually active teenagers dealing with the issues of STDs. You will also see teens share their stories of learning that they may have been exposed to an STD.

2. Show the DVD, which is 17 minutes long.

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3. When the video is over, ask the following questions,

What happened in the DVD?

- Think about Cici, the cheerleader who may have had chlamydia and wasn't sure if her boyfriend, Tyrel, knew about the scare. Why do you think she was nervous to ask him?
- Do you think she should tell him about the STD scare before she gets tested, or wait until her results come back? Why or why not?
- How would you feel if someone you used to have sex with called to tell you that they had an STD?
- How would you feel if you had to tell your partner that you might have exposed them to an STD?
- What did Michelle mean when she said, "Now I know what they mean when they say that you have sex with everyone your partner has sex with"?
- What about Jamal and Diana, the couple that decided to slow down and just hang out with friends. How do you think their conversation went? Was the conversation realistic?
- Why did Diana seem relieved when Jamal said he wanted to slow down?
- What would you say to a partner if you wanted to take things slower and spend less time alone?

FACILITATOR'S NOTE

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

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

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

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

(continued)

(continued)

- STDs increase the chance of HIV infection. They sometimes cause blisters or sores on or around the genitals which can become a point of entry for HIV during sex.
- 3. STDs can have serious emotional and physical consequences, including possible death in the case of AIDS and syphilis. The consequences for women are especially harsh, and include things such as pelvic inflammatory disease, ectopic pregnancy, cervical cancer, infertility, chronic pelvic pain and possible transmission of the STD to her baby.
- 4. Some STDs cannot be cured. This includes HIV.

If you choose to have sexual intercourse, the proud and responsible thing to do is always use a latex or polyurethane/polyisoprene condom. Using condoms helps protect you from HIV, other STDs and getting pregnant again. Not having sex at all is the surest way to avoid STDs and pregnancy.

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ACTIVITY

CALLING KOKO: SEXUAL HEALTH ADVICE HOTLINE

PREPARING FOR THE ACTIVITY

Rationale

Rehearsal in solving HIV-related problems builds self-efficacy and participants' ability to safely resolve risky situations and behaviors.



Materials Needed

▶ Calling Koko Caller (1-8) cards

PROCEDURE

1. Introduce this activity by saying,

Based on what you have learned so far, you will give advice to someone who has questions or concerns about HIV, AIDS, safer sex and preventing an unplanned repeat pregnancy. In this activity, you will take the role of Koko, the expert on HIV, AIDS and safer sex, who has an HIV Information Hotline called *Calling Koko*.

- 2. Divide the participants into groups. Have each group choose someone who will write down the group's solution.
- 3. Provide a Calling Koko Caller card to each group.

4. Explain the following,

On the card is a question from a caller to the hotline. As a team, discuss, decide on and then write down the advice you would give to your caller. At the end of this activity, you will share the advice with the rest of the group. Your final decision should be one that everyone in your group can agree on. Remind your callers that they can make proud and responsible choices. Are there any questions?

- 5. Give the groups 5 minutes to come up with their advice.
- 6. Have volunteers from each group give their report. One person should read the part of the caller, and another person should give Koko's advice.
- 7. From the following suggested responses, discuss any points that the students do not come up with themselves.

FACILITATOR'S NOTE

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

8. Summarize by saying,

This activity allowed you to be the experts. You got to problem solve and show what you've learned so far. It also gave you a chance to help others make proud, responsible and protective decisions. By rehearsing HIV-related problem-solving techniques, you will be able to use them later. Remember, it is often much easier to give advice than to follow it. With practice you'll discover that you can do both, give proud, responsible and protective advice and follow it to help protect yourself from HIV, other STDs and pregnancy.

is abstinence.

latex condom.

or works.

The surest protection

If you choose to have

sex, you must use a

Don't share needles

CALLER 1

Koko,

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

- No-Chance Charlene

Suggested Response to Caller 1

Every time you engage in a behavior that involves an exchange of body fluids you take a chance of getting HIV. The surest way NOT to get HIV is not to have sex—this includes vaginal, oral or anal sex—and not to share needles or works. If you do decide to have sex, use a latex barrier such as a condom or a dental dam (a flat, square piece of latex) every time you engage in a sexual behavior that involves an exchange of body fluids. Protecting yourself and your partner is the proud and responsible thing to do.

- Birth control pills and other hormonal methods do not protect you from HIV/STD.
- Practice safer sex and use condoms to reduce your risk of STD, even if you're using another form of birth control.

CALLER 2

Koko,

I've been on the pill since my baby was born 4 months ago. My friend is telling me that I need to use condoms as well. I feel safe because I take my pill every day. Do I need to be concerned?

- Careful Corinne

Suggested Response to Caller 2

Because you are taking your birth control pill every day, you won't get pregnant. However, the pill doesn't protect you against HIV or other STDs. It's important not to confuse birth control methods with disease prevention methods. If you are going to have sex, you need to protect yourself from disease and pregnancy. You need to be using condoms *and* your birth control pills to stay healthy and protect your baby.

- Commitment in a relationship is not always an effective form of protection.
- Safer sex will reduce your risks of HIV and other STDs.
- Talk to your partner about condoms.
- Use latex condoms every time you have sex.

CALLER 3

Koko,

Because of all the publicity about HIV, I've become very afraid of getting infected. My partner and I have sex only with each other and we don't inject drugs. We don't have to worry about getting HIV, do we?

- Monogamous Monique

Suggested Response to Caller 3

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

However, even in a trusting relationship, you should practice safer sex to prevent any future possibility of infection. Using condoms reduces your risk of getting an STD, including HIV. Condoms also will help prevent pregnancy. Even if you're using another form of birth control, it's good to use condoms too, just to be sure!

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

- Get tested for HIV now, and again in 6 months.
- If the test is positive, seek medical help immediately.
- Avoid future risk of infection by using a latex condom every time you have vaginal, oral or anal sex.

CALLER 4

Koko,

Five months ago I had sex with someone and I just found out he used to shoot heroin. Is it possible that I might have been exposed to HIV? We didn't use a condom, because I'm on the pill. Now I'm worried that I might be infected. What should I do?

- Worried Wilma

Suggested Response to Caller 4

Yes, it is possible that you were exposed to HIV. There is no way of knowing without being tested. The most common HIV test detects HIV antibodies, which might take up to 6 months to show up on the test. You should be tested now and again 6 months later. If both of those tests are negative, then you can feel safe that you did not get infected with HIV from having sex that time. If you are HIV-positive, seek medical help right away and alert all the sexual partners you've had who might have been infected. Remember: In the future, always use a latex condom. If you are allergic to latex, you can use polyurethane or polyisoprene condoms instead.

- Oral sex can transmit STDs, including HIV.
- Practicing safer sex can protect you against pregnancy, HIV and other STDs.
- Other things can lead to intimacy and orgasm without risking getting pregnant, or infected with HIV or another STD.

CALLER 5

Koko,

I am 16 and my boyfriend and I have never had vaginal sex with each other or anyone else. We do other things, though, including oral sex. Before, we just wanted to make sure that I didn't get pregnant. We had never really thought about infections like HIV. Now I hear that other people my age are getting sexually transmitted diseases and some of them can come just from kissing. Is oral sex safe? How do we protect ourselves from STDs?

- Careful Carla

Suggested Response to Caller 5

ALL STDs, including HIV, can be transmitted during oral sex, whether it's performed on a man or a woman. Anyone who performs oral sex on a man should have the man wear a nonlubricated latex condom every time. When performing oral sex on a woman, you can protect yourself and your partner by placing a dental dam or latex barrier, such as a nonlubricated condom cut to make a square, over the vulva (the entire outer region of the vagina, including the clitoris and the vaginal opening).

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

- You can't tell if a person has HIV by looking.
- Look for a relationship, not a sexual partner.
- If you decide to have sex, use a latex condom every time.
- Pregnant women with HIV can take medicine to greatly reduce the risk of passing the virus to their unborn babies.

CALLER 6

Koko,

A friend of mine recently found out that she is pregnant and has HIV. This girl is smart, fun to be around, and has been with only two guys her whole life. Now I'm scared to be with anyone, because if someone like her can get HIV, how do you know who's safe and who isn't? You can't look at a person and tell who has HIV. How am I supposed to find a partner who won't infect me or get me pregnant?

- Nervous Nathalie

Suggested Response to Caller 6

You are right to feel cautious about having sex. You can't look at people and tell whether or not they have an STD. Take time to get to know a person as a friend before you decide to have sex. You can always decide to wait to have sex. If you decided to have sex, your best combination strategy is safer sex and time. Take the time to really get to know your potential partner. Then, use a latex (or polyurethane/polyisoprene) condom correctly and consistently every time if you decide to have vaginal, oral or anal sex.

- Get tested for pregnancy, STDs and HIV.
- Resist peer pressure to drink alcohol or do drugs. Alcohol and drugs affect your decision making, and you may end up doing things that you regret.
- Use latex condoms if you decide to have sex.

CALLER 7

Koko,

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

– Regretful Rihanna

Suggested Response to Caller 7

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

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

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

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

- It's important to use an effective birth control method to avoid pregnancy.
- Using condoms in addition to another birth control method helps protect you from HIV and other STDs.
- It's important to get a pregnancy test and visit a clinic if you think you might be pregnant.

CALLER 8

Koko,

My boyfriend and I have only ever been with each other so we're not really worried about HIV and other STDs. That's why we don't use condoms. Instead, he usually pulls out just before he ejaculates. The problem is that I'm 2 weeks late. Could I really be pregnant even though my boyfriend pulled out before he ejaculated?

- Nervous Nicki

Suggested Response to Caller 8

It is possible that you are pregnant even though your boyfriend pulled out. Pulling out is not the most effective way to avoid pregnancy.

You and your boyfriend might want to visit a family planning clinic to get a pregnancy test and talk with someone about your birth control options. Even though you say you and your boyfriend aren't really worried about HIV and other STDs, it's still a good idea to use condoms every time you have sex. Condoms are the best way to protect against HIV and other STDs, and they protect against pregnancy.



MEN VS. WOMEN: SEXUAL POLITICS

PREPARING FOR THE ACTIVITY

Rationale

When participants become more comfortable talking about gender and cultural issues affecting sexual practices, it increases the likelihood that they will be able to use effective problem-solving strategies.



Materials Needed

- Newsprint
- Markers

PROCEDURE

- Draw three columns and label "Culture," "Gender" and "Pregnancy and Motherhood." Write participants' discussion points as they address questions. For example, place statements about cultural norms under "Culture."
- 2. Introduce the topic by saying,

A lot of different factors affect a person's use of condoms, including cultural and gender related attitudes, beliefs, and behaviors, and whether or not she has had a baby or is pregnant. Family, community and society can also affect condom use. What do you think I mean by culture?

(If no one responds you can say, "Culture can be what you identify with such as your community, friends, ethnic or racial group, religion, family, etc.")

3. Allow time for discussion.

4. Next ask,

What do you think I mean by gender?

(Responses may include "the differences between men and women," or "the expectations for how men and women are supposed to behave.")

5. Allow time for discussion. Then ask,

How did having a baby with your partner affect your relationship? Did it change because you had a baby?

(Responses may include "creates a special bond" "want to maintain the relationship and may be willing to take risks to do so," and "may not use condoms because you assume the relationship is safe.")

- 6. Allow time for discussion.
- 7. Prepare your own version of the following statement: Cultural backgrounds may influence young men's beliefs and behaviors in intimate relationships. For example, some men may believe not wearing a condom and engaging in sex with multiple partners are acceptable behaviors. Say,

Some of you may have examples from your culture that you may be willing to share with the group. Can you think of any cultural influences on sexual relations and behavior between partners? (Write the participants' responses on the board or newsprint.)

Can you think about how your culture or gender beliefs have affected you, your relationship with your partner or past partner(s), and your decisions about protecting yourself from HIV and other STDs?

FACILITATOR'S NOTE

People within cultural groups vary. It is important not to stereotype people by their background or gender. In response to statements that stereotype cultures, you can say, "There are stereotypes that you may have heard that can affect the behavior of young mothers. How do these affect you?"

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8. Then say,

What are other examples that have to do with gender norms? (Write the participants' responses on the board or newsprint.)

Examples:

- Some guys assume that the young woman will take care of birth control. They think it isn't their concern.
- Gender influences may make it difficult for females to ask their partner to wear a condom or be mutually monogamous.
- 9. Lead a discussion about how the different norms and values from each list affect a person's ability to use condoms. Go through each item and talk about the issues that the norm presents, and have the participants verbally contribute ways to overcome those issues.

For example, with the statement "Cultural background may influence young men to believe not wearing a condom and engaging in sex with multiple partners are acceptable behaviors," stress that gender-related dynamics that interfere with consistent condom use can place both young women and young men at risk of HIV, other STDs and unplanned repeat pregnancy. Explain that there are different sizes and types of condoms that can fit over any penis and make condom use fun and pleasurable.

- 10. Lead a discussion about how the desire to maintain a relationship with her baby's father may affect a young mother's ability to use condoms. For instance, she may assume fidelity without checking out what her partner is really doing or his HIV status. These situations place the young mother at risk. Proud and responsible young mothers protect the health of their babies and themselves. They don't leave the decision about condom use to their partner.
- 11. Once you have gone through all the items on the lists, summarize by saying,

These are all different obstacles that may affect your ability to use condoms. But they can all be overcome. Next session we will continue to talk about strategies that may be used for negotiating safer sex.

HANDOUTS AND POSTERS FOR FACILITATOR REFERENCE

Koko.	
l've heard that young people are at risk among young people is growing, I don' HIV. What's the surest way I can protec	t want to take any chances of getting
	– No-Chance Charlene

Cards (8 total)

MODULE

Attitudes and Beliefs About HIV,

Other STDs, Safer Sex and Contraception (Part 2)

OVERVIEW

GOALS

The goals of this module are to:

- Increase participants' understanding of the challenges of early childbearing.
- Increase participants' knowledge of various types of contraceptive methods.
- Increase participants' ability to plan for their futures.
- Help participants identify goals for their babies and how to achieve those goals.

MODULE PREVIEW

The sixth module: (1) encourages planning for pregnancy and child rearing; (2) reinforces knowledge about safer sex behaviors and methods to prevent unplanned pregnancy in the future; and (3) reinforces goal-setting skills.

LEARNING OBJECTIVES

After completing this module, participants will be able to:

- > Plan ways to meet the challenges of early childbearing.
- Recall correct information concerning birth control and unplanned pregnancy.
- Identify goals for their child.
- Identify two things they can do to provide a safe and healthy future for their child.

STRATEGIES/METHODS

- Brainstorming
- Class Discussion
- Contraceptive Methods Demonstration
- Letter to My Baby

MATERIALS NEEDED

- Birth Control Choices poster
- Pre-labeled newsprint:
 - » Group Agreements
 - » Contraceptives
- Masking tape
- Newsprint/markers

- Index cards
- Paper and envelopes for Letter to My Baby
- Birth control methods kit (optional)
 - Pencil and paper
 - Stamps
 - Letter to My Baby handout

PREPARATION NEEDED

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

TOTAL INSTRUCTION TIME

▶ 60 minutes

ACTIVITY

-

MINUTES NEEDED

Α.	Warm-Up: Discussion and Overview	5
Β.	Why Be Concerned About Teen Pregnancy and Motherhood?	15
C.	Birth Control Methods	20
D.	Contraceptive Tic-Tac-Toe	10
Ε.	Letter to My Baby	10

ACTIVITY

WARM-UP: DISCUSSION AND OVERVIEW

PREPARING FOR THE ACTIVITY

Rationale

Reminding participants of the last session and giving them a preview of the session to come helps set the tone.



Materials Needed

None

PROCEDURE

1. Open the module by saying,

We have started to talk about some of the obstacles to safer sex behaviors and we will continue that discussion today. But before we start, are there any thoughts, feelings, reactions or questions regarding our last module that you would like to discuss?

2. Review the previous lesson by asking participants to identify two things they can say or do to overcome cultural or gender barriers to condom use.

ACTIVITY

WHY BE CONCERNED ABOUT TEEN PREGNANCY AND MOTHERHOOD?

PREPARING FOR THE ACTIVITY

Rationale

Consideration of the challenges faced by early childbearing may enhance participants' ability to problem solve and plan their families.



Materials Needed

- Newsprint
- Markers
- Pens/pencils
- Paper

PROCEDURE

1. Say,

Despite the fact that, in general, having a baby young is thought to be difficult, there are a lot of positive aspects of being a young mother. I'd like us to work in small groups to brainstorm a list of them.

- 2. Put the participants into groups of three or four. Pass out newsprint and markers to each group. Give the participants a few minutes to brainstorm a list of the positive aspects of being a young mother. Examples may include becoming responsible, learning what love is, learning to have patience, sharing and going back to school.
- 3. Once all groups have finished the brainstorm, ask for a representative from each group to read the list that they came up with.

4. Once all groups have read their lists, ask the participants to make a few observations. Ask,

Were there a lot of similarities between the lists?

Was there anything surprising on the lists?

- 5. Then ask the participants to perform a second brainstorm of all the challenges faced by young mothers. Give the participants a few minutes to perform this brainstorm. Examples may include finishing your education, being a single mom, not having time to be with friends and financial problems.
- 6. Once all groups have finished the brainstorm, ask for a representative from each group to read the list that they came up with.
- Once all groups have read their lists, ask the participants to make a few observations. Ask,

Were there a lot of similarities between the lists?

Was there anything surprising on the lists?

8. Finally, ask the participants to do an individual brainstorm. Explain that they won't have to share this one with anyone. Pass out paper and pens/pencils and write the following prompts on a newsprint or the board,

What are you going to do to empower yourself to overcome the challenges?

What are you going to do to be strong for your child or children?

How will you lead your child or children in the right direction?

How will you keep yourself focused on your present child or children without having another one too soon?

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9. Summarize by saying,

You each have the power to make proud, responsible and protective decisions for yourselves and your children. You have just come up with many ideas for how you will do this, and I hope that you will keep these ideas in mind as you continue with your lives.

ACTIVITY

BIRTH CONTROL METHODS

NOTE: Hormonal birth control methods require a yearly health exam by a doctor or nurse practitioner. However, it is recommended that all teens, sexually active or not, should see a health care provider annually for a comprehensive health exam.

PREPARING FOR THE ACTIVITY



Rationale

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

Materials Needed

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

PROCEDURE

1. Introduce this activity by saying,

Let's discuss the different contraceptive or birth control options that you have to help avoid a repeat unplanned pregnancy.

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

Answers should include:

- Abstinence
- IUD
- Implant
- Depo-Provera (the shot)
- Birth control pills, patch and ring

- Diaphragm
- Cervical cap
- Male condom
- Female condom
- Sponge

3. Then explain,

There are two ways to prevent a pregnancy. One is to keep the sperm from reaching the egg. Methods of birth control that do that are called "barrier methods." The other way is to keep the female from releasing an egg through manipulating her hormones. These methods are called "hormonal methods."

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

This poster shows some common birth control, or contraceptive, methods. We will discuss them briefly. We won't have time to examine them in detail, but I want you to know what is available to help you avoid an unplanned repeat pregnancy.

5. Begin your presentation by explaining,

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

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

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FACILITATOR'S NOTE

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

ABSTINENCE

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

PRESCRIBED METHODS

To obtain some methods of birth control, you need a prescription from your doctor. Some of these methods work by regulating hormones involved in the reproductive process. These hormonal methods include some IUDs, the implant, Depo-Provera shots and birth control pills, the patch and the ring. Although these methods are very effective at preventing pregnancy, they do not prevent sexually transmitted diseases. Therefore, if you use one of these hormonal methods for pregnancy prevention, your partner must also use a latex condom so that you will be protected against STDs. Let's discuss the specific methods. These methods are highly effective if used correctly. And with some of them, there's nothing you have to do once they are inserted!

(continued)

IUD

- An IUD, or intrauterine device, is a small T-shaped piece of plastic, or plastic and metal, that is inserted into the uterus. It is an excellent way for young mothers to avoid becoming pregnant again.
- There are 2 kinds of IUDs in the U.S.:
 - » Non-hormonal: The copper-T IUD (ParaGard) is a non-hormonal IUD that creates an environment in the uterus that makes it very hard for sperm to survive and for fertilized eggs to attach to the wall of the uterus, which is necessary for a pregnancy to occur. Once you get this type of IUD inserted, you are protected from pregnancy for up to 10 years. It can be used while breastfeeding.
 - » Hormonal: A hormonal IUD does the same thing, but it also releases hormones that stop your body from releasing eggs. There are 3 kinds of hormonal IUDs available in the U.S.: Mirena, Skyla and Liletta. They are effective from 3 to 5 years, depending on which one you get.
- When your body is first adjusting to the IUD, your period might be heavier or more painful. IUDs do not protect you from STDs, so you should also use a condom.

Implant

- The implant is a thin stick about the size of a cardboard match that is placed under the skin of your upper arm and releases hormones to prevent your body from releasing eggs. It is an excellent way for young mothers to avoid becoming pregnant again.
- It can be used for up to 3 years.
- It can cause periods to be irregular or stop.
- The implant does not protect you from STDs, so you should also use a condom.

Depo-Provera (the shot)

- Women who use Depo-Provera receive hormonal shots every 3 months.
- Depo-Provera is a highly effective birth control method.
- It can be used while breastfeeding.
- It can cause periods to be irregular or stop.
- The shot does not protect you from STDs, so you should also use a condom.

(continued)

Birth control pills

- Birth control pills prevent the ovaries from releasing eggs during the monthly cycle.
- One pill must be taken each day at about the same time of day.
- When you start "the pill," you must use a back-up method for the first 7 days to prevent pregnancy.
- If you miss a day, you must take two pills the next day.
- If you miss more than one day, you must use a back-up method for 7 days to prevent pregnancy. You should also talk to your doctor about finishing the rest of your pack of pills.
- **NEVER** use another person's birth control pills (even your mother's or sister's). A doctor must prescribe the birth control pills that are safe for you.
- One type of birth control pill is safe to use while breastfeeding. It is called the mini-pill and contains only progestin.
- The pill does not protect you from STDs, so you should also use a condom.

Birth control patch

- The patch works the same way as the pill, except that instead of swallowing the hormones, you absorb them through the skin.
- The patch is a small, band-aid like sticker that you wear on either your back, hip, butt or upper outer arm and change once a week for 3 weeks, and then the fourth week you don't wear it and get your period.
- The patch does not protect you from STDs, so you should also use a condom.

Vaginal ring

- The ring is a hormonal method just like the pill and the patch. With the ring, the hormones are absorbed through the vaginal wall.
- It is a small flexible ring that you insert into your vagina. It sits just below your cervix. Once you insert it, you leave it in for 3 weeks, and then take it out for a week to have your period.
- The ring does not protect you from STDs, so you should also use a condom.

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Prescribed methods summary

So you see you have choices with prescribed methods. Many of the newer methods are easier to use and effective for long periods of time. Let's review:

- With the pill, you have to take a pill once a day at the same time.
- With the patch, you have to replace the patch once a week for 3 weeks and then leave it off for 1 week (the 4th week).
- With the ring, you insert a new one once a month. You leave it in for 3
 weeks and then take it out for 1 week (the 4th week) to have a period.
- With the shot, you have to go back to the health provider every 3 months for another shot.
- With the implant, you get one inserted and it's effective for 3 years.
- With the IUD, once it's inserted, it's effective for up to 10 years depending on the type of IUD.

Research shows that when teens use long-acting methods like the implant and the IUD, the rate of teen pregnancy goes down dramatically.*

Diaphragm and Cervical Cap

- The diaphragm is a reusable flexible, dome-shaped cup made of latex or silicone. It is inserted in the vagina and positioned to cover the cervix. It can be inserted up to 6 hours before sex, and must be left in place at least 6 but no more than 24 hours after intercourse.
- The cervical cap is a reusable silicone cap that fits over the cervix. It
 provides protection for 48 hours. Like the diaphragm it is inserted in the
 vagina before sex, and must be left in place for 6 hours after intercourse. It
 is more effective for women who have not had children.
- These methods are barrier methods. They prevent fertilization by blocking sperm from entering the uterus and fallopian tubes, so the sperm cannot reach the egg.
- A person must be fitted for a diaphragm or cervical cap by a health care provider.
- Some people may have an allergic reaction to the material the barrier is made
 of or the spermicide used with it. There is a low risk of vaginal or urinary
 infections. To avoid a very low risk of toxic shock syndrome, people should
 not leave a vaginal barrier method in the body longer than recommended.

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 When used alone, without a condom, vaginal barriers do not protect you from STDs.

OVER-THE-COUNTER METHODS

These methods of birth control can be purchased by anyone of any age, at drugstores, clinics, supermarkets, convenience stores and online without a prescription.

Male (external) condom

- The male condom is a latex sheath that covers the penis and keeps semen from entering a partner's body.
- It should be put on the penis as soon as the penis is erect, and removed after ejaculation, away from the partner.
- Latex condoms are the most common. People who are allergic to latex can use polyurethane or polyisoprene condoms. Lambskin condoms do not protect against HIV, so don't use those.

Female (internal) condom

- The female condom is a soft, loose-fitting polyurethane (plastic) or nitrile sheath that lines the vagina. Polyurethane is strong and unlikely to rip or tear during use. It is also unlikely to cause allergic reactions.
- The female condom can be inserted right before sex, or up to 8 hours ahead of time.
- These are the steps for using the female condom:
 - » Check the expiration date.
 - » Rub the outside of the package to spread the lubricant onto the condom.
 - » Open carefully by tearing at the notch on the top right of the package.
 - » Note that there are two rings. The thinner outer ring covers the area around the opening of the vagina. The thicker inner ring is used for insertion and to help hold the sheath in place during intercourse.
 - » There are different positions you can use to insert the condom—squat, raise one leg, sit or lie down. Choose a position that feels comfortable.

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- » While holding the condom at the closed end, grasp the flexible inner ring and squeeze it with the thumb and second or middle finger so it becomes long and narrow.
- » Insert the inner ring into the vagina and use your index finger to push it up into your vagina as far as it will go. It will fit into place right under your cervix. Be sure the sheath is not twisted. Leave the outer ring on the outside of the vagina—about a half inch of the sheath should remain on the outside of your vagina.
- » You are now ready to guide your partner's penis into the condom's opening with your hand to make sure that it enters properly. Be sure that the penis is not entering on the side, between the sheath and the vaginal wall.
- » To remove the condom, place your finger under the outer ring. Twist it and pull it out. Wrap it in tissue and throw away.
- The female condom can also be used for STD protection during anal sex. Because people of any gender can use these condoms for anal sex, some educators have begun to call them internal or insertive condoms.

Note: Take care to present the female condom in a nonjudgmental fashion. It is a great option for people who choose to have sexual intercourse and don't want to depend on a partner to use a male condom. Although the female condom may not look as familiar as the male condom, it's not too complicated to use. Reassure participants that it will simply take a few times to practice and then it will be no problem. Note that the female condom can be inserted well in advance of being with a partner, so that sexual intercourse can be spontaneous.

Sponge

 The sponge is actually a dual method—it works as a barrier and a spermicide (substance that kills sperm). With clean hands, you wet the sponge with clean water, gently squeeze the sponge until it foams up, fold the sides of the sponge and insert it into the vagina just as you would insert a tampon.

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- The sponge can be inserted up to 24 hours before intercourse and must be left in place at least 6 hours after intercourse. This allows for more flexibility and spontaneity with sex. The sponge should not stay in for more than 30 hours.
- The sponge does not protect you from STDs, so you should also use a condom.

Spermicides

- You can also purchase various forms of spermicides—foam, cream, film, gel and suppositories—that prevent pregnancy by killing sperm cells before they can reach the egg cell.
- The sperm-killing substance in most vaginal spermicides is called nonoxynol-9. But nonoxynol-9 can cause an allergic reaction or irritation for some people, and this can increase the risk of STD/HIV infection.
 Spermicides need to be reapplied for each act of intercourse.
- Spermicides are somewhat less effective than condoms and many of the prescribed methods. However, they are good protection if they're used correctly and consistently, and very good if used along with a condom (which also prevents STDs).

Emergency Contraception

- Emergency contraception (EC) is a method that reduces the risk of pregnancy after unprotected sex. It prevents pregnancy primarily by stopping the egg from being released, so the sperm can't fertilize it.
- There are several different types of emergency contraception pills available in the United States. Depending on the type taken and the individual circumstances, a person may take one pill or several. EC is sometimes called "the morning after pill."
- EC works best when started right away (within 24 hours of having unprotected sex), but can be taken up to 5 days after sex. A copper IUD, inserted by a health care provider up to 5 days after unprotected sex, can also act as emergency contraception.
- Some kinds of EC pills are available from a pharmacist or at drugstores without a prescription. Other kinds require a prescription from a health care provider. A health care provider must insert the IUD.

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- Emergency contraception is not intended to be a regular form of birth control. It can be used if your regular birth control method was forgotten, damaged, slipped out of place or wasn't used correctly. EC can also be used to prevent pregnancy in cases of sexual assault.
- Emergency contraception does not protect you from STDs.

FACILITATOR'S NOTE

Side Effects and Hormonal Methods

Hormonal methods (the pill, patch and ring) are safe, very effective methods of birth control. Most young women who use them have minimal side effects. Smoking cigarettes while using these methods can increase the risk of certain side effects, which is why health professionals advise women who use these methods not to smoke.

The side effects some women have while using these hormonal methods may include:

- irregular menstrual bleeding
- nausea, headaches, dizziness and breast tenderness
- mood changes
- blood clots (these are rare in women under 35 who do not smoke, but there may be a slightly higher risk with the patch than with the pill)

There are a few additional side effects to consider with the birth control shot (also a hormonal method), for example, no menstrual periods at all, weight gain and depression. Studies have linked the use of the long-acting progesterone shot to a loss of bone density. So teens considering getting the shot as a method should talk to their doctors about it.

7. Process this activity with the questions below:

How does a young mother decide whether to use birth control and which method to use following the birth of a child?

Make sure answers include:

Talk to parents, a health care provider, doctor, counselor, caregiver, caseworker.

- Talk to partner.
- Ask questions.
- Think carefully about what will work best for her.
- Ask herself questions such as:
 - Am I really ready for another child?
 - > How would a pregnancy and having another baby affect my life and my child?
 - > Do I respect myself enough to protect myself?

What are some ways males can participate in the process of using birth control?

Make sure answers include:

- · Help pay for it.
- · Go to doctor/clinic with partner.
- · Wear a latex (or polyurethane/polyisoprene) condom.
- Ask questions.
- Remind partner to use the method correctly.
- Help decide which method to use in addition to condoms.
- Be supportive.

8. Summarize by saying,

If you are going to have sex, you have to worry about unintended pregnancy and sexually transmitted diseases, including HIV. To avoid these problems, you have to use effective methods to prevent pregnancy and infections.

Of all available contraceptives, only condoms have been shown to help protect against HIV and other STDs, as well as unplanned pregnancy. Consistent and correct use of condoms along with another method of birth control gives excellent protection against *both* pregnancy and disease. This is known as "dual contraception."



CONTRACEPTIVE TIC-TAC-TOE

PREPARING FOR THE ACTIVITY

Rationale

Providing information about contraception will help give participants the tools to avoid future pregnancies.



Materials Needed

- Pencil and paper
- Tic-Tac-Toe Questions

PROCEDURE

1. Explain,

We are now going to play a game designed to provide you with information about contraception. For some of you this information will be new, and for others it may be a review. It is important to know about contraception for purposes of pregnancy prevention. However, these methods do not prevent the spread of HIV or other STDs. Therefore, young mothers need to be knowledgeable about condoms as well as contraceptives.

2. Divide the class into two teams (X and O). Explain that the teams will be playing Tic-Tac-Toe. You will ask true-or-false questions alternating between the two teams. If a team gets a right answer, they can place their X or O on the Tic-Tac-Toe grid. Use chalkboard or newsprint to create the grid.

3. After playing the game, summarize by saying,

Early childbearing can present challenges to young mothers, such as staying in school and earning a living. However, it also can be a very positive experience and a turning point. It is important for young mothers to use contraceptives so that they are able to focus on their current child or children and don't have to deal with having any more.

Many young mothers develop goals and dreams because of their children. The next activity will provide you with another opportunity to think about your goals and dreams for yourself and what you want for your baby.

Tic-Tac-Toe Questions

Facilitator Copy

1. What are some commonly used birth control methods among teens?

» Answer: Birth control pill, patch, vaginal ring, shot, IUD and implant.

- 2. Name one birth control method that can be safely used if breastfeeding.
 - » Answer: Mini pill (contains only progestin), the shot (progesterone only), and condoms.
- 3. How often is the birth control shot (Depo-Provera) given?
 - » Answer: Once every 3 months.
- 4. How often should the birth control pill be taken?
 - » Answer: Once a day, at the same time each day.
- 5. What is the morning after pill?
 - Answer: Emergency contraception (EC), or "morning after pills," are pills you can take after having unprotected sex to prevent pregnancy. It is ideal to take emergency contraception within 24 hours, although some can be used up to 5 days or 120 hours after unprotected sex.
- 6. Name a method that also protects you from HIV and other STDs.
 - » Answer: Condom (male and female).
- 7. How does the birth control pill prevent pregnancy?
 - » Answer: Changes the woman's hormones and keeps her from releasing an egg.
- 8. How long does the IUD provide effective birth control?
 - » Answer: 3 to 10 years depending on type of IUD. Skyla and Liletta (hormonal IUDs) are good for 3 years. Mirena (hormonal IUD) is good for 5 years. ParaGard (copper IUD) is good for 10 years.
- 9. Name one birth control method that requires no preparation before sex.
 - » Answer: IUD, birth control pills, Depo-Provera shot, the patch, the ring, implant.
- 10. Name one barrier method of birth control.
 - » Answer: Condoms (male and female), diaphragm, cervical cap, sponge.

Tic-Tac-Toe Questions (continued)

Facilitator Copy

- 11. Name one method of contraception that requires an exam by a doctor or other health care provider.
 - » Answer: IUD, birth control pills, implant, shot and any other kind of hormonal birth control. (All teens, sexually active or not, should see a health care provider annually for a comprehensive health exam.)

12. Name one place to get condoms.

» Answer: Drug stores, clinics, supermarkets, convenience stores, online.

13. How long does the implant last?

» Answer: 3 years

14. What can you do to protect yourself from pregnancy if a condom breaks?

» Answer: Use emergency contraception.



LETTER TO MY BABY

PREPARING FOR THE ACTIVITY

Rationale

Having participants write a letter to their baby will help them think about what they can do to provide a good life for their child.



Materials Needed

- Paper and envelopes for Letter to My Baby
- Stamps
- Letter to My Baby handout

PROCEDURE

 Pass out paper and pens/pencils. Ask participants to write a letter to their baby (or unborn baby). Explain that no one will see the letter unless they want to share it and that you will mail it to them in 3 months. In the letter, ask them to identify the following,

• Their hopes and dreams for their child.

- Two things they can do now to provide a safe and healthy future life for their baby.
- 2. Give the participants 5 minutes to write their letters.
- 3. After 5 minutes, ask if any volunteers want to share their letters with the group.

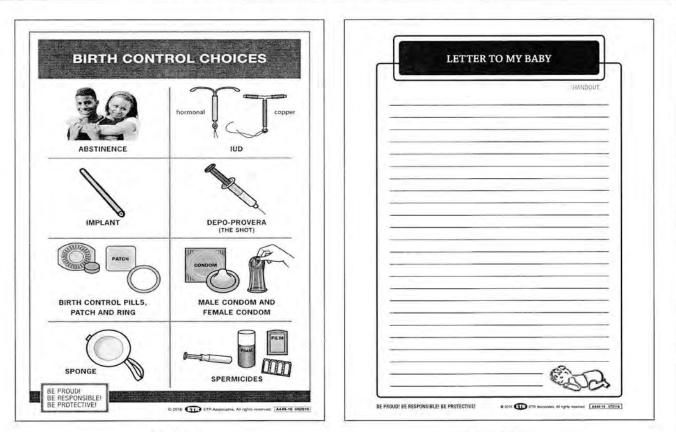
4. Ask,

How did it feel to write this letter?

Why do you think we asked you to write a letter like this?

5. Provide the group with envelopes that they can self-address. Tell them that you will mail back their letters in 3 months so that they can see if anything changed since writing the letter.

HANDOUTS AND POSTERS FOR FACILITATOR REFERENCE



Poster

Handout

MODULE

Building Condom Use Skills

OVERVIEW

GOALS

The goals of this module are to:

- Increase participants' understanding of barriers to condom use and increase their strategies for reducing those barriers.
- Increase participants' skills and knowledge on how to use condoms effectively and correctly and how to make their use fun and pleasurable.
- Increase pride and responsibility in knowing how to use condoms correctly.

MODULE PREVIEW

The seventh module: (1) reinforces pride and responsibility in avoiding HIV risk–associated behaviors; (2) assesses barriers to condom use while providing strategies to reduce these barriers; (3) examines the relationship between attitudes and condom use behaviors; (4) reinforces knowledge, comfort and skills on how to use condoms correctly and how to make condom use fun and pleasurable; and (5) reinforces understanding of the consequences of unprotected sex.

LEARNING OBJECTIVES

After completing this module, participants will be able to:

- > Explain the importance of proud, responsible and protective sexual decision making.
- Identify barriers to using condoms and other safer sex behaviors.
- Identify strategies for practicing safer sex behaviors.
- ▶ Identify ways to make condoms a more pleasurable part of the sexual experience.
- Explain how condoms can prevent HIV, other STDs and unplanned pregnancy.
- List the correct steps to using a condom and demonstrate those steps.

STRATEGIES/METHODS

- Class Discussion
- Skill Practice
- Brainstorming

MATERIALS NEEDED

- Steps for Using a Condom poster
- Lubricated condoms (one for every participant or pair of participants, plus demonstration condoms)
- Pre-labeled newsprint:
 - » Group Agreements
- Paper towels

PREPARATION NEEDED

1. Hang the newsprint, poster and Group Agreements.

TOTAL INSTRUCTION TIME

▶ 60 minutes

ACTIVITY

MINUTES NEEDED

Α.	Warm-Up: Introduction and Overview	5
Β.	Discussing Condoms	5
C.	Condom Use Skills	15
D.	How to Make Condoms Fun and Pleasurable	10
Ε.	What Gets in the Way of Proud, Responsible and Protective Sexual Behavior?	5
F.	Barriers to Condom Use	10
G.	Condom Line-Up	10

Condom Line-Up cards

- Newsprint/markers
- Masking tape
- Paper bag (for disposal of condoms)
- Penis model (optional)
- Lubricant, such as K-Y Jelly ®



WARM-UP: DISCUSSION AND OVERVIEW

PREPARING FOR THE ACTIVITY

Rationale

Reviewing the message of the program increases participants' excitement and enthusiasm for the curriculum and addresses any concerns or questions.



Materials Needed

None

PROCEDURE

1. Open the module by saying,

We have discussed some of the knowledge and skills that go into protecting yourselves and others against HIV infection. Now we are going to focus on HIV prevention skills, such as how to use condoms correctly and how to talk to a partner about condoms or abstaining from sex. Before we start on this module, are there any thoughts, feelings, reactions or questions regarding our last module?

2. Review how people can become infected with HIV.

- · Having unprotected sex (without a condom) with an infected partner.
- Sharing needles for injecting drugs, or any other reason.
- Mother passing it to the fetus during pregnancy or to newborn through breast milk.

- 3. Review the reasons for using latex or polyurethane/polyisoprene condoms during pregnancy and after the baby has been born.
 - Women need to use condoms during pregnancy to protect themselves and their unborn babies from HIV and other sexually transmitted diseases.
 - Having a partner take an HIV test during pregnancy may not be enough because sometimes a partner has a disease that he doesn't know about and it can take 3 to 6 months for HIV to show up on a test.
 - A person can have HIV or another STD for many years without symptoms.
 - After your baby is born it's very important to avoid a repeat pregnancy by using birth control, and to protect yourself from HIV and other STDs by using condoms.
- 4. Ask,

Do teens who use birth control such as the pill or shot need to use condoms?

Why is it important to use condoms with other contraception?

- 5. Write the answers on the board or newsprint.
- 6. Summarize by saying,

If you choose to have sex, latex or polyurethane/polyisoprene condoms are the most effective method for reducing your risk of HIV and other STDs. So be proud, be responsible and be protective! Practice dual contraception by using a condom along with your other method of birth control.

ACTIVITY

DISCUSSING CONDOMS

PREPARING FOR THE ACTIVITY

Rationale

Because very little about condom use is openly discussed in the media, teenagers need to be taught how to use a condom correctly to be able to reduce their risk for HIV infection.



Materials Needed

- Newsprint
- Markers

PROCEDURE

FACILITATOR'S NOTE

Some religions and/or individuals do not believe in condom use. Therefore, it is important to acknowledge that and make sure that participants are aware that discussing condoms and condom use skills are the focus of this activity. The purpose is to teach the facts about condom use, not to determine whether or not a specific individual should use them.

1. Introduce the discussion of condoms by saying,

By discussing condom use for disease prevention, I am not endorsing sexual activity among young people. The purpose of the activity is to present factual information about condoms and your health. Even if you are no longer sexually active at this time, thinking about how you will protect yourself ahead of time will help you make proud, responsible and protective decisions if the need arises. Values vary. Some religions and some individuals do not believe in using condoms; others do not object. Your beliefs will become an important part of your decision making.

2. Ask participants,

What is a condom?

Write the group definition on the board or newsprint.

Sample Definition:

A thin latex (rubber) sheath that slips snugly over an erect penis and keeps sperm from entering the vagina, mouth or anus during ejaculation. Latex or polyurethane/polyisoprene condoms help prevent pregnancy, HIV and other STDs.

- 3. Ask participants to brainstorm all the types (brands/names) of condoms that they can think of, including slang terms for condoms. Write their answers on the board or newsprint.
- 4. When the list is complete, highlight any of the more unusual or colorful names, as well as those that may have been around for a long time. Participants may mention rubber, jimmy hat, raincoat, glove, sock, Trojan, Lifestyle, flavored, etc.
- 5. Summarize by saying,

We are going to be learning a great deal about condoms. No matter what name you call them or which type you prefer, I hope you make sure that you have them with you when you need them. And make sure they are made of latex (or polyurethane/polyisoprene).

ACTIVITY

CONDOM USE SKILLS

PREPARING FOR THE ACTIVITY

Rationale

When participants become more comfortable touching condoms and practice using them correctly in the classroom, it increases the likelihood that they will use them consistently and correctly in their personal lives and feel proud and responsible for doing it.



Materials Needed

- Lubricated condoms (two for every participant or pair of participants, plus your own demonstration condom)
- Paper towels
- Lubricant
- Penis model (optional)
- Paper bag (for disposal of condoms)
- Steps for Using a Condom poster

PROCEDURE

1. Explain that you want participants to become comfortable handling condoms.

Today we will practice using a condom so that you will know how to use them and what they feel like. Just as a person might need time to adjust to wearing a new pair of shoes, using a condom requires getting used to new sensations. 2. Give each participant an unopened condom package and ask them to open the package, carefully remove the condom, and unroll it.

FACILITATOR'S NOTE

While participants open the packages and begin exploring the condoms, model your comfort with the condoms. Open a package, take the condom out. Put it on over your hand and pull it up your arm, showing them how strong it is and how it can accommodate any sized penis. If it tears on your nails or jewelry, use the opportunity to emphasize the importance of being careful about sharp objects. Use humor and allow them to be nervous and silly. Handle the condoms with confidence and comfort. Do not appear worried about mess or stickiness. Demonstrate on both your hand and penis model.

- 3. Encourage participants to discuss how the condoms feel and what makes them effective.
- 4. Referring to the Steps for Using a Condom poster, demonstrate correct condom use while explaining the steps.

FACILITATOR'S NOTE

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

STEPS FOR USING A CONDOM

- Check the expiration date and make sure the condoms are latex or polyurethane/polyisoprene.
- 2. Open the package carefully to avoid tearing.
- 3. Make sure condom is on the proper side to roll down correctly.
- 4. Pinch the tip of the condom to create space (1/2 inch) for semen.
- 5. Squeeze a few drops of water-based lubricant inside the tip.
- Continuing to squeeze the tip, roll the condom down to the base of the penis. Apply water-based lubricant to the outside of the condom, if desired.
- 7. Check during intercourse to make sure the condom isn't slipping.

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- 8. Immediately after ejaculation, hold the condom firmly at the base of the penis and pull the penis out before it gets soft.
- 9. Roll off the condom away from your partner. Wrap in tissue and throw it away. Do not re-use.
- 5. Reiterate this essential information,
 - Condoms can stretch to fit different-sized penises comfortably.
 - Condoms may break if you use Vaseline[®], lotion or grease. Use only non-oil-based lubrication or water-based lubricants (e.g., K-Y Jelly[®] or Astroglide[®]).
 - Don't expose condoms to heat, including body heat. You can keep a condom in your pocket, but ONLY for short periods of time.
 - Throw away unused condoms once the expiration date passes.
- 6. Give each participant (or pair of participants) a condom and lubricant and let them practice putting condoms on a penis model. Circulate and observe all participants, at least briefly, to make sure they're following the steps correctly.

FACILITATOR'S NOTE

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

- 7. Collect the condoms and packaging in the paper bag.
- 8. Give participants paper towels to wipe their hands.
- 9. Encourage participants to discuss how using condoms correctly protects against HIV and other STDs and how condoms are only as effective as the people who use them.

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10. Review tips for effective condom application.

• Leave a space at the end for semen when rolling the condom down.

- Water-based lubricant can increase the pleasure for both partners and decrease chance of breakage.
- Put a condom on before any contact.
- Hold the condom on by the rim at the base after intercourse and withdraw the penis carefully while it's still erect.
- Be sure to use latex, polyurethane or polyisoprene condoms, not lambskin.

FACILITATOR'S NOTE

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

11. Summarize by reviewing and emphasizing the following:

To protect yourself and your partner from sexually transmitted diseases, including HIV infection, you should:

- Use a latex (or polyurethane/polyisoprene) condom every time you have sex.
- Keep a supply of condoms on hand.
- · Get used to condoms, so they are natural and fun.
- Talk to your partner about using condoms.
- Refrain from using alcohol or drugs because they affect your judgment.

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



HOW TO MAKE CONDOMS FUN AND PLEASURABLE

PREPARING FOR THE ACTIVITY

Rationale

Helping participants to see how they can make condom use fun and pleasurable for themselves and their partners encourages consistent condom use and creates a sense of pride and responsibility.



Materials Needed

- Newsprint
- Markers

PROCEDURE

1. Introduce the activity by saying,

People often say that sex doesn't feel as good with a condom, but we're going to talk about ways to make the experience more pleasurable.

FACILITATOR'S NOTE

The use of brainstorming in this activity allows you to determine what level of knowledge and sophistication your students already have. You are introducing the topic, but they provide most of the actual information. In this case, brainstorming also provides an opportunity for humor to diffuse any discomfort that you or your students may have with this activity. 2. Invite participants to brainstorm ways to increase spontaneity and the likelihood that they'll use condoms. Write answers on newsprint.

Examples

- Make sure you have latex or polyurethane/polyisoprene condoms before you get romantic.
- · Store condoms under your mattress for easy access.
- Eroticize condom use with partner.
- · Have condoms close by to eliminate fumbling.
- Prepare condom in advance.
- 3. Now ask participants to suggest ways to make condom use fun and pleasurable by finishing these sentences.

I will read two statements and ask you to say whatever comes to your mind. I will write your responses down. We will discuss the responses at the end.

- Condoms could make sex more fun by ...
- Condoms would not ruin the mood if we ...
- 4. Write responses on the newsprint.
- 5. Review the responses. Emphasize positive feelings about condoms.

FACILITATOR'S NOTE

Emphasize strategies for making condom use more pleasurable. Participants should be reminded that only condoms consisting of latex (or, if allergic to latex, polyurethane or polyisoprene) can help protect against HIV and other STDs. Condoms made from other materials, such as lambskin or other animal membranes, are not effective in preventing the spread of STD.

Though different colors and textures may be appealing, glow in the dark condoms should not be used. They are only gag gifts.

As you discuss strategies to make condom use more pleasurable, emphasize that you are not endorsing sexual activity among teenagers.

6. Add the following ideas to the brainstorm list, if they weren't mentioned by participants.

ADDITIONAL IDEAS

- Use extra lubrication.
- Use condoms as a method of foreplay.
- Use different colors and types/textures (some have ribs on them).
- Think up a sexual fantasy using condoms.
- Tell your partner how using a condom can make a man last longer.
- Put the condom on your partner.
- Act sexy/sensual when putting condoms on.
- Have a sense of humor—be silly—make jokes.
- Hide them on your body and ask your partner to find it.
- Wrap them as a present and give them to your partner before a romantic dinner.
- Tease each other manually while putting on the condom.
- Put lubricant on tip of penis to increase sensitivity for men and/or use pre-lubricated condoms.
- Have fun putting them on your partner—pretend you are different people or in different situations.
- 7. Ask participants,

Do you feel prepared to use a condom?

Will you use one?

8. Summarize by saying,

Once you and a partner agree to use condoms, do something positive and fun. Go to the clinic or store together. Get lots of different brands and colors. Plan a special day when you can experiment. Just talking about how you'll use all of those condoms can be a turn on.

Remember, the proud, responsible and protective thing to do is to always use latex or polyurethane/polyisoprene condoms if you have sex.



WHAT GETS IN THE WAY OF PROUD, RESPONSIBLE AND PROTECTIVE SEXUAL BEHAVIOR?

PREPARING FOR THE ACTIVITY

Rationale

Making participants more aware of the various things that get in the way of engaging in safer sex behaviors, particularly the use of alcohol and drugs and their choice of sexual partner, will allow them to develop strategies to deal with or avoid obstacles to condom use and engage in proud, responsible and protective sexual behaviors.



Materials Needed

None

PROCEDURE

1. Brainstorm responses to the following questions. (Sample answers are provided.)

What are some of the barriers to condom use or other forms of contraception?

Examples may include:

- Expense
- Social issues, such as embarrassment, depending on partner to get condoms, social stigma, lack of trust, guilt
- Lack of availability
- Lack of privacy in a store

What if your partner says no to using condoms?

Postpone having sex until you both agree to use them.

Do you need to use condoms even if you are involved with only one person?

 Yes, even if you believe that neither you nor your partner has ever had sex with anyone else, injected drugs and shared needles or works, or had any other possible exposure to HIV.

How do alcohol and drugs affect your decisions?

 Alcohol and drugs affect a person's ability to think about what they are doing. They cloud judgment, and people make decisions and do things that they would not normally do. It's important to avoid alcohol and other drugs that keep you from making wise sexual decisions.

2. In summary, explain,

To completely protect yourself and your partner against HIV infection:

 Don't have sexual intercourse (vaginal, anal or oral) and never share needles for any reason.

If you choose to have sex you:

- Practice safer sex and use latex or polyurethane/polyisoprene condoms and other birth control every time.
- Talk to your partner about HIV and other STDs.
- · Never share needles or works.
- Keep a supply of condoms on hand.
- · Get used to condoms, so they are natural and fun.
- Don't use alcohol or other drugs that affect judgment.

ACTIVITY

BARRIERS TO CONDOM USE

PREPARING FOR THE ACTIVITY

Rationale

Adding skills to participants' knowledge—by making negative statements about condoms into positive ones—may reinforce the need to use condoms correctly and consistently, as well as build self-efficacy. This activity also sets the foundation for roleplaying and building proud and responsible decision-making skills.

Materials Needed

- Newsprint/markers
- Masking tape

PROCEDURE

1. Begin by saying,

We are focusing on condoms because condoms help prevent both pregnancy and STDs, including HIV. There is more to condom use than being able to put them on correctly—sometimes you have to convince your partner to use them. There is a lot of discussion about why people do or do not use condoms. Some of the things are pros (reasons for using condoms), others are cons (reasons against using condoms). Some of the things that prevent people from using condoms we call barriers to condom use. In the next activity we will discuss these barriers.

2. Divide class into groups of about five participants.



- 3. Give each group two pieces of newsprint and a marker and ask them to choose someone to take notes.
- 4. Ask them to think of all the reasons for using condoms (pros). Ask the note-taker to record the information. As you observe the groups, make sure they include that condoms can prevent HIV, other STDs and pregnancy. (Additional answers include: make you feel safe, helps you worry less, shows you care, easy to get without going to a doctor, no side effects, makes erection last longer.)
- 5. Have each group post their list on the wall. Quickly go over the lists and note similarities and differences.
- 6. Ask participants to brainstorm all of the barriers to using condoms (cons) and write their responses. After the lists are completed, have groups post their con list next to their pro list. Quickly go over the lists and note similarities and differences. (List may include: condoms not available, cost too much, ruin the mood, not natural, loss of erection, my partner will leave.)
- 7. Explain,

Now let's see if we can change each con into a pro.

Demonstrate by reading one con/barrier and turning it into a pro. Using "ruin the mood" as an example, you might say, "It will ruin my mood if I have to worry about getting pregnant again." Or, for the example of "not natural," you might say, "Having to get treatment for an STD isn't natural either!"

- 8. Ask each participant to change a con into a pro.
- 9. Summarize by saying,

It is important to know what you want to say and to have the words ready when negotiating safer sex and condom use with a partner. Having these skills helps ensure that you remain safe from diseases and unplanned pregnancy. This activity provided an opportunity to practice for real-life situations. Remember these responses because you will probably need to use them during the roleplays.

ACTIVITY

CONDOM LINE-UP

PREPARING FOR THE ACTIVITY

Rationale

Increasing participants' ability to use condoms correctly will increase the chances that they will use them properly if the need arises.



Materials Needed

► Condom Line-Up cards

PROCEDURE

- 1. Tell participants that the group is going to review condom use by correctly ordering all the steps involved in putting on a condom.
- 2. Depending on the group size choose one of the following ways to use the cards.

Option 1

- Shuffle the *Condom Line-Up* cards. Pass out cards to the participants and ask them to stand. The rest of the class acts as an audience.
- Explain to the standing group,

These cards represent steps in proper condom use. Your task is to put them in the correct order. You have 1 minute.

- When this task is completed, ask the group members if they are satisfied with the order. If not, give them a moment to make adjustments.
- Now ask the audience if they have any further adjustments to make. If so, make those adjustments.

Option 2

- Shuffle the *Condom Line-Up* cards and then place them on the ledge of the board or tack/tape them to the wall.
- Explain to the group,

These cards represent steps in proper condom use. Your task is to put them in the correct order. You have 1 minute to study them.

- Ask for volunteers to help put the cards in the proper order. Allow as many participants as possible to join in.
- Ask if there are any final adjustments and allow them to be made.
- 3. When the group has decided how to place the cards, verify the correct order or ask questions to prompt movement to the correct order. When the order is correct, review the steps:

ORDER OF CONDOM LINE-UP CARDS

- 1. Get condoms and check expiration date
- 2. Sexual arousal (hug, cuddle, kiss, massage)
- 3. Erection
- 4. Carefully remove condom from package
- 5. Dab water-based lubricant on penis or inside condom
- 6. Squeeze out any air from tip of condom and leave room for ejaculation
- 7. Roll condom on
- 8. Intercourse
- 9. Orgasm (ejaculation)
- 10. Hold onto the rim of condom and withdraw the penis
- 11. Remove and discard condom
- 12. Loss of erection
- 13. Relaxation

FACILITATOR'S NOTE

Steps 5 and 6 could be reversed and still be correct. Relaxation can occur at any point throughout the process, and should be a continuous part of the process. Loss of erection can also happen at any time throughout the process.

4. Use the following discussion questions to stimulate discussion and positive attitudes toward condom use. Say,

Which steps in this process can involve a partner?

Answers:

 Sexual arousal, rolling condom on, intercourse, orgasm, holding onto rim, removing condom, and relaxation. A partner (of any gender) can also get or buy condoms and have them ready.

If a male loses his erection after putting on a condom and before intercourse, what could the couple do?

Answers:

• This will happen to most males at some point in their lives. Have partner take off condom, continue playing and stimulating one another, relax, and enjoy the fun. After a while, put a new condom on as part of the play.

Which part of this process feels the same whether or not a condom is used?

Answers:

Sexual arousal, erection, withdrawal, orgasm/ejaculation and relaxation.

Sometimes people don't know that condoms can be a pleasant part of the sexual experience because using them is so new. How can people make condoms feel good and be fun?

Answers:

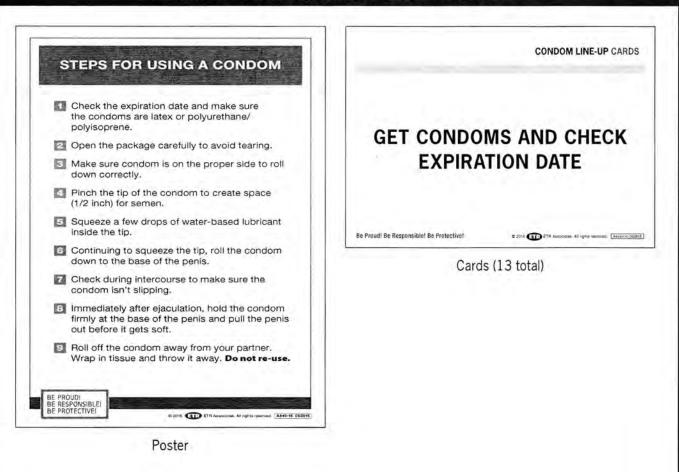
 Have your partner play with you and/or roll a condom on, put lubricant inside the tip and on the outside to increase wetness, try different brands and kinds to find the ones that feel best.

5. Summarize by saying,

As we have discussed today, it is very important to use condoms in addition to your regular birth control method during all sexual encounters. Practicing and becoming comfortable using condoms will help you to make the proud, responsible and protective decision to use them during sex.

Preparing responses to common reasons not to use condoms will help you convince your partner(s) to use condoms. Remember, if your partner refuses to use a condom during sex, the proud, responsible and protective thing to do is not to have sex with that person!

HANDOUTS AND POSTERS FOR FACILITATOR REFERENCE



MODULE

Building Negotiation and Refusal Skills

OVERVIEW

GOALS

The goals of this module are to:

- Increase participants' communication and negotiation skills and enhance their ability to resist situations that place them at risk for unplanned repeat pregnancy or contracting HIV or other STDs.
- Increase a sense of pride and responsibility in demonstrating negotiation and refusal skills.
- Review and reinforce HIV and pregnancy prevention facts and skills learned during the eight modules of this program.

MODULE PREVIEW

The eighth module: (1) increases participants' communication and negotiation skills and enhances their ability to resist situations that may place them at risk for contracting HIV or other STDs and having an unplanned repeat pregnancy; (2) increases participants' desire to practice safer sex and abstinence; (3) builds skills to negotiate safer sex, including abstinence; (4) reviews and reinforces HIV and pregnancy prevention facts and skills learned; (5) allows participants to rehearse skills and to receive performance feedback; and (6) reinforces participants' sense of pride and protectiveness in making safer sex decisions.

LEARNING OBJECTIVES

After completing this module, participants will be able to:

- > Explain the importance of proud, responsible and protective sexual decision making.
- Identify barriers to using condoms and other safer sex behaviors.
- Negotiate condom use or abstinence in sexual relationships.
- Describe strategies for reducing barriers to safer sex behaviors.
- Describe strategies for reducing the risk of unplanned pregnancy.

STRATEGIES/METHODS

- Mini-Lecture
- Roleplays
- Group Discussion
- DVD Viewing

MATERIALS NEEDED

- Pre-labeled newsprint:
 - » Group Agreements
- Masking tape
- Newsprint/markers
- STOP poster

PREPARATION NEEDED

- 1. Hang the posters and Group Agreements.
- 2. Assemble the Roleplay cards.

TOTAL INSTRUCTION TIME

60 minutes

ACTIVITY

- STOP Observer Checklist handout
- Wrap It Up DVD
- Monitor and DVD player
- ▶ Roleplay (A–G) cards
- Roleplay Guidelines poster

MINUTES NEEDED

Α.	Warm-Up: Discussion and Overview	5
Β,	Using the STOP Technique/Roleplays/Wrap It Up Condom Negotiation	45
C.	Reviewing Important Points for Talking with Partners about Condom Use or Abstinence	5
D.	Talking Circle	5



WARM-UP: DISCUSSION AND OVERVIEW

PREPARING FOR THE ACTIVITY

Rationale

Reviewing the message of the program increases participants' excitement and enthusiasm for the curriculum and addresses any concerns or questions.



Materials Needed

None

PROCEDURE

1. Open the module by saying,

Next, we are going to continue to focus on the unplanned pregnancy and HIV prevention skills of negotiating condom use and abstaining from sex. Are there any thoughts, feelings, reactions or questions regarding our last module on how to use condoms and how to make condom use fun and pleasurable?

ACTIVITY

USING THE STOP TECHNIQUE/ ROLEPLAYS/WRAP IT UP CONDOM NEGOTIATION

PREPARING FOR THE ACTIVITY

Rationale

To provide participants with strategies necessary for negotiating safer sex practices, including condom use, with their partners.

Materials Needed

- STOP poster
- STOP Observer Checklist handout
- DVD: Wrap It Up: Condom Negotiation
- Monitor and DVD player
- ▶ Roleplay (A–G) cards
- Roleplay Guidelines poster

Preparation Needed

▶ Read the complete instructions prior to beginning this activity.

FACILITATOR'S NOTE

There are three ways to do the roleplays in groups, depending on the maturity, the numbers and the ability of the pairs to work together.

Option 1. Choose one pair, read the situations to the players, and have them act out the conversation in front of the group. After the roleplay, have the audience comment on what they saw happening and suggest how things might have worked better. Let different people do each roleplay.

Option 2. All participants are paired, and each pair is given a roleplay to do all at the same time. Afterward the facilitator encourages each group to discuss what happened and what the players thought should have happened.

(continued)



Option 3. Break the participants into two teams. One member of each team will act in the roleplay. Encourage the members of the team to coach their team members on how to respond. The actors will practice talking to a partner in a roleplay situation. Give teams a few minutes to decide how they will perform their roleplay.

If the group is mature enough, use option 2, which involves more participants and gives them all practice communicating. If there is a discipline problem or participants can't be left on their own, then use option 1 or option 3.

In a same-sex group, assist participants as they take on the various roles. Here are some tips:

- Explain the situation in a matter-of-fact way. Let participants know that they may be doing the roleplays with someone of the same gender.
- Emphasize that they are playing roles. Doing the roleplay to practice the skill doesn't say anything about the sexual orientation of the people doing the roleplay or mean that anyone is expressing a real-life attraction toward the other person in the roleplay.
- Explain that they need to take their roles seriously because teens of all sexual orientations and gender identities need to learn how to resist sexual pressure and negotiate condom use to protect themselves. This will help ensure that they all get the most out of the roleplay activities.

PROCEDURE

1. Explain the following information:

Knowing what is best for you and your health and doing something about it can be two different things. Even though condom use can prevent pregnancy and the transmission of HIV and other STDs, raising the subject can be difficult. However, it is very important that you talk with your partner about condoms and safer sex. An open and honest discussion can both protect you and correct some common misunderstandings.

In this activity, we are going to practice skills for negotiating safer sex with friends and partners. You will be performing roleplays of situations in which you might find yourself someday. This will give you an opportunity to practice handling a variety of situations.

(continued)

During the roleplays, you will respond to their statements by using a skill called the STOP technique. It is a four-step strategy for negotiating safer sex with your partner without getting into blaming or other arguments that could escalate into a fight. Even though condom use can sometimes be difficult to negotiate, it needs to be done and this technique can help. Remember the four steps because you will need to use them in your roleplay activities.

 Point out the STOP poster. Go over each step of the STOP technique with participants, using the following information and the STOP poster as a guide. The examples provided can be used to promote participant's understanding of each step. Invite participants to contribute answers.

STOP

S = Say "no" to unsafe behavior

Refuse the behavior in a positive and assertive way.

Characteristics

- Use and repeat the word "no" often.
- Use body language that reinforces the message:
 - » Say no; repeat it; use strong body language.
 - » Use a strong, serious tone.
 - » Maintain a serious expression.
 - » Look directly at the person and make eye contact.
 - » Stand straight and tall.
 - » Use hand and body gestures that emphasize the point.
 - » Avoid sending mixed signals.

Examples

- No! I don't want to have sex (or share needles) with you.
- No! I don't want to touch you there.
- No! I won't have sex without a condom.
- No! Not at this point in the relationship.

(continued)

T = Talk it out

Talking openly about each other's feelings helps the relationship grow and eases any tensions that may have developed.

Characteristics

- Communicate your feelings.
- Be direct and honest.

Examples

- I feel that using a condom is safer and more responsible.
- I feel intimate with you already. We don't have to get physical.
- I feel that you are pressuring me, and it makes me feel uncomfortable. If you continue to do so, I'm leaving.
- I would feel a lot safer if we used condoms.
- We both have goals that we want to achieve. Being safer now will allow us to achieve our future goals.

O = Offer explanations

Provide a good explanation as to why you want to be safe. Explaining why helps your partner hear and understand your real concerns and prevents the person from reacting in a negative way.

Characteristics

- Explain your reason for saying no.
- Provide a good explanation.
- Ask yourself, "Why do I want to be safe?" and then base your answer on that.

Examples

- Because unsafe sex can lead to HIV, other STDs or an unplanned pregnancy.
- Because my goals for the future are more important than a few moments of sexual pleasure.
- Because I'm not ready to have sex with you.

(continued)

P = Provide Alternatives

Providing safe alternatives and other strategies shows that you still want to be intimate and have a relationship with this person.

Characteristics

- Provide alternative, safe behaviors.
- Suggest other activities.

Examples

- Let's go to the movies or play video games instead.
- Let's go to a friend's house.
- We could go out to eat.
- OK, but only if we use a condom.
- It's a beautiful day, let's go outside for a walk instead.
- Let's do other sexually pleasurable things besides having sex.

FACILITATOR'S NOTE

Be sure that participants understand that when using the STOP technique, some people may use all of the steps in the order listed on the poster, from S to T to O to P. Others may go back and forth using the four steps in a different order. For example, a person may say no first, then give alternatives, then talk it out, and then explain why. The sequence of the steps does not matter as long as all four steps are used during the roleplay conversations.

3. Introduce the DVD by saying,

Before we roleplay situations ourselves, we are going to see a video about some people who are trying to deal with how to handle their sexual relationship. In this roleplay, the young woman wants to use condoms and the young man does not. Watch what happens, and take note of how they handle the situation, the things they say, how they say them, and be alert to the woman's strategies. Notice if she uses the STOP technique.

4. Show the Wrap It Up: Condom Negotiation DVD, which is 6 minutes long.

5. After the video, refer participants to the STOP poster and discuss the following points.

Did the young woman use the STOP technique? How?

- » Did she say no?
- » Did they talk it out?
- » Did she offer an explanation?
- » Did she provide alternatives?
- Did you think that she had any difficulty? If so, what?
- What were her partner's concerns about using a condom?
- What did she say in response to his statements and concerns?
- · Was she ready to walk away from the relationship if necessary?
- Do you think that you could do that?
- How could it have been handled differently?

6. Explain the following,

Now, I would like you to do some roleplays similar to the one we just saw in the DVD. Try to incorporate everything we talked about in this course and use it in your roleplay, especially the strategies for using condoms and making them fun and pleasurable. Be creative, knowledgeable and supportive in your approach, and avoid blaming. Incorporate that you are important to yourself, to your baby and to your people, that you respect and want to protect yourself, that you have plans and goals for your future and that you want to make proud, responsible and protective safer sex decisions. 7. Distribute the STOP Observer Checklist and explain its purpose. The following explanation is for roleplay option 1. If using option 2 or 3, adjust the explanation accordingly.

This checklist will be used to critique the following roleplays. Put a "Y" in the box for each skill you see demonstrated in each roleplay and an "N" in the box for each skill that is NOT demonstrated. Although there are two people performing the roleplay, the person whose behavior you will be rating is the one negotiating safer sex with their friend or sexual partner.

8. Define roleplaying,

Roleplaying is a technique that can help you learn what it feels like to be someone else or to practice how to handle a situation that is new, difficult, or stressful. You should do your best to feel, sound and behave like the person whose role you are assigned to play. Roleplaying is a lot like acting, but the situations are more realistic and you are trying to behave in a way that will help you and everyone else learn. It is important to try to follow some guidelines when you do roleplays.

9. Post the Roleplay Guidelines poster and go over each step.

ROLEPLAY GUIDELINES

- Read your role carefully and think about how that person would really behave.
- Do your best to stay in character through the whole roleplay.
- Don't let comments and laughter distract you.
- Really try to feel and act like the person you are playing.
- Try things that you might not do ordinarily, just to see how it feels.
- Use STOP:
 - » Say no; repeat it; use strong body language.
 - » Talk it out.
 - » Offer explanations.
 - » Provide alternatives.

- 10. Begin by modeling what roleplaying is. Demonstrate with a participant who is open and communicative and would be a good volunteer. Encourage the other participants to coach both of you when you get stuck in the roleplay. Assure participants that no one always says the right things in every conversation, but people can always go back to their partner and say more about their thoughts and feelings.
- 11. Distribute the roleplay cards and give participants time to review their roles. Start with Roleplay A and have the players present their roleplays. Do as many as time allows. If at any time the players need help or the observers wish to move into a player's spot, they should raise their hands or signal to the facilitator. If you are not satisfied with responses, allow other participants to respond or provide your own solutions to the roleplay.

12. At the end of each roleplay, discuss the use of the skills.

- Ask the audience what they saw happening and if it was realistic. (If it is not realistic to them, then encourage them to talk about what would be and how they would practice safer sex in that situation.)
- Examine the pressures that the characters felt.
- Ask the actors to explain their views and feelings.
- Discuss whether safer sex was considered.
- Discuss whether participants noticed poor communication or misunderstandings.
- Discuss the effectiveness of applying the STOP technique using the Observater Checklist as a reference.
- Request additional ideas for handling the situation.
- Discuss any questions participants had during the roleplay.

FACILITATOR'S NOTE

Your job is to be sure that important issues are addressed and that participants feel that they can effectively use their skills. Provide suggestions and help as needed. Do not allow disagreement to continue too long or for anti-condom roles to win. You might have participants repeat the roleplay showing alternatives, let the audience help out, or play the role with one of the players. It is important that participants practice communicating even when the situation is difficult. In real life, one of the hardest things to do is to fully explain yourself and to be understood. You can also rotate pairs or have pairs switch roles.

ROLEPLAY A: LINDA AND JEROD

The goal of this roleplay is for Linda to convince Jerod to use a condom, and to demonstrate that condoms can be fun and pleasurable. Observe Linda's use of the STOP technique.

LINDA

- You and your boyfriend, Jerod, have a 6-month-old baby together. You haven't used condoms in the past.
- You have just completed a program called Be Proud! Be Responsible! Be Protective!
- You are thinking about Jerod's past sexual life and your own past sexual life, and have decided that now you want to use condoms to help avoid HIV and other STDs and getting pregnant again.
- You know Jerod is stubborn and gets jealous very easily.
- You are nervous about asking Jerod to use condoms since he might think you are cheating or go and find a new girlfriend.
- · You want to convince Jerod to use condoms.

JEROD

- You and Linda have a 6-month-old baby together.
- You have never used a condom with Linda and don't want to.
- You believe that someone who uses a condom must be cheating.
- You also believe that condoms are not natural and sex won't feel as good if you use them.

13. After Roleplay A has been acted out, summarize by saying,

Condoms don't make a guy less of a man and they don't ruin sex. There are different techniques that can make condom use pleasurable and fun. The bottom line is that you must use condoms every time you have sex in order to protect yourself from HIV, other STDs and unplanned pregnancy.

ROLEPLAY B: LORETTA AND MONIQUE

The goal of this roleplay is for Loretta to encourage Monique not to have sex without a condom. Observe Loretta's use of the STOP technique.

LORETTA

- Your close friend Monique is about to go to bed with a new guy.
- Monique does not think she should be concerned about using condoms with him.
- Monique thinks if she asks him to use a condom she'll lose him.
- Your task is to encourage Monique to use a condom.

MONIQUE

- You have just started dating a new guy.
- You really like him and think this might be serious.
- · You have decided to have sex with him.
- You are afraid to discuss condoms with him because you think he might dump you if you suggest using them.

14. Summarize Roleplay B by saying,

Remember, the proud, responsible and protective thing to do is to help your friend make safer decisions. You can even teach a friend how to make condoms pleasurable.

ROLEPLAY C: YVONNE AND CARLOS

The goal of this roleplay is for Yvonne to talk Carlos into using condoms and convince him that using condoms can be fun and pleasurable. Observe Yvonne's use of the STOP technique.

YVONNE

- You and your partner Carlos are in his living room with the lights down low and you are starting to get physical.
- You have just told Carlos that you want to use a condom and he begins to get angry.
- Carlos does not want to use a condom because he thinks sex doesn't feel as good with one.
- You want to use a condom because you respect yourself and don't want to risk getting pregnant again.
- Your health is important to you and you want to protect yourself from STDs too.
- You need to persuade Carlos that sex can be just as pleasurable with condoms.

CARLOS

- You and your partner, Yvonne, are at your place and things are getting intimate.
- She starts to discuss condoms.
- You get angry with her because you think this must mean she thinks you have been sleeping around and you haven't.
- You don't think condoms will feel good and worry that they will ruin the mood.

15. Summarize Roleplay C by saying,

Condoms don't have to ruin sex. Different techniques can make condom use pleasurable and fun. It is important to talk about condom use ahead of time, before any touching or kissing begins. If something happens that you don't like, say so. The bottom line is that you have to take responsibility and be comfortable and confident in your choice to be abstinent or use condoms.

ROLEPLAY D: CLAYTON AND ROBIN

The goal of this roleplay is for Clayton to convince Robin to use condoms. Observe Clayton's use of the STOP technique.

CLAYTON

- You are going out with Robin and want to talk about using condoms.
- You are concerned about HIV, other STDs and pregnancy and want to use a condom.
- You know Robin has had other boyfriends and you want to protect yourself.
- You also don't want to lose Robin.
- Robin is on the pill, but you know that the pill prevents pregnancy but not HIV or other STDs, so you want to use condoms too.
- You are afraid that you may offend Robin but you decide to explain that you want to use condoms.

ROBIN

- Your boyfriend, Clayton, just suggested that you start using condoms.
- You are on the pill for birth control so you think Clayton must think you have an STD if he is afraid to have sex with you without a condom.
- You also wonder if he has been sleeping with someone else and is afraid he might give you something.

16. Summarize Roleplay D by saying,

Which decisions would you make in this situation? Would you risk losing the relationship in order to protect yourself? Are there women who do not want their partners to use condoms? Remember, the pill prevents pregnancy, but not HIV or other sexually transmitted diseases. The proud and responsible thing is to use latex (or polyurethane/polyisoprene) condoms if you have sex, even if you are on the pill.

ROLEPLAY E: ROSA AND REGINE

The goal of this roleplay is for Rosa to persuade Regine not to have sex or to wait until sober before getting involved in a sexual relationship. Observe Rosa's use of the STOP technique.

ROSA

- You are at a party with your best friend, Regine.
- You see that Regine is getting ready to have risky sex because she is drunk.
- You know that she doesn't have any condoms.
- You know she's had too much to drink to ask if a partner has a condom.
- Your task is to persuade Regine to wait until she's sober to continue this relationship.

REGINE

- You have been drinking at a party and flirting with a really fine guy.
- You can tell he likes you and wants to have sex with you.
- You really want to have sex too.
- You have no condoms with you.
- Rosa suggests that you wait until you are more clearheaded before you have sex.

17. Summarize Roleplay E by saying,

If you are out of control or a friend is, get help. Alcohol is a drug, and, like other drugs, decreases your inhibitions and can make you do risky things, such as having sex without condoms, which puts you at risk of getting HIV or another STD or becoming pregnant again.

ROLEPLAY F: KEESHA AND MAURICE

The goal of this roleplay is for Keesha to convince Maurice that it is OK for them to stay together and abstain from sex or that it is OK for her to not be in a relationship. Observe Keesha's use of the STOP technique.

KEESHA

- You and your boyfriend, Maurice, have been dating for 3 months.
- You know that Maurice wants to have sex with you.
- You have a 2-year-old child from a past relationship.
- You've learned that having safer sex can reduce the risk of HIV infection, but you also know that abstinence is the only method that is 100 percent effective.
- You respect yourself and want to protect yourself from getting pregnant again or getting an STD by being abstinent.
- You have a goal to go to college and you know that will be hard enough with one child, let alone two.
- You care deeply for Maurice and are afraid of losing him, but you will not back down from your decision.
- Your task is to negotiate practicing abstinence with Maurice.

MAURICE

- You have a new girlfriend, Keesha, and would like to have sex with her.
- All of your friends are having sex and they are pressuring you to start having sex with Keesha.
- You do not have any children and want to keep it that way.
- You know that Keesha has had sex before because she has a child and you think she might want to use condoms.
- In the past, you haven't used condoms consistently.
- · You want Keesha to get on the pill.

18. Summarize Roleplay F by asking,

Is protecting your future and your decision to practice abstinence important enough to risk losing your boyfriend? Abstinence is a choice that some people make to reduce their risk of pregnancy and HIV infection as well as to respect themselves and their partners. It is the only 100 percent effective method of preventing pregnancy and avoiding HIV infection from sexual activity. Having goals and respecting yourself is important. Remember, the proud, responsible and protective thing is to make decisions with the best outcome for yourself and your child in mind. If your partner truly cares, he will understand. If not, there are other guys out there who will understand. It is your decision. Make the right choice for you.

ROLEPLAY G: ANGELICA AND MARCO

The goal of this roleplay is for Angelica to successfully negotiate abstinence with Marco. Observe Angelica's use of the STOP technique.

ANGELICA

- You and your boyfriend, Marco, have been seeing one another for a while.
- You've been fooling around but haven't had intercourse.
- You really don't feel ready for sex with him yet.
- The two of you are going to his house to be alone. No one else is going to be there.
- You start talking about having sex, but you still don't want to have sex and tell him that.

MARCO

- You and your girlfriend, Angelica, have been seeing one another for a while.
- You've been fooling around but haven't had intercourse.
- You're ready for sex and are hoping it works out tonight since the two of you are going to your house to be alone.
- You bring up the subject of having sex.

19. Summarize Roleplay G by saying,

Sometimes fooling around leads to having sex. If you are not ready for sex with someone, it's important not to get into a risky situation that could lead to sex. Abstinence is a choice that some people make to reduce their risk of pregnancy and avoiding HIV infection. It is the only 100 percent effective method of preventing pregnancy and HIV infection from sexual activity. Remember, the proud and responsible thing if you truly care for each other is to respect a partner's decision not to have sex. Make the right choice for you.

20. Summarize the activity by saying,

In doing these roleplays, you had an opportunity to experience potentially risky situations and practice ways you can engage in proud, responsible and protective behaviors in real life. Knowing and practicing these skills will empower you to always respect and protect yourselves, your family and your community. In the next activity, we will discuss tips on talking to your sexual partner about safer sex.

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ACTIVITY

REVIEWING IMPORTANT POINTS FOR TALKING WITH PARTNERS ABOUT CONDOM USE OR ABSTINENCE

PREPARING FOR THE ACTIVITY

Rationale

This activity gives participants tips and encouragement for applying the communication and negotiation skills that have been learned thus far, with the hope of ensuring that the knowledge and skills will be translated into behavior.



Materials Needed

None

PROCEDURE

1. Remind participants that using condoms is an expression of responsibility and of pride in your own decisions. Say,

There is no doubt that using condoms is a good idea because they make sex safer. Condoms help to protect both partners from pregnancy and sexually transmitted diseases, including HIV. To obtain these benefits, you must choose good-quality latex or polyurethane/polyisoprene condoms and use them correctly and consistently. In some cases you may have to overcome a partner's reluctance to use them. However, if you choose to have vaginal, anal or oral sex, using condoms is the first and most important step in protecting yourself. 2. Reinforce the importance of talking to a partner.

Knowing what is best for your health and your child, and doing something about it, can be two different things. Even bringing up the subject can be hard. However, it is very important that you talk with a potential partner about condoms and safer sex. An open, honest discussion can correct misunderstandings.

- 3. Provide suggestions for talking to a partner about using condoms.
 - Think about what you want to say ahead of time. Sort out your own feelings about using condoms before you talk with a partner.
 - Choose a time to talk before that first intimate moment. Getting things straight before you make love means that you will both be prepared and relaxed.
 - Decide how you want to start the conversation. You might say, "I need to talk with you about something that is important to both of us." Or "I've been hearing a lot lately about safer sex. Have you ever tried condoms?" Or "I feel kind of embarrassed, but I care too much about you not to talk about this."
 - The best time to discuss condom use is before you begin to have a sexual relationship. You must discuss it before engaging in genital stimulation or touching.
 - Remember to talk about how condoms are fun and pleasurable.
 - Once you both agree to use condoms, do something positive and fun. Go to the store or clinic together. Get different types and colors. Plan a special day when you can experiment.

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4. Explain that to avoid becoming infected with HIV, a person should:

Abstain from sex.

- Use a latex (or polyurethane/polyisoprene) condom for every act of anal, vaginal or oral intercourse, if sexually active.
- Talk to your partner about pregnancy, HIV and other STDs.
- Talk to your partner about condoms before you have sex.
- Ask potential sexual partners about their sexual and drug use history.
- Get tested and be sure your partner gets tested for HIV and other STDs.
- 5. Emphasize ways to practice safer sex by saying,

Be proud and be responsible; protect yourself and your partner by:

- Using a latex (or polyurethane/polyisoprene) condom every time you have sex, or choose sexual activities that do not pose a risk of HIV or other STD transmission.
- Keeping a supply of condoms on hand.
- Getting used to condoms, so they are natural and fun.
- Not using alcohol or other drugs to get in the mood for sex.
- 6. Provide a summary statement of the program.

We have covered a lot of information in this program. We started by acknowledging that HIV and other STDs have had a negative impact on young people. We've discussed ways to prevent HIV from affecting us, our partners, our children, our families and our communities. We've talked about the challenges if having a child as a teen. If we choose to be proud, responsible and protective, we won't use alcohol or other drugs; we will avoid behaviors that can pass HIV, such as sharing needles; and we will abstain from sexual intercourse or use condoms every time we have sex to avoid unplanned repeat pregnancy, HIV and other STDs.



TALKING CIRCLE

PREPARING FOR THE ACTIVITY

Rationale

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

Materials Needed

None

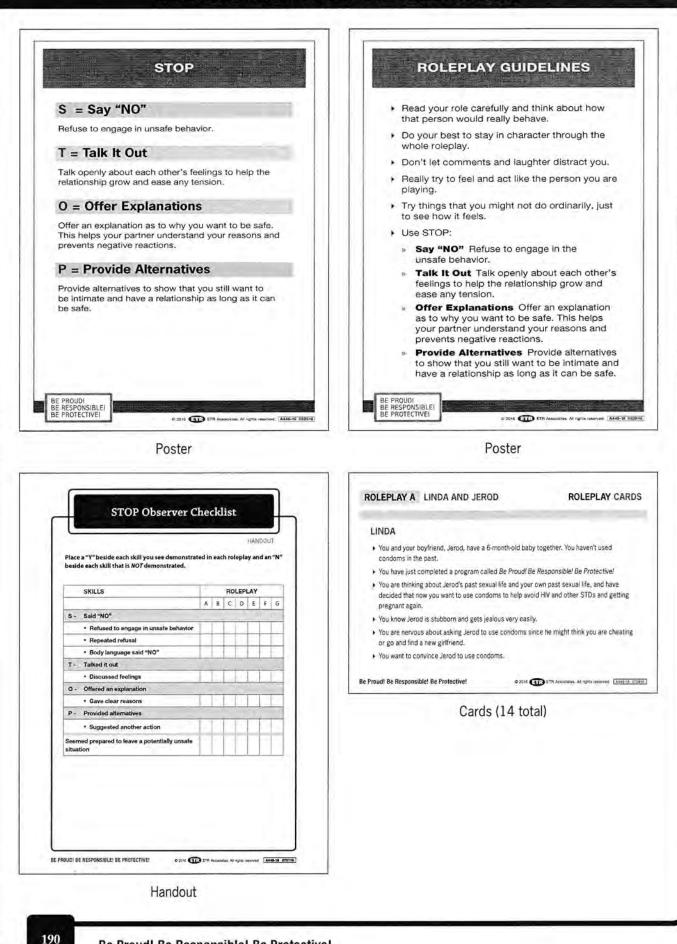
PROCEDURE

- 1. Ask the participants to form a tight circle with their chairs.
- 2. Ask participants to share how the things they learned in the group will help them achieve their goals and dreams for the future.
- 3. Thank the participants for their attendance and let them know how much you enjoyed working with them.
- 4. Summarize the activity by saying,

Those were good responses. I am very proud of each and every one of you. Thank you for being part of this program. Now you have to go back to your home and teach your friends and family what you have learned here.

Remember, practicing safer sex or abstinence is the proud, responsible and protective choice and will help you achieve your dreams for yourself, your child(ren) and your community.

HANDOUTS AND POSTERS FOR FACILITATOR REFERENCE



BE PROUD! BE RESPONSIBLE! BE PROTECTIVE!

THIRD EDITION

Appendixes

APPENDIX

OPTIONAL ACTIVITIES

The information in the sections that follow should be viewed as supplemental. The authors encourage use of these sections when attempting to address issues and needs that may emerge in the group.

Appendix A provides additional roleplays that integrate safer sex and varying sexual orientations, an activity on the risks of injection drug use, a game to review the facts about HIV and condoms, and an activity on healthy relationships.

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OPTIONAL ACTIVITY

ADDITIONAL ROLEPLAY SITUATIONS: SAFER SEX

FACILITATOR'S NOTE

The following roleplays are additional situations that you might wish to use during the roleplay activity.

ROLEPLAY 1: CYNTHIA AND MOSES

Theme: Couple; having multiple partners increases the risk **Observe:** Cynthia's use of the STOP technique

CYNTHIA

- You really like your new boyfriend, Moses. Lately he has been pushing you to have sex.
- You'd like to have sex, but you know that when Moses isn't with you he is seeing other people.
- You need to tell Moses that he must wear a condom every time with you.

Your role: Convince Moses to use condoms—if not with all his partners, at least with you.

MOSES

- You really like your new girlfriend, Cynthia, a lot. You keep pushing her to have sex.
- You have other partners besides Cynthia.
- Your other partners don't make you use a condom, and you don't want to use them with Cynthia either.

Summarize Roleplay 1 by saying,

Having multiple sex partners increases the risk of becoming infected with HIV or other STDs. If you are going to have sex, you need to be exclusive with one person and always use latex condoms. If your partner has other partners, insist on using condoms, and think about whether this is a good relationship for you. If your partner does not want to use condoms, don't have sex. It's very important not to compromise your health for anyone.

ROLEPLAY 2: WILL AND TAMEKA

Theme: Couple; HIV and condom use Observe: Tameka's use of the STOP technique

WILL

- You and Tameka have just started being sexually intimate.
- You did not use a condom during sex because you think you are too young to get HIV. It is only older people that get HIV; the young ones are safe.
- You are not interested in using condoms until you are older.
- You think that condoms ruin the mood and interfere with the pleasure of having sex.

TAMEKA

- You have slept with Will three times already, always unprotected.
- You have goals and dreams for the future and you want to use condoms.

Your role: Get Will to agree that condoms need to be used when you are having sex together.

Summarize Roleplay 2 by saying,

Everyone is at risk for HIV infection regardless of whether you are straight, gay, or bisexual, young, or old. Remember that if you are going to have sex, using a condom is the only thing that will reduce your risk of contracting STDs, like HIV.

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ROLEPLAY 3: IMANI AND LAUREN

Theme: Two females; seeking advice from a friend about condom use **Observe:** Lauren's use of the STOP technique

IMANI

- You and your boyfriend are getting really close to having sex.
- You don't want to get pregnant but you don't like condoms, so you plan to have your boyfriend pull out.
- Lauren is coming over to hang out.
- You can't wait to tell her about your plans to have sex with your man.

LAUREN

- You know that Imani and her man are about to have sex.
- You also know that your girl Imani doesn't use condoms.
- You know it is important to use condoms every time you have sex in order to reduce your risk of getting infected with an STD, like HIV, and reducing the chance of getting pregnant.
- You want your friend to use condoms every time she has sex.

Your role: Convince Imani of the importance of condoms.

Summarize Roleplay 3 by saying,

It is important that you teach your friends information about STDs, like HIV, pregnancy prevention, and condoms. Talk to your friends about using condoms and being safe. Show your friends that protecting yourself is important, and that they should do the same.

ROLEPLAY 4: TARYN AND TANYA

Theme: Two females; STD/HIV concerns in a lesbian relationship; safer oral sex **Observe:** Taryn's use of the STOP technique

TARYN

- You have just started your first sexual relationship with a teammate named Tanya.
- The two of you have engaged in oral sex and have not used a latex barrier.
- You are not sure if two women involved in a sexual relationship have to worry about STDs, including HIV.
- You want to use a latex barrier with Tanya but you are not sure how she will react.

Your role: Convince Tanya to use a latex barrier when you have oral sex.

TANYA

- You and Taryn have been intimate for two weeks.
- You have never used a latex barrier with her or any of your partners.
- You have never thought about STDs or HIV.
- You hope Taryn doesn't want to use dental dams or any other latex barrier.
- You don't want to use a latex barrier because you think it will interfere with the feeling.

Summarize Roleplay 4 by saying,

Communication is the most important aspect of any relationship no matter what your sexual orientation. The more knowledge and understanding you have, the better able you are to protect yourself. Remember if you are going to have oral sex, you need to use a latex barrier.



DISCUSSING INJECTION DRUG USE AND NEEDLE SHARING

PREPARING FOR THE ACTIVITY

Rationale

It is important that participants also understand how to avoid or protect themselves from nonsexual means of HIV transmission.



Materials Needed

- Information on injection drugs from your state department of health
- Needle and syringe
- Bleach
- Clean water
- Cup, trash basket or bottle

PROCEDURE

FACILITATOR'S NOTE

The following activity is intended to be informative, as well as serve as an intervention. It assumes that some members of the group may be using injection drugs.

- 1. Explain to participants that you will be discussing the relationship between injectable drug use, HIV infection and AIDS. Assure them that, while some of the information won't relate to many of them, it might apply to friends or someone else they know. By listening and learning, they can teach others this valuable information.
- 2. Review the ways that HIV can be transmitted: through the exchange of specific body fluids, including blood, semen, vaginal secretions, rectal fluids and breast milk. Direct participants' attention to blood and have them consider ways that

blood can be exchanged (open cuts, bloody noses, spills, razors, toothbrushes, needles). As a group, consider how the exchange of blood applies to drug use (blood on needles, syringes, cotton and cookers).

3. Ask,

Knowing this information, what steps can you take to protect yourself?

- 4. Review the following protective steps with participants:
 - Do not use drugs or stop using drugs, either on your own or through treatment (Narcotics Anonymous, etc.)
 - Carry your own works. Be aware of the potential problems with "hiding" works for later use (i.e., someone may find them and use them without you knowing it).
 - Do not share your works. Discuss the differences between "sharing,"
 "following" (a person uses your works after you use them), and "splitting."
 To share means that another person uses your works, regardless of how
 well you know that person, whether or not you give permission or whether
 or not you even know it has been used. Note that some shooting gallery
 owners "repackage" dirty needles and sell them as new. Therefore, always
 bleach needles before you use them!
 - Disinfect equipment with bleach before each use. Bleach is effective, cheap, easy to obtain and portable. It also is safe. Small, residual amounts of bleach that may remain in the syringe due to poor rinsing are not harmful. Residual bleach is certainly safer than residual infected blood.

FACILITATOR'S NOTE

Be prepared to discuss local legal ramifications of carrying injection equipment, availability of needle exchange programs, and other resources in the community.

5. Remind participants that no technique, apart from not injecting drugs, is 100 percent effective against HIV.

6. Teach about bleaching needles and demonstrate the following technique.

REACH CLEANING TECHNIQUE

- 1. Place the following ingredients on the table:
 - A small cup of bleach
 - Two small cups of clean water
 - An empty cup, trash basket, or bottle (to collect discarded liquids)
- Rinse the needle and syringe with water three times. This water is now dirty and should not be reused.
- 3. Discard water in trash basket.
- 4. Place the needle portion of the syringe into the bleach, submerging the needle as much as possible.
- 5. Draw up bleach into the syringe and fill it all the way. Stress the importance of filling the entire syringe to the top.
- 6. Tap or "flick" the side of the syringe sharply with your finger to agitate and shake loose dried particles of blood inside the syringe.
- 7. Rotate the syringe back and forth.
- 8. Leave bleach in for 30 seconds.
- 9. Squirt the bleach into the discard cup. Stress that this bleach is now dirty and cannot be reused for any purpose.
- 10. Draw clean water up into the syringe. Again, cover the needle and fill the syringe.
- 11. Tap and "flick" the side of the syringe sharply with your finger to agitate and shake loose dried particles of blood inside the syringe.
- 12. Rotate the syringe back and forth.
- 13. Leave water in the syringe for 30 seconds.
- 14. Expel the water into the discard cup. Stress that this water is dirty and cannot be used for any other purpose.
- 15. Repeat the bleach and water treatment two more times.
- 16. Take the syringe apart by removing the plunger and repeat the process for the parts.

17. Explain that bleaching must be done immediately after use and again before use.

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7. Conclude the activity by emphasizing the following:



If you are using drugs, get help to stop!

- If you cannot stop, always carry your own works and NEVER share works with anyone.
- Always clean your works with bleach and water before and after using them.



HIV JEOPARDY

PREPARING FOR THE ACTIVITY

Rationale

Using a familiar game format that is popular and fun will enhance student learning of HIV-related facts and/or serve as a review of the facts.



Materials Needed

- HIV Jeopardy Questions
- Board for keeping score

PROCEDURE

1. Explain that the activity will reinforce information covered so far. It is a game called HIV Jeopardy.

FACILITATOR'S NOTE

Explain that in the real game of Jeopardy, the contestants receive an answer and must come up with the correct question. In HIV Jeopardy, participants will be asked a question and then must come up with the correct answer.

- 2. Divide the group into two teams.
- 3. One person from each team chooses a category and a point value. If he or she gets the correct answer, the team receives the points. If not, the other team has the opportunity to confer and reply and earn the points.
- 4. The next team has the chance to choose a category and a point value. The game continues until the board is cleared and the game is over. The team with the highest amount of points wins the game.

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- 5. Have someone keep score on a sheet of paper or on the board.
- 6. At the end of the game say,

WOW! What a game! You all remembered a lot of the information. The important thing to remember is that you have learned lots of strategies in this program to help keep yourself safe. I hope you enjoyed it and learned a lot.

HIV JEOPARDY QUESTIONS

HIV FACTS

\$100

What does AIDS stand for?

Acquired Immunodeficiency Syndrome

\$200

What is HIV?

The virus that causes AIDS

\$300

Who can get HIV?

 Anyone. It's not who you are but what you do. People are not high risk, but their behaviors may be.

\$400

What system does HIV affect?

The immune system

\$500

What happens to a person with HIV that usually does not occur in people with a healthy immune system?

They acquire certain rare diseases.

PREVENTION

\$100

What are two ways to prevent HIV transmission?

Abstinence, condoms, not sharing needles

\$200

What is the only birth control method that also offers protection against HIV?

A latex or polyurethane/polyisoprene condom (male or female)

\$300

Name two high-risk behaviors.

Unprotected anal, oral or vaginal sex, sharing needles

\$400

What is the most certain way to avoid contracting HIV or another STD?

Practice abstinence

\$500

What are some safer sexual behaviors (that won't transmit HIV)?

Cuddling, massage, masturbation, fantasy

TRANSMISSION

\$100

Name two ways that HIV is transmitted.

 Unprotected sex, sharing needles, from mother to fetus during pregnancy or childbirth, from mother to child through breastfeeding

\$200

What are two ways that you cannot contract HIV?

 Sharing drinking glasses, touching, sitting in a classroom together, toilet seats, other casual contact

\$300

Name two body fluids through which HIV is transmitted.

Blood, semen, vaginal secretions, rectal fluids, breast milk

\$400

How were most children with HIV infected?

From mother to fetus during pregnancy, at birth, or through breast milk

\$500

Why is early treatment for HIV important?

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

CONDOMS

\$100

What material should condoms be made of to help protect against HIV and other STD infection?

Latex, polyurethane or polyisoprene

\$200

What should you put on a condom during vaginal or anal intercourse?

Water-based lubricant, such as K-Y Jelly or Astroglide

\$300

What type of lubricant should never be used with male condoms?

Oil-based, such as Vaseline or baby oil

\$400

Who buys almost half of all condoms sold in the U.S.?

Women

\$500

When do you remove a used male condom?

After ejaculation, but before the penis gets soft

CONDOM USE KNOWLEDGE

(True or False)

\$100

Condoms can be reused.

FALSE

\$200

The penis should be erect (hard) when the condom is put on it.

TRUE

\$300

The condom should be completely unrolled before it is placed on the penis.

FALSE

\$400

When a condom is placed on the penis some space should be left at the tip of the condom.

TRUE

\$500

To remove a condom after sex, grasp the tip and remove it gently but swiftly.

FALSE

EXTRA

\$600

Storing or carrying condoms in a hot or warm place can destroy their effectiveness.

► TRUE

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HEALTHY RELATIONSHIPS

PREPARING FOR THE ACTIVITY

Rationale

By identifying characteristics of healthy and unhealthy relationships, participants will be able to distinguish the differences. Many teens aren't clear about behaviors that are unhealthy in relationships, believing for example, that extreme jealousy is normal and a sign of love.

Materials Needed

- Pre-labeled newsprint:
 - » Characteristics of Healthy Relationships
 - » Characteristics of Unhealthy Relationships
- TREO: Four Components of Healthy Relationships poster

PROCEDURE

1. Introduce the activity by saying,

Let's think about what is required for a healthy relationship. Imagine for a minute a relation-SHIP. (*Note:* Draw a picture of a ship on top of waves.)

What are the characteristics of a relation-SHIP that will help keep it afloat? (These are characteristics of healthy relationships.)

What are the sharks in the water that will cause the relation-SHIP to sink? (These are characteristics of unhealthy relationships.)



2. You can process this activity in several ways depending on your group. You can divide participants into small groups or pairs and have them brainstorm the two lists. Or you can brainstorm both lists in the large group. Record participants' responses on charts. Add any characteristics from the lists below. Post these charts and keep them available for future sessions.

Expected Answers:

Characteristics of Healthy Relationships

- Trust—The trust goes both ways.
- Open communication
- Equality—The two people are of a similar age and have an equal say in how they spend time and make decisions. (Partners who are older and more mature tend to control what happens in the relationship because they have more experience and more resources such as money.)
- Shared interests—They like to do many of the same things.
- Shared values—They have similar views about what is important in life and what is right and wrong.
- Caring, love, and affection—These feelings go both ways.
- Respect for self and for partner
- They manage conflict well—When they disagree or have arguments, they can talk things out so each person feels OK about what happened.
- Nonviolence and emotional safety—There is no violence of any type (verbal, physical, emotional or sexual).

Characteristics of Unhealthy Relationships

- Frequent miscommunication or lack of communication
- Controlling behavior
- Frequent and excessive jealously
- Differences in age, power, maturity
- Disrespect—name calling, put-downs, public humiliation
- Pressure to do things you don't want to do

- Being willing to do anything to hold on to a partner
- Doing things you don't want to do because a partner expects it
- Isolation from friends and family
- Frequent arguments that don't get resolved
- Stress, sadness, fear or feelings of desperation
- Engaging in behaviors that are risky to your health
- Physical, emotional or sexual abuse/violence

FACILITATOR'S NOTE

Tune into any cultural differences with respect to relationships. In some communities there may be cultural beliefs about what is valued in relationships. Also, make sure you are knowledgeable about state laws regarding relationship violence and assault.

3. As participants offer characteristics, ask clarifying questions to help deepen their understanding of healthy relationships. For example,

> How do you know when you have (the characteristic, e.g., trust) in a relationship?

- What does it look like when two people trust each other?
- Give me some examples of open communication in a relationship.
- 4. Display the TREO: Four Components of Healthy Relationships poster and say,

You did a great job on the brainstorming. To help you remember four of the most important components of healthy relationships, we'll use the acronym "TREO."

- Trust: Partners trust each other and feel safe in a relationship.
- Respect: First you respect yourself. Second, you respect each other.
- Equality: Partners have equal amounts of power and control in the relationship.
- Open Communication: Partners talk openly and listen to each other.

5. Ask the following question,

How would being in a healthy relationship affect your ability to make proud and responsible choices about sex?

Answers should include:

- A partner would care about you and want to keep you safe.
- You would trust each other.
- A partner would treat you like an equal and make decisions jointly instead of pressuring you or forcing you to do things.
- You would have open communication and it would be easier to talk about sexual feelings and decisions.

6. Summarize the activity by saying,

Now that you know the difference between healthy and unhealthy relationships, look for partners who can form a healthy relationship with you. When something happens and you get that "uh oh" feeling in your stomach... that's a warning sign of an unhealthy relationship. Pay attention.

Also, relationships are a two-way street. You have to be the kind of partner that you want to have. You have to be trustworthy and communicate. You have to want to keep your partner safe.

Remember TREO—trust, respect, equality and open communication are necessary for healthy relationships. It's much easier to choose proud and responsible behavior when you're in a healthy relationship.

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TREO

Four Components of Healthy Relationships

Remember "TREO"

T = Trust

Partners trust each other and feel safe in the relationship.

R = Respect

First, you respect yourself. Second, you respect each other.

E = Equality

Partners have equal amounts of power and control in the relationship.

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O = **Open communication**

Partners talk openly and listen to each other.

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APPENDIX

SUPPLEMENTAL BACKGROUND INFORMATION

There may be times when facilitators implementing this curriculum need some background information to help teach a given topic. This section covers supplemental background information on HIV, sexually transmitted diseases, contraceptives and the effects of alcohol and other drugs. This information is not to be taken as an in-depth review. If you need more information, please contact your Department of Health or visit the CDC website: www.cdc.gov.

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INFORMATION ABOUT HIV

WHAT IS HIV?

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

HIV damages the body's immune system, which normally protects the body from disease. In particular, HIV attacks specialized white blood cells called CD4 or T-cells. HIV takes over the machinery of the CD4 cells to make copies of itself and spread throughout the body, so the immune cells can't do their job of protecting the body. As the number of properly working T-cells decreases, the immune system becomes weaker until it can no longer fight off different types of infections.

HIV is a disease with many stages. People can live with HIV for years without getting sick. They may look and feel healthy and may not even know they have the virus. But even when a person with HIV looks and feels fine, he or she can pass the virus to others.

WHAT IS AIDS?

AIDS stands for *acquired immunodeficiency syndrome*. It is a condition caused by HIV. AIDS is the stage of HIV when the immune system has become very weak and damaged. When this happens, other diseases and infections can enter the body. These are called "opportunistic infections" because they take advantage of the weakened immune system.

Blood tests can be done to determine the number of CD4 cells and the amount of HIV in the blood (the viral load). The CD4 count is a standard measure of how well the immune system is working. A person with HIV is diagnosed as having AIDS when he or she has a CD4 count below 200 per cubic milliliter of blood (most people without HIV have a count of 700 to 1000) or when certain opportunistic infections occur. These may include cancers; Pneumocystis carinii, a lung infection; other viral infections; or severe weight loss.

HOW DO PEOPLE GET HIV?

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

People can get HIV:

Through sex. Anyone who has unprotected vaginal or anal sex with someone who has HIV can get HIV. There is also some risk of transmission through oral sex, but it is much lower.

- By sharing needles for injecting drugs, vitamins, hormones or steroids. HIV-infected blood may be left in the needle or syringe and passed on to the next user. Other injection supplies (sometimes called "works") can also pass HIV (e.g., water, cotton and cookers).
- > By sharing needles for tattooing, piercing or for any other reason.
- From mother to child either before or during birth. There are also a few known cases in which HIV has been passed from mother to child through breastfeeding. A pregnant woman with HIV can take medicines to greatly lower the risk of her baby being born with HIV.

As a general guideline, people should avoid having direct contact with other people's blood. This is why medical providers, including first responders, wear gloves when they are providing care that might bring them into contact with another person's blood.

Before 1985, some people got HIV from infected blood transfusions or blood products. Since 1985, the supply of blood and blood products in the United States and most developed countries has been routinely tested, making this form of transmission now extremely rare.

WAYS HIV IS NOT TRANSMITTED

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

People can't get HIV from:

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

WHO IS AT RISK FOR HIV?

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

People are at risk for HIV if:

- They have sex with someone who's had other partners.
- They have sex without using a latex condom.
- They share needles or syringes to inject drugs, or had sex with someone who has.

• They share needles or other sharp objects for tattooing, piercing or any other reason. Babies born to women with HIV are also at risk.

People are probably not at risk if:

- They haven't ever had sex, or have only had sex with one partner, who doesn't have HIV and who's had sex only with them.
- They haven't ever shared needles to inject drugs or for any other reason, and haven't had sex with anyone who has.

HOW CAN PEOPLE ELIMINATE OR REDUCE THE RISK OF GETTING HIV?

To eliminate the risk of HIV:

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

To reduce the risk of HIV:

- Use a latex condom each and every time for vaginal, anal or oral sex. Condoms must be used consistently and correctly to ensure protection.
- Don't use oil-based lubricants. Oils in hand lotions, massage oils, petroleum jelly, etc., can cause a male condom to leak or break.
- Have a monogamous relationship with only one partner who doesn't have HIV, who doesn't use injection drugs or share needles or syringes for any reason, and who never has sex with anyone else. (Note: This choice isn't realistic for many teens because they tend to be involved in a series of relatively short-term relationships. It's also not a completely safe choice because some people may lie about their sexual or drug-use histories or may not know if they have HIV or another STD.)
- > Discuss HIV with a partner. Ask about past or present risk behaviors.
- Get tested for HIV. Be sure any sex partner has been tested before having sex.
- Avoid having multiple or overlapping partners. The more sex partners a person has, the greater the chances of contracting HIV or another STD.
- Have safer sex that doesn't put you in contact with a partner's blood, semen or vaginal or rectal fluids. This means using condoms during vaginal or anal intercourse, using condoms or other barriers during oral sex, or having sex play without intercourse.

- People who use injection drugs should never share needles. If needles or works are shared or re-used, clean them 3 times with water, 3 times with bleach and 3 times with water before each use.
- Don't use alcohol, marijuana or other drugs that impair judgment. Being high can lead to unsafe sex or other drug use.
- If you may have been exposed to HIV immediately contact a doctor about postexposure prophylaxis (PEP). These medications may be able to prevent the virus from infecting the body if taken immediately after exposure (within 72 hours).
- If a partner has HIV, talk to a doctor about pre-exposure prophylaxis (PrEP). These medications can be taken daily to prevent HIV. These medications are NOT for everyone, and there are risks associated with this treatment.

WHAT TYPES OF HIV TEST ARE AVAILABLE?

The most common type of HIV test is the antibody test. The test looks for HIV antibodies in the body by testing blood or saliva. Antibodies are proteins the body makes in response to a virus. If a person has antibodies for HIV, he or she has HIV and can pass the virus to other people.

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

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

Tests are available at public health clinics, hospitals, state and local health departments, at community events, mobile testing vans and other locations. Many places offer free or low-cost testing. Home testing kits can be purchased at pharmacies or online.

WHAT HAPPENS WHEN A PERSON GETS TESTED?

At most HIV test sites, a counselor explains the test during a pretest session. This information may be provided one-on-one, to a couple, through a video or in a small-group session. People can ask questions and talk about their risks for HIV at this time.

Then a health worker takes a little blood from the person's arm or finger, or takes some cells from the inside of the cheek or gums with a cotton swab. It doesn't hurt and it is very quick. The sample will be sent to a lab for testing, or tested on site.

Most testing centers also help the person plan to deal with either a positive or negative result, and provide the names and phone numbers of appropriate community agencies that may be of further help (e.g., a hotline to call if the person has further questions about risk behaviors or referrals for care and treatment).

People using home kits mail a small blood or saliva sample to a lab, using a code name or number. Test results are given by telephone when the person calls and gives the code.

WHERE CAN A PERSON GO TO GET TESTED?

One of the easiest ways to find a convenient HIV testing site is to use the online HIV Testing and Care Services Locator (http://aids.gov/locator/). Users can type in a ZIP code to see a list of HIV testing sites (including free HIV testing).

Tests are available at public health clinics, hospitals, state and local health departments, community events, mobile testing vans and other locations. Many places offer free or low-cost testing. Home testing kits can be purchased at pharmacies or online. People using home kits mail a small blood or saliva sample to a lab, using a code name or number. Test results are given by telephone when the person calls and gives the code.

CAN TEENS BE TESTED WITHOUT PARENT PERMISSION?

Yes, teens can consent to HIV testing without parent permission. However, to be sure, teens should check with the test site beforehand to find out what policies are followed. They can ask if they need parental consent for testing or treatment, and whether the clinic will share information with parents.

WHO WILL KNOW THE RESULTS?

Most testing sites offer *confidential* testing. This means that the result is told only to the person taking the test, and it is also put in his or her medical file.

Some test sites offer *anonymous* testing. This means the person doesn't give a name, and the test result is reported only to him or her. Home testing kit results are anonymous.

When selecting a testing site, a person may wish to find out whether the test is anonymous or confidential, how results are verified and recorded and if before and after counseling is part of the procedure.

WHAT ABOUT ROUTINE TESTING IN CLINICAL SETTINGS?

More than 1.2 million people in the United States are living with HIV infection, and almost 1 in 8 (12.8%) are unaware of their infection (CDC, 2015). They therefore can't benefit from early treatment and are likely to pass the virus to others without knowing it. To promote earlier detection and reduce stigma around testing, the Centers for Disease Control and Prevention (CDC) recommends that all patients in clinical settings be tested for HIV as part of their routine medical care unless the person opts out. HIV screening should also be included in the routine panel of prenatal tests for all pregnant women. People at high risk of HIV infection should get tested at least once a year. In 2012, Congress passed a law (H.R. 4470 Routine HIV Screening Coverage Act of 2012) requiring health insurance to cover the cost of these screenings.

In health care settings, pretest prevention counseling and informed consent are not required in order to reduce barriers to testing in these settings. CDC believes HIV testing can be covered under a general permission form (consent form) that is signed for all medical care.

HOW LONG DOES IT TAKE TO GET THE RESULTS?

Laboratory test results can take up to 2 weeks. Many clinics now offer a rapid test, with results available within 30 minutes. If the rapid test is positive, the sample needs to be tested again to be sure. Results of the confirmation test can take up to two weeks.

Home testing kit results take around 7 days, or as little as 3 days if mailed using an overnight mail service.

WHAT DOES IT MEAN IF THE TEST RESULT IS POSITIVE?

A series of tests are performed on positive samples. A confirmed positive test means antibodies, antigens or HIV genetic material were found in the body. The person is then known to have HIV.

Most sites provide counseling for people testing positive. The counselor will help people deal with the stress and emotional issues, discuss what to do to maintain health, and explain how to prevent transmitting HIV to others.

WHAT DOES IT MEAN IF THE TEST RESULT IS NEGATIVE?

If the initial test result is negative, it means no antibodies to HIV were found in the person's blood. No further testing is called for, and most likely the person tested is not infected.

However, a person who was exposed to HIV recently (generally within 3 months or, in rare instances, up to 6 months before testing) may not yet have developed antibodies that can be detected by the test. If a person has tested negative on the HIV antibody test but has had some HIV-related risk within the past 6 months, it's important for that person to stop the risk behavior and be tested again 6 months after the last risky behavior to be sure of the results.

HOW LONG DOES IT TAKE FOR AN HIV TEST TO SHOW THAT A PERSON HAS HIV?

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

ARE THERE TREATMENTS FOR HIV?

Yes. The sooner people find out they have HIV, the earlier they can begin getting care and treatment. An early diagnosis allows people to participate in decisions about their treatment and begin taking medicines to strengthen the immune system and decrease the amount of the virus in the body.

There is no cure for HIV, but anti-retroviral treatments (ART) can be started while the person still feels healthy. With ART medicines, people with HIV can lead longer and healthier lives than ever before. The most common treatments limit the ability of the virus to reproduce. They help protect the immune system and improve the chances of staying healthy.

Pregnant women with HIV can take medicines to greatly reduce the baby's risk of having HIV.

WILL EVERYONE WITH HIV GET SICK EVENTUALLY?

While complications from HIV infection are possible, current treatments and medications are giving people with HIV a positive prognosis and near-normal life-span. If people with HIV remain in medical care and are able to continue to take the medications to keep low viral loads, they can live long, healthy lives. Patients living with HIV would then be vulnerable to the same health conditions that affect all people as they age.

HOW IS HIV TREATED?

HIV treatment consists of the ongoing, monitored use of a drug or drugs. Treatment has 3 main goals:

- Some medications slow the spread of HIV. Different types of these antiviral drugs interfere at different stages in the production of HIV by the body. Using several antiviral drugs together in combination treatment has been found to slow the progress of HIV significantly.
- Some medicines make the immune system stronger.
- Other medicines prevent or treat opportunistic infections. These drugs can slow or stop many of the diseases, cancers or illnesses a person with HIV can get when the immune system has become very weak.

There are currently five different "classes" of HIV drugs that work in different ways to stop the virus from replicating in the body. Each class of drug attacks the virus at different points in its life cycle. Typically, people are prescribed a combination of 3 different HIV medicines to control the amount of virus in the body and protect the immune system. The combination of medicines also helps prevent HIV drug resistance.

When deciding about treatment, the person with HIV and his or her health care provider consider how healthy the person feels, the viral load, the person's ability to take the medicines as directed, current life circumstances, and how the treatment may affect the person's health in the future. There may be social and environmental factors that affect a person's ability to remain in medical care and to continue taking HIV medicines. When people begin treatment for HIV, they may need other services and support to stay healthy (for example housing, mental health care, food assistance, support groups and medication management programs).

It's important for people with HIV to work closely with an HIV treatment team to identify the most appropriate treatment plan to meet their needs and support long-term health and wellness.

Source: www.aids.gov/hiv-aids-basics.

SEXUALLY TRANSMITTED DISEASES (STD)

WHAT IS AN STD?

Sexually transmitted disease (STD) is a term used to categorize a group of infections typically transmitted through vaginal, oral or anal sex. You may also hear the term STI or sexually transmitted infection. Most STDs are caused by either bacteria or viruses. Typically STDs caused by bacteria can be cured and those caused by viruses cannot be cured. However, all types can be treated and prevented.

TYPES OF STDs

CHLAMYDIA

Organism:	Caused by a bacterium called Chlamydia trachomatis
How Transmitted:	Vaginal, anal and oral sex
Symptoms:	Females – Thick yellow vaginal discharge, irregular periods, bleeding with intercourse and/or burning and pain during urination
	Males – Watery white discharge from penis and burning and/or pain during urination
	However, most people with chlamydia do not have any symptoms.
Complications:	Females – If left untreated, can cause pelvic inflammatory disease (PID), tubal pregnancy and infertility. About 10–15% of women with untreated chlamydia get pelvic inflammatory disease (PID). A pregnant woman with chlamydia can also give the infection to her fetus, which can cause premature birth, miscarriage or intrauterine death. In newborns, it can also cause low birth weight, pneumonia and/or conjunctivitis (an eye infection).
	Males – If left untreated, infection can spread from the urethra (area responsible for urination/pee) to the testicles, causing swelling, tenderness and even sterility. It can also lead to a more widespread infection that includes conjunctivitis (eye infection), arthritis and skin lesions.
	Having chlamydia increases the risk of being infected with HIV if

exposed, and of passing HIV to a partner if HIV positive.

- *Diagnosis:* Must have a test to know you are infected. The CDC recommends annual screening for sexually active women age 25 and younger.
- Treatment: Easily treated with antibiotics. A person with chlamydia is also tested for gonorrhea since these infections can coexist. The partner(s) of the infected person must also be treated. Once treated, a person is cured. However, a person can be reinfected if exposed to chlamydia again.

SYPHILIS

Organism: Caused by a bacteria called Treponema pallidum

How Transmitted: Direct contact with sores through vaginal, anal or oral sex or touching

Symptoms: Females and Males – Symptoms begin 1–12 weeks after infection and occur in three stages.

First Stage – Symptoms include the appearance of a sore called a chancre and swelling of the lymph nodes near the groin. The sore usually is small, round and painless. It lasts around 1–8 weeks and heals on its own. There may be multiple sores.

Second Stage – The second stage of syphilis begins as the sore heals or several weeks after it heals. Symptoms include the appearance of a red, bumpy, scaly, non-itchy rash. The rash may come and go and includes spots on the palms of the hands and soles of the feet. On the face, the rash may look like acne. Slimy white patches in the mouth or on the genitals, wart-like growths around the anus, patchy hair loss and flu-like symptoms (headache, fever, body aches, fatigue, loss of appetite) may also occur. This stage lasts from weeks to a year.

Latent Stage – After the second stage, most people who are untreated enter the latent stage. This stage has no symptoms and may last a lifetime.

Third Stage – About 15% of untreated people who enter the latent stage of syphilis go on to develop tertiary syphilis—the third stage of infection. This begins 10–20 years after the initial infection. It can cause heart disease, brain damage, paralysis, blindness and even death.

Complications:	Damage to the body that occurs prior to treatment may not be reversible.
	A woman can give the disease to her fetus during pregnancy or have a

A woman can give the disease to her fetus during pregnancy or have a miscarriage. Babies infected with syphilis are often born prematurely and can develop problems with their eyes, central nervous systems, bones, liver and spleen. They may also have swollen lymph nodes, yellow skin (jaundice), skin rash and anemia.

Having syphilis increases the risk of being infected with HIV if exposed, and of passing HIV to a partner if HIV positive.

Diagnosis: Must be tested to know if you have the infection.

Treatment: Easily treated with penicillin and other antibiotics

GONORRHEA

Caused by a bacterium called Neisseria gonorrhoeae
Direct contact with infected person through vaginal, anal or oral sex.
Females – Burning and pain during urination, frequent urination, thick yellow discharge
Around 50% of women with gonorrhea show symptoms.
Males – Burning and/or pain during urination, discharge from penis
Some men with gonorrhea have no symptoms at all.
Rectal Gonorrhea – Can result from anal sex. Symptoms such as rectal discharge and discomfort around anus can occur, but infection is usually asymptomatic.
Gonococcal Pharyngitis – Can result from oral sex. Symptoms include sore throat, difficulty swallowing and red, swollen tonsils.
Females – If left untreated, infection can lead to pelvic inflammatory disease (PID), ectopic pregnancy and infertility. Can also lead to more widespread infection that includes arthritis and skin lesions on the arms and legs. A pregnant woman can give the infection to her baby during childbirth. This can cause serious health problems for the baby.

Males – If left untreated, infection can spread from the urethra to the testicles and cause sterility. Can also lead to a more widespread infection that includes arthritis and skin lesions.

Having gonorrhea increases the risk of being infected with HIV if exposed, and of passing HIV to a partner if HIV positive.

Diagnosis: Must be tested to know if you have the infection.

Treatment: Can be easily treated with antibiotics. A person diagnosed with gonorrhea is also tested for chlamydia since these infections often coexist. The partner(s) of the infected person must also be tested. Once treated, a person is cured. However, a person can be reinfected if exposed to gonorrhea again.

HERPES

Organism: Caused by a **virus** called *herpes simplex virus* (HSV). There are two types:

- HSV Type 1: Usually causes cold sores or fever blisters; can be spread from mouth to genitals during oral sex
- HSV Type 2: Can cause sores/blisters on the genitals

Either type 1 or type 2 can cause a herpes infection in the mouth, eyes, vagina, penis or anal area.

How Transmitted: Direct contact with infected person through vaginal, anal, or oral sex, kissing, or skin-to-skin contact

A person with herpes can infect someone else just by "rubbing" when they have a sore; for example, rubbing the penis against the vulva without having clothes on. THIS MEANS YOU DO NOT HAVE TO HAVE SEXUAL INTERCOURSE TO GET HERPES.

The easiest way to pass herpes is through contact with the sores. HOWEVER, a person infected with herpes does not have to have sores to pass the virus/infection on to someone else. Women can also pass this infection to a baby during childbirth.

Symptoms: **Females and Males –** Painful sores on the vagina, penis, anal area or mouth. These sores tend to recur. This means that even if herpes

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sores go away, they often come back. This may happen for the rest of a person's life. Some people do not have any symptoms.

Complication: Women can pass the infection to their babies during childbirth.

> Having herpes increases the risk of being infected with HIV if exposed, and of passing HIV to a partner if HIV positive.

- Diagnosis: Must have a test to know if you are infected. The doctor swabs a small amount from the sore and tests the cells to see if it contains the virus.
- There is no cure for herpes, only treatment for the symptoms Treatment: (sores). Most patients are treated with Acyclovir (Zovirax) to slow down the recurrence of the sores and ease the pain during an outbreak. Since sores come back when a person is under stress, it is also recommended that an infected person get plenty of rest, stay away from stressful situations, exercise and eat healthy.

HPV

Caused by human papillomavirus, a virus with more than 100 types Organism:

How Transmitted: Direct contact with infected person through vaginal, anal or oral sex, or skin-to-skin contact

> A person with HPV can infect someone else just by "rubbing," for example, rubbing the penis against the vulva without having clothes on.

THIS MEANS YOU DO NOT HAVE TO HAVE SEXUAL INTERCOURSE TO GET HPV.

Females and Males - Soft, moist, pink, fleshy warts that can look Symptoms: like cauliflower. They are usually painless and can be raised, pointed or flat in shape. Usually they appear in clusters, but they can also grow alone. If left untreated, warts may go away, stay the same or grow and spread. Most people do not have any symptoms.

Complications: Women can pass this infection to their babies during childbirth.

> Most people with HPV do not develop health problems from it, but some types of the virus can cause genital warts, and others can lead to cervical cancer or cancer of the vulva, vagina, penis, anus or back of the throat.

- Diagnosis: Genital warts can usually be diagnosed by physical exam or their appearance. An HPV test can screen for cervical cancer.
- Treatment: Warts can be treated with a chemical cream or they can be removed. A doctor will determine the best course of treatment. However, because HPV may be a lifelong infection, treatment may clear only the warts and not the infection.
- Prevention: Vaccines can protect males and females against some of the most common types of HPV that cause problems. HPV vaccines are given in three doses over 6 months. It is important to get all three doses to get the best protection. The vaccines are most effective when given before a person's first sexual contact, prior to possible exposure to HPV.

Females – Vaccines are available to protect females against the types of HPV that cause most cervical cancers. Two of these vaccines also protect against most genital warts. Vaccines are recommended for 11- and 12-year-old girls, and for girls and women ages 13 through 26 who did not get any or all of the doses when they were younger. Vaccines can also be given to girls beginning at age 9.

Males – Two vaccines protect males against most genital warts and some kinds of HPV-related cancer. Vaccines are available for boys and men ages 9 through 26.

TRICHOMONIASIS

Organism: Caused by a single-cell protozoan parasite called Trichomonas vaginalis

How Transmitted: Direct contact with infected person through vaginal sex

Symptoms: **Females –** Frothy, yellow-green vaginal discharge with a strong odor. May also cause discomfort during sexual intercourse and urination, as well as irritation and itching of the genitals. Sometimes, lower abdominal pain can occur.

> **Males** – Most men with trichomoniasis do not have signs or symptoms; however, some men may temporarily have an irritation inside the penis, mild discharge or slight burning after urination or ejaculation.

Complications: Pregnant women with trichomoniasis may have babies who are born early or with low birth weight.

> If left untreated, the genital inflammation caused by trichomoniasis can increase the risk of being infected with HIV if exposed, and of passing HIV to a partner if HIV positive.

- Diagnosis: Must be tested to know if you have the infection.
- Treatment: Trichomoniasis can be treated and cured with prescription drugs, either metronidazole or tinidazole, given by mouth in a single dose. The partner(s) of the person infected must also be tested and treated. Once treated, a person is cured. However, a person can be reinfected if exposed to trichomoniasis again.

HEPATITIS B

Organism: Caused by a virus called hepatitis B virus (HBV)

- How Transmitted: Hepatitis B is transmitted through activities that involve percutaneous (i.e., puncture through the skin) or mucosal contact with infectious blood or body fluids (e.g., semen, saliva).
 - Symptoms: Symptoms begin between 60–150 days after exposure to the virus. Symptoms can include fever, fatigue, loss of appetite, nausea, vomiting, abdominal pain, dark urine, clay-colored bowel movements, joint pain and jaundice.
 - *Complications:* Hepatitis B can develop from an acute (short-lived) infection into a chronic infection that leads to a disease of the liver that can be very serious. Liver damage in chronic hepatitis B, if not stopped, continues until the liver becomes hardened and scarlike. This is called cirrhosis, a condition traditionally associated with alcoholism. When this happens, the liver can no longer carry out its normal functions, a condition called liver failure. The only treatment for liver failure is liver transplant.

Diagnosis: Must be tested to know if you have the infection.

Treatment: If a healthcare provider determines the hepatitis B infection is acute (short-lived), the person may not need treatment. Instead, the healthcare provider will work to reduce any signs and symptoms experienced while the person's body fights the infection. If the case is chronic, the healthcare provider may recommend antiviral medications, or in severe cases, liver transplant.

Prevention: There is a vaccine that can prevent hepatitis B. It is recommended for infants, people age 18 and younger who were not vaccinated as infants, and adults who are at risk.

HIV

Organism: Caused by a **virus** called *human immunodeficiency virus* that damages a person's body by destroying specific blood cells, called CD4 cells, or T cells, which are crucial to helping the body fight diseases.

How Transmitted: HIV is primarily spread by unprotected anal or vaginal sex. It can also be spread by sharing needles, syringes, or from a mother to her fetus.

- Symptoms: The only way to know if you are infected is to be tested for HIV. People cannot rely on symptoms to know whether or not they are infected. However, the following may be warning signs of advanced HIV infection: rapid weight loss; dry cough; recurring fever or profuse night sweats; profound and unexplained fatigue; swollen lymph glands in the armpits, groin or neck; diarrhea that lasts for more than a week; white spots or unusual blemishes on the tongue, in the mouth or in the throat; pneumonia; red, brown, pink or purplish blotches on or under the skin or inside the mouth, nose or eyelids; memory loss; depression; and other neurological disorders.
- *Complications:* HIV infection, if left untreated with anti-retroviral drugs, can lead to AIDS (acquired immunodeficiency syndrome). HIV infection weakens the immune system, making an infected person highly susceptible to a number of bacterial, viral, fungal and parasitic infections. It can also make an infected person more susceptible to certain types of cancers.

Infections can include pneumonia, tuberculosis, viral hepatitis, herpes simplex virus, human papillomavirus, meningitis, and non-Hodgkin's lymphoma.

Diagnosis: Must be tested to know if you have the infection.

Treatment: There is no cure for HIV, however there are treatment options that can help people living with HIV experience long and productive lives. Anti-retroviral medications inhibit the growth and replication of HIV at various stages of its life cycle. There are several classes of these drugs available, and the options should be discussed with a healthcare provider.

Prevention: Post-exposure prophylaxis (PEP) is treatment with medicines that may be able to prevent the virus from infecting the body if taken within 72 hours of exposure. Pre-exposure prophylaxis (PrEP) involves taking daily medication to lower the chances of infection. It is most often used by people with HIV-positive partners or others at high risk.

HOW TO PREVENT AN STD

The most effective way to prevent an STD is to NOT HAVE SEX, either oral, anal or vaginal. People who choose to have sex need to use a latex or polyurethane/polyisoprene condom each time.

REMEMBER:

- You cannot tell by just looking if someone has an STD.
- For some of the most common STDs (chlamydia, gonorrhea, HPV), many people never have any symptoms.
- Some people with STDs never get treated because they did not have symptoms or the symptoms disappeared. These people were never cured and may have passed the infection to others.
- Washing, urinating or douching does not prevent STDs.
- You can get an STD again and again.
- You can get an STD if you have sex only once.
- Once you are infected with a viral STD such as herpes you are always infected— there is no cure.

WHAT TO DO IF YOU THINK YOU HAVE AN STD

See a health provider. If you have been sexually active, have not used condoms, and know or think your sex partner has an STD you need to ask the doctor to test you, even if you have no symptoms. The tests are simple and are the only way to know for sure if you are infected with an STD.

REMEMBER:

- Always use a latex or polyurethane/polyisoprene condom.
- If you or your partner(s) have unusual discharge, sores or rashes on or near the vagina, penis or anal area, STOP having sex, get tested and get treated if needed.
- If you have an STD, TAKE ALL YOUR MEDICINE EVEN IF YOU FEEL BETTER OR THE SYMPTOMS GO AWAY.
- Tell your partner(s) that you have an STD and that they should be tested and treated. If your partner(s) do not get treated and you continue to have sex, you may be reinfected. BE RESPONSIBLE!

CONTRACEPTIVE METHODS

Condoms are only one of many birth control methods that exist. However, **they are the only method besides abstinence that can effectively prevent the transmission of sexually transmitted infections, including HIV.** The other methods of protection described here are only effective in preventing pregnancy.

Adolescents can obtain two types of contraceptive methods: prescribed methods that must be obtained from a health care provider, or over-the-counter methods that can be purchased from a store without a prescription. Contraceptives can also be categorized as hormonal methods (e.g., birth control pills and Depo-Provera) and barrier methods (e.g., condoms and diaphragms). Except for abstinence and condoms, use of any of the following methods should be coupled with consistent condom usage for STD prevention.

This section describes the methods in order of effectiveness.

Abstinence (Choosing Not to Have Sex)

What it is: Not engaging in sexual activities; also called abstinence. Choosing not to have sex means refraining from any sexual activity that can result in pregnancy and STDs, including vaginal, oral and anal sex, as well as skin-to-skin genital contact that can transmit certain STDs.

How it works: Individuals or couples decide that not having sex (vaginal, anal, and/or oral) is the best decision for them. People decide to do this for many reasons. They find other ways of showing their love and affection. They learn ways to tell their partners how they feel so they can stick with their decision.

How to use it: Choosing not to have sex is the simplest of all methods to use. It's free. You don't have to store it in a special place.

How and where to get it: You've got it. It's free.

Effectiveness and advantages: Choosing not to have sex is the safest and most effective method of preventing HIV, other STD and pregnancy. It works all the time when people consistently avoid any behaviors that can potentially result in pregnancy or STD.

Risks and disadvantages: There are no health risks. People need to be prepared to deal with pressure if a partner doesn't agree that abstinence is the best choice.

Long-Acting Reversible Contraception (LARC)

IUD

What it is: The IUD (intrauterine device) is a small, plastic device shaped like a "T" that is inserted into the uterus by a doctor. There are four IUDs currently on the market—the Copper T, Mirena, Skyla and Liletta. Depending on the type of IUD, it can provide protection from pregnancy for 3 to 10 years. IUDs are reversible, meaning they can be removed by a health care provider and do not have to stay in place for a set number of years.

How it works: The IUD prevents pregnancy by affecting the way sperm move and preventing sperm from fertilizing an egg. Some IUDs (Mirena, Skyla) also release hormones that prevent pregnancy the same way as the birth control pill.

How to use it: The IUD must be inserted by a health care provider. After it is inserted, no further action for pregnancy prevention is required. The IUD is an approved method for young women, including teens (American College of Obstetricians and Gynecologists, 2012).

How and where to get it: IUDs must be obtained from a health care provider. The provider puts the IUD into the uterus through the vagina, using a small tube. The sides of the "T" collapse into a skinny straight line when it goes into the body, so it doesn't poke the vagina or uterus. The procedure can be done at the clinic or doctor's office.

Effectiveness and advantages: The IUD is highly effective (more than 99%) at preventing pregnancy. IUDs wrapped with copper (Copper T) provide protection for up to 10 years. Hormonal IUDs (Skyla, Liletta, Mirena) provide protection for 3 to 5 years. Some people prefer to use an IUD because it is very private, always in place and they don't have to remember to take a pill each day. It can be removed by a health care provider at any time, and fertility rapidly returns to previous levels after removal.

Risks and disadvantages: *The IUD doesn't protect against HIV or other STD.* Side effects may include changes to the menstrual cycle, more bleeding and cramping during periods or spotting between periods. It must be inserted and removed by a health care provider.

Implant

What it is: Implants include 1 or more tiny rods or tubes of artificial hormones (progestin) that are placed under the skin of the upper arm by a health care provider. Implants work for at least 3 years and are reversible, meaning they can be removed by a health care provider at the end of their period of efficacy or earlier if women want to get pregnant or change methods.

How it works: The implant slowly releases a low dose of the hormone progestin into the bloodstream. This stops the ovaries from releasing eggs. It also thickens cervical mucus, which makes it more difficult for sperm to reach the egg.

How to use it: Implants must be inserted by a health care provider. After insertion, no further action for pregnancy prevention is required until the 3-year period expires. The Implant is an approved method for young women, including teens (American College of Obstetricians and Gynecologists, 2012).

How and where to get it: Implants must be obtained from a health care provider. A small incision is made on the inside of the upper arm; then the rod, which is about the size of a matchstick, is inserted. The procedure can be done at the clinic or doctor's office with a local anesthetic.

Effectiveness and advantages: The implant is highly effective (more than 99%) at preventing pregnancy, and it provides protection for 3 years. Some people prefer to use it because it is very private, always in place and they don't have to remember to take a pill each day. It can be removed by a health care provider at any time, and fertility rapidly returns to previous levels after removal.

Risks and disadvantages: *The implant doesn't protect against HIV or other STD.* Side effects may include spotting between periods, light periods, longer periods or no periods at all. It must be inserted and removed by a health care provider.

Hormonal Methods

Depo-Provera®

What it is: Depo-Provera® is an injectable form of birth control that uses a synthetic hormone (progestin) to prevent pregnancy.

How it works: Depo-Provera® injections inhibit ovulation by suppressing hormone levels. Depo-Provera® also inhibits the development of the endometrium (the lining of the uterus) and contributes to the development of thick cervical mucus that decreases sperm penetration.

How to use it: Depo-Provera® must be obtained from a health care provider. For immediate protection, the first shot needs to be received during the first 5 days of a normal menstrual period; but an additional form of contraception should be used for 2 weeks after the first injection as a precautionary measure. After that, no further action is needed. Depo-Provera®

provides protection all day, every day—as long as people return to the doctor's office every 12 weeks for an injection.

How and where to get it: Depo-Provera® requires a prescription from a doctor. People must visit their doctors every 12 weeks to receive an injection. According to the manufacturer, Depo-Provera® costs about the same per year as birth control pills.

Effectiveness and advantages: Depo-Provera® is extremely effective at preventing pregnancy (more than 99%), as long as the injections are done on schedule. Other than receiving an injection every 12 weeks, no other steps are required for protection against pregnancy. Some people prefer to use Depo-Provera® because it is very private and they don't have to remember to take a pill each day.

Risks and disadvantages: Like the pill, Depo-Provera® doesn't protect against HIV or other STD. There are several potential side effects, including weight gain and irregular or unpredictable menstrual bleeding. Other side effects may include nervousness, dizziness, stomach discomfort, headaches, fatigue or a decrease in the amount of mineral stored in the bones (a possible risk-factor for osteoporosis).

People should talk with their health care providers to ensure that Depo-Provera® is a good option for them, and must visit the doctor every 12 weeks for the injections. Once the injections are stopped, fertility will not return for an average of 6 months to 1 year. However, this period of potential "infertility" should not be regarded as a "safe" time to have unprotected intercourse.

Birth Control Pill

What it is: The birth control pill is a prescription drug that contains different amounts of the hormones estrogen and progesterone.

How it works: The pill mimics the hormones of pregnancy. It stops the release of fertile eggs from the ovaries, and thickens the mucus in the cervix so it is hard for sperm to enter the uterus.

How to use it: Birth control pills must be obtained from a health care provider. The person takes 1 pill at approximately the same time each day, as prescribed. After finishing the first pack of pills she is protected all day, every day—as long as she continues to take the pills as prescribed.

How and where to get it: The person must make an appointment with a health care provider, who will provide the pills at that time or write a prescription for the birth control pills with instructions about when to begin taking them.

Effectiveness and advantages: The birth control pill is more than 99% effective at preventing pregnancy if the person takes it every day, uses some other method of protection during the first month, and doesn't use another person's pills. The pill is convenient and does not affect the spontaneity of a sexual relationship.

While taking the pill, periods may be lighter, shorter and more regular, with less cramping. The pill may protect from other health care issues, such as pelvic inflammatory disease and ovarian and endometrial cancer.

Risks and disadvantages: The birth control pill doesn't protect against HIV or other **STD**. There may be several minor side effects, including nausea, sore breasts, weight gain, skin problems and depression. A health care provider will discuss rare health risks, such as high blood pressure, blood clots, heart attack and stroke, especially for those who smoke.

Birth Control Patch & Vaginal Ring

What they are: The birth control patch is a thin plastic square that can be worn on the skin of the buttocks, stomach, upper outer arm or upper torso (but not on the breasts). The vaginal ring is a soft, flexible ring inserted into the vagina.

How they work: The patch or ring slowly releases artificial hormones into the body. They prevent pregnancy in the same ways as the birth control pill, by stopping the release of fertile eggs from the ovaries, and thickening the mucus in the cervix so it is hard for sperm to enter the uterus.

How to use them: The patch or the ring must be obtained from a health care provider. They are worn every day. A new patch is applied each week. The ring is changed once a month.

How and where to get them: The patch and the ring must be prescribed by a health care provider. People can place the patch on the body or insert the ring themselves, but must see a health care provider to get them.

Effectiveness and advantages: The patch and the ring are more than 99% effective in preventing pregnancy when they are used correctly. This means remembering to wear the patch and change it each week or to insert the ring and change it each month. The patch and the ring are simple and easy to use, as long as they are worn and changed as required.

For many, these methods are convenient and don't interfere with the spontaneity of a sexual relationship. The patch and the ring can lessen the bleeding and cramping of heavy or painful menstrual periods.

Risks and disadvantages: The patch and the ring don't protect against HIV or other **STD.** They must be worn every day, whether people are having sex or not. A health care provider will discuss rare health risks, such as high blood pressure, blood clots, heart attack and stroke, especially for those who smoke.

Barrier Methods

Male Condom (External Condoms)

What it is: A male latex condom is a sheath made of thin latex rubber that fits over an erect penis. Condoms are also called "rubbers" or "prophylactics." There are alternatives for people allergic or sensitive to latex, including polyurethane (a type of plastic) and polyisoprene (a non-latex rubber).

How it works: The condom fits snugly over the erect penis and catches semen and sperm when the man ejaculates. Condoms provide a mechanical barrier that prevents direct contact with semen, sperm and other body fluids that can contain sexually transmitted bacteria and viruses, including HIV.

A common misperception is that condoms contain "holes," and that HIV can pass through the holes. Laboratory studies show that intact *latex*, *polyurethane*, or *polyisoprene* condoms provide a continuous barrier to microorganisms, including HIV.

How to use it: The condom is unrolled onto the erect penis before the penis is placed anywhere near the partner's body.

Air pollution, heat and sunlight can weaken latex condoms. Leaving condoms in sunlight for 8–10 hours begins to weaken their strength. Condoms should not be stored for long periods in a wallet, pants pocket or glove compartment of a car. They can probably be kept safely in a wallet for up to a month. Condoms should be stored in a cool, dry place, and the package should not be opened until the condom is to be used. A condom can only be used once, and should not be used after the expiration date on the package or if it is visibly damaged.

Oil-based lubricants such as petroleum jelly, hand lotions, baby oil or other oils can weaken latex condoms and should not be used. Lubricants should be water-based, such as K-Y Jelly[®], Glide[®], surgical jellies and most contraceptive jellies.

How and where to get it: Condoms are available at markets, drugstores, family planning and STD clinics and online. They also may be available in vending machines or at schools. Anyone can buy condoms, regardless of age or gender. No prescription is needed.

Effectiveness and advantages: Latex condoms can be 98% effective in preventing pregnancy, but only if they are used correctly and consistently (i.e., *every time* a person has sex); this represents *perfect use*. Several studies of "discordant couples" (couples in which one member is infected with HIV and the other is not) show that using latex condoms with every act of intercourse also substantially reduces the risk of HIV transmission.

Condoms are double-dipped in latex during the manufacturing process (latex gloves are only single-dipped). Condoms are regulated by the FDA, and are subject to stringent testing. Condoms are relatively easy to use. With practice, they can become a regular, pleasurable part of a sexual relationship.

Risks and disadvantages: Condom effectiveness depends on how the condom is used. Studies have found that most latex condom failure results from user errors, such as using the condom incorrectly (e.g., using after genital contact, failing to unroll the condom completely, using oil-based lubricants), using the condom inconsistently or using a damaged condom (e.g., a condom that has been torn by fingernails or jewelry, or that has been stored improperly). *In terms of pregnancy prevention, first year failure rates among typical users average about 18%.*

There are no serious health risks. Sometimes condoms may irritate the skin, especially if they contain a spermicide or if the user is allergic to latex. Use of another brand or a hypoallergenic (polyurethane or polyisoprene) condom will solve this problem in most cases. Use of condoms lubricated with the spermicide called nonoxynol-9 is no longer recommended. Some couples complain that condoms reduce sexual feelings. Others say it makes no difference. Some people complain about having to stop and put on the condom; but if the couple puts it on together, it can become a part of their shared responsibility within the relationship.

Natural membrane (also known as lambskin) condoms will not protect from HIV and other STD to the same degree as latex condoms.

Female Condom (Insertive Condoms)

What it is: The female or insertive condom is a thin, loose-fitting polyurethane or nitrile pouch that contains a flexible ring at each end. One ring lies inside the closed end of the pouch and is used to insert the condom into the vagina; it also holds the condom in place. The other ring forms the open edge of the pouch and remains outside the body after the condom is inserted.

How it works: Condoms provide a mechanical barrier that prevents direct contact with semen, sperm and other body fluids that can sexually transmit bacteria and viruses, including HIV.

How to use it: A person inserts the end of the condom with the ring inside into the vagina. The outside ring should lie on the vulva outside of the body. *Female condoms should not*

be used along with male condoms. If both types of condoms are used at the same time, neither will stay in place. A condom can only be used once, and should not be used after the expiration date. It can be inserted up to 8 hours before intercourse, but most people insert it between 2 and 20 minutes before having sex. The condom should be removed after intercourse and thrown away in the trash.

How and where to get it: Female condoms may be purchased at drugstores or online without a prescription and are sometimes available at family planning or STD health centers. Anyone can buy condoms, regardless of age or gender.

Effectiveness and advantages: When used correctly and consistently, the female condom can be 95% effective in preventing pregnancy, and also provides protection from HIV and other STD. It offers a barrier contraceptive option that can be used instead of a male condom. It can be obtained without a prescription. If it is inserted early, it does not interrupt sex. The nitrile used in the condom is stronger than latex, has good heat-transfer characteristics which can increase pleasure, is not susceptible to deterioration with oil-based products, and is less susceptible than latex to deterioration during storage.

Risks and disadvantages: Consistent and correct use is essential for effectiveness with the female condom. There are no serious health risks; however, some have reported minor issues using the condom. It may be awkward to insert without practice. A couple must be aware of keeping the condom in place as it can be pushed inside the body during sex, or the penis can slip to the side of the condom. Other problems may include minor irritation, discomfort and breakage.

Vaginal Barriers

Diaphragm, Cervical Cap, Sponge

What they are: Vaginal barriers are devices that cover the cervix (opening to the uterus) to keep sperm from reaching and fertilizing an egg. They come in different forms.

- The diaphragm is a reusable flexible, dome-shaped cup made of latex or silicone. It is inserted in the vagina and positioned to cover the cervix. It can be inserted up to 6 hours before sex, and must be left in place at least 6 but no more than 24 hours after intercourse.
- The cervical cap is a reusable silicon cap that fits over the cervix. It provides protection for 48 hours. Like the diaphragm it is inserted in the vagina before sex, and must be left in place for 6 hours after intercourse.

The sponge is made of soft polyurethane that contains spermicide. It is inserted in the vagina before intercourse and provides protection for 24 hours. It, too, must be left in place for at least 6 hours after intercourse, but should not be left in the vagina for any more than 30 hours total. The sponge is not reusable.

How they work: Vaginal barriers prevent fertilization by blocking sperm from entering the uterus and fallopian tubes, so the sperm cannot reach the egg.

How to use them: Vaginal barriers are inserted into the vagina to cover the cervix before having intercourse. The diaphragm and cervical cap should be coated with spermicide before insertion. The sponge should be moistened with water, and has spermicide built in.

How and where to get them: A person must be fitted for a diaphragm or cervical cap by a health care provider. The sponge comes in one size and is available at drugstores, family planning clinics and some supermarkets.

Effectiveness and advantages: If used correctly with spermicide every time a couple has sexual intercourse, vaginal barriers are fairly effective at preventing pregnancy (diaphragm, 88–94%; sponge, 76–91%; cervical cap, 71–86%); the range in effectiveness reflects typical use (not always using the method consistently and correctly) versus perfect use (always using the method consistently and correctly) versus perfect use (always using the method consistently and correctly). The sponge and cervical cap are more effective for those who have not had children. When used with a *latex or polyurethane condom*, the combined method is very effective at preventing pregnancy, HIV and other STD. If they are inserted early, use does not require an interruption in lovemaking. The diaphragm and cervical cap are reusable.

Risks and disadvantages: There are no health risks associated with using vaginal barriers. Some people may have an allergic reaction to the material the barrier is made of or the spermicide used with it. There is a low risk of vaginal or urinary infections. To avoid a very low risk of toxic shock syndrome, people should not leave a vaginal barrier method in the body longer than recommended. When used alone, vaginal barriers with spermicides do not protect from HIV and other STD.

Vaginal Spermicides

Contraceptive Foam, Gel, Cream, Film, Suppositories or Tablets

What they are: Spermicides are made up of 2 components: a base or carrier (i.e., foam, gel, cream, film, suppository or tablet), and a chemical that kills sperm.

How they work: These spermicidal preparations are inserted into the vagina before sexual intercourse. After insertion, the spermicide disperses and kills sperm before they pass through the cervix to the uterus.

How to use them: Contraceptive foam, gel, cream, film, suppositories or tablets are inserted into the vagina near the cervix. Spermicides must be reinserted each time the couple has intercourse. Foam, gel and cream are effective immediately. Film, suppositories and tablets are not fully effective until 15 minutes after insertion. Spermicidal preparations remain effective no more than 1 hour after insertion. They also must be reinserted if more than 1 hour elapses between initial insertion and intercourse. All vaginal spermicides can be used alone, or with a diaphragm or latex condom for increased protection.

How and where to get them: Vaginal spermicides are available at supermarkets, drugstores, family planning clinics and online. A prescription is not required. There is no age limit for purchasing them.

Effectiveness and advantages: If used correctly every time a couple has sexual intercourse, spermicides alone are fairly effective at preventing pregnancy (82% with *perfect use* to 72% with *typical use*). When used *with a latex or polyurethane condom*, the combined method is very effective at preventing pregnancy, HIV and other STD. When used *with a diaphragm*, gels and creams are very effective at preventing pregnancy.

Risks and disadvantages: There are no health risks associated with using vaginal spermicides. Some people may have an allergic reaction or irritation. This can sometimes increase the risk of HIV and other STD transmission. If a reaction or irritation occurs, another brand may work better. Foam, gel or cream must be inserted right before having sexual intercourse; and film, suppositories and tablets must be inserted at least 15 minutes before intercourse. Spermicides need to be reapplied for each act of intercourse. **When used alone, vaginal spermicides do not protect from HIV and other STD**.

Emergency Contraception

What it is: Emergency contraception (EC) is a method that reduces the risk of pregnancy after unprotected sex.

How it works: Emergency contraception prevents pregnancy primarily by stopping the egg from being released, so the sperm can't fertilize it.

How to use it: There are several different types of emergency contraception pills available in the United States. Depending on the type taken and the individual circumstances, a person may take one pill or several. EC works best when started as soon as possible after unprotected sex. It works best when started right away, but can be taken up to 5 days after sex. A copper IUD, inserted by a health care provider up to 5 days after unprotected sex, can also act as emergency contraception.

How and where to get it: Some kinds of pills are available from a pharmacist or at drugstores without a prescription. Other kinds require a prescription from a health care provider. A health care provider must insert the IUD.

Effectiveness and advantages: Taking EC as soon as possible or up to 5 days after unprotected sex can reduce the risk of pregnancy up to 89%. An IUD inserted within 5 days of unprotected intercourse reduces the risk for pregnancy by 99%.

Emergency contraception makes sense if a couple does not want to become pregnant and their regular birth control method was damaged, slipped out of place, or wasn't used correctly. It can also be used to prevent pregnancy in cases of sexual assault.

Risks and disadvantages: Common side effects that can occur when taking EC pills include heavier menstrual bleeding, nausea, lower abdominal pain, fatigue, headache and dizziness. The IUD can cause increased menstrual bleeding, pain and/or cramping, as well as spotting between periods.

Some people do become pregnant or are already pregnant when they use emergency contraception. Studies have found no risk to a developing fetus from the use of EC pills. There is an increased risk of miscarriage from an IUD.

Emergency contraception should be viewed as a contingency measure. It is important for sexually active couples to practice a regular form of birth control. **Emergency contraception provides no protection against HIV or other STD.**

DRUGS AND THEIR EFFECT ON SEXUAL RESPONSIBILITY

Reaching goals and dreams requires a person to be clear thinking, responsible and in control. Using alcohol and/or other drugs may prevent people from making the best decisions and, consequently, attaining their goals and dreams. Alcohol and other drugs alter thinking and impair judgment. This can lead to risky sexual behaviors. Below is a description of various drugs, what they look like, and their effects.

ALCOHOL

(booze, brew, hair of the dog, hooch, juice, sauce, spirits)

Alcohol is the drug in beer, wine and liquor. When a person drinks alcohol, it goes straight from the stomach into the blood and then to the brain. Alcohol is a depressant and quickly changes the way the brain works.

WHAT DOES IT LOOK LIKE?

Alcohol is a colorless liquid that has a slight chemical odor. A standard drink has ½ ounce of pure alcohol. Each of the following alcoholic beverages is considered a standard drink:

- 12-ounce beer
- 10-ounce microbrew
- 8- to 9-ounce malt liquor
- 4 to 5 ounces of wine
- 1½ ounces of 80-proof liquor

WHAT ARE ITS EFFECTS?

Drinking affects each person differently, depending on age, gender and body size, as well as how much and how fast a person drinks. How much food is in the person's stomach is also a factor. Only time will make a person sober. Drinking coffee, taking a shower, getting fresh air or vomiting will not get rid of the alcohol in a person's blood.

At the very early stages of drinking, alcohol can produce an enjoyable "buzz" effect. But when the blood alcohol level (BAL) reaches .05% to .06%, positive effects decrease and negative effects increase. Drinking too much on a single occasion impairs thinking and memory, slows reaction time, blurs vision, decreases inhibitions, and can cause vomiting and passing out. At very high blood alcohol levels, breathing can stop, the heart can stop, and death can occur from alcohol poisoning. Chronic heavy drinking, or drinking too much over a long period of time, can cause serious health problems. These include the loss of memory and motor skills, heart damage, stroke, liver disease and an increased risk of certain cancers.

Some adults can choose to drink responsibly. They control how much they drink and stop before they drink too much. But some people become addicted to alcohol and can't control how much they drink. They can't stop before they drink too much and continue use despite personal harm or injury.

MARIJUANA

(pot, dope, grass, weed, Mary Jane, chronic, reefer, ganja, kaya, doobie)

Marijuana comes from the leaves of the hemp plant cannabis sativa. It can be eaten in certain foods or smoked. Medicinal and recreational use has been legalized in some places. But marijuana is illegal for anyone under age 21.

WHAT DOES IT LOOK LIKE?

Marijuana is a green or gray mixture of dried, shredded flowers and leaves.

WHAT ARE ITS EFFECTS?

The effects vary from person to person depending on how strong the marijuana is, how it's taken, and whether other drugs or alcohol are involved. At first, marijuana can make people feel relaxed, in a good mood, and even silly. Users will likely experience dry mouth, rapid heartbeat, some loss of coordination, poor sense of balance, and slower reaction times, along with intoxication. Blood vessels in the eyes will expand causing the red eye effect.

Marijuana in a person's system may impair short-term memory. This happens because all forms of marijuana contain THC (delta 9 tetrahydrocannabinol), the main active chemical in marijuana, which alters the way the brain works. After a few minutes, paranoia or anxiousness may set in, then intense hunger (a.k.a. the munchies). Finally, sleepiness may occur.

For some people, marijuana raises blood pressure slightly and can double the normal heart rate. This effect can be greater when other drugs are mixed with marijuana.

Marijuana can make people more likely to do things they might later regret. Like other drugs it impairs judgment and alters thinking. In addition, marijuana reduces coordination and concentration. It's harder to do many things, including sports, dancing, acting and studying.

Keep in mind that marijuana is illegal for anyone under 21. Using, holding, buying or selling it can get you suspended or expelled from school, and even a criminal record and jail time.

CRACK AND COCAINE

(coke, snow, blow, toot, nose candy, flake, the lady)

Cocaine is a powerful stimulant drug that comes from the leaves of the South American coca plant. Taking it makes people feel energetic and powerful at first, but then depressed, edgy and needing more.

WHAT DOES IT LOOK LIKE?

Cocaine is a white powder that people either snort or dissolve and inject with a needle. Crack is a form of cocaine that has been chemically altered, and crystallized, so it can be smoked.

WHAT ARE ITS EFFECTS?

At first, cocaine makes people feel energetic and powerful. As these feelings wear off, however, they quickly become depressed and edgy, and they experience intense craving for more.

Cocaine and crack are among the most addictive drugs available. Not only can these drugs harm the body, they can distort priorities to the point where all that matters is getting the next fix. Being high on cocaine or crack, or pursuing the next hit, often results in violence, car crashes, falls, burns, and drownings.

People addicted to crack and cocaine often do risky things they later regret. They may spend all their money on these drugs, and do any number of other things to support their habit, such as stealing from people they love, trading sex for money, selling drugs, and getting involved in all kinds of other illegal activities. In their pursuit to feed the crack and cocaine addiction, users hurt the people around them and often end up alone.

INHALANTS

(all kinds of household goods, poppers, whippets, laughing gas, amyl nitrite, butyl nitrite, nitrous oxide, rush)

Inhalants are chemicals people sniff for a head rush. Usually, it's a product that's meant for something else, like gases, glue or cleaning products.

WHAT ARE THEIR EFFECTS?

People who use inhalants get a quick, giddy head rush. They are cheap and usually readily available, making them an easy choice for those who use them. Users feel slightly stimulated and uninhibited, but within a minute or two, a major headache comes on (the first indication that this is a bad idea). Hallucinations and numb hands and feet are often part of the package. Suffocation and sudden death can also occur, even during the first time a person uses these drugs.

HALLUCINOGENS

LSD (acid), psilocybin (mushrooms), mescaline

Hallucinogens change your thought processes, emotions and perceptions. The most popular are acid and mushrooms. LSD is the most potent hallucinogen.

WHAT DO THEY LOOK LIKE?

Acid usually comes in the form of a small piece of paper (blotter acid) that has been soaked in the drug. It also comes in small tablets called microdots or small squares of gelatin called window panes. When users place the acid on their tongue, the drug is absorbed and enters the blood stream. Mushrooms look like dried edible mushrooms, but they are not the same as the mushrooms you eat with foods like pizza. There are thousands of kinds of mushrooms. Hallucinogenic mushrooms are unique and contain a poison that makes you feel high.

WHAT ARE THEIR EFFECTS?

The effects of hallucinogens vary greatly—even unpredictably—depending on the dose, a person's mood, personality and surroundings. The effects usually begin 30–90 minutes after ingestion and can last up to 12 hours. The physical effects include dilated pupils, increased blood pressure, sweating, nausea, loss of appetite, sleeplessness, dry mouth and tremors. The major effects, though, are on the emotions and perceptions. Emotions while "tripping" may change frequently and vary widely—from fear and anxiety to euphoria. People's perceptions are also altered so that they lose their sense of time and direction and see distorted shapes and movements. Colors, sounds, and smells may also be intensified. In some cases, a phenomenon known as synesthesia occurs, in which people report the ability to hear colors or see music.

When experiencing a "good trip," people feel a heightened sense of awareness. However, during a "bad trip," people may feel intense anxiety, and a fear of dying or going insane. Furthermore, some people experience harmful psychological effects of the drug after the trip has ended. Psychological effects may persist for many years after and include severe mood swings, disordered thinking, loss of a sense of reality, and visual problems. Some users experience flashbacks, which include hallucinations and other visual disturbances. These flashbacks may occur repeatedly for many years after stopping the drug, even after taking a hallucinogen only once.

DISSOCIATIVE DRUGS

PCP (angel dust, ozone, wack, rocket fuel, supergrass) ketamine (special K, vitamin K, cat valium) dextromethorphan (DXM, robo)

Dissociative drugs include PCP, ketamine, and dextromethorphan. These drugs may create an out of body experience and detachment from the environment for the user. They affect the part of the brain that controls the pain perception, memory, emotions and mood.

WHAT DO THEY LOOK LIKE?

PCP and ketamine both come in pill form or in powdered form to be snorted or smoked. Ketamine is odorless and tasteless, and has been used as a date rape drug because of this. Dextromethorphan is an ingredient in over-the-counter cough syrup. Users ingest many times the recommended dose for coughs when getting high on this drug.

WHAT ARE THEIR EFFECTS?

At low doses, PCP causes increased breathing, heart rate, and blood pressure. At higher doses, it can cause dangerously rapid breathing, increased heart rate, and increased blood pressure, as well as dizziness, nausea, blurry vision, decreased pain perception, muscle contractions, and kidney damage. At extreme doses, PCP can lead to convulsions, coma, and even death.

The psychological effects of **PCP** are unpredictable and may last from hours to days. Users experience detachment from reality, distortion of perceptions, and hallucinations. It can also cause severe confusion, violence, and suicide. PCP is addictive, and people may experience depression for years after stopping chronic use.

The effects of **ketamine** range from a dream-like state, euphoria, hallucinations, and dissociation from one's body to complete sensory distortion and horrible feelings of death. At high doses, it can cause memory loss, high blood pressure, and life-threatening problems with breathing.

The effects of **dextromethorphan** range from a mild effect and vision changes at low doses to a complete detachment from one's body at high doses.

HEROIN

(smack, H, ska, junk)

Heroin is a highly addictive drug that comes from morphine. It produces a sense of euphoria that users constantly chase.

WHAT DOES IT LOOK LIKE?

It usually appears as white or brown powder, or as a black sticky paste. It can be injected, snorted or smoked.

WHAT ARE ITS EFFECTS?

Short-term, heroin causes a sense of euphoria and clouded thinking that can lead to impaired decision-making. This is followed by alternating wakeful and drowsy periods. Heroin causes depressed breathing and therefore overdose can be fatal. Injecting the drug increases a person's risk of contracting HIV and other blood-borne diseases.

METHAMPHETAMINE

(speed, meth, chalk, ice, crystal, glass)

A highly addictive substance, closely related to amphetamine. It is toxic to the nervous system and has long-lasting effects. It is popular with teens as it is inexpensive and relatively easy to obtain.

WHAT DOES IT LOOK LIKE?

Methamphetamine can be in the form of a white powder that can be taken orally or by snorting or injecting. It could also be in the form of a rock or crystal that is heated and smoked.

WHAT ARE ITS EFFECTS?

Methamphetamine increases energy, awake-time and physical activity. It increases the heart rate, blood pressure and body temperature. Long-term use can result in mood disorders, violent behavior, anxiety, confusion and insomnia. It can also result in severe dental problems. All users are at increased risk of contracting infectious diseases such as HIV and hepatitis.

MDMA

(ecstasy, XTC, E, Adam, hug, beans, love drug)

MDMA (ecstasy) is a popular drug among teens and young adults in the club and rave scenes. It has effects similar to both amphetamines (speed) and hallucinogens (LSD), such as increased energy, a dream-like state and euphoria.

WHAT DOES IT LOOK LIKE?

MDMA usually comes in a pill form. Pills come in a variety of colors and designs. It can also be snorted or injected.

WHAT ARE ITS EFFECTS?

MDMA is a synthetic drug that has effects similar to both amphetamines (speed) and hallucinogens (LSD). The pleasurable effects of ecstasy include alertness, increased energy, euphoria, self-confidence and a feeling of closeness to others. Its effects last from 3–6 hours. The physical effects include nausea, muscle tension, teeth clenching, blurred vision, increased heart rate, increased blood pressure and increased body temperature. In high doses, body temperature can become dangerously high (called malignant hyperthermia), leading to muscle breakdown and kidney damage. Heart attacks, strokes or seizures may also occur in some people who use the drug.

New research is also finding that MDMA damages the area of the brain involved with memory, thought, mood and sleep. This damage can lead to depression, sleep problems, anxiety and paranoia. Furthermore, since this drug is synthetic, the actual content of the drug varies widely. Ecstasy pills may contain caffeine, dextromethorphan, heroin and mescaline in addition to MDMA. Accidental deaths have been reported among people who thought they were taking MDMA, but ingested another, more harmful drug instead.

TOBACCO

(bidi, butt, cigarette, cig, stoge, cancer stick, chew, dip, smoke)

Tobacco is an agricultural crop, most commonly used to make cigarettes. It is grown all over the world and supports a billion-dollar industry. The psychoactive ingredient is nicotine, a stimulant, but more than 4,000 other chemicals (2,000 of which are known to be poisonous) are present in cigarettes.

WHAT DOES IT LOOK LIKE?

Dried, cut-up leaves that are processed, dried and then either rolled and smoked or chewed.

WHAT ARE ITS EFFECTS?

Nicotine, the main drug in tobacco, is highly addictive. It triggers complex biochemical and neurotransmitter disruptions. It elevates heart rate and blood pressure, constricts blood vessels, irritates lung tissue, and diminishes one's ability to taste and smell. Tobacco use will also lead to stained teeth, bad breath and premature face wrinkles. The health risks associated with tobacco are very serious and include cancer of the lungs, mouth, throat, esophagus and more; frequent feelings of cold; chronic bronchitis; emphysema; stroke; and heart disease.

PRESCRIPTION DRUGS

(opiates, stimulants, central nervous system depressants)

Prescription drug abuse means taking a prescription medication that is not prescribed for you, or taking it for reasons or in dosages other than as prescribed. Abuse of prescription drugs can produce serious health effects, including addiction. Commonly abused classes of prescription medications include opiates (for pain), central nervous system depressants (for anxiety and sleep disorders), and stimulants (for ADHD and narcolepsy).

WHAT DO THEY LOOK LIKE?

Prescription drugs like these most commonly come in pill form. The pills vary in color and shape depending on their type, brand and dosage and have different letters, numbers or symbols on them. For this reason, it is very easy to identify a pill that you may come across. However, when used recreationally, prescription pills can be crushed up into a powder, making identifying the substance more difficult. Additionally, prescription drugs can come in liquid form, to be taken orally.

WHAT ARE THEIR EFFECTS?

When taken properly, prescription drugs are effective and helpful to those who need them. However, when taken recreationally, they often have adverse, and dangerous effects.

Opiates – Long-term use of opiates or central nervous system depressants can lead to physical dependence and addiction. Opiates can produce drowsiness, constipation and, depending on the amount taken, can depress breathing. Opiates act directly on the

respiratory center in the brainstem, and if taken in excessive amounts, they can shut down breathing altogether and cause death.

Depressants – Central nervous system depressants slow down brain function. If combined with other medications that cause drowsiness or with alcohol, heart rate and respiration can slow down dangerously. Like opiates, they are extremely addictive.

Stimulants – Stimulants can increase blood pressure, heart rate, body temperature, and decrease sleep and appetite, which can lead to malnutrition and its consequences. Repeated use of stimulants can lead to feelings of hostility and paranoia. At high doses, they can lead to serious cardiovascular complications, including stroke. Addiction to stimulants is also a very real consideration for anyone taking them without medical supervision.

While on their own each of these drugs poses risks and health complications (especially when taken recreationally), when combined with other drugs or with alcohol, they are extremely dangerous. Mixing prescription pills with other drugs or alcohol can result in serious physical and mental problems and even death. Any prescription drug should be taken under the supervision of a licensed doctor.

Sources: National Clearninghouse for Alcohol and Drug Information. National Institute for Drug Abuse.

In summary, making proud and responsible choices will help you when faced with the many factors and influences that might impact your decisions about drugs.

APPENDIX

GROUP MANAGEMENT PROBLEMS AND STRATEGIES

Group management problems exist when one or more group members exhibit behaviors that interfere with, inhibit, deflect from or slow down the procedures or goals of the group. Some behaviors occur very rarely, others with greater frequency.

The following suggestions for dealing with group management problems will usually suffice, but even skilled facilitators must deal with new challenges that arise from time to time. Most methods for reducing group management problems are only a temporary bridge between initial participant resistance and the point in the process at which the participant regards participation to be useful, valuable and personally relevant. The following lists common management problems in adolescent groups and possible strategies for preventing and dealing with these problems.

TYPES OF GROUP MANAGEMENT PROBLEMS

INACTIVITY

Minimal Participation – Participants seldom volunteer a comment, provide only brief answers, and, in general, leave facilitators feeling as though they are struggling to keep the group on task.

Apathy – Apathy is a more extreme form of minimal participation. Almost everything the facilitator does to direct, enliven or activate the group is met with disinterest, lack of spontaneity and little if any progress toward group goals.

Falling Asleep – Participants may appear so uninvolved that they fall asleep. Before assuming this is due to lack of interest, inquire into the cause of the fatigue. Boredom, lack of sleep and physical illness are all possible reasons.

Excessive Restlessness – Participants fidget while sitting, rock their chairs, get up and pace, or display other nonverbal, verbal, gestural or postural signs of restlessness. Such behavior is often accompanied by digression, monopolizing or interrupting behavior.

ACTIVE RESISTANCE

Participation, but Not as Instructed – Participants are off target. They might be trying to roleplay, serve as co-actor, give accurate feedback, or engage in other tasks, but their own personal agendas or misperceptions interfere, and they wander off course to irrelevant topics.

Passive-Aggressive Isolation – Instead of participating as instructed, participants actively go off task and raise personal agendas. Passive-aggressive isolation is the purposeful, intentional withholding of appropriate participation and involvement.

Negativism – Participants signal overtly, by word and action, the wish to avoid participation in the group. They openly refuse to roleplay, provide feedback or complete assignments. They also might not come to sessions, come late to sessions or walk out in the middle of a session.

Disruptiveness – This includes displays of behaviors more extreme than negativism that are intended to interfere with the learning process. Examples include openly ridiculing the facilitator or other participants, and distracting nonverbal behaviors such as gestures, movements or noises.

HYPERACTIVITY

Digression – Participants act out repetitive and strongly motivated attempts to move away from the purposes and procedures. In some cases, the participants are feeling some emotion, such as anger, anxiety or despair, and are determined to express it. In other cases, activities set off associations, which the participants want to present and discuss. Digression is often characterized by jumping out of role in the roleplay. Rather than merely wandering off track, the participants drive the train off its intended course.

Monopolizing – This includes subtle and not so subtle efforts by participants to get more than a fair share of time during a session. Examples include long monologues, unnecessary requests to repeat roleplays, elaborate feedback and attention-seeking efforts.

Interruption – Interruption is similar to monopolizing, but more intrusive and insistent. Interruption involves breaking into a modeling display, roleplay or feedback period with comments, questions, suggestions, observations or other statements. An interruption might be assertive or angry, take the form of making faces or excessive humor or be presented benevolently as a helper.

COGNITIVE INADEQUACIES AND EMOTIONAL DISTURBANCE

Inability to Pay Attention – Closely related to excessive restlessness, the inability to pay attention often is a result of internal or external distractions that command a participant's attention. Inability to pay attention except for brief time spans also may be due to cognitive impairment.

Inability to Comprehend Concepts – The inability to understand key points and messages may be due to developmental problems, intellectual inadequacy, lack of experience or physical or emotional disorders. Failure to understand also can result from lack of clarity by the facilitator.

Bizarre Behavior – A number of such behaviors might include talking to oneself or inanimate objects, offering incoherent statements to the group, becoming angry for no apparent reason, hearing and responding to imaginary voices and exhibiting peculiar mannerisms. Such behavior not only pulls other participants off task but also can frighten them or make them highly anxious and is indicative of more serious mental health problems.

STRATEGIES FOR REDUCING GROUP MANAGEMENT PROBLEMS

SIMPLIFICATION METHODS

Reward Minimal Participant Accomplishment – Rather than responding positively to participants only when they enact a complete and accurate roleplay or other task, reward them for lesser, but still successful accomplishments, such as the correct portrayal of only one or two behavioral steps. In extreme examples, merely paying attention to someone else's roleplay could be the accomplishment.

Shorten the Task - Ask less of the participants by shortening the activity or roleplay.

Have the Participant Read a Prepared Script – This approach removes from participants the burden of figuring out what to say and eases getting in front of the group and acting out the skill. As with all simplification methods, using a prepared script should be a temporary device, used to move participants in the direction of roleplaying without assistance.

Have the Participant Play the Scripted Role First – Let participants who are uncomfortable with performing in front of their peers play the scripted roleplay first. This accustoms them to going before the group and speaking because the spotlight is mostly on someone else. This method should be used temporarily. Before moving on to the next skill, all participants should play the main role using the particular skill.

ELICITATION OF RESPONSE METHODS

Call for Volunteers – In the early stages, facilitators often elicit participation. The least directive way is calling for volunteers.

Introduce Topics for Discussion – Calling for volunteers in a highly apathetic group may yield no response. Under this circumstance, introduce discussion topics that appear especially relevant to the needs, concerns, aspirations and skill deficiencies of the particular participants.

Call on a Specific Participant – This is a more active and directive facilitator intervention. It is often useful to select a participant whose attentiveness, facial expression, eye contact or other nonverbal signal communicates potential involvement and interest.

Prompt and Coach Participants – The facilitator takes on the role of coach or prompter and feeds roleplay lines to a participant or carefully directs the group's discussion. The most direct way involves a facilitator standing behind the participant during a roleplay and whispering statements that represent each behavioral step for the participant to say out loud.

THREAT REDUCTION METHODS

Employ Additional Live Modeling by the Group Facilitator – The facilitator demonstrates a skill repeatedly. Such facilitator behavior makes it easier for the participants to get up and risk less-than-perfect performances in an effort to learn the skill. Such additional live modeling also proves useful to those participants who have difficulty roleplaying because of cognitive inadequacies.

Postpone the Participant's Roleplaying Until Last – A participant unwilling to participate is not required to roleplay until both the facilitator's live modeling and roleplaying by all other participants are completed. However, no participant should be excused completely from practicing the skill. To do so would run counter to the purpose of the group.

Provide the Participant with Direct Reassurance – In case of participant reluctance to roleplay, the following steps might be used as a guide for providing encouragement.

- Step 1: Offer resistant participants the opportunity to explain their reluctance to roleplay and listen nondefensively.
- Step 2: Express your understanding of the resistant participant's feelings.
- Step 3: If appropriate, respond that the participant's view is a viable alternative.
- Step 4: Present your own view in greater detail, with both supporting reasons and probable outcomes.
- Step 5: Express the appropriateness of delaying a resolution.
- Step 6: Urge the participant to try to roleplay the given behavioral steps.

METHODS FOR TERMINATING INAPPROPRIATE RESPONSES

Urge Participants to Remain on Task – Bring the participants back on track gently, but firmly. Do this by pointing out to participants what they are doing incorrectly and reminding them of the target behaviors.

Ignore Participant Behavior – Inappropriate behaviors can be terminated by ignoring them. This withdrawal of reinforcement, which leads to the extinction process, is best applied to behaviors that the group can tolerate while still remaining on task as the process is taking place. Deal with behaviors that are more disruptive or dangerous to the group's functioning more directly.

Interrupt Ongoing Participant Behavior – Interrupt ongoing participant behavior when other methods fail. Do it firmly, unequivocally, and with the clear message that the group has its tasks. It might require removing a participant from the group for a period of time.

APPENDIX

SUPPORTING A TRAUMA-INFORMED APPROACH TO SEXUALITY EDUCATION

Trauma is prevalent among youth in this country, and the need to address trauma in youth programming is increasingly clear.¹ Trauma occurs when individuals are exposed to harmful or threatening events that overwhelm their ability to cope in the moment or in the future.² These include experiences of physical, emotional or sexual abuse, neglect, caregiver substance use or mental illness, family instability, assault and community violence.³ Not all children and youth are the same, and they may respond differently in the face of these exposures based on their subjective experience of the event(s), their age, their history of exposure and available resources and supports^{.2,4}

Advances in neuroscience show that intense or ongoing exposures to traumatic events, without protective factors, alter the body's stress response system–affecting a young person's cognitive, social and emotional development.³ In the classroom setting, these physiological changes can manifest as problems or challenges with learning, paying attention, regulating emotions, showing self-control and developing trusting relationships.² In severe cases, young people may exhibit symptoms of Post-Traumatic Stress Disorder (PTSD) or Child Traumatic Stress. Potentially traumatic experiences are also part of the constellation of risk factors associated with early sexual initiation,⁵ more sexual partners,^{6,7} unprotected sex,⁷ and teen pregnancy,^{7,8} as well as poorer mental health and substance use.⁹

Schools, youth-serving organizations and educators play an important role in recognizing and responding to trauma, as well as promoting healing and resilience for trauma survivors. A trauma-informed approach: (1) realizes the widespread impact of trauma and understands potential paths for recovery; (2) recognizes the signs and symptoms of trauma in students, staff and families; (3) responds by fully integrating knowledge about trauma into policies, procedures and practices; and (4) resists re-traumatization by avoiding practices that inadvertently create stressful or toxic environments.¹

Specific practices educators, youth workers, schools and youth-serving organizations can implement to cultivate trauma-informed sexuality education include the following:

 Provide training to staff so that they understand the effects of trauma and know how to recognize and respond to it appropriately.^{1,10,11}

- Create a culture of safety so that both staff and participating youth feel physically and psychologically safe.^{1,10} This includes establishing clear agreements around privacy, respect for self and others and appropriate behavior for the group setting.
- Build and maintain trust and transparency in relationships.¹ For sexuality education, it
 is especially important to inform youth and parents about the educator's obligation to
 report incidents in which young people disclose abuse or the intent to harm themselves or
 others.
- Create a culture of empowerment that recognizes people's individual strengths, resiliency and ability to heal from past trauma.^{1,10}
- Recognize that trauma can arise from power differences due to culture, gender and sexual orientation.^{1,10} Use inclusive language that empowers diverse populations. Avoid stigmatizing particular groups of youth or reinforcing limiting stereotypes.
- Facilitate open conversations. Regardless of past experiences, all youth benefit from conversations that allow them to feel positive about their bodies, negotiate relationships and determine when they are ready to engage in safe, consensual sexual activity.¹⁰
- Avoid judgment or attaching shame to past experiences or current sexual behaviors, particularly teen parenting and sexually transmitted infections.¹⁰
- Be aware that some students' behavior problems that arise in the group setting may stem from past trauma. Adopt disciplinary policies that focus on restoring relationships and integrating offending students back into the school and community. Traditional disciplinary policies that focus on punishment often aggravate the sense of rejection felt by someone with a history of trauma.¹¹

In addition, many educators and youth workers who work with traumatized youth also are vulnerable to the effects of trauma. This is often referred to as compassion fatigue or secondary traumatic stress. Educators can help avoid compassion fatigue by becoming aware of the signs (such as increased irritability with youth, difficulty planning lessons and activities, feeling numb or detached or intrusive feelings about a student's trauma), asking for support from colleagues, seeking help to heal from their own personal traumas and engaging in self-care by setting boundaries, eating well, exercising and taking a break when needed.²

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FAQ/GLOSSARY

ANSWERS TO COMMON QUESTIONS ASKED BY ADOLESCENTS

QUESTIONS ABOUT HIV/AIDS

1. Does AIDS affect people of all races?

 Yes. Anyone, regardless of race, can acquire HIV if that individual participates in risky sexual or needle-sharing behaviors with an infected person.

APPENDIX

2. What causes AIDS?

 AIDS is the end result of an infection caused by a virus called the human immunodeficiency virus.

3. Can people of all ages get HIV?

Yes. People of all ages can get the virus if they are exposed to it through risky behaviors. Even children can get HIV. The majority of infected children acquired the virus from an infected mother during pregnancy or childbirth. Others acquired the virus during breastfeeding. Some children became infected from blood transfusions before blood supplies were routinely screened for HIV.

4. Is HIV infection like other diseases?

 HIV infection is not like communicable diseases such as a cold, flu or measles, that can be passed through casual contact, including sneezing, coughing, or sharing eating utensils. No cases have been established where HIV was passed by those means.

5. Can you carry the virus and not develop AIDS?

 Yes. Worldwide there are people who are infected with HIV and have not developed AIDS. Many people who are HIV positive do not know they are infected. People with HIV can transmit it to others even if they don't have any symptoms.

6. How does HIV break down the immune system?

Scientists know that the virus destroys the white blood cells of the immune system. White blood cells consist of T-cells and B-cells and protect a person from disease. Some T-cells, also called helper cells, or CD-4 cells, help the B-cells produce antibodies against invading disease-causing organisms. When HIV enters the body, it infects/destroys the helper (CD-4) cells. When you lose CD-4 cells, your immune system breaks down and it becomes difficult to fight infections/diseases.

7. How contagious is HIV?

In comparison to other communicable diseases, HIV infection is much less contagious than germs of the common cold, flu, measles and tuberculosis. These diseases can spread through the air, whereas HIV is only spread through infected body fluids.

8. Can you get HIV from casual contact?

No one should be afraid of becoming infected through casual contact. Transmission of the virus takes place during behaviors in which certain bodily fluids are exchanged, including semen, vaginal secretions, rectal fluids, blood or breast milk.

People can, for example, work with others, attend school and public events, eat at restaurants, and be around people with HIV without the fear of getting HIV. People who are caring for another family member who has HIV or AIDS are also not at increased risk for contracting the virus. Children attending school with another student who is HIV positive are not at increased risk for becoming infected.

9. Can you get HIV from kissing?

No. You cannot get HIV from a kiss on the cheek or a closed-mouth kiss. There are extremely rare cases of HIV being transmitted via deep "French" kissing, but in each case, infected blood was exchanged due to bleeding gums or sores in the mouth. Because of this remote risk, it is recommended that individuals who are HIV positive avoid deep, open-mouth "French" kissing with a non-infected partner, as there is a potential risk of transferring infected blood.

10. What can an individual do to keep from getting HIV?

People can reduce their risk of contracting HIV by practicing responsible behavior around sexual expression and drug use. Responsible sexual precautions include: (1) sexual abstinence, (2) sexual fidelity, (3) avoiding exchange of body fluids by using a condom, and (4) avoiding sexual partners who have engaged in risky behaviors. These precautions can also help prevent the contraction of other STDs. Responsible behavior regarding drug use includes abstaining from using drugs at the most, and avoiding sharing needles and syringes at the very least.

11.Can HIV/AIDS be cured?

There is no cure for HIV, but anti-retroviral treatments (ART) can be started while the person still feels healthy. With ART medicines, people with HIV can lead longer and healthier lives than ever before. The most common treatments limit the ability of the virus to reproduce. They help protect the immune system and improve the chances of staying healthy. Pregnant women with HIV can take medicines to greatly reduce the baby's risk of having HIV.

12.1s there a vaccine for HIV?

 No. Scientists are working to develop a vaccine, but a solution appears to be many years away.

13. Should a student with HIV be allowed in school?

- Yes. A student living with HIV or AIDS poses no risk to other students. However, there may be times when the person might not be able to attend school because of illness.
- 14. Should people with HIV be banned from public events, schools and jobs?
- No. Since HIV cannot be passed by casual contact, there is no reason why a person living with HIV or AIDS should be kept from being a participating member of a community.

15.Can HIV be transmitted during oral sex?

Absolutely. Whenever there is vaginal, anal or oral sex between two people and one is HIV positive, the virus may be transmitted to the uninfected person. The vagina, anus and mouth are lined with sensitive tissues called mucous membranes, which can come in contact with blood, semen, vaginal secretions or rectal fluids during all types of intercourse. The virus can enter an uninfected person's bloodstream through tiny tears in the mucous membranes that occurred during sex or that were there beforehand. These tears can be very small, existing without any pain or visible blood to act as a warning sign.

The safest option is to practice sexual abstinence. If that's not your choice, then knowing your partner well enough to communicate openly with each other about diseases and precautions lessens your risk. Couples should use a new latex or polyurethane/ polyisoprene condom every time they have sex, including oral sex. For oral sex on a woman, dental dams can be used. These are available in many drugstores or can be made by cutting a non-lubricated condom lengthwise and opening it up to cover the vulva. Partners can also get tested for STDs, including HIV, before they begin having sex with each other.

16.Is it possible to have HIV and not have any visible symptoms? If so, how can I know if a partner is infected?

Yes, it is possible for a person to have HIV and not have symptoms. One way to find out if your partner is infected is by asking. The foundation of love and responsible sex is good communication. An open and honest discussion with someone you know and trust will probably result in the truth. But remember, people might not know that they have HIV or another STD. If you are concerned that your partner might have HIV or another STD, you and your partner may want to be tested just to be sure.

17. How effective are condoms in preventing the transmission of HIV and other STDs?

- If used properly, latex condoms are highly effective against most STDs, including HIV.
 Proper use of condoms means:
 - » Using latex or polyurethane/polyisoprene condoms, not lambskin.
 - » Using fresh condoms that have been stored in a cool, dark place (not a wallet or a glove compartment).
 - » Handling the condoms carefully, avoiding damage from rings and fingernails and keeping them rolled up or in the package until you are ready to use them.
 - » Putting the condom on as soon as erection is achieved.
 - » Leaving some room at the tip of the condom when it is put on.
 - » When a lubricant is desired, using only water-based lubricants such as K-Y Jelly®.

18.Isn't AIDS a gay disease?

No. AIDS, a result of HIV infection, is caused by a virus (HIV). Anyone can get HIV through the exchange of blood, semen, vaginal or rectal fluids with an infected person. Like anyone else, men who have sex with men are at higher risk only if they engage in activities that include the exchange of these fluids.

19. Why are injection drug users at high risk for getting HIV?

 Injection drug users who share needles and works with others have an increased risk of getting HIV because drops of blood from one person can cling to the needle or works. When shooting up, infected blood can pass HIV directly into the bloodstream of another person.

20. Are Hispanics and African Americans more likely to develop AIDS than other ethnic groups?

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Although HIV infection affects us all, the number of AIDS cases among Hispanics and African Americans is proportionately higher than that of the general population. The reasons for this difference are linked to socioeconomic factors (e.g., level of education, income, access to health care, etc.) and not to racial factors.

21.If I am HIV positive or am at risk for HIV infection, whom should I tell?

Telling someone you have HIV isn't easy. Consider telling your doctors, dentist, dental hygienist, and be sure to tell your sex partners (past, present and future). If you share needles and syringes, also tell these partners.

22. Can I get HIV from kissing on the cheek?

 Kissing on the cheek is very safe. Even if the person kissing you has HIV, your skin is a good protector.

23. Can I get infected with HIV by someone who performs oral sex on me?

It is unlikely that you would get HIV if an infected person performed oral sex on you.
 However, if the person receiving oral sex has HIV or AIDS, the person performing oral sex can get it.

24. Is vaginal sex dangerous? If I have only vaginal sex, can I get infected with HIV?

HIV is caused by a virus, and if a person has the virus, vaginal sex puts that person's partner at risk for HIV infection. Many women have gotten the virus from their infected male partners during vaginal sex. Many men have been infected by their female partners during vaginal sex as well. Couples should use condoms every time they have sex if either partner is infected or unsure of his or her HIV status. Though condoms sometimes break, they greatly lower the chances of HIV transmission from one partner to another.

25. How can vaginal sex cause HIV infection in women?

A woman can get HIV from vaginal sex if her partner is infected. The walls of the vagina are surrounded by blood vessels. HIV infected semen can enter the woman's body, usually through tiny cuts and tears in the walls of the vagina that the woman might not even know about.

26.Can I get HIV from anal sex?

Yes. If either partner is infected with HIV, the other partner can be infected during anal sex. Generally, the person receiving the semen is at greater risk of getting HIV because the lining of the rectum is thin and contains many blood vessels. However, the person who inserts the penis is also at risk if the partner is infected because HIV can enter through sores or abrasions on the penis.

27. If I just fool around, can I get HIV?

 It depends what you do. You can get HIV, the virus that causes AIDS, if the blood, semen, vaginal secretions or rectal fluid of an infected person enters your bloodstream in any way.

28. What sexual activities are safe?

- Safer sexual activities include:
 - » No sex-oral, anal or vaginal
 - Sex between two mutually monogamous, uninfected partners who do not share needles or syringes with anyone
 - » Body rubbing/massaging, mutual masturbation (Caution: safe against HIV and some other STDs only as long as bodily fluids are not exchanged. Some STDs [herpes, HPV] can be passed by unprotected skin-to-skin contact.)
 - » Massaging one's own genitals, self-masturbation
 - » Kissing and other activities that do not include touching the penis, vagina or rectum

29. Can a woman get HIV from having sex with a man? Can a man get HIV from having sex with a woman?

 Yes. Either a woman or a man can become infected during oral, vaginal or anal sex if the partner is HIV positive.

30. Can lesbians get HIV?

Yes, but cases of woman-to-woman transmission of HIV where unprotected sex was the only risk factor are extremely rare. Like anyone else infected with HIV, any infected woman who has sex with other women can infect her partner(s) during sex if certain bodily fluids are exchanged.

31.If I pick my sexual partner carefully, am I safe?

 You can't tell by looking or asking questions whether or not someone has HIV. The only way to be sure is for a person to be tested.

32. Are condoms effective? How safe are they? I've heard they fail 10 percent of the time, is that true?

 Latex or polyurethane/polyisoprene condoms help protect you from the transmission of HIV and other disease agents. They greatly reduce your risk of infection if used properly. Condom failures usually result from improper use.

33. How can someone get infected with HIV from a needle?

Because the virus can be spread through blood-to-blood contact, the person using a contaminated needle or syringe is at high risk of getting HIV. A contaminated needle can carry the virus directly into the bloodstream. This includes needles used for body piercing and tattooing as well.

34. My teammates and I use needles to take steroids. I share needles only with my friends. Can I get HIV?

Yes. If any of your friends or teammates has HIV and you share needles and syringes, you could become infected. Remember, it isn't just the type of drug that the needle is used for; it is the behavior that creates the risk. Also, you can't tell by the way someone looks whether that person has HIV or not.

35. What drugs are associated with getting HIV?

The use of alcohol, cocaine, crack, heroin and amphetamines is associated with the transmission of HIV. These drugs affect people's judgment and may lead to high-risk activities such as having unprotected sex or sharing needles for any purpose.

36. Why is crack associated with HIV?

 Crack is a form of cocaine that is smoked. People who use it have a higher risk of becoming infected with HIV because of activities associated with crack culture and because it reduces a person's decision-making skills.

37. Can I get HIV from someone's saliva?

There are no documented cases of saliva transmitting HIV. While there is a theoretical
possibility of spreading HIV by saliva, research suggests that it is highly unlikely.

38. What if someone with HIV bites me? Will I get AIDS?

 It's rare, but in 1997, someone in the United States became infected from a bite by an HIV-infected person. The potential for transmission exists if the skin is broken and blood is exchanged.

39. Can I get HIV from the tears of someone with AIDS?

 No. There is no evidence that anyone in the United States has become infected with the virus from touching the tears of an infected person.

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QUESTIONS ABOUT SEXUALLY TRANSMITTED DISEASES

40.1'm a teenager, I'm not at risk for getting an STD, right?

 Wrong. Young people ages 15 to 24 account for nearly half of all new cases of STD each year.* There are other STDs out there besides HIV, and they are on the rise among teens. These include chlamydia, gonorrhea, syphilis, herpes and human papillomavirus (HPV), which causes genital warts and can lead to cervical cancer.

41.Can you get an STD from a public restroom?

This is not very likely. Most STDs are only transmitted during sexual contact, either by skin-to-skin contact or through body fluid exchange. Crabs, or pubic lice, may be transmitted through sexual contact, sleeping in infected bedding, and sharing infected clothing. Lice cannot survive away from the human body for longer than 24 hours, so contracting pubic lice from a toilet seat is unlikely.

42. Can I get HIV or another STD from getting a tattoo or through body piercing?

There can be a risk for HIV or another blood-borne infection (such as hepatitis B or C) if the instruments used for piercing or tattooing are not properly sterilized or disinfected between clients. Any instrument used to pierce or cut the skin should only be used once and thrown away, or thoroughly cleaned and sterilized before it is used again. Ask the staff at the parlor about their equipment. They will show you what precautions they use.

43. Can I get an STD from kissing?

This is possible but not very common. If your partner's mouth is infected with an STD, then he or she may be able to pass that infection to your mouth during a kiss. Fever blisters and cold sores can be passed through a kiss if your partner is infected. Blood-borne infections such as HIV or hepatitis B or C can only be passed through kissing if there is an exchange of infected blood. If your partner has an infection in his or her genital area, then kissing on the mouth will not transmit the infection.

44. Can I get an STD from oral sex?

 Yes. During oral sex, there is skin-to-skin contact and bodily fluid exchange, so it is important to use barrier methods such as unlubricated condoms or dental dams to protect you during oral sex.

* Centers for Disease Control and Prevention. 2015. STDs in Adolescents and Young Adults. From www.cdc.gov/stds/stats14/adol.htm. Accessed 1/5/16.

Be Proud! Be Responsible! Be Protective!

45. Why don't teens who are having sex protect themselves from STDs?

- They may:
 - » Be embarrassed about buying or getting condoms.
 - » Feel peer/date pressure.
 - » Use alcohol and drugs, which affects their judgment.
 - » Have a lack of knowledge.
 - » Believe using birth control pills is enough protection.
- » Be embarrassed about asking questions.
 - » Not think about it ahead of time.

46. How do I get tested for an STD?

There are different tests for each of the different STDs. Some STDs are hard to test for if you do not have any symptoms. Some STDs can be identified through a simple blood test or a urine test; others can only be detected through culturing body fluid from the penis, vagina or open sore on the body. If you go in for testing, it is important to ask your health care provider which tests will be done and which will not. Sometimes, weeks or months need to pass to give your body enough time to develop antibodies that will show up in a test.

47. Where do I go to get tested?

 Your local health department, community clinic, private doctor or Planned Parenthood are all good locations to check out for STD testing. The CDC National HIV STD Testing website let's you look up free or low-cost clinics in your area that do STD testing: gettested.cdc.gov

48. What's the difference between confidential and anonymous testing?

All medical care that you receive should be confidential. This means that the information you discuss with your health care providers must stay in your files at the clinic or doctor's office and not be released to anyone without your permission. Anonymous testing is when your name is not associated with the test or the results in any way. You are given a number or code word to identify yourself during testing and when receiving results.

49. Do my parents have to find out if I get tested for STDs and HIV?

This varies from state to state. In some states, clinics will see you without your parents' permission and in others they will not. If you are concerned about this, call the clinic before you go. Ask if you need to bring your parent along for permission and what information the clinic will share with them. This way you know what to expect ahead of time.

50. What are the common symptoms of STDs?

 STDs can cause physical symptoms such as bumps or sores on the skin, discharge, pain or burning during urination (peeing) or symptoms like the flu. Some STDs do not cause any symptoms at all.

51.Can I have an STD and not know it?

 Yes. STDs can take weeks, months or even years before symptoms show. Some people never develop any symptoms for some STDs. However, STDs can still be transmitted whether or not the person has symptoms.

52. How do I know if my partner is infected?

 The simple answer is that you may not know unless your partner knows and tells you, or gets tested and shows you the results.

QUESTIONS ABOUT PREGNANCY

53. Can you get pregnant by kissing?

No. The only way a woman can get pregnant is if sperm cells enter her vagina and fertilize one of her egg cells. This usually happens during vaginal sex, but can also happen if a man ejaculates near the entrance to the vagina, but not inside it, or if sperm is introduced into the vagina by hand.

54. Can a boy get a girl pregnant if he has not had a wet dream?

Yes. A boy can get a girl pregnant whenever he is able to have an ejaculation. Even if a boy has never had a wet dream, his testicles may be producing sperm.

55. If a girl misses her period, is she definitely pregnant?

 Certainly not. When girls first start having periods they often have irregular cycles and may even skip a month from time to time. However, if a girl has had sexual intercourse and she misses a period, she could be pregnant. She should take a pregnancy test and see a doctor right away.

56. Can a girl get pregnant if she has sex standing up?

Yes. Sperm does not care what position you are in. Any time semen comes in contact with the vagina a girl may get pregnant. There are no exceptions to that rule. There are no safe positions or safe times for having sex without risking pregnancy.

57. Can a girl get pregnant the first time she has vaginal sex?

Yes, if she has started ovulating and there is an egg present, it can be fertilized by a sperm. A girl may ovulate before she has had her first period, so not menstruating yet is not a guarantee of not getting pregnant.

58. Can a girl get pregnant from swallowing semen?

 No. The only way a girl can get pregnant is if sperm cells enter her vagina, usually during sexual intercourse, and fertilize one of her egg cells.

59. Can douching after intercourse prevent pregnancy?

 No. Douching will not prevent pregnancy; it only pushes the sperm up the vagina increasing the chance of pregnancy. Douching may also cause irritation and lead to infection.

60.Is withdrawal (pulling the penis out of the vagina before ejaculation) a good way to avoid pregnancy?

No. This is the way many teenage girls get pregnant. Withdrawal requires a great deal of self-control. Interrupting sexual intercourse can be very difficult for people "caught up in the moment." Also, sperm sometimes may be present in pre-ejaculate fluid, and pulling the penis out just before ejaculation will not keep these sperm from entering the partner's body.

61. Can Vaseline prevent pregnancy?

No. Vaseline does not contain anything to kill sperm, so it is not a contraceptive.
 Also, Vaseline collects bacteria, is thick and greasy, and is hard to wash off.

GLOSSARY

Abstinence: Choosing not to have sexual intercourse, (oral, anal or vaginal) or to participate in any behavior that can transmit an STD.

Acquired Immunodeficiency Syndrome (AIDS): A result of infection with the human immunodeficiency virus (HIV) in which the immune system is not able to effectively fight infection. A person is diagnosed with AIDS when his or her CD4 count drops below a certain level or one or more opportunistic infections develop.

AIDS: See acquired immunodeficiency syndrome.

Anal sex (also anal intercourse): Inserting the penis into the anus of the sexual partner.

Anonymous testing: Testing done with no identifying information recorded. Only the person tested can obtain the results.

Antibody: A substance in the blood formed to combat invading disease agents such as viruses, bacteria, fungi and parasites.

Antibody-negative test result: A test result in which no signs of antibodies to HIV are detected; either the person does not have HIV, or the person has recently become infected with HIV but does not yet have detectable antibodies.

Antibody-positive test result: A test result in which antibodies to HIV are detected; the person is assumed to be infected with HIV if both the initial and follow-up tests show positive results.

Anus: The opening of the rectum that controls the release of waste (feces) from the body.

Bisexual: Being romatically or sexually attracted to two genders. Also having sexual partners of more than one gender.

Blood-borne disease: Disease agents, for example HIV and hepatitis B, that are carried in and transmitted through the bloodstream.

Body fluids: Fluids that the body makes such as tears, saliva, sweat, blood, vaginal fluid, semen, rectal fluids and breast milk.

Casual contact: Ordinary social contact; for example, kissing on the cheek, shaking hands, and using a telephone, toilet or swimming pool. Not a means of spreading HIV. Diseases such as the common cold or flu can be spread in this manner.

Casual transmission: Transmitting (spreading) an infection or disease through casual contact. Not a means of transmitting HIV.

Centers for Disease Control and Prevention (CDC): Federal health agency that is part of the U.S. Department of Health and Human Services which provides national health and safety guidelines and statistical data on HIV, STDs and other diseases.

Condom: A sheath made of latex, polyurethane, polyisoprene or lamb intestine that fits over the erect penis; when used correctly, latex and polyurethane/polyisoprene condoms can provide protection against HIV and other STD transmission. Lambskin condoms should never be used because they do not protect against HIV and other STDs.

Confidential testing: Testing in which test results are linked to a person's name and recorded in medical files. State laws limit who can have access to the results and under what conditions they can gain access.

Contaminated needles: Needles that have been used by an HIV-infected person and have not been properly cleaned. HIV transmission is possible if the needles are shared. Any needle that has already been used is likely to be contaminated with something.

Crack: A form of cocaine that is smoked.

Cunnilingus: Mouth-to-vagina sex. See oral sex.

Disinfectant: A chemical that destroys agents; for example, liquid chlorine bleach can be used to clean needles and syringes.

Dry kiss: One that does not involve mouth-to-mouth or open-mouth contact; examples include social kissing and kissing on the cheek.

Ejaculate: To eject semen from the penis during orgasm.

Ejaculation: The spontaneous discharge of semen from the penis during orgasm.

Epidemic: A rapidly spreading disease affecting a large number of people in a population.

Exposure to HIV: Occurs during an exchange of bodily fluids with someone infected with HIV. It can lead to possible HIV transmission.

Fellatio: Mouth-to-penis sex. See oral sex.

Female condom: A soft, loose fitting polyurethane sheath providing a physical barrier that lines the vagina and protects against HIV transmission.

French kiss: See open-mouth kiss.

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Gay: A term for people who are romantically and sexually attracted to someone of the same gender. Often used to refer to males who are attracted to other males and whose sex partners are men.

Genital contact: Contact between the sexual organs of two people.

Heterosexual: Being romantically or sexually attracted to people of another gender. Also, having sexual partners of a different gender.

HIV: See human immunodeficiency virus.

Homosexual: Being romantically or sexually attracted to people of the same gender. Also, having sexual partners of one's own gender.

Human Immunodeficiency Virus (HIV): The virus that causes AIDS and destroys the body's immune system, making it susceptible to life-threatening opportunistic infections or rare cancers.

Immune: Protected from a particular disease.

Immune system: A variety of cells and substances within the body that fight disease agents such as viruses, bacteria, parasites and fungi.

Incidence: The number of new cases of a disease over a period of time.

Incubation: The period of time from the point of infection to the onset of symptoms.

Infection: Invasion of the body by a disease agent.

Intercourse: A type of sexual contact involving: (1) insertion of a penis into a vagina (vaginal intercourse); (2) using the mouth to touch the genitals of another person (oral sex); or (3) insertion of a man's penis into the anus of another person (anal sex).

Lesbian: A term for females who are romantically or sexually attracted to other females and whose sexual partners are women.

Lubricant: Something wet and slippery, used to reduce friction during sex. A person can put it on the outside of a condom or inside the vagina or anus during sex to keep a condom from getting dry and breaking. There are two kinds of lubricants: water-based and oil-based. Only water-based lubricants are recommended because oil-based lubricants can weaken latex and cause a condom to tear or break.

Masturbation: Massaging one's own genitals for sexual stimulation.

Monogamy: Having sex with only one person. This can prevent HIV and other STDs if two people test negative for infections before they initiate sex, and then agree to have sex with only each other. Some people interpret monogamy as having sex with one and only one person at a time. Therefore they end up having many partners one after another and are at risk for STDs, including HIV, if each new partner is not tested and treated, if needed, before they have sex.

Mutual masturbation: Massaging each other's genitals for sexual stimulation. See masturbation.

Non-lubricated condom: A condom that is packaged without a lubricant. It is very dry and seems like it has chalk on it. However, it is safe for people to put in their mouths during oral sex to prevent HIV and other STDs. A person can cut it along the side and then cut off the tip to make a square of latex. This square is then a barrier to be used over the anus or vagina during oral sex.

Nonoxynol-9: A chemical used in some contraceptive creams, foams, and jellies that kills sperm. According to the CDC, nonoxynol-9 is no longer recommended for use with condoms for added protection from HIV during vaginal sex. It does not offer added protection against HIV and, if a person is allergic, can even increase the risk.

Oil-based lubricant: A lubricant made from something that has oil in it. The oil can cause holes in a latex condom when people use it during sex. Then germs that cause STDs, including HIV, can go through these holes and enter people's bodies. Vaseline, mineral oil and lotions are some examples of oil-based lubricants.

Open-mouth kiss: One that involves tongue-to-tongue contact.

Oral sex (oral intercourse): Contact of the mouth or tongue with a partner's genitals.

Penis: The male sexual organ.

Polyurethane condoms: Condoms made of plastic that can be used by people who are allergic to latex. Research continues on their effectiveness. Latex condoms continue to be recommended as the most effective barrier.

Polyisoprene condoms: Condoms made of a kind of synthetic rubber that can be used by people who are allergic to latex. Research continues on their effectiveness. Latex condoms continue to be recommended as the most effective barrier.

Positive test result: Findings that show the presence of antibodies; the person tested is assumed to be infected with HIV and able to infect others.

Pregnancy: The time from when the sperm and egg fuse and implant into the uterus, until birth. This takes about 9 months.

- A woman can get pregnant even if:
 - » She is having her period.
 - » She hasn't had her first period yet.
- » She is under 12 years old.
 - » It is her first time.
 - » She does not have an orgasm.
 - » She does not have vaginal intercourse very often.
 - » A man pulls his penis out of her vagina before he ejaculates.
 - » Her partner only touches the outside of her vagina with his penis.
 - » She urinates right after sex.
 - » She douches with anything after sex.
 - » She jumps up and down after sex.

Pre-seminal fluid: The drops of semen that can leak out of the penis just before a man ejaculates. It can transmit HIV and other STDs.

Puberty: When a young person starts to change into an adult male or female and becomes capable of sexual reproduction. Hormones cause these changes. It doesn't happen to everyone at the same time, but can begin any time between ages 9 to 16. A girl's breasts grow larger, and she begins menstruating. A boy's penis and testicles grow and develop, and his voice starts to change. Both boys and girls begin to grow pubic hair. They may also grow hair on other parts of their bodies. These changes are usually finished by age 20. Puberty is also a time during which feelings about self, family and others change. Moods and emotions change too.

Pulling out: Removing the penis from a partner's vagina, anus or mouth before ejaculating. It does not prevent the spread of HIV and other STDs, and does not always prevent pregnancy. Pulling out is another term for withdrawal.

Rectum: The last portion of the digestive tract, just above the anus.

Risk behavior: An activity that puts a person at increased risk for contracting HIV and other STD.

Safer Sex: Sexual practices that involve no exchange of blood, semen, vaginal or rectal fluids.

Saliva: The fluid produced in the mouth.

Semen: Whitish fluid ejaculated from the penis during orgasm that contains sperm from the testes and fluid secreted from several glands to nourish and protect the sperm.

Sex (sexual intercourse): A type of sexual contact involving: (1) insertion of a penis into a vagina (vaginal intercourse); (2) using the mouth to touch the genitals of another person (oral sex); or (3) insertion of a man's penis into the anus of another person (anal sex).

Sexual orientation: Refers to the romantic and sexual attraction people feel for others. People can be attracted to others of the same gender, a different gender or more than one gender.

Sexually transmitted disease (STD): A term used to categorize a group of infections typically transmitted through sexual contact. Gonorrhea, syphilis, herpes, HIV, HPV, chlamydia and hepatitis B are all examples of STDs. Typically, STDs caused by bacteria or parasites can be cured, while those caused by viruses cannot be cured. But all types of STD can be treated and prevented.

Spermicide: A chemical that kills sperm. Spermicide can also come in the form of a foam, cream, film, suppository, tablet or gel.

STD: See sexually transmitted disease.

Syndrome: A group of related symptoms or diseases.

T-cell: A type of white blood cell essential to the body's immune system. It helps regulate the immune system and control B-cell and macrophage functions. It is attacked by HIV.

Transfusion (blood): The act of receiving blood intravenously.

Vaccine: A substance made from modified or denatured bacteria or viruses that produces immunity to that particular disease.

Vagina: A muscular tunnel that extends from the vulva to the cervix. It provides a way for menstrual fluid to leave the body, receives a penis during vaginal intercourse, and provides a way for a baby to be born.

Vaginal fluid: Fluid that provides moistness and lubrication in the vagina. Vaginal fluid contains HIV in an HIV infected woman.

Vaginal sex (also called vaginal intercourse): Insertion of a penis into the vagina.

Virus: A disease agent that must live within cells of the body to survive, often destroying these cells.

Vulva: External female genitalia, including the clitoris, urethral opening, labia, and vaginal opening.

Wet kiss: See open-mouth kiss.

Works: Needles, syringes and other equipment used to prepare, cook and inject drugs.