



BIG DECISIONS NS

4th Edition

Making Healthy,
Informed Choices
about Sex

By Janet Realini, MD, MPH

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Table of Contents

Introductory Materials

Curriculum Outline.....	4
Acknowledgements.....	6
Introduction.....	7
How to Use This Curriculum.....	15

Sexual Health Curriculum

1 RULES OF THE GAME: Forming a Respectful Group.....	23
2 GOALS and DREAMS: My Future.....	45
3 RELATIONSHIPS AND ROMANCE: What is Healthy?	63
4 ANATOMY AND REPRODUCTION: How it Works	83
5 ABSTINENCE: Decisions to Wait.....	123
6 A CLEAR “NO”: My Limits.....	151
7 CONTRACEPTION: Pregnancy at a Good Time for You.....	177
8 SEXUALLY TRANSMITTED INFECTIONS, Including HIV/AIDS	221
9 STAYING HEALTHY AND ON TRACK: Defending My Limits.....	261
10 OVERCOMING CHALLENGES: Big Decisions.....	277

Appendices

A1 Logic Model.....	296
A2 Sample Parent Letter and Consent Form.....	298
A3 About the Author	300

Curriculum Outline

1. RULES OF THE GAME: Forming a Respectful Group

Objectives:

- Review the Key Messages of *Big Decisions*
- Identify respect as a key value for the group
- Develop ground rules for the group
- Role-play showing respect for others
- Express confidence in your ability to show respect

Activities

- 1.1 - Introduction and Key Messages Review - 5 min
- 1.2 - Ice-Breaker: Differences and Respect - 10 min
- 1.3 - Setting Ground Rules - 10 min
- 1.4 - Respecting Others - 15 min
- 1.5 - What Respect Means to Me - 5 min

2. GOALS AND DREAMS: My Future

Objectives

- Picture your dreams for the future
- Consider how a pregnancy (or another pregnancy) or HIV/STI could affect reaching your goals and dreams
- Prepare to talk with a parent or other trusted adult about goals and dreams

Activities

- 2.1 - My Dream Board - 30 min
- 2.2 - How Could It Affect My Goals and Dreams? - 5 min
- 2.3 - My Goals, My Decisions - 5 min
- 2.4 - Homework: Talking about Goals and Dreams - 5 min

3. RELATIONSHIPS AND ROMANCE: What is Healthy?

Objectives

- Reflect on conversations with your parent or other adult about goals and dreams
- Identify characteristics of healthy and unhealthy relationships
- Learn how people in unhealthy relationships can seek help, if needed
- Personalize the importance of showing and expecting respect

Activities

- 3.1 - Homework Review: Goals and Dreams - 5 min
- 3.2 - Healthy or Unhealthy? - 20 min
- 3.3 - Relationship Role-Plays - 15 min
- 3.4 - Relationships and Me - 5 min

4. ANATOMY AND REPRODUCTION: How it Works

Objectives

- Identify the names and functions of reproductive body parts
- Review how pregnancy happens
- Evaluate statements about reproduction to determine if they are true or false

Activities

- 4.1 - Ice-Breaker: What Do They Call It? - 5 min
- 4.2 - Reproductive Anatomy: The Body Parts - 20 min
- 4.3 - The Journeys of the Sperm and the Egg - 5 min
- 4.4 - Reproduction: True or False? - 10 min

5. ABSTINENCE: Decisions to Wait

Objectives

- Define what is meant by "abstinence"
- Identify reasons to not have sex
- Understand the risks of "sexting"
- List ways, other than sex, to show someone you care
- Personalize the advantages of abstinence

Activities

- 5.1 - Reasons to Wait - 10 min
- 5.2 - Is This Abstinence? - 10 min
- 5.3 - What about "Sexting"? - 5 min
- 5.4 - Ways to Show You Care - 10 min
- 5.5 - My Ideas about Abstinence - 5 min
- 5.6 - Homework: Talking about Abstinence - 5 min

Curriculum Outline, Continued

6. A CLEAR “NO”: My Limits

Objectives

- Reflect on conversations with your parent or other adult about abstinence and pressure
- Learn that everyone has the right to say “no” to sex
- Learn that it is never OK to pressure someone for sex
- Learn and practice effective ways to say “no”

Activities

- 6.1 - Homework Review: Talking with Parents - 5 min
- 6.2 - The Right to Say “No” - 10 min
- 6.3 - Pressure Situation: A CLEAR “No” - 15 min
- 6.4 - Pressure Situation: The Party - 15 min

7. CONTRACEPTION: Pregnancy at a Good Time for You

Objectives

- State what you would like to have in place before you have or cause a pregnancy, or another pregnancy
- Evaluate commonly used contraceptive methods (including abstinence) for effectiveness
- Personalize the risk of pregnancy without using effective contraception
- Identify your personal limits to avoid pregnancy, or another pregnancy, as a teen

Activities

- 7.1 - When would be a Good Time for a Pregnancy, or another Pregnancy? - 5 min
- 7.2 - Contraceptive Method Bingo - 30 min
- 7.3 - Effectiveness Line-Up - 5 min
- 7.4 - Pregnancy in My Life - 5 min

8. SEXUALLY TRANSMITTED INFECTIONS, Including HIV/AIDS

Objectives

- Personalize the potential consequences of common STIs
- Identify ways to reduce the risk of getting and spreading STIs
- Identify health providers in your community that provide testing for HIV and other STIs
- Identify your personal limits to reduce your risk of STIs

Activities

- 8.1 - Index Cards - 5 min
- 8.2 - STI Information Stations - 30 min
- 8.3 - Getting Tested - 5 min
- 8.4 - STIs and Me - 5 min

9. STAYING HEALTHY AND ON TRACK: Defending My Limits

Objectives

- Review effective ways to give a CLEAR “no”
- Practice saying “no” to activities that are beyond your personal limits
- Demonstrate the ability to say “no” effectively to having sex; to having sex without a latex¹ condom; and to having sex without effective contraception
- Prepare to talk with a parent or other trusted adult about having children

Activities

- 9.1 - Defending My Limits - 5 min
- 9.2 - Role-Play Situation #1: After School - 15 min
- 9.3 - Role-Play Situation #2: Prom Night - 20 min
- 9.4 - Talking about Having Children Homework - 5 min

10. OVERCOMING CHALLENGES: Big Decisions

Objectives

- Reflect on conversations with parents about having children
- Consider ways that your personal limits might be challenged
- Demonstrate strategies to overcome challenges to your limits
- Reinforce the connection between defending your limits and achieving your goals
- Celebrate completion of *Big Decisions*

Activities

- 10.1 - Homework Review: Talking about Having Children - 5 min
- 10.2 - Goals and Challenges - 10 min
- 10.3 - Write Your Own Challenge Situation - 20 min
- 10.4 - *Big Decisions* Graduation - 10 min

¹ or polyurethane or polyisoprene, if latex-allergic



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BIG DECISIONS

Introduction

Overview

The goal of the *Big Decisions* curriculum is to help young people make healthy and informed decisions about sex. By empowering youth to protect their health and avoid unplanned pregnancy, youth will be better able to achieve their educational and career goals, and their children will be more likely to be healthy.

Big Decisions encourages young people to postpone sexual involvement, and the program also gives them knowledge and skills to reduce their risks of when they do eventually become sexually active. *Big Decisions* embeds basic sexual health education in a program that provides a safe, inclusive, and respectful group experience; and that helps young people:

- value respect, both showing respect and expecting respect;
- connect healthy decisions to achieving their personal goals and dreams;
- recognize and build healthy relationships;
- set and defend personal limits—and respect others’ personal limits;
- practice refusal skills; and
- anticipate challenges and how to overcome them.

Big Decisions is delivered in a classroom setting by trained teachers, coaches, or other facilitators. The sexual health content includes the basics of:

- anatomy and reproduction;
- abstinence (what it is and where to set limits);
- basic sexual rights (to say “no” to sex) and responsibilities (never to pressure anyone for sex);
- methods to avoid unplanned pregnancy;
- sexually transmitted infections (STIs) and how to reduce the risk of

- contracting or spreading them;
- the importance of addressing the risks of both pregnancy and STIs, if a teen does have sex; and
- the importance of defending your limits and respecting others' limits, with regard to sex.

The curriculum is designed for youth in the 8th or 9th grade, but it can be adapted for 7th grade. Big Decisions can also be used with older youth up to 12th grade.

The key messages of *Big Decisions* are displayed and reviewed during each of the 10 lessons:

Key Messages

...to help you stay **HEALTHY** and reach your **GOALS** and **DREAMS**

- ➞ Having sex with someone is a **BIG DECISION**
- ➞ **ABSTINENCE** is the most effective way to avoid both pregnancy & STIs
- ➞ Teens who have sex need to:
 - ➞ Use latex* **CONDOMS**, correctly, every time, to reduce the risk of HIV and other STIs; and
 - ➞ Use effective **CONTRACEPTION** to prevent pregnancy


*or polyurethane or polyisoprene, if allergic to latex

Big Decisions was developed in Texas to be an acceptable and relatively comfortable way for school districts and agencies in conservative communities to include information about birth control and condoms—in addition to strong encouragement for abstinence—in their sexual health education.

Big Decisions is also designed to be *feasible* for school districts to undertake, in both time and monetary costs. The program has 10 lessons, and training and materials costs are kept to a minimum as part of Healthy Futures of Texas' nonprofit mission.

The Classroom Experience

The effectiveness of the *Big Decisions* program relies on a group learning experience guided by a caring, trained facilitator.

The ability of the teacher, coach, or other facilitator to connect with youth is a critical factor in this program. It is essential that youth participants in the program feel that they are valued and cared about as individuals. Of course, many teachers, coaches, and others who work with youth already fulfill this need very well.

The group dynamics and the group experience are integral parts of the program. Each class's "ground rules" are created by the group in Lesson 1. These group agreements address both respect for each other and confidentiality for what they say in the classroom. These are important components of creating a "safe" environment for students to participate in the activities and discussion.

Several different types of activities are included in the program. To introduce topics, *Big Decisions* often utilizes interactive "mini-lectures." This technique uses questions and student feedback in the large group (i.e., the entire class) to develop the ideas and examples related to the topics.

Other types of activities include working in small groups; forming teams and participating in games; and participating in role-plays. Students learn from others through observation and reinforcement of the messages of the program. Friendly competition among teams can make the material more fun to learn.

The majority of the lessons include a final activity in which students personalize the material covered by completing an individual worksheet.

Big Decisions also includes homework designed to improve communication between the student and their parent or other trusted adult. Three brief assignments are to be completed by interviewing a parent, guardian, or other trusted adult about their viewpoint on the following lesson topics: Goals and Dreams; Abstinence; and Having Children. Each student is asked to complete the activity and fill out and return to the facilitator a worksheet with a few questions. Individual responses are confidential, but the class as a whole discusses and reflects on what they learned from the homework experiences.

The "Target Population"

The *Big Decisions* sexual health curriculum is designed for 8th and 9th grade students (ages 13 to 15). The program was developed to serve low-income, predominantly Hispanic youth in Texas, and it has been used in urban, suburban, small town, and rural settings. Because sexual health education can be controversial in conservative communities, a key goal has been to make available to these students the basics of sexual health knowledge and skills.

For many youth, the 8th and 9th grades are a time of big decisions about sex. Most youth in this age group are not sexually experienced, but a substantial minority have

had sexual intercourse. According to the 2015 Youth Risk Behavior Surveillance (YRBS),¹ the overall percentage of U.S. 9th grade school students who are sexually experienced is about 1 in 4 (24%). With each higher grade level, the percent of students who have had sex increases, to more than half (58%) in 12th grade. In general, low-income youth, youth in foster care, and African American and Hispanic youth are more likely than the national average to have had sex at each grade level of high school.

Estimating the percentage of 8th grade students who have had sex is more difficult. No nation-wide data are available. However, the 2015 middle school YRBS found rates as low as 6 percent (North Dakota) and as high as 19.5 percent (Houston, TX).

Because some youth in these grades have had sex and others not, it is essential that the program address the needs of both groups. *Big Decisions* encourages all 8th and 9th grade students to wait to have sex until they are older. However, it is also important to help youth who have sex to use both condoms and contraception to reduce their risks of both STIs and pregnancy. Moreover, it is essential that all youth learn how to reduce their risks when they do become sexually active—hopefully, when they are adults.

Big Decisions is also intended to be inclusive, welcoming and “safe” for youth who are lesbian, gay, bisexual, transgender, questioning, or of any sexual minority. The language in *Big Decisions* is chosen carefully so as not to exclude anyone.

In addition, it is vital that facilitators avoid sounding judgmental of youth who have experienced a pregnancy, or those who are parenting. Young parents often report that they have been made to feel that their “life is over” because of a pregnancy or because of having a child. While it is generally true that completing their education and achieving their career goals are more difficult for young parents than for youth without children, young parents can succeed. Many report that they are inspired to work hard and achieve more because of—and for—their children.

Because some students have had traumatic sexual experiences, facilitators should not assume that all students have had control over what has happened to them sexually. The *Big Decisions* program strives to be sensitive to such potential trauma and to avoid language and concepts that would tend to shame youth who have already had sexual experiences.

Some students who have experienced trauma or abuse may feel comfortable enough to disclose to a facilitator what happened to them. Facilitators should be prepared to follow both school district policies and their state laws for reporting abuse. In

¹ CDC. Youth Risk Behavior Surveillance, 2015. Accessed at: <http://www.cdc.gov/healthyyouth/data/yrbs/index.htm>, September 4, 2016.

addition, it is important to provide appropriate referrals and emotional support. Lesson 3 of *Big Decisions* offers some resources for facilitators in reporting abuse.

Design and Logic Model

Big Decisions incorporates the constructs of Social Cognitive Theory² and the Theories of Reasoned Action and Planned Behavior.³ Social Cognitive Theory suggests that behavior is dynamic and depends on the interactions of the environment and the person. Individuals can learn from other people through observation, not only by reinforcements they receive. Several constructs from Social Cognitive Theory, e.g., vicarious learning, reinforcement, behavioral capability, and self-efficacy, are integrated into *Big Decisions*.

The Theories of Reasoned Action and Planned Behavior focus on behavioral beliefs, attitudes and norms that influence behaviors. These theories presuppose that human beings make reasonable, pragmatic decisions and systematically use available information to take logical action. The action is a function of the individual's attitude towards that behavior and their subjective norms (whether significant others approve). In addition to these theories, the curriculum was informed by the 17 Characteristics of Effective Curriculum-Based Programs.⁴

Big Decisions was developed using a Logic Model, as well (see Appendix 1). This is a process which helps to ensure the sound design of programs to address community health problems.⁵

Evaluation

Big Decisions was evaluated during implementations with nearly 400 inner-city, predominantly Hispanic 9th grade students from 2007 to 2009, with positive results. The program was well-received and found to be “promising”: student responses moved in the desired direction from pre- to post-participation questionnaire, with statistically

² Bandura, A. (1986). “Social foundations of thought and action: A social cognitive theory”. Englewood Cliffs, NJ: Prentice-Hall.

³ Ajzen, I. (1991) “The Theory of Planned Behavior”. *Organizational Behavior and Human Decision Processes*. 50, 179-211.

⁴ Kirby D, Roller LA, Wilson MM. Tool to Assess the Characteristics of Effective Sex and STD/HIV Education Programs. Healthy Teen Network and ETR, February 2007. Accessed at <http://recapp.etr.org/recapp/documents/programs/tac.pdf>, September 5, 2016.

⁵ Kirby D. BDI Logic Models: A Useful Tool for Designing, Strengthening and Evaluating Programs to Reduce Adolescent Sexual Risk-Taking, Pregnancy, HIV and Other STDs. 2004.

significant improvement in attitudes and intentions regarding abstinence and in knowledge and attitudes about contraception.

A larger study⁶ found that pre- to post- participation questionnaire data comparisons demonstrated statistically significant improvement in behavioral intentions with regard to pregnancy avoidance, STI avoidance, and abstinence, as well as self-efficacy for condom use and self-efficacy to refuse to have sex.

Unpublished behavioral data from an additional *Big Decisions* evaluation demonstrated an increase in use of a condom at last sex from 56.1% at pre-test to 72.3% at post-test. For purposes of comparison, 2007 and 2009 Texas samples of sexually active 9th grade students found 56.4% and 57.7%, respectively, used a condom at last sex.

Although it has been well received by many, *Big Decisions* cannot be said to be “evidence-based” by the federal definition. While it can be said to be “evidence-informed” or “promising”, the curriculum has not yet been shown to improve sexual risk behavior in a study conducted with a control group.

Currently, a randomized controlled trial of *Big Decisions* is being conducted over five years in three Texas rural border communities by Healthy Futures of Texas. This rigorous evaluation is funded by the U.S Department of Health and Human Services Office of Adolescent Health, Grant #TP2AH000044-01-00.

Pre- and post-participation questionnaires are available for school districts and other organizations to assess the impact of the curriculum on students in the *Big Decisions* program. These are administered using unique student identification numbers, so as to protect student confidentiality and to allow for matching of pre- and post-questionnaire results for maximum power to detect changes in attitudes, behavioral intentions, and self-efficacy.

Please contact info@BigDecisions.org to discuss use of the questionnaires for implementation evaluation.

Meeting the Requirements of Texas Law

The *Big Decisions* sexual health curriculum meets the requirements of Texas Law for use in Texas public schools. In order to offer a sexual health curriculum in Texas public schools, the following requirements must be met:⁷

⁶ Realini J, et.al. *Journal of Sex & Marital Therapy*, 36:313-326, 2010. Evaluation of “BIG DECISIONS”: An Abstinence-PlusSexuality Curriculum. 2010. Copyright © Taylor & Francis Group, LLC.

⁷ Texas Education Code §28.004. Accessed at <http://www.statutes.legis.state.tx.us/Docs/ED/htm/ED.28.htm>, September 5, 2016.

Any course materials and instruction relating to human sexuality, sexually transmitted diseases, or including human immunodeficiency virus or acquired immune deficiency syndrome shall be selected by the board of trustees with the advice of the local school health advisory council and must:

- *present abstinence from sexual activity as the preferred choice of behavior in relationship to all sexual activity for unmarried persons of school age;*
 - ✓ Through use of its Key Messages and throughout the curriculum, *Big Decisions* consistently presents abstinence as the most effective choice for preventing unplanned pregnancy and sexually transmitted infections. Abstinence is highlighted as the safest and healthiest choice throughout the curriculum.
- *devote more attention to abstinence from sexual activity than to any other behavior;*
 - ✓ A full *Big Decisions* lesson (Lesson 5) is devoted to abstinence. In addition, abstinence is included in the lessons about sexually transmitted infections (STIs) and contraception. More time and attention is paid to abstinence than any other method of contraception or STI risk reduction.
- *emphasize that abstinence from sexual activity, if used consistently and correctly, is the only method that is 100% effective in preventing pregnancy, sexually transmitted diseases, infection with human immunodeficiency virus or acquired immune deficiency syndrome, and the emotional trauma associated with adolescent sexual activity;*
 - ✓ Through use of its Key Messages and throughout the curriculum, *Big Decisions* consistently presents abstinence as the most effective choice for preventing unplanned pregnancy and STIs. Abstinence, if used consistently and correctly, is highlighted in Lesson 7 (Contraception) as the only method that is 100% effective in preventing pregnancy and STIs, including HIV/AIDS. The emotional considerations in choosing abstinence vs. choosing to have sex are discussed in Lesson 5 (Abstinence).
- *direct adolescents to a standard of behavior in which abstinence from sexual activity before marriage is the most effective way to prevent pregnancy, sexually transmitted diseases and infection with human immunodeficiency virus or acquired immune deficiency syndrome; and*
 - ✓ Through use of its Key Messages and throughout the curriculum, *Big Decisions* consistently presents abstinence as the most effective choice for preventing unplanned pregnancy and sexually transmitted

infections. Abstinence is highlighted as the safest and healthiest choice throughout the curriculum.

- ***teach contraception and condom use in terms of human use reality rates instead of theoretical laboratory rates, if instruction on contraception and condoms is included in curriculum content.***
 - ✓ In Lesson 7 (Contraception) and throughout the curriculum, *Big Decisions* uses the “Typical Use” failure rates of the various methods of contraception.⁸ The curriculum is also careful to frame condom effectiveness in reducing the risk of STIs consistent with the U.S. Centers for Disease Control and Prevention (CDC) evidence-based descriptions.

It should be noted that Texas law *permits* discussion of condoms and contraceptives in public schools, but does not permit distribution of condoms in conjunction with classroom instruction.

Big Decisions’ coverage of the Texas Essential Knowledge and Skills (TEKS) for Health Education in middle and high school grades is available for interested school districts. Charts of what *Big Decisions* covers in the TEKS for 6th - 8th grade, 9th - 10th grade, and 11th - 12th grade Health are available by contacting info@BigDecisions.org.

⁸ Trussell J. Contraceptive Efficacy. In Hatcher RA, et al. Contraceptive Technology: Twentieth Revised Edition. New York NY: Ardent Media, 2011.

BIG DECISIONS

How to Use this Curriculum

Schedule of Lessons

Big Decisions recommends implementing the full series of 10 lessons; ensuring consistent group membership; and providing enthusiastic, well-trained facilitators who are comfortable discussing sensitive issues with young people.

Each lesson is designed to fit into a 45-minute school period. If 50 minutes are available, it is easier to incorporate more time for questions and answers, or to take a little more time to complete some of the activities.

The *Big Decisions* curriculum can be offered on a variety of schedules. Once- or twice-per-week lessons is the usual method, but the lessons can be offered on consecutive days (e.g., one lesson per day for ten consecutive school days). The exact schedule is less important than ensuring group cohesion, recall of previous information, and momentum. Sessions should occur often enough so that students are able to remember previous sessions, and so that the group can build on their experiences together. A reasonable maximum is one week between lessons. The schedule should also foster consistent attendance.

In addition, there needs to be adequate time between Lessons 2, 5, and 9 and the following lessons to allow students time to talk with a parent or other trusted adult to complete the “homework” tasks that are assigned at the end of these lessons. Thus, it is helpful if there is at least 1 day between Lessons 2 and 3; Lessons 5 and 6; and Lessons 9 and 10.

Lesson Structure and Materials

Each lesson is framed by several objectives, with several activities, each with approximate time frames indicated for completing them. At the beginning of each lesson an outline of the lesson is presented, including a listing of the Objectives, Materials Needed, Activities, and Materials and Resources Included.

The lessons are designed to include a series of brief and varied interactive activities. Techniques include interactive “mini-lectures”, small group work, role-play situations and feedback, games, individual worksheets and worksheets to guide “homework” that involves talking with a parent or other trusted adults.

Notes for Facilitators, in shaded pages, precede the activities of each lesson. At the end of the notes is a list of tasks to do in order to prepare for the lesson.

Student handouts, facilitator resources, “posters”, “signs,” cards, diagrams, and other materials are provided at the end of each lesson. Materials are designed to be inexpensive to use and reproduce. Most lessons require a white- or blackboard, (or newsprint tablet, markers, and easel).

Slide Presentations

Slide presentations to make some of the materials available visually are available from the *Big Decisions* Training Coordinator (info@BigDecisions.org). The “posters” of the Key Messages, “Abuse: How to Get Help”, “Some Guidelines about Sex”, and “A CLEAR ‘No’”, are intended to be projected during the lesson using the *Big Decisions* slide presentation. These can also be printed and attached to foam board, if desired.

There is a slide presentation containing all the posters, as well as a slide presentation for Activity 4.2 designed to take the class through each of the Anatomy Diagrams, showing the names of the reproductive organs, one at a time.

Parent/Guardian Consent

Parent or guardian consent must be obtained according to school district (or host agency) policy and state laws. State laws are summarized and frequently updated by the Guttmacher Institute.⁹

⁹ Guttmacher Institute. Sex and HIV Education, updated September 1, 2016. Accessed at <https://www.guttmacher.org/state-policy/explore/sex-and-hiv-education>, September 11, 2016.

Texas law concerning public schools does not require active parental consent; passive “opt out” consent is consistent with Texas law. However, parents/guardians must be notified of the basic content of sexuality instruction, and of their right to remove their child from sexuality instruction.

Sample parent letters and consent forms are included in Appendix 2.

Facilitators

Facilitators are most effective when they are enthusiastic about the messages of the curriculum and familiar with the subject areas covered. Facilitators should enjoy working with young people and be comfortable discussing sensitive issues with them. Effective facilitation of *Big Decisions* requires comfort and skill with interactive classroom activities.

This curriculum has most often been facilitated by classroom teachers and coaches, or others who work with youth in community-based organizations. *Big Decisions* has also been successfully implemented by health educators in public schools, private schools, community agencies, and faith organizations.

Handling Student Questions

Facilitators should encourage questions throughout the program and answer them as accurately as possible. At the same time, facilitators need to balance spontaneity with progress in the lesson, so that the material can be covered adequately.

In addition to handling questions during the lessons, facilitators are encouraged to provide a “Question Box” into which students can anonymously place their questions. It is recommended to provide small pieces of paper or index cards to students and periodically ask that all students write a question—or write down something that they learned, if they do not have a question. Since every student writes and submits something, students are not likely to be embarrassed at being noticed submitting a question.

It is important to try to cover all the questions submitted at some point. Facilitators may want to spend additional time at the beginning or end of sessions to answer questions students have submitted.

Guidance for answering student questions about sexual health is available from several sources. The federal Office of Adolescent Health has posted practical advice online.¹⁰

¹⁰ Farris J. Answering Sensitive Questions: Creating a Safe Space for Youth. Presented at Expanding our

Maine Family Planning’s “Tip Sheet” of adapted advice from the ETR and Select Media’s *Making Proud Choices* program is also available on the internet.¹¹ The Seattle and King County Public Health Department’s recommendations for answering student questions in the FLASH curriculum provides advice for four types of questions.¹² The iCHAMPSS model from the University of Texas Health Science Center School of Public Health provides a Classroom Management resource, with a mnemonic for answering “values” questions.¹³

Common themes in the advice from experts include:

1. **Always validate the question**, even if it appears to be a shock question or a question that is inappropriate for the classroom. It is best to assume the student has good intent. One technique for validating a question is for facilitators to say that they are glad that the topic came up, or that many young people ask about that. If it is an inappropriate question, the facilitator can then refer to the ground rules and reframe the question as a factual question.
2. **Use medically accurate terms**. If students use slang or street words in questions, restate the question using the correct, medical term. Students often use slang words because these are words that they have heard and they simply want to understand the meaning of a slang word. Sometimes the question may be intended to shock or test the facilitator, however. If students use derogatory words, be clear that these are hurtful words that are not to be used at school. Substitute other words that are not hurtful and answer the question as best you can.
3. **Assess whether there is a “values” component to the question**, that is, whether the student is asking about something where values vary among families. For example, how long students should wait before becoming sexually active is seen differently in different families. Some parents would want their teen to wait until after marriage; others would feel sex is acceptable between adults who care about each other and take precautions to avoid pregnancy and STIs. The job of a facilitator is not to confirm or contradict particular values, but rather to identify a

Experience and Expertise: Implementing Teen Pregnancy Prevention Programs, Baltimore, MD, 2012. Accessed at www.hhs.gov/ash/oah/oah-initiatives/teen_pregnancy/resources/assets/answeringsensitivequestions.pdf, September 10, 2016.

¹¹ Maine Family Planning. Answering Student Questions. Adapted from *Making Proud Choices* and ETR Associates. Accessed at: www.maine-familyplanning.org/document_upload/Tip%20Sheet%20ASQ.pdf, September 10, 2016.

¹² FLASH: Strategies for Answering Student Questions about Sexual Health, Rev. March 2015. Accessed at <http://www.etr.org/flash/assets/File/FLASH-Question-Strategies-3-15-2015.pdf>, September 10, 2016.

¹³ CHAMPSS: Choosing and Maintaining Effective Programs for Sex Education in Schools. Accessed at <https://ichampss.sph.uth.tmc.edu/wp-content/uploads/2014/10/IMPLEMENT-FT-Classroom-Management-FINAL2.pdf>

range of opinions and refer the student to their parent or other trusted adult.

Facilitators should validate the question and identify the part of the question that is about values rather than facts. For that part of the question, facilitators can point out that “Some people think that _____, and others think that _____. I encourage you to talk to a parent or other trusted adult to help you develop your own conclusion about this topic.”

4. **Engage the students in answering questions when possible.** Instead of answering all the questions themselves, facilitators can ask the class what they have heard about this issue. This can be particularly helpful when the facilitator needs to “buy time” to think about what type of question is being asked and how to answer it.
5. **Always try to check in with the student to see if the question was answered.**
6. **Determine the type of question** that the student is asking and respond appropriately. Facilitators should take a moment to consider what is behind the question that the student asks. Common question types include:
 - **Requests for Information.** These are questions that are simply asking about facts. For example, “Can someone get pregnant the first time they have sex?” Answers should be short and age-appropriate. If the facilitator does not know the answer to the question, it is fine to say, “I don’t know. I will get back to you about that.” (And it is important to follow through.)
 - **“Am I Normal?” questions,** for example, “How old should you be when you start your period?” These questions can be validated by acknowledging that many young people ask about it. Refocus the question to an informational question and provide factual information. Avoid using the words “you” or “normal.” If appropriate, refer: “People who are concerned about this should talk with a parent or other trusted adult, or their health provider.”
 - **Permission-seeking questions,** for example, “Is it OK to _____?” These questions are often about values and can be handled as such.
 - **Shock questions.** Rephrase the question without slang terms, and reframe it as an informational question, or a values question, as appropriate.
 - **Personal questions.** Facilitators should not share their personal information or sexual history. Facilitators can validate the question, reframe it as a request for information, and answer the question with general factual (not personal) information. If there is a values component to the question, it can be handled as such. When responding to personal questions, facilitators can use the opportunity to refer students back to the ground rules and to model healthy boundaries.

- **Technique questions.** Questions about sexual technique or how to have sex are not appropriate for the *Big Decisions* program. However, facilitators can still validate the question as something that many young people wonder about, but be clear that the program is not for teaching people how to have sex. Facilitators can reframe such a question as a factual question.

Pre- and Post-Participation Questionnaires

Pre- and post-participation questionnaires have been used to evaluate the effectiveness of *Big Decisions* and other sexual health education programs. The questionnaires for *Big Decisions* assess the program's impact on student attitudes, intentions, and self-efficacy (i.e., confidence in being able to do something) regarding abstinence; resisting pressure to have sex; using condoms if they have sex; and using effective contraception, if they have sex.

Pre- and post-participation questionnaires for *Big Decisions* are available to interested school districts and agencies by contacting the Training Coordinator at info@BigDecisions.org. Maintaining strict student confidentiality is required for use of the questionnaires.

Questions to assess sexual risk behaviors and health outcomes can be included in questionnaires, if desired by the school district or agency. These questions assess whether students have had sex, whether they are currently sexually active, how many sexual partners they have had, and whether they have used condoms and other contraceptives.

Companion Program: *Key Conversations* for Parents

The *Big Decisions: Key Conversations* program consist of two group sessions that equip parents, guardians, and other caregivers of teens with knowledge and skills to help their children make healthy decisions about sex.

Key Conversations engages participants in helping each other as they learn the basics of what helps teens to avoid teen pregnancy and STIs. Participants personalize the risks that their teen faces and learn that parents are still very influential in most teens' lives. Participants learn strategies for talking and practice with each other, while giving each other feedback.

Participants also discuss setting and keeping limits for their teens; monitoring their teens; and learning about the importance of preventive health care—including contraception, if needed—for their teen.

Key Conversations also include some “homework” for participants to talk with their

teen, using some of the tips they learned in class.

Training for teachers, counselors, and other facilitators in *Key Conversations* is available from Healthy Futures of Texas. The *Big Decisions* Training Coordinator can be contacted at 210-223-4589 or at info@BigDecisions.org.

Companion Program: *Our Community* (Service-Learning)

Sexual health education is likely to be most effective when it is part of an overall youth development strategy. Service-learning is a particularly powerful youth development tool that has been found, in other programs, to help teens reduce risk behavior and avoid pregnancy.

Big Decisions offers a separate service-learning curriculum, *Our Community*, which is available for implementation along with this sexual health education curriculum, or by itself. Consisting of 8 classroom lessons, this companion program provides a structured way to help classes develop their own service-learning project. Students consider their community and what differences they would like to see. Integrating some research and consultation with community resources, students choose, plan, and conduct a service project.

Service-learning is more than doing community service. It is not simply an assignment (or a punishment) for students. Service-learning involves classroom designing and preparation for the service; performing the service; reflecting on the service experience; and celebrating accomplishments, as well.

Importantly, the quality of the service-learning experience depends on the guidance of the facilitator, helping to ensure that the project is feasible and meaningful not only to the students, but to the community they seek to serve. The facilitator is also key in allowing the students to “take charge” of the project. *Our Community* helps facilitators and the students work together, sharing responsibility for the project.

The service-learning experience builds students’ self-efficacy and civic responsibility, and can build a feeling of connection to their school, and to their facilitators. Service-learning experiences that increase self-efficacy will increase the likelihood that students will want to avoid or reduce risks that they learn about in the *Big Decisions* sexual health curriculum. Student will be more likely to make healthy decisions for themselves about sex, as well as about other issues.

If the *Our Community* service-learning curriculum is to be implemented along with the *Big Decisions* sexual health curriculum, the lessons can be alternated to enhance group cohesion and empowerment while learning about sexual health issues. Alternatively, *Our Community* can be offered before or after the sexual health lessons series.

Training for Facilitators

For teachers, coaches, school nurses, and others without sexuality education experience, a 2-day training is recommended.

Health educators, and others who have previously provided sexuality education, may need little formal training in order to implement *Big Decisions*. A day-long training is recommended, even for experienced health educators, in order to become familiar with the lessons and activities of the curriculum.

Training in the implementation of *Big Decisions* is available from Healthy Futures of Texas. A 2.5-day training is recommended in most cases, to allow for adequate training and teach-backs. A 1-day “refresher” training is also available. The *Big Decisions* Training Coordinator can be contacted at 210-223-4589 or at info@BigDecisions.org.

BIG DECISIONS NS

LESSON 1

RULES OF THE GAME: Forming a Respectful Group

RULES OF THE GAME: Forming a Respectful Group

Objectives

- Review the Key Messages of *Big Decisions*
- Identify respect as a key value for the group
- Develop ground rules for the group
- Role-play showing respect for others
- Express confidence in your ability to show respect

Activities

- 1.1 – Introduction and Key Messages Review – 5 minutes
- 1.2 – Ice-Breaker: Differences and Respect – 10 minutes
- 1.3 – Setting Ground Rules – 10 minutes
- 1.4 – Respecting Others – 15 minutes
- 1.5 – What Respect Means to Me – 5 minutes

Materials Needed

- Large envelopes for completed Student Worksheets
- Newsprint tablet, markers, and easel; with or without white/blackboard
- Key Messages Poster or slide with projection setup
- Situations Handouts for Activity 1.4
- Individual Student Worksheets for Activity 1.5
- Question Box (shoebox with a slit in the lid)

Materials and Resources Included

- Key Messages Poster (or slide for projection)
- Situations Handouts for Activity 1.4
- Individual Student Worksheet for Activity 1.5

BIG DECISIONS

LESSON 1

RULES OF THE GAME: Forming a Respectful Group

Notes for Facilitators

Overview of the Lesson

Lesson 1 sets the tone and establishes essential ground rules for successfully implementing the *Big Decisions* curriculum. In Lesson 1, facilitators and students form a safe and respectful group in which to learn about sex and relationships. The Ice-Breaker is fun and interactive, focusing on the key value of respect for all students, even though they may be different than you. By developing its own ground rules, the class builds the foundation for students to feel safe in participating in activities and discussions, as well as in asking questions.

Parent Consent

Ensure that each student in the class has parental consent for participation, as required by the school district or agency.

It is recommended that facilitators themselves verify the presence of a signed parent consent form for each student, if active ("opt-in") parental consent is required. In schools or agencies with passive ("opt-out") parental consent, the facilitator should verify that none of the students whose parents or guardians "opted them out" are inadvertently in the classroom for the program.

Time Management

Lesson 1's activities are estimated to require 45 minutes to complete. It is important to manage the length of each activity so that there will be enough time for students to personalize the commitment to show respect in this program in Activity 1.5.

Displaying the Key Messages

Displaying the Key Messages Poster during each of the 10 lessons is an important part of ensuring the effectiveness of the program.

There are several ways to accomplish displaying the Key Messages:

- Project the Key Messages Poster/presentation slide, which is included in Lesson 1 and is also available at www.BigDecisions.org.
- Make a 24" by 36" enlargement of the Key Messages Poster included at the end of this lesson, and have it laminated and placed on foam board. This is recommended as a way to continuously display the Poster—even when other slides are being projected.
- Print the Key Messages Poster onto transparency film, or photocopy it from a hard copy onto a transparency film. Then use an overhead projector to project the transparency.

Ice-Breaker Alternatives (Activity 1.2)

If the classroom situation does not allow for a "musical chairs" type of activity, this activity can be done with a bean-bag or another toy that can be tossed. When the first student says what they like, students stand or raise their hand to indicate they agree with the statement. The first student then tosses the bean-bag to one of the standing students.

If there are disabled students in the class, modifications should be made to ensure that all can participate. For example, if a student is not able to stand up, the facilitator should arrange for the action to signal agreement with the statement to be something that the disabled student(s) can do, e.g., raise their hand.

In order to involve all students, the facilitator can change the rules, so that the bean-bag is tossed to someone who does NOT agree with the statement.

Tips for Engaging Students

Effectively engaging students in discussions where their ideas and contributions are valued and respected is a key part of the *Big Decisions* program. Some methods to help the facilitator engage the students include:

- Maintaining a positive, friendly, and respectful attitude about the program and the students.
- Projecting appropriate enthusiasm, positivity, and confidence.
- Being non-judgmental is essential. Students must feel that it is emotionally safe to share their ideas and values.
- Taking a “values neutral” approach, respecting the values of the students and their families.
- Remembering that the goal is to help students develop their own ideas and decisions. Telling them what to decide is not as effective a strategy.
- Modeling the respectful behavior that you expect from students. Listen to and acknowledge comments and questions.
- Developing a basic understanding of gender and sexual diversity, in order to be able to use inclusive language during the program. It is important to use language that does not cause students to feel excluded.
- Being mindful that some students that may have experienced physical, emotional or sexual trauma, and some may be pregnant or parenting. It is important to be aware that the topics discussed in *Big Decisions* can cause anxiety and distress among some trauma survivors. It is also important to avoid inadvertently excluding or re-traumatizing students.

These tips can be used to help engage students in activities throughout the *Big Decisions* program.

Ground Rules (Activity 1.3)

Developing the class’s own ground rules is an important process for implementation of the *Big Decisions* curriculum. Participation in listing and agreement on the rules increases students’ respect for the rules. The wording of the rules and the order should be flexible, and the facilitator should include rules not on the list, if the class

feels they are important. Including a ground rule that it is OK to “pass” and not to speak is important, especially for students with a trauma survivors.

It is worth the time to ensure that the group understands how each rule reflects respect—and that they truly agree to it.

During the Ground Rules discussion it is important to explain that facilitators are required by law to report child abuse and to seek help if someone threatens to harm themselves or others. This disclosure on the part of the facilitator shows respect for adolescents and engenders trust. If students expect the anything they say to the facilitator is confidential, then they may feel betrayed if the facilitator must report suspected abuse to the authorities. Ensuring that students know what cannot be kept confidential also helps adolescents make informed decisions about what they disclose to the facilitator.

Because *Big Decisions* deals with relationships and sex, students may disclose that they are in unhealthy and even abusive relationships. They may disclose that they have experienced other types of trauma.

Facilitators should be familiar with the child abuse reporting requirements in their state and in the school district or agency in which *Big Decisions* is being implemented. The federal Administration for Children and Families’ Child Welfare Information Gateway (www.childwelfare.gov) has a listing of state child abuse/neglect reporting numbers and websites, as well as a page to search for the child abuse-related statutes in each state or territory.

Facilitators should also be familiar with their school or agency policies and procedures concerning student disclosure of trauma. It is essential for facilitators to listen compassionately, and to respond with appropriate support and referrals. Additional information about Trauma-Informed Approach is at www.samhsa.gov/nctic/trauma-interventions.

The ability to “pass” and not speak is a particularly important ground rule for students who have been traumatized, so that they feel safe and not threatened by the activities.

Question Box

Even with ground rules in place, students may still hesitate to ask some questions in class. Providing a Question Box in the classroom helps ensure that these questions are answered. A Question Box can be made from a shoebox by cutting a slit in the lid of the box and taping the lid to the bottom of the box. The box should be labeled “Big

Decisions: Questions” into which students can place anonymous questions before or after class.

In order for students to feel more comfortable asking questions, the facilitator can distribute index cards or pieces of paper to all the students and ask that each student write on the paper either their question or something that they learned in the lesson. Then all the students fold their card or paper and insert it in the box. This helps protect confidentiality for the students with questions.

Check the Question Box after each session, to keep abreast of questions being submitted. It is important for the facilitator to address all questions, if possible. For questions the facilitator does not feel comfortable answering in class, it can be suggested that the questioner approach the facilitator before or after class.

Respect Situations (Activity 1.4)

Working with brief situations is an important way to engage students as active participants in the lesson. Responding to situations also helps students to operationalize and personalize the concepts being discussed.

The situations in this lesson consist of 2 situations, each with characters showing disrespect to another student.

The **first situation** involves two students making fun of a new student who appears different than they are. This example reinforces respect for all students—whatever their name; their race or ethnicity; their clothing; their sexual orientation; or their gender.

The **second situation** has characters disrespecting someone who is pregnant. It is important in this first lesson to specifically include and respect students who may have been pregnant (or caused a pregnancy) or parenting.

Big Decisions should be inclusive these students and help them to make healthy decisions about sex and relationships for their future. This includes decisions about when and whether to have (or cause) another pregnancy.

Whether students have had sex or not, they should be able to benefit from participating in *Big Decisions*.

Names in the Situations

Facilitators should point out that the stories in Activity 2.3 are not about actual students. Even if there is a student with the same name as a story character, the story is not about them. Facilitators may want to change the name(s) of the story characters.

Personalizing Respect (Activity 1.5)

This activity is designed to help students personalize the commitment to show respect to others in this class and to expect respect from others.

As in other lessons, the student worksheets are intended to be confidential, and they are completed by students without names or other identifying information on them. The facilitator collects the completed worksheets in an envelope to minimize the chance that students will see what each other has written. Collecting the worksheets in an envelope also avoids the facilitator being able to identify which student wrote what.

In private, the facilitator can read the worksheets to observe the ways students felt confident to show respect and the most important ways they expect respect. The facilitator can also assess students' general response to the worksheet tasks, as well as a little about their reading and writing capabilities.

Before the Lesson

- Review the entire lesson.
- Choose a method of displaying the **Key Messages Poster**, either projecting it as a slide, or printing it as a poster to display during each lesson.
- Review the suggested **ground rules** for the class and ensure that there is newsprint and markers, as well as a way to post the ground rules during each of the lessons.
- Create a **Question Box** and ensure that there are plenty of pieces of paper, so that each student can submit a question during this class, or any of the other classes.
- Make copies of the two-page **Situations for Activity 1.4**, preferably on the front and back of one sheet of paper, one copy per student.
- Make copies of the 1-page **Individual Student Worksheet for Activity 1.5: My Ideas about Respect**, one copy per student.
- In order to keep the lesson on schedule, ensure that you are able to see a watch or clock during the session.

Activity 1.1

Introduction and Key Messages Review – 5 minutes

At the beginning of the session, introduce yourself and welcome the students. Take attendance and collect parent consent forms, as needed.

Post or project the Key Messages Poster, and draw the students' attention to it.

Explain:

"This is a special program, *Big Decisions*, that is designed to help you make healthy and informed decisions about sex.

"This is an important topic for young people:

- whether or not they have had sex;
- whether or not they have experienced a pregnancy; and
- whether or not they are parents already.

"In *Big Decisions*, this class will discuss some of the biggest decisions that people make in life:

- Deciding how to develop healthy relationships
- Deciding when and if to have children, or more children
- Deciding when and if to have sex
 - As we move through the curriculum, we will talk more about what sex means, exactly, and what body parts are involved
- Deciding how they will prevent an unplanned pregnancy, if they have sex
- Deciding how they will reduce the risk of sexually transmitted infections (STIs), including HIV, if they have sex."

Read the class the Key Messages Poster, which is posted prominently in the classroom for every lesson in *Big Decisions*.

Tell the class:

"We will talk more about these messages as we go through the program.

"Of course, people can be healthy with different decisions, but not having sex has the lowest risk of STIs; that is why it is described as the healthiest."

Tell the students about the Question Box, which is available for them to ask questions they may not want to bring up in class.

Activity 1.2

Ice-Breaker: Differences and Respect – 10 minutes

If possible, have the students arrange their desks or chairs in a circle.

Explain:

"This activity is to help the group get to know each other as individuals, and learn what they might have in common with other students—and what differences there might be.

"This activity is a game, like 'Musical Chairs'. One person stands in the middle of the circle, and makes a statement about themselves, for example, what they like.

"Each student who agrees with the statement must stand up and find another chair to sit in that is empty because a student is standing. Each student who stands up moves to another empty chair—but not to a chair that is right next to the one they were sitting in.

The person in the middle also sits in a chair, so that one person is left standing, without a chair to sit in. That person then goes to the middle and makes the statement for the next round of the game."

The facilitator begins the game by being in the middle, and says something like: "I like everyone here, and I especially like...basketball." If necessary, explain that all the students who like basketball must stand up and find another chair.

The facilitator can challenge the students to think of something that every student will stand up for, and something that very few will stand up for. Examples that the facilitator could suggest include:

- I like Hip-Hop
- I have a best friend
- I have traveled to another state
- My favorite color is purple
- I already know what I want to do when I finish high school

Encourage the class to let everyone have a chance in the middle, and to avoid getting too rough in this activity.

Summarize what this activity shows:

"There are similarities and differences among the students in the class. The things we have in common can help us understand each other—but our

differences are also important. Each person has their own unique set of things they are, and that they like."

Let the class know:

"In this class, it is important to show respect for each other, and that includes respecting differences as well as similarities.

"We will be covering some sensitive topics, including sex. Because of the way our culture views sexuality, it may feel uncomfortable at first to have conversations about it. It is especially important in this class that each student is shown respect by other students."

Write the word "Respect" on the board or newsprint.

Activity 1.3

Setting Ground Rules – 10 minutes

Tell the class:

"Since sex and related topics are sensitive and sometimes emotional, it is important for the class to develop some "ground rules" for behavior.

"These rules are to ensure that every person is treated with respect. Each person should feel safe enough to share their ideas with the class.

"This means the class must have an atmosphere that is safe from teasing, making fun of others, and disrespect."

Have students call out rules they want for the class. Get feedback from the class, as needed, to assess acceptability of each rule, and any concerns about them. The facilitator should model respect for ideas, even when a suggested rule is not popular.

On the newsprint, write a brief version of each ground rule that the class develops, so that the list can be posted and visible for each lesson of the program. For each of the rules that the class decides to list, relate the rule back to the concept of respect.

The rules should include at least the following ideas, written in the words of the students:

1. **The group will not tolerate making fun of anyone or teasing them.** It is OK to disagree, but it is not OK to humiliate or criticize a person, or to indicate that the person is not OK.
 - This rule demonstrates respect for every student, even if they are different from others, or if they have an opinion that is different.

2. **Take turns speaking:** raise your hand and wait until others have finished before you speak.
 - This rule helps everyone to be heard, and it respects both the speaker and the one who is waiting to speak.
3. **Everyone has a chance to speak** and contribute. The ideas and leadership of every student are important—including “quiet” students.
 - This rule respects every student, even if they are shy or if they do not speak as often as others.
4. **Everyone has the option NOT to speak.** Even though everyone must pay attention (and not disrupt the class), no one is forced to say something in front of others if they don’t want to. Anyone can “pass”.
 - This rule means the group will respect someone, even if they do not feel comfortable speaking. This means that the group respects that student’s “boundaries” or the limits that they have for what they don’t want to do.
5. **Respect differences**—and don’t assume that others are in the same situation as you. For example, some students may not have parents that they live with. Some students may already be pregnant or parenting. Some students do not feel attracted to the opposite sex. Students may have different religious backgrounds.
 - This rule means that a student who is different from others can feel accepted and respected by the group.
6. **There is no such thing as a “dumb” question in this group.** Students must feel confident that they can ask a question without being made fun of.
 - This rule respects students, even if they ask a question that others might know the answer to. Since sex is a sensitive subject, many people may be afraid to ask questions about it. This group needs to be emotionally safe, so everyone can get their questions answered.
7. **No personal questions.** No one should be put “on the spot” by asking about their opinion, what they do, or what they have done. People can share what they want to, but this group does not ask personal questions of each other or of the facilitator.
 - This rule allows group members to feel safer in the group because no one is going to ask them embarrassing questions. Putting someone on the spot would make them uncomfortable and does not show respect for their privacy.
8. **What happens in the group stays in the group.** There should be no telling others outside the group what a particular student says, unless that student gives their permission to share it.

- This rule allows group members to feel safe about saying what they think in the group. It would not respect a person to share what they say outside of the group, or to make fun of them for it outside of the group.

Concerning confidentiality, tell the students:

"What I hear in this class is confidential; that is, I will not tell others about what I hear, with one important exception:

"If I hear that you have been hurt, or if you are planning to hurt yourself or others, I will need to tell someone else, so that we can make sure that everyone is safe.

"I am required to report child abuse, include physical emotional or sexual abuse."

Let the students know that some people may be particularly sensitive:

"Even with these ground rules, some people have a difficult time talking or hearing about sexual topics—especially if they have had negative experiences. If at any time you are feeling uncomfortable, or having trouble participating, please let me know."

Ask the class to endorse the final list of Ground Rules. Tell them you will bring the rules sheet and post it at each session.

Activity 1.4

Respecting Others – 15 minutes

Tell the class:

"In this activity, you have a chance to talk about ways to show respect. In order to think about this important idea of respect, the class will consider two short situations, or situations".

Divide the class into small groups of 3 to 4 students. Pass out copies of the **Situations for Activity 1.4**, so that each student has one.

Tell the class:

"Each small group will consider how to show someone respect."

Read **Situation 1: First Day of School** out loud to the class.

Ask the class what they think about this situation. Questions to elicit their ideas include:

"What do you think about how Frank and Jaime treated Cruz?"

"Why do you think they acted like that?"

"How would you feel in Cruz's situation?"

Comments from the class may include:

- Frank and Jaime are being mean
- They are not showing Cruz respect
- This is a form of bullying
- They may be doing this because Cruz seems different from them
- Frank and Jaime might be feeling superior, or feeling aggressive
- Cruz would feel bad—embarrassed, or shamed
- Cruz may be afraid of them
- Cruz may feel anger

Now ask the small groups to talk amongst themselves about what Jaime or Frank could say (or do) to show respect for Cruz. Ask them to write down on their Situations worksheet at least 2 things to say or do, that they think would be strong ways to show Cruz respect.

Give the groups two to three minutes to discuss, and then ask for suggestions from each group:

"What could Frank or Jaime say or do to show respect to Cruz?"

Suggestions from the groups may include:

- Frank could tell Jaime to quit being a bully
- They could introduce themselves
- They could answer Cruz' question, or even offer to show Cruz the way

Complement the student groups for their thoughtfulness. Remind them:

"The ground rules of this class call for treating every person with respect—no matter what their name is, what they look like, or what clothes they wear."

Now read **Situation 2: A Pregnant Student** out loud to the class.

Ask the class what they think about this situation. Questions to elicit their ideas include:

"What do you think about how Jayda, Jamie, and Luz treated Amanda?"

"Why do you think they acted like that?"

"How would you feel in Amanda's situation?"

Comments from the class may include:

- Jayda, Jamie, and Luz are not showing Amanda respect
- They are shaming Amanda because she is pregnant
- Jayda, Jamie, and Luz might feel superior to Amanda
- Amanda would feel bad—embarrassed, or ashamed
- Amanda may be afraid of them
- Amanda may feel anger

Now ask the small groups to talk amongst themselves about what Jayda, Jamie, or Luz could do to show respect for Amanda. Ask them to write down on their Situations worksheet at least 2 things they would suggest.

Give the groups two to three minutes to discuss, and then ask for suggestions from each group:

"What could Jayda, Jamie, or Luz say or do to show respect to Amanda?"

Suggestions from the groups may include:

- They could say hello and introduce themselves to Amanda
- They could invite Amanda to sit at their table
- They could treat Amanda just like someone who is not pregnant
- If the subject of pregnancy comes up, they could ask about how Amanda is feeling
- If the subject of pregnancy comes up, they could point out that being a parent as a student is not "the end of the world." Many teen parents are able to work hard and achieve their goals.

Complement the student groups for their thoughtfulness and creativity. Remind them:

"The ground rules of this class call for treating every person with respect—and that includes students who are pregnant or parenting.

"In this class, we will talk about pregnancy prevention and deciding on whether and when to have a pregnancy, or another pregnancy.

"It is important that we make sure that students who are pregnant or parenting understand that we appreciate them and respect them.

"It can be hard to be a teen parent and still reach your goals. But a person can reach their goals while being a good and loving parent."

Tell the class:

"The *Big Decisions* program is for all teens, whoever they are and whether they are parents or not."

Thank the groups for their ideas.

Activity 1.5

What Respect Means to Me – 5 minutes

Pass out the **Individual Student Worksheets for Activity 1.5: My Ideas about Respect**. Ensure that each student has something to write with.

Tell the students:

"Please do NOT write your name on your worksheets, since what you write will be confidential."

"Please write on the worksheet one way that you feel confident that you will show respect for others in this class. You can pick one of the listed ground rules, or write down another way to show respect."

"Please choose something that you personally feel confident that you can do well."

"For example, you might feel sure that you will not ask personal questions in the class."

Now ask the students to complete the second sentence in the Worksheet. Explain:

"It is important for each of you to understand that you deserve to be treated with respect."

"Please choose one way to be shown respect that is important to you. You can pick one of the listed ground rules, or another way to be shown respect."

"For example, it might be important to you to know that no one will make fun of you for being different in some way."

Tell the students that their answers will be confidential and not shared with anyone. Ask the students to fold their Worksheet in half after they have completed it. Have the students place their Worksheets in a large envelope, as you walk through the class.

Provide paper on which to write questions. Show the class the Question Box and explain:

"Some people may prefer to write their question down anonymously and put it into the box before or after class. These questions will all be taken seriously and that answers will be provided in future classes."

Reinforce how important it is that students come to every one of the *Big Decisions* class meeting:

"This class is a special one—where participation and respect are key. So each person's participation is important.

"I am looking forward to working with you."

Key Messages

...to help you stay *HEALTHY* and reach your *GOALS* and *DREAMS*

- ➔ Having sex with someone is a **BIG DECISION**
- ➔ **ABSTINENCE** is the most effective way to avoid both pregnancy & STIs
- ➔ Teens who have sex need to:
 - ➔ Use latex* **CONDOMS**, correctly, every time, to reduce the risk of HIV and other STIs; and
 - ➔ Use effective **CONTRACEPTION** to prevent pregnancy

*or polyurethane or polyisoprene, if allergic to latex

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Situations for Activity 1.4

Situation 1: First Day of School

Situation 1: It is the first day of school, and Cruz is a little nervous about being accepted by other students in his new school. He worries that his clothes are not right, that his hair is different, and that he will not fit in.

In the hallway before school starts, two friends (Frank and Jaime) are laughing and having fun. Cruz walks up to them.

- Cruz:** *(nervously)* Um, do any of you know where room 103 is?
- Frank:** *(laughing)* Who wants to know?
- Jaime:** Yeah, loser! What are you trying to say with those clothes, anyway?
- Cruz:** *(turns around to leave)* Never mind.
- Frank:** Wait, where are you going? You have to tell us your name.
- Cruz:** *(turning back, hopefully)* It's Cruz.
- Jaime:** Isn't that a girl's name?

As a group, discuss ways that Frank and Jaime could show respect to Cruz. Write down at least two things that Frank or Jaime could say or do:

Situations for Activity 1.4

Situation 2: A Pregnant Student

Situation 2: Amanda is 5 months pregnant and is really “showing” now. She has been able to hide her pregnancy at school until now. But she knows that now, after the summer break, everyone will be able to tell she is pregnant just by looking at her.

In the school cafeteria at lunch, she gets her food tray and is looking for someplace to sit and eat. Three students she does not know (Jayda, Janie, and Luz) are sitting at a table nearby, and they notice Amanda.

Jayda: *(laughing)* Whoa! What happened to you?

Janie: *(to Luz)* Well, we know what she did.

Luz: *(to Janie)* Her life is over.

Amanda: *(upset, walking away)* Leave me alone!

As a group, discuss ways that Jayda, Janie, and Luz could show respect to Amanda. Write down at least two things they could say or do:

Individual Student Worksheet for Activity 1.5

My Ideas about Respect

Please answer each question honestly, as best you can.

Please do not put your name on this Worksheet.

1. I am sure that I will show others in this class respect by:

2. One important way that others in this class can show me respect is by:

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LESSON 2

GOALS AND DREAMS: My Future

GOALS AND DREAMS: My Future

Objectives

- Picture your dreams for the future
- Consider how a pregnancy (or another pregnancy) or contracting HIV/STI could affect reaching your goals and dreams
- Make a personal decision about avoiding pregnancy (or another pregnancy), HIV, and other STIs
- Prepare to talk with a parent or other trusted adult about goals and dreams

Activities

- 2.1 – My Dream Board – 30 minutes
- 2.2 – How Could It Affect My Goals and Dreams? – 5 minutes
- 2.3 – My Goals, My Decisions – 5 minutes
- 2.4 – Homework: Talking about Goals and Dreams – 5 minutes

Materials Needed

- Black/whiteboard, or Newsprint tablet, Markers, and Easel
- Facilitator Resource for Activity 2.2: How Might a Pregnancy or an STI Affect My Goals and Dreams?
- Individual Student Worksheets for Activity 2.3: My Goals and Dreams, one copy for each student
- Homework (Activity 2.4): Talking about Goals and Dreams, one copy for each student
- Large envelopes to collect filled-out worksheets
- Pencils or pens, scissors, markers, glue, tape, assorted stickers, and glitter
- Poster-boards (1 for each student) or 12" x 18" Construction paper of varied colors
- Magazines from which students will cut pictures
- Ground Rules Newsprint Sheet from Lesson 1
- Key Messages Poster from Lesson 1
- Question Box

LESSON 2 Outline, Continued

Materials and Resources Included

- Facilitator Resource for Activity 2.2: How Might a Pregnancy or an STI Affect My Goals and Dreams?
- Individual Student Worksheets for Activity 2.3: My Goals and Dreams
- Homework (Activity 2.4): Talking about Goals and Dreams

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LESSON 2

GOALS AND DREAMS: My Future

Notes for Facilitators

Overview of the Lesson

This lesson engages students in a powerful way, by focusing on their goals and dreams for the future.

At the beginning of the lesson, there is a large-group discussion about goals and dreams that young people might have for their future. Then each student creates a “Dream Board” with their goals and dreams for their future, using materials such as construction paper or poster-board, markers, cut-out pictures from magazines, and stickers.

Then there is a brief, large-group discussion of how a pregnancy, or another pregnancy, or getting HIV or getting another type of sexually transmitted infection (STI) might affect their ability to reach their goals and dreams.

Students then complete an Individual Student Worksheet, in which they personalize how a pregnancy or an STI might affect their goals and dreams. In addition, they consider their choices, from the Key Messages, about how they will avoid or reduce their risks of pregnancy and STI.

Finally, students learn about the brief “homework” assignment: to talk to a parent or other trusted adult about goals and dreams.

Building on Lesson 1

As for every *Big Decisions* lesson, it is important to display—and refer to—the **Ground Rules** newsprint sheet developed by the group in Lesson 1. To maintain a “safe” and respectful group, facilitators should refer back to the Ground Rules throughout the program to reinforce respectful behavior and address behavior that is not respectful.

Displaying and referring to the *Big Decisions* **Key Messages Poster** is also essential for program impact. Each lesson has opportunities to relate activities to the key messages of the program: to encourage abstinence and to encourage use of condoms and contraceptives, if sexually active.

Focusing on Goals and Dreams

This lesson begins with students’ goals and dreams for the future. It is important in Activity 2.1 for the facilitator to engage the students and help them access the aspirations that they really care about. Connecting students’ hopes for their future to their decisions and limits about sexual risk behaviors is essential to the effectiveness of the *Big Decisions* program.

Students who are survivors of trauma may have difficulty thinking far ahead into the future. It may be easier for survivors to think about their goals for the next month, 6 months, or 1 year, rather than 5 or 10 years from now. Survivors may also need the facilitator to provide examples of goals and dreams.

Student Worksheets

The Individual Student Worksheets are passed out for Activity 2.3. These worksheets serve as a way for students to confidentially personalize the activities of the lesson. Facilitators should ask all students to fold their paper over their answers, so that answers can remain confidential.

The facilitator also collects the students’ worksheets in a large envelope, so that what the student has written can remain confidential.

Homework: Talking with Parents/Trusted Adults

Activity 2.4 is the first of several “homework” assignments in *Big Decisions*. These are designed to encourage parent-child conversations about the important issues the students consider in the program.

Students are encouraged to talk with a parent, guardian, or other adult that they trust, asking questions and writing down brief answers. Students are asked to return the Homework Worksheet after completion with the parent/adult’s signature to the facilitator.

It is important to include the option for students to talk with a “trusted adult” for these homework assignments. Some students will not have access to a parent, and others may have a family situation that could make a strict requirement to talk to a parent or guardian difficult, or even traumatic.

Before the Lesson

- Review the lesson, and plan for displaying the **Key Messages Poster** and the **Ground Rules** newsprint sheet developed by the class.
- Distribute around the classroom the construction paper, markers, magazines, scissors, and other art supplies, so that students have access to them for creating their Dream Boards.
- Plan for answering any questions in the **Question Box**, and ensure that there is paper for additional questions.
- Make copies (preferably front and back) of:
 - **Individual Student Worksheets for Activity 2.3: My Goals and Dreams**; and
 - **Homework: Talking about Goals and Dreams**.
- Familiarize yourself with the Facilitator Resource to assist with the discussion about how pregnancy or STIs can affect goals and dreams. Plan to include positive points about pregnancy and parenthood in the discussion.

Activity 2.1**My Dream Board – 30 minutes**

Tell the class:

"In this lesson, you will have a chance to think about your goals and dreams for the future and how your goals and dreams might be affected by a pregnancy (or another pregnancy); or by getting HIV (the virus that causes AIDS) or another sexually transmitted infection, or 'STI'."

Write "Goals and Dreams" on the board or newsprint.

Tell the students:

"Goals and dreams are important to many young people. Goals and dreams give people hope for the future, and having goals and dreams is the first step to getting what you want in life.

"Please call out what you think people your age might have as goals and dreams. If you want to share your own goals and dreams, that is fine too."

Write their suggestions on the board or newsprint.

If necessary, prompt them with some goals and dreams that other young people have told you about, for example:

- To graduate high school
- To go to college
- To get a great job
- To be a soldier
- To make a difference in their community
- To have lots of money
- To have a nice house
- To have a nice car
- To have someone to love them (a close relationship)
- To get married (or have a lasting relationship)
- To have a healthy baby/to have children
- To make their parents proud
- To have fun
- To travel

As the goals and dreams are listed, ask a few of the students to say what would be the best thing about achieving that goal or dream. Encourage them to be specific about

the reasons they think young people might have for wanting something, and what they would like most about achieving it.

Strive to have each student contribute at least one goal or dream for the list. If there are “duplicates”, the facilitator can make marks to indicate that an item was listed by more than one person.

After the group’s list is made, ask the students:

“Each of you, please choose a piece of construction paper (or poster-board) to use for creating your “Dream Board”.

“This activity is to create a board with pictures that represent your dreams for the future. This is your vision of what you want for your life in the future—how you want things to be.

“You can draw things, or cut out pictures from the magazines, or write, or any combination of these things.

“Please include things that are important to you.

“This is something for you to do for yourself. You won’t have to share it.

“We have about 15 minutes to work on these. Please go ahead and get started.”

As the students work on their Dream Boards, circulate around the room to ensure that students have access to materials and are on task.

Give 5 minute and 1 minute “warnings” to wrap up their work.

Tell the students:

“Please put your name on your Dream Board, if you are willing. It will be helpful when we get to Lesson 10 for you to have it to refer to. I can keep it here in the classroom for you until then, if that is OK with you. If your name is on it, that will help me to get it back to you.

“We have time for one or two students to share what is on their Dream Board. Who would like to volunteer?

Give two student volunteers one or two minutes each to show and talk about their Dream Board.

Thank the students for their creativity and for sharing their Dream Boards with the class.

Activity 2.2**How Could It Affect My Goals and Dreams? – 5 minutes**

Tell the students:

"The whole point of the *Big Decisions* program is to help you stay healthy and achieve your goals and dreams by helping you make healthy decisions.

"Getting pregnant or getting someone pregnant and having a baby at any time of life is often a positive, joyous experience. Of course, there is a lot of responsibility that comes with being a parent.

"Becoming a parent as a teen does not mean that a person cannot reach their goals. But often it does make it *harder* for young people to achieve their goals.

"If someone is already a parent, having another child very soon can mean even bigger responsibility. So, even if someone is pregnant or parenting now, avoiding another pregnancy from happening soon may be important to them."

Write "Pregnancy" on the board or newsprint on one side of the list of Goals and Dreams.

Ask the class:

"What effect do you think a pregnancy as a teen (either getting pregnant or getting someone pregnant) might have on achieving these goals and dreams?"

If needed, offer a couple of examples, e.g.:

- "Being pregnant or a parent could mean it would be harder to graduate from high school, because it would be hard to find time to study."

Or:

- "Being pregnant or a parent could mean someone feels motivated to succeed, so they can be a good parent to their child."

As suggestions are made for effects on goals and dreams, write key words on the board or newsprint in the "Pregnancy" column next to the appropriate goal affected.

Acknowledge that:

"Some of these goals might be harder to achieve, or might be delayed by having a child as a teen.

"For some, pregnancy and parenthood as a teen could be a part of *achieving* their goals."

Refer to the **Facilitator Resource for Activity 2.2** for ideas about how a pregnancy can affect teens' achieving goals and dreams.

Now, on the other side of the list of Goals and Dreams, write "HIV/STIs".

Tell the students:

"Pregnancy and having children is something that many people look forward to and want to have.

"In contrast, HIV, the virus that causes AIDS, and other sexually transmitted infections (STIs) are things that people do not look forward to or want to have. These are quite different!"

"Still, the existence of STIs, including HIV, are an important part of our decisions about sex."

Ask the students to share their ideas about how having an STI such as HIV infection might affect achieving one or more of these goals. Write key words for their points under "HIV/STIs" on the board or newsprint.

Help the class include many of the ideas listed in the **Facilitator Resource for Activity 2.2**. In particular, include:

"HIV infection could mean needing to take medication for years. That could cost a lot of money.

"STIs can affect the health of a fetus, if the person were pregnant.

"A person could be contagious to someone they have sex with. This could affect relationships because you would need to talk about it with a partner.

"Some viral infections, like HIV and Herpes, stay with a person for life. These could have an effect on a person's sex life for a long time.

During the discussion, it is important to acknowledge:

"People with HIV and other STIs can get treatment and live productive and happy lives.

"Some STIs are curable, and some are not. However, HIV infection, and to a lesser extent other infections, could still make it harder to achieve some of a person's goals."

Thank the students for their insight and ideas. Keep the list of “Goals and Dreams” on the board or newsprint, so it will be visible later in the lesson. If there is not much room, the lists of ideas under “Pregnancy” and “HIV/STI” can be erased.

Activity 2.3

My Goals, My Decisions – 5 Minutes

Now pass out the **Individual Student Worksheets for Activity 2.3**. Tell the students not to put their names on the worksheet, so that their responses will be confidential.

Read Questions 1 and 2 aloud, and ask the students to write in their answers to the Questions 1 and 2. Give the students a few minutes to complete their answers.

When the students have completed Questions 1 and 2, ask them to consider the **Key Messages Poster**. Tell them that, in later lessons, we will learn a lot more about all the ways to reduce their risks that are listed in the Key Messages.

Ask the students:

“Even though it is early in the *Big Decisions* program, please think about how you will avoid having a pregnancy (or another pregnancy), and how you will avoid getting HIV or another STI.”

Read Question 3 and ask the students to answer it, if they feel comfortable.

Tell the students that they should not look at what others are writing, so that it can stay private. Ask them to fold their individual worksheets in half to cover their answers.

Give the students 1-2 minutes to complete their Individual Worksheets.

Circulate around the classroom, so that students can drop their worksheets into a large envelope, if they would like to.

Activity 2.4

Homework: Talking about Goals and Dreams – 5 minutes

Pass out the **Homework Worksheets**, so that each student has one. Explain that you are asking each student to interview a parent or another trusted adult about goals and dreams.

Tell the students:

"Homework like this can help start an important conversation about the future. Talking with parents or other trusted adults can help youth and parents better understand each other, as well.

"There are 2 questions for you to ask, and then write the answers.

"Please complete this homework by _____ and return the completed paper, with the date of the interview, the signature of the parent or other trusted adult, and your name."

Thank the students for their participation and their insights, and summarize that their health and their plans for the future are important.

Acknowledge that they are making some important decisions—some big decisions—about their goals and dreams; their health; and how they will reduce their risks of pregnancy, or another pregnancy, and STIs.

Individual Student Worksheet for Activity 2.3: My Goals and Dreams

*DIRECTIONS: Please answer each question honestly, as best you can.
Please do not put your name on this Worksheet.*

1. How could a pregnancy, or another pregnancy, affect my goals and dreams?

2. How could getting HIV or another STI affect me reaching my goals and dreams?

3. What I Will Do to Protect My Goals and Dreams: (*for example, not have sex; or use latex* condoms, correctly, every time I have sex*); or use both latex* condoms correctly, every time and contraception.)

* or polyurethane or polyisoprene, if I were allergic to latex

Activity 2.4:
Homework: Talking about Goals and Dreams

***DIRECTIONS:** Please talk to your parent or another trusted adult to ask the following questions. You are the interviewer and you ask the questions. You should also write down the adult's answers.*

1. When you were my age, what were some of your goals and dreams?

2. What goals and dreams do you have for my future?

Parent/Adult Signature: _____

Student Name: _____

Date of Interview: _____

Facilitator Resource for Activity 2.2: How Might a Pregnancy or an STI Affect My Goals and Dreams?

GOAL	PREGNANCY	STI or HIV
Education		
Graduate high school	Being a parent can make it harder to finish high school. The responsibilities of parenthood can mean little time for studying.(1) It may be difficult to find child care in order to go to school. On the other hand, being a parent may motivate someone to work hard and graduate.	HIV and other STIs are unlikely to make someone sick enough to have trouble in school. Sometimes illness due to Hepatitis B or HIV—or feeling sick due to medications—can possibly make it harder to study and graduate.
Go to college/higher education	Being a parent can make it harder to attend and complete college. The responsibilities of parenthood may mean less money available to pay for college. It may be difficult to find child care in order to go to classes and to study. On the other hand, being a parent may motivate someone to work hard and graduate.	HIV and other STIs are unlikely to make someone sick enough to have trouble in college. Sometimes illness due to Hepatitis B or HIV—or feeling sick due to medications—can possibly make it harder to study and graduate.
Employment		
A good job/career	It is harder to get a good job with less education. It may be difficult to find child care in order to go to work. A parent may be motivated to succeed, in order to make their child proud of them.	HIV and other STIs are unlikely to make someone sick enough to have trouble doing their job. Sometimes illness due to Hepatitis B or HIV—or feeling sick due to medications—can possibly make it harder to do your job.

GOAL	PREGNANCY	STI or HIV
Soldier/military career	Many parents serve in the military. Military service members who are delinquent in their child support payments can face severe penalties.	Having HIV could keep you out of the military.
Make a difference in my community	It is harder to help your community when you are poor, or when you are struggling to “make ends meet”.	With chronic illness (e.g., from HIV), a person may not have enough energy or money to help their community.
Prosperity		
Make lots of money	Many teen parents earn a good living. Early parenthood can affect education, so young parents may make less money. It may be harder for teen parents to escape poverty than people who have children when they are older.	HIV and other STIs are unlikely to make someone sick enough to have trouble working. Sometimes illness due to Hepatitis B or HIV—or feeling sick due to medications—can possibly make it harder to work.
Nice house/car	Teen parents may be less likely to have enough money to have a house of their own. Young parents may live with their parents who have a nice place to live.	Chronic illness (e.g., from HIV) may make it harder to work hard and have a high-paying job Medical care and medicines are expensive and may mean you don’t have as much money for a house or car.
Love and Family		
A close relationship	Having a child together brings many couples closer. But unplanned pregnancy and parenthood are often stressful for relationships.	Getting an STI can make it so people don’t trust each other. Having a long-term STI, like HIV or Herpes, can complicate dating because of the need to inform the other person.

GOAL	PREGNANCY	STI or HIV
A lasting love relationship	Some teen parents stay with their baby's other parent, but most do not.(2) Teen parents may still have long-lasting relationships, but possibly not with their child's other parent. The risk of divorce is relatively high for people who marry in their teens, and lowest for people who marry in their late 20's.	An STI can threaten a relationship and cause a breakup. Having a long-term STI, like HIV or Herpes, can complicate dating because of the need to inform the other person.
To have a healthy baby (or babies).	Children of teen parents are usually healthy. However, children of young parents have some higher health risks.(3)	HIV and other STIs can hurt the fetus in the uterus womb and when the baby is born. Some STIs can infect the fallopian tubes and interfere with getting pregnant—much later on. (Note: getting STIs is not an effective form of birth control. Most people who have had infections are fertile.) Cancer of the cervix, caused by Human Papillomavirus (HPV), may require surgery to remove the uterus. If this happens, the person would not be able to bear another child.
To make my parents proud	Parents may be disappointed if a teen gets pregnant or gets someone pregnant. Parents may be disappointed if teens do not graduate high school or go to college. Parents are often be proud of their child producing a grandchild.	Parents may feel disappointed if their teen got an STI. Parents may be afraid that their child would be sick or die.

GOAL	PREGNANCY	STI or HIV
Fun and Adventure		
To have fun	With the responsibility of having children, teens may have to miss fun with their friends, at parties, at prom, etc. Babies and children take a lot of time and energy. Babies are fun too!	HIV or other STIs may cause symptoms that interfere with having fun—at least temporarily. Chronic illness or medication side effects (e.g., with HIV and treatment) can make you feel sick and not want to go out and have fun.
To travel	Travel is more difficult and expensive with children, but it can be done.	Some countries won't let in people with HIV infection.

References:

1. Ng AS, Kaye K. Why it Matters. Teen Childbearing, Education, and Economic Wellbeing. The National Campaign to Prevent Teen and Unplanned Pregnancy, July 2012.
2. Ng AS, Kaye K. Why It Matters: Teen Childbearing, Single Parenthood, and Father Involvement. The National Campaign to Prevent Teen and Unplanned Pregnancy, October 2012.
3. Why It Matters: Teen Pregnancy and Overall Child Well-Being. The National Campaign to Prevent Teen Pregnancy. Accessed at http://thenationalcampaign.org/sites/default/files/resource-primary-download/child_well-being.pdf, January 11, 2015.

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LESSON 3

RELATIONSHIPS AND ROMANCE:
What is Healthy?

RELATIONSHIPS AND ROMANCE: What is Healthy?

Objectives

- Reflect on conversations with your parent or other adult about goals and dreams
- Identify characteristics of healthy and unhealthy relationships
- Learn how people in unhealthy relationships can seek help, if needed
- Personalize the importance of showing and expecting respect

Activities

- 3.1 – Homework Review: Goals and Dreams – 5 minutes
- 3.2 – Healthy or Unhealthy? – 20 minutes
- 3.3 – Relationship Role-Plays – 15 minutes
- 3.4 – Relationships and Me – 5 minutes

Materials Needed

- White/blackboard, or Newsprint tablet, Markers, and Easel
- Facilitator Resource for Activity 3.2: Healthy or Unhealthy?
- 'Abuse: How to Get Help' Poster
- Role-Play Scripts for Activity 3.3
- Index card or folded piece of paper for Activity 3.3
- Individual Student Worksheet for Activity 3.4
- Ground Rules Newsprint Sheet from Lesson 1
- Key Messages Poster from Lesson 1 (or PowerPoint slide/setup)
- Question Box

Materials and Resources Included

- Facilitator Resource for Activity 3.2: Healthy or Unhealthy?
- 'Abuse: How to Get Help' Poster
- Role-Play Scripts for Activity 3.3
- Individual Student Worksheet for Activity 3.4

BIG DECISIONS

LESSON 3

RELATIONSHIPS AND ROMANCE: What is Healthy?

Notes for Facilitators

Overview of the Lesson

This lesson begins with a brief discussion of the student experiences in doing their Goals and Dreams "Homework" from Lesson 2. This is to elicit how the students felt about what they heard; how their parents/trusted adults had similar or different goals at their age; and what goals their parents/trusted adults have for their student.

The next activity (3.2) is a large-group facilitated discussion of what makes a relationship healthy or unhealthy. Students list qualities of healthy relationships and unhealthy relationships. Using the Facilitator Resource for this activity, the facilitator guides the discussion, so that students are able to describe what is meant by each characteristic, and hear about examples. Students learn the definition of abuse and how to seek help for themselves or for a friend who may be abused.

In the next activity, students consider two versions of a role-play about relationships. One of the partners tries to prevent the other from texting

their other friends. In one version, the partner does not refuse; in the second version, the partner defends their limits.

In the final activity of the lesson, students have the opportunity to think about their own relationships and how they could be healthier.

Anticipating Student Concerns

This lesson may bring up difficult issues for young people as they consider their own personal relationships. Students may recognize unhealthy aspects of their romantic relationships, friendships, and family relationships.

For some young people, discussions about relationships and abuse may trigger a trauma response. Remind the students to let you know if they are uncomfortable with any of the topics.

Be prepared to field questions that students may bring to you after class, and be aware of school and community resources for students who need help in dealing with unhealthy relationships. Also, any child abuse you become aware of must be reported according to state law.

Before the Lesson

- Be sure to bring and display both the **Ground Rules** newsprint sheet from Lesson 1, as well as the **Big Decisions Key Messages Poster**. Both of these should be displayed during every lesson in the *Big Decisions* program.
- During at least part of this lesson, the facilitator will need to also plan for and display the **Abuse: How to Get Help** Poster.
- It is suggested that the facilitator make a hard copy of the tables of the **Facilitator Resource for Activity 3.2: Healthy or Unhealthy?** Having a paper copy to refer to will help the facilitator to ensure that each of the characteristics of healthy and unhealthy relationships are discussed in the activity.

Activity 3.1

Homework Review: Goals and Dreams – 5 minutes

Welcome the class, and say:

"I'd like to hear about your experiences with the 'Goals and Dreams' homework from the last lesson.

"What did you learn about your parent's, or other trusted adult's goals and dreams when they were your age?"

Get several responses, if possible. Ask:

"How did you feel when you heard about these goals and dreams?"

Responses may indicate similarities to the goals and dreams that the students listed in Lesson 2.

Ask:

"What do you think is similar and what is different about the goals and dreams of your parent or other adult?"

Help the students connect that some goals may have been similar, such as finishing school and getting a good job.

Point out:

"These similar goals can help you recognize that your parent (or trusted adult) was once your age and had similar thoughts and challenges as you have growing up."

Help the students connect the parent goals that seem different (e.g., to get married as one of the first things to do) to the fact that times change, too.

Now ask students:

"Who would like to share what goals and dreams that their parent or trusted adult had for you?"

Elicit several responses, and ask:

"How did you feel about these?"

Acknowledge the feelings that are shared.

Point out:

"This kind of sharing—especially about what is important—can help parent-teen relationships be healthier through better communication."

Collect the **Activity 2.5 Homework Worksheets** in a large envelope.

Activity 3.2

Healthy or Unhealthy? – 20 minutes

Tell the students that today's lesson will be about relationships.

Write the word "Relationships" on the board or newsprint, and ask the class to say what it means.

Acknowledge the responses, and point out:

"The key element of a relationship is a connection between two people. Relationships are also about how people treat each other, interact with each other, or relate to each other."

Under the word "Relationships", write on the board "Healthy" on the left and "Unhealthy" on the right, and underline each.

Say to the class:

"Let's think about what makes a relationship between two people healthy and what would mean that a relationship might be unhealthy."

"What do you think are qualities of a relationship that would indicate to you that it is a healthy relationship?"

"What are qualities in a relationship that would mean that it is unhealthy?"

For each characteristic or quality, add it to the list in the appropriate column.

Help the class expand on each of the concepts. As each characteristic is offered, ask the class:

"Can you talk a little bit about what this might 'look like' in a relationship? What would someone say or do that would let you know how to describe the relationship?"

Elicit examples for each of the concepts, so it is well understood.

Use the tables in the **Facilitator Resource for Activity 3.2** as a guide to facilitating the discussion. This Facilitator Resource has a description of each quality of healthy and unhealthy relationships, as well as examples.

After this discussion, the board or newsprint should look something like the following:

Relationships	
<u>Healthy</u>	<u>Unhealthy</u>
Respect	Disrespect
Honesty	Dishonesty
Trustworthy	Not Trustworthy
Caring	Uncaring
Supportive	Not Supportive
Equal Power	Unequal Power
Good Communication	Poor Communication
Generosity	Selfishness
Trusting	Controlling
Kindness	Abuse

Each of these 10 characteristics of healthy relationships and 10 characteristics of unhealthy relationships should be included in the discussion. Other features can be discussed, as well, if listed by the class.

During the discussion, be sure to include the following key points about unhealthy romantic relationships, writing the underlined terms below on the board or newsprint, under “Unhealthy”:

- Older Partners: This point should be made in the discussion of “Unequal Power”. Tell the students:
“As a teen, a relationship with someone two or more years older is likely to be unequal because the older person is likely to have more power in the relationship.”
“That is why a romantic relationship with an older partner is more likely to be unhealthy.”

"For example, an older partner can pressure a younger partner into having sex when the younger partner is not ready."

- **Controlling Behavior:** This should be discussed under "Controlling".
 - "Someone trying to control the other person is a warning sign, or a 'red flag.'"
 - "Telling someone who they can talk to or what they can do is something that happens in many relationships that become abusive."
 - "If possible, it is best to avoid relationships where this is happening."
- **Abuse:** In discussing abuse, it is important to include some basics about abuse, and to display the **Abuse: How to Get Help** Poster.

Tell the students:

"Some unhealthy relationships can be abusive."

Ask the students:

"What is abuse in a relationship? What different types of abuse are there?"

Summarize for the students the different types of abuse:

"Abuse can take multiple forms:

- *Physical abuse* is when one person uses physical force meant to frighten or injure the other person
- *Sexual abuse* is when one person forces another person to do something sexual that they do not want to do
- *Emotional or verbal abuse* is when one person threatens, humiliates, intimidates, or stalks another person."

Leave the Healthy and Unhealthy items on the board or newsprint for the students to refer to during the remainder of the class.

Continue to display the **Abuse: How to Get Help** Poster, as well.

Activity 3.3

Relationship Role-Plays – 15 minutes

Tell the students:

"The next part of this lesson is all about respect in relationships."

"The class will do some role-plays to focus on whether each person in the relationship is respecting the other person."

Tell the students:

"Doing a role-play is about play-acting, like in a movie or TV show. When reading the lines, the person who is doing a role-play is not speaking as themselves, but rather as a character on stage or in a movie."

In this role-play, ask for two student volunteers to play the two roles. Ask the rest of the students in the class to focus on how each person interacts with the other, and how much respect each person shows the other.

(Note that the names in this role-play are chosen so that the parts can be played by students of any gender.)

Tell the class:

"We are going to do two 'takes' on this role-play, and you will observe the differences in respect between the two takes."

Provide the two volunteers with the **Role-Play Scripts for Activity 3.3** (included at the end of this lesson). Give them a few moments to look over their lines.

Use a folded piece of paper or an index card, if needed, to represent Alex's cell phone. As you hand the "phone" to "Alex", tell the class and the actors that this card or piece of paper represents Alex's cell phone.

Take One: Read aloud the **Situation for the Role-Play Script, Take One**, and then ask the volunteer actors to read their lines in Take One.

After the actors finish acting out Take One, thank them and lead the class in applauding them.

Ask the actors:

"How did you feel as you were playing these characters?"

Responses from "Chris" may include feeling bad to pretend to treat Alex with disrespect. Responses from "Alex" may include feeling disrespected or angry.

Acknowledge the actors' comments and thank them for their input.

Ask the students in the "audience":

"What did you observe in this situation?"

Acknowledge their comments and ask other students for feedback, as well.

Additional questions to prompt the discussion include:

- "How healthy is this relationship, do you think?"
- "Do these two people show each other respect?"
- "What do you think about their communication?"
- "How much trust does there seem to be in this relationship?"
- "Did you notice any 'red flags'? What were they?"
- "What do you think about Alex's response to Chris' behavior?"

Key points to bring out in the discussion include:

- This relationship seems pretty unhealthy.
- Chris does not show Alex respect.
- Chris's behavior is controlling. This is a 'red flag' for an unhealthy relationship. This may be an abusive relationship.
- Their communication is limited. Chris says what he wants to, but Alex probably does not.
- There is lack of trust on Chris' part.
- Chris seems to have much more power in the relationship. Perhaps Chris is a lot older than Alex, which is often risky for the younger person.

Ask the students:

"How can you tell that Chris has a lot more power in this relationship than Alex does?"

Answers may include:

- Chris demanding things of Alex
- Chris telling Alex what to do
- Alex not standing up to Chris

Validate students' responses and emphasize that, in this situation, Chris and Alex are not equal in terms of power.

Ask the students:

"Did Alex seem to expect respect from Chris?"

Key points are:

- Alex did not communicate an expectation of respect.
- Alex did not "stand up" to, or resist, Chris' controlling behavior.

Point out:

"In an abusive situation, sometimes not standing up to the person is what a person needs to do. For example, Alex might be afraid of Chris. That would be a situation where Alex needs to find help."

Point out the **Abuse: How to Get Help** Poster for ways Alex could get help.

Take Two: Thank the class for their insights, and ask the actors to turn their attention to Take Two of the Role-Play. Give them a few moments to look over the script, and ask them to read their lines in Take Two.

After the actors finish acting out Take Two, thank them and lead the class in applauding them.

Ask the actors:

"How did you feel as you were playing these characters in Take Two?"

Responses from "Chris" may again include feeling bad to pretend to treat Alex with disrespect. Responses from "Alex" may include feeling proud or powerful for standing up to Chris' inappropriate behavior.

Acknowledge the actors' comments and thank them for their input.

Ask the students in the "audience":

"What did you observe in this Take Two situation?"

"What did Alex do differently in Take Two?"

"How healthy do you think this relationship is in Take Two?"

"Did Chris's behavior respect Alex?"

"How did Alex communicate an expectation of respect?"

Acknowledge their comments and ask other students for feedback, as well.

Key points to bring out are:

- Chris's behavior was still attempting to control Alex, but Chris then respected Alex's limits by stopping the demands
- Alex defended his/her right to expect respect, and did not let Chris take the phone
- This relationship seems healthier than the first one, because Chris no longer has lots more power in the relationship.

Summarize this Activity as follows:

"Everyone deserves respect and should expect respect.

"It is not respectful to demand that someone stop communicating with family or friends. In fact, it is a danger sign for an unhealthy and possibly abusive relationship.

"How Alex responds to Chris is important."

"There is help for people in unhealthy or abusive relationships."

Thank the actors for their performance and the class for their ideas and contributions. Lead the class in applause for the actors.

Activity 3.4

Relationships and Me — 5 minutes

Pass out **the Student Worksheets for Activity 3.4: Relationships and Me**. Make sure that each student has something to write with.

Tell the students:

"Please do not to write your name on this worksheet. Your answers will be confidential."

Read aloud the questions in the worksheet. Ask the students to fill in their honest answers about relationships.

Give the students a few minutes to complete their worksheets.

If there is time after the students have completed their worksheets, ask:

"Would anyone like to volunteer to share their responses?"

"This is totally up to you. It is an opportunity for you to share what you consider most important for healthy relationships in your life."

Thank the students for sharing their thoughts, and ask if other students have similar opinions or comments.

Collect the worksheets in a large envelope.

Thank the students for their work, and commend them for following the "ground rules" and dealing with these topics so well.

Facilitator Resource for Activity 3.2: Healthy or Unhealthy? *Characteristics of HEALTHY Relationships*

Characteristic	Explanation/Amplification	Example(s)
Respect	- Each person treats the other with respect - Each person values the other just as they are	- Respecting the other person's limits: not pressuring them to do something they don't want to do - Not making fun of the other person - Not trying to change the other person
Honesty	Each person is honest with the other	- Telling the truth - Each person can "be themselves" - There is no need to pretend when you are with the other person
Trustworthy	- Each person can be trusted to keep their word - Each person feels they can trust the other	- Not betraying the other person - Keeping confidentiality
Caring	Each person sincerely cares about the other	- Avoiding hurting the other person's feelings - Standing up for the other person, if needed
Supportive	Each person supports the other emotionally	- Encouraging and reassuring the other person - Letting the other person know when they need support
Equal Power	Each person has about the same amount of power in the relationship	- No one has power over the other - Different genders (e.g., males, females) have similar power in relationships - Able to work it out and compromise when there is a disagreement - For teens, it is recommended that both people are about the same age (within 2 years)
Good Communication	Open, honest communication	- Being able to talk easily with the other person - Speaking up if something is bothering them

	Important things can be discussed in the relationship	
Generosity	- Each person is generous with the other person - Each person does things for the other	- Giving the other person a gift “Cuts the other person some slack”: does not expect perfection
Trusting	Each person trusts the other	- Not worrying about the other person having relationships with friends or family - Not having to check up on what the other person is doing, or who they are with
Kindness	- Being nice to each other - Treating each other as you would like to be treated	- Thoughtful comments to help each other feel good - Forgiving the other person if they do something you do not like.

Facilitator Resource for Activity 3.2: Healthy or Unhealthy? (continued)

Characteristics of UNHEALTHY Relationships

Characteristic	Explanation/Amplification	Example(s)
Disrespect	- Not treating the other person with respect - Not respecting the other person's limits	- Making fun of the other person - Putting down the other person - Pressuring the other person to do something they do not want to do
Dishonesty	Not being honest with the other person	- Telling lies to the other person - Taking advantage of the other person
Not Trustworthy	- Being unreliable - One or both feel they can't trust the other person	- Not keeping promises to the other person “Cheating” on the other person - Betraying the other person
Uncaring	Not caring about the other person's feelings or well-being	- Doing things that will clearly hurt the other person's feelings - Discounting or disregarding what the other person wants or needs
Unsupportive	Not supporting the other person emotionally	Insulting the other person

Characteristic	Explanation/Amplification	Example(s)
		Not being there for the other person when they need emotional support
Selfishness	One (or more) are only interested in themselves, not the other person	- Always doing what you want to do, not what the other person wants to do - Taking advantage of the other person
Poor Communication	- Unable to communicate well with the other person - One (or more) can't tell the other person what they want or need	- Not talking about something important that happened between the two people - Not letting the other person know that you don't want to do something
Unequal Power	One person has a lot more power in the relationship than the other person has	- One person is 2 or more years older than the other - In some cultures, a man traditionally has far more power than a woman - One person is always the one who decides where to go or what to do
Controlling	- One person tries to control the other person - One person wants the other person all to him/herself	- One person is always checking up on the other person - One person tries to restrict the other from family and friends - Often suspecting that the other person is "cheating" on them
Abuse (physical, sexual, or emotional/verbal)	- Physical abuse is when one person uses physical force meant to frighten or injure the other person - Sexual abuse is when one person forces another person to do something sexual that they do not want to do - Emotional abuse is when one person threatens, humiliates, intimidates, or stalks another person	- One person shoves the other person into a wall because of anger about arriving late at a movie - One person gets the other person drunk and then has sex with them when they cannot resist - One person is constantly calling/texting the other person to check-in on where they are, what they're doing, who they're with, etc. - One person tells the other person that they are worthless

ABUSE: How to Get Help

Abuse can be physical, emotional, verbal or sexual

If you, or someone you know, is abused, you can seek help from:

- ➔ **A parent, teacher, or another trusted adult**
- ➔ **Call 1-866-331-9474**
- ➔ **Text “loveis” to 22522**
- ➔ **LovelsRespect.org**

Role-Play Script for
Activity 3.3
Chris and Alex, Take One

Situation: Chris and Alex are walking together after school. Alex is texting on a cell phone.

Script for Take One:

- Chris: Alex, what are you doing?
- Alex: Nothing, just texting a friend.
- Chris: Stop that! Give me your phone and let me see. (*Reaches for Alex's phone*)
- Alex: Well...OK. (*Hands Chris the phone*)
- Chris: (*Looking at the phone*): I don't want you texting your other friends anymore. You should be focusing on me, we're a couple and I come first.
- Alex: (*Quietly*) I need my other friends, too.
- Chris: (*Handing the phone back to Alex*) Don't let me find any more messages to them on your phone.
- Alex: (*Takes back the phone and looks hurt, but says nothing.*)

Role-Play Script for Activity 3.3

Chris and Alex, Take Two

Situation: Chris and Alex are walking together after school. Alex is texting on a cell phone.

Script for Take Two:

- Chris: Alex, what are you doing?
- Alex: Nothing, just texting a friend.
- Chris: Stop that! Give me your phone and let me see.
(Reaches for Alex's phone)
- Alex: *(Holds the phone away from Chris, and frowns a bit)*
Chris, this is MY phone.
- Chris: I don't want you texting your other friends anymore.
You should be focusing on me, we're a couple and I come first.
- Alex: *(Strongly)* I need my other friends, too.
- Chris: Don't let me find any more messages to them on your phone.
- Alex: *(Strong and confident voice)* Chris, I don't want you looking at my phone. It's mine, and I get to decide who I text and who looks at it.
- Chris: OK, I guess you're right. I wouldn't like it if you tried to look through my phone and told me which friends I spoke to either.

Individual Student Worksheet for Activity 3.4 Relationships and Me

Please do not put your name on this Worksheet

1. In my relationships, one thing that is really important to me is:

2. One way that I can make my relationships healthier is to:

*Please turn in your worksheet by folding it in half
and putting it into the envelope as the facilitator walks by.*

BIG DECISIONS NS

LESSON 4

ANATOMY AND REPRODUCTION: How it Works

ANATOMY AND REPRODUCTION: How it Works

Objectives

- Identify the names and functions of reproductive body parts
- Review how pregnancy happens
- Evaluate statements about reproduction to determine if they are true or false

Activities

- 4.1 – Ice-Breaker: What Do They Call It? – 5 minutes
- 4.2 – Reproductive Anatomy: The Body Parts – 20 minutes
- 4.3 – The Journeys of the Sperm and the Egg – 5 minutes
- 4.4 – Reproduction: True or False? – 10 minutes

Materials Needed

- White/blackboard, or Newsprint tablet, Markers, and Easel
- Laptop/Computer and projector for Activity 4.2
- Reproductive Anatomy Diagram Slide Presentation for projection, for Activity 4.2
- Small Group Worksheets #1 and #2 for Activity 4.2, one for each student
- 2 sets each of printed signs for the Sperm's and the Egg's journeys through the body
- Questions cut out from Facilitator Resource: Reproduction: True or False?
- Ground Rules Newsprint Sheet from Lesson 1
- Key Messages Poster (or slide presentation/setup)
- Question Box

Materials and Resources Included

- Small Group Worksheets, #1 and #2 for Activity 4.2
- Reproductive Anatomy Diagram Slide Presentation for projection, for Activity 4.2
- Signs (6) for "Journey of the Sperm" Game, for Activity 4.3
- Signs (6) for "Journey of the Egg" Game, for Activity 4.3
- Facilitator Resource: True or False? questions for Activity 4.4

BIG DECISIONS

LESSON 4

ANATOMY AND REPRODUCTION: How it Works

Notes for Facilitators

Overview of the Lesson

This lesson begins with an ice-breaker asking students about commonly used “street” or “slang” names of reproductive body parts.

In Activity 4.2, the students first work in teams to name body parts in two worksheets. The facilitator uses a slide presentation in a large-group interactive mini-lecture to guide the students through the basics of reproductive anatomy.

This includes tracing the pathway that sperm take from the testicle to ejaculation outside the body and the pathway that an egg takes from the ovary to outside the body with the menstrual blood. Fertilization is discussed.

In Activity 4.3, the students work in teams to compete for how fast they can demonstrate the order of locations in the journey of the sperm and the journey of the egg.

Finally, students draw True-False questions about reproduction from a bag or envelope to answer and for the class to discuss.

A Sensitive Topic

Reproductive anatomy is a sensitive topic, one that is often uncomfortable for adults, as well as for youth. However, a basic understanding of the reproductive organs and how they work is important for both youth and adults.

Big Decisions includes this anatomy lesson because this knowledge is essential to understand pregnancy, contraception, and sexually transmitted diseases. This knowledge empowers young people with understanding their bodies, so they can make healthy decisions about their behavior.

This lesson is also important in that it demonstrates to students that the facilitator and the program trust them with serious information about sexuality.

The facilitator should approach the lesson with this perspective, helping to foster an understanding of the importance of the material for youth as they are becoming independent and responsible adults.

It is important for the facilitator to acknowledge to the students that many people feel uncomfortable and laugh when talking about these body parts.

Of note, the diagrams of genitals can be triggering for youth who have experienced trauma, and the facilitator should provide a content warning before these images are shown or distributed as worksheets.

Ice-Breaker

Activity 4.1 is designed to allow the students a relatively non-threatening way to begin talking about reproductive anatomy. Asking about the many substitute names they have heard for various body parts allows them to speak and laugh about this sensitive subject.

It is important not to write the "slang" or "street" names on the board or newsprint. This will avoid any perception of endorsing particular names, or that the program teaches students to use these names.

For new facilitators, this activity can be difficult at first. However, it is important to model saying these names so that youth can become comfortable using the correct terms.

Anatomy Diagrams

In Activity 4.2, the anatomy information is first presented in two Small Group Worksheets distributed to students who work in teams of 3-5 to match a name to the function and drawing of the body part.

The facilitator then guides the class through the **Reproductive Anatomy Slide Presentation**. The teams assist the facilitator with naming the anatomic structures, and student questions are encouraged.

The **Reproductive Anatomy Slide Presentation** consists of slides that move through the 4 **Anatomy Diagrams**. The **Reproductive Anatomy Slide Presentation** is projected using a computer and LCD projector onto a whiteboard, wall, or screen.

In the **Reproductive Anatomy Slide Presentation**, each diagram appears first without any body-part labels. Each subsequent slide adds the name of one body part, and the facilitator can review the name and its function by going through the slides.

Ensuring an Inclusive Environment

It is important to maintain a safe, respectful, and inclusive learning environment for all students, including lesbian, gay, bisexual, transgender, and students who are questioning or unsure of their orientation or gender.

Discussions about anatomy and sex can be difficult in this regard. Facilitators should thoughtfully choose words, so that no student feels excluded from the discussion.

For example, it is important to recognize that not all students who identify as male have a penis and testicles. Likewise, not all who identify as female have a vagina and a uterus.

The terms used in *Big Decisions* are intended to be as inclusive as possible. Facilitators are encouraged to use the terminology and explanations **exactly** as they are in the lessons, so that the program will be welcoming and safe for all youth.

Ensuring a Safe Environment

Safety is especially important for students who have experienced trauma. The topic of reproductive anatomy and the drawings that are displayed may be triggering of

stress responses for some trauma survivors.

This is why the lesson includes content warnings before the worksheets with images are distributed and before the anatomy slides are projected.

The facilitator should also let students know that, if they are having trouble participating, to please let the facilitator know.

Trauma survivors may have experienced sexual abuse, sexual assault, or rape. As sexual topics are discussed, it is important to acknowledge that not everyone has had positive experiences. When “sex” is defined, it is important to be clear that sex is when both partners agree to do something. Coercion and lack of consent is not sex, but rather assault or rape.

Students may disclose abuse or other traumatic events to the facilitator, and it is essential for the school or agency be able to connect the student and their family to trauma-informed mental health professionals and other referrals.

Facilitators should also be familiar with their organization’s and the school district policy on confidentiality and on reporting abuse.

Time Management

Students often have many questions about anatomy and reproduction. Facilitators are encouraged to answer as many questions as possible, as questions come up during the lesson. However, in order to lay the groundwork for future lessons, it is important to be able to move the lesson forward so that it can be completed, so time management is essential in this lesson.

For some classes, there may be little time to complete Activity 4.5, Reproduction: True or False? If needed to save time, the facilitator can read the questions him- or herself from the Resource.

Before the Lesson

- Read through the lesson, familiarizing yourself with the **Reproductive Anatomy Slide Presentation** and the answers to the **Activity 4.4: Reproduction: True or False?** game.

- Make enough copies of the **Small Group Worksheets #1 and #2 for Activity 4.2**, so that each student has one of each to work on.
- Plan for the implementing the **Activity 4.3: Journeys of the Sperm and Egg** game, given the arrangement of the classroom. Provide 12 small prizes for the two winning teams, if desired.

Activity 4.1

Ice-Breaker: What Do They Call It? – 5 minutes

Tell the class that this session will be about human reproduction, including the anatomy and function of body parts. This is basic information that is important to being able to make healthy decisions about sex. Review the posted (or projected) Key Messages poster.

Post and review the “ground rules” developed in Lesson 1. Point out that following the ground rules is especially important when discussing sensitive issues like the ones in this lesson.

Tell the students:

“Everybody has genitals, or reproductive organs, but we don’t often talk about them. When we do talk about them, people sometimes feel uncomfortable—and sometimes laugh—because we are not used to talking about them.”

As an ice-breaker, ask the class to mention some commonly used (“street” or “slang”) names they may have heard for genital body parts, including (one at a time) the penis, vagina, breasts, and testicles.

If the students are reluctant to say commonly used names out loud, the facilitator may need to start the list themselves. As the students offer a commonly used name, the facilitator should repeat the commonly used name to acknowledge its existence. For each of the genital body parts, encourage the students to say as many “slang” names as they have heard.

Do not write the “slang” names on the board/newsprint, to avoid communicating that these are terms that the *Big Decisions* program encourages youth to use.

Most student groups will be able to offer many names for genital body parts. Most groups will have at least some students who laugh or giggle about the names. Acknowledge the laughter, and that this subject can be uncomfortable.

After the class has had a chance to offer lots of commonly used names, ask the students:

"Now, what are some commonly used names for other body parts, like the elbow? ...

"How about the foot?...

"The ear?"

With few exceptions (e.g., "funny bone"), students will not be able to list other names for these because most people do not use alternative names for them.

Ask the class:

"Why do you think there are so many commonly used names for body parts related to sex, but none for nonsexual body parts?"

Point out:

"Sex and reproduction are emotionally charged and often held secret in our society. People may not want to say the actual names of these body parts, so they use many different 'slang' names."

Tell the class:

"It is important to know the proper names for body parts, and to be able to use the proper names. In the *Big Decisions* program, we use the proper names for body parts.

"As we learn about these body parts and what they do, some people feel uncomfortable. As always, please let me know if something is too uncomfortable for you."

Activity 4.2

Reproductive Anatomy: The Body Parts — 20 minutes

Divide the class into small groups of 3-5 students each. Tell the students that each small group will work as a team to fill out some worksheets during this activity.

Tell the class:

"We will now be looking at drawings of external (outside) anatomy and internal (inside) anatomy of reproductive organs."

Pass out the Anatomy Worksheets (#1 and #2), so that each student has one of each.

When all the students have their worksheets, tell the students:

"In this activity, you will work in teams. Each team will try together to match the correct body-part name from the list on the side of the drawing to the correct white box in the Worksheet.

One of your team members should write the name of the body part in the box. Then your team can help identify the names of the body parts as we go through the slide presentation."

"These worksheets are not to take with you. The worksheets will be collected at the end of the class. This is done to avoid worksheets being seen by students whose parents or guardians did not give permission for the program."

"Please go ahead and work together in your teams"

Give the small groups a few minutes to complete their work. When the teams are finished, tell the students:

"We will now be looking at projected slides of the drawings of external (outside) anatomy and internal (inside) anatomy of reproductive organs."

Using the **Reproductive Anatomy Slide Presentation**, project the slides. Tell the students:

"The first group of slides shows the body parts typical of people who are assigned male gender at birth.

As you go through the slides, involve the team(s) that worked on that diagram. Point to each body part, and read the function of the body part that is on the slide. The team says what they think the name of the body part is, and then the facilitator moves to the next slide, revealing the actual name.

Proceed with this interactive "mini-lecture" through the body parts in the following order:

REPRODUCTIVE ANATOMY, OUTSIDE: Slides 3-8 (Worksheet #1):

- "What is the name of this body part (pointed out in both 'Circumcised' and 'Uncircumcised' parts of the diagram), that allows for sexual stimulation and sexual intercourse?" [**Shaft of Penis**]
- "What is the name of this body part (pointed out in the 'Circumcised' diagram), the 'head' of the penis, which is very sensitive?" [**Glans of Penis**]
- "What is the name of this body part (Pointed out in the Circumcised diagram) at the tip of the glans, where urine and semen leave the body?" [**Opening of Urethra**]

- "What is the name of this body part (pointed out in the 'Uncircumcised' diagram), that is a fold of skin covering the glans of the penis, and can be pulled back to uncover the glans?" [**Foreskin**]
- "What is the name of this body part (pointed out in both 'Circumcised' and 'Uncircumcised' parts of the diagram), that is the sac of skin that contains the testicles?" [**Scrotum**]

Additional points to make about this Outside Diagram:

- "Some penises are **circumcised**, and some are **uncircumcised**. Circumcision is the surgical removal of the foreskin. Circumcision is usually performed shortly after birth. Whether or not someone is circumcised, they can be healthy and normal."
- "These diagrams show penises that are **flaccid**, or soft. When someone is sexually aroused or excited, the penis may have an **erection** (or "boner" or "hard on"). When the penis gets hard, it tends to point upward."
- "There is **a great deal of variation in what is normal**. For example:
 - Some bodies have lots of pubic hair, and others have very little hair.
 - When it comes to the length of the penis, there is a wide range of normal."

REPRODUCTIVE ANATOMY INSIDE: Slides 9-16 (Worksheet #1):

- "What is the name of this body part—actually, there are two of them? These are the organs that produce both sperm and male hormones." [**Testicle**]
- "What is the name of this body part—actually, there are two of them? These sit on the surface of each testicle. They are where the sperm cells mature as they travel through, to the Vas Deferens." [**Epididymis** ("ep-i-did-uh-mis")]
- "What is the name of this body part? This is a narrow tube through which the sperm travel from the epididymis to behind and below the bladder. There are two of them, one on each side of the body." [**Vas deferens, or 'Vas'**]
- "What is the name of this body part, where urine ("pee") is stored? [**Bladder**]
- The bladder is not actually part of the reproductive system, but it is in the diagram so that the reproductive body parts can be understood."

- "What is the name of this body part? These glands (one on each side of the body) produce fluid that helps to form the semen, the fluid that contains sperm?" [**Seminal vesicles**]
- "What is the name of this body part? It is a gland underneath the bladder, and it produces fluid that helps to form the semen. [**Prostate gland**]
- "What is the name of this body part, the tube that goes from the bladder through the prostate, through the penis, and to the outside of the body? [**Urethra**]
 - This tube carries urine to the outside of the body when the person pees, and semen to the outside of the body during ejaculation (when the person "cums").

On the 'Inside' Diagram, trace the path that sperm take from where they are formed to where they leave the body during ejaculation:

- "Sperm cells begin in the **testes**.
- "Then they travel to the **epididymis**, where the sperm cells mature.
- "Then they travel through the **vas deferens**, a tube that goes on a complex path:
 - from the epididymis, upwards inside the scrotum;
 - into the abdomen at the groin;
 - beside, and then behind and under the **bladder**.
- "This is where the ducts from the **seminal vesicles** join the vas.
- "The sperm then pass through the **prostate gland**.
- "The sperm then pass into the **urethra**, which goes through the **penis** and out the of the body at the tip of the penis."

Now, using the Anatomy slide presentation, project the Anatomy Diagrams, covering slides 17 to 30. Start by projecting slide 17.

Tell the students:

"The second group of slides shows the body parts typical of people who are assigned female gender at birth.

"As I point to and describe each body part, please say out loud the name of the part, if you know it."

As you go through the slides, point to each body part, and read the function of the body part that is on the slide. Ask the students to say the name of the part if they know it. Then say the name of the body part and display the printed name by moving the slide presentation forward.

Proceed with this interactive “mini-lecture” through the body parts in the following order:

REPRODUCTIVE ANATOMY, OUTSIDE: Slides 17-24 (Worksheet #2):

Tell the class:

- “These external genitals or outside body parts are also called the ‘**vulva**’.
- “What is the name of this body part, which is a sensitive outgrowth of tissue that allows for sexual stimulation?” [**Clitoris**]
- “What is the name of this body part? These are the small lips, without hair, that protect the vaginal and urethral openings.” [**Labia minora**]
- “What is the name of this body part? These are the larger lips, usually with hair, that protect the vaginal and urethral openings” [**Labia majora**]
- “What is the name of this body part? This is where urine (“pee”) leaves the body.” [**Opening of Urethra**]
- “What is the name of this body part? This is the passage through which a baby can be born. This is also where the blood of a “period” leaves the body. This is also where a penis would enter during vaginal intercourse, or vaginal sex.”
[**Opening of Vagina**]
- “What is the name of this body part? This is a membrane, or thin layer of tissue, that covers part of the vaginal opening—the tissue that is sometimes referred to as a ‘cherry.’ Sometimes, this tissue is stretched or torn with the first vaginal sex, that is, when a penis enters the vagina, and there may be some bleeding or pain. [**Hymen**]
- Sometimes there is very little hymen tissue, and there may be no bleeding or pain with first vaginal sex.”
- “What is the name of this body part? This is the opening where feces (“poop”) leaves the body.” [**Anus**]

Additional points to make about this Reproductive Anatomy Outside Diagram:

- “There is a great deal of **variation** in what is normal. Examples include:
 - Some people have lots of **pubic hair**, and others have very little;
 - Some have larger **labia minora**, and others have smaller ones;

- The **vaginal opening** usually appears larger in those who have delivered a baby through their vagina."

REPRODUCTIVE ANATOMY, INSIDE: Slides 25-30 (Worksheet #2):

- "What is the name of this body part? These two organs produce eggs and female hormones." **[Ovary]**
- "What is the name of this body part? These are the pathways for the egg between the ovary and the uterus. If an egg is fertilized (joined) by a sperm, this is where that occurs." **[Fallopian tube]**
- "What is the name of this body part? This is the organ inside which a fetus can grow and develop." **[Uterus]**
- "What is the name of this body part? This is the lower part of the uterus. It has an opening that dilates (or opens more) during labor, so that the fetus can be born." **[Cervix]**
 - "The cervix is also where a Pap smear is done to check for changes that can become cancer (Pap smears are done at age 21 and over)."
- "What is the name of this body part? This is the birth canal, through which the fetus is born. This is also where the blood of the menstrual flow, or 'period', leaves the body and where a penis would enter during vaginal sex." **[Vagina]**

Additional points to make about REPRODUCTIVE ANATOMY, INSIDE:

1. Trace the path that an egg takes each menstrual cycle. Tell the students:

"The **menstrual cycle** is something that happens (unless there is a pregnancy, breastfeeding, or some types of birth control) from the time of puberty to the time of menopause. (Menopause is also called the "change of life".)

"The egg's path is as follows:

- **Eggs** begin in the **ovaries**.
- Each month, depending on the hormonal cycle, an egg is released from one of the two ovaries.¹ This is called **ovulation**.
- The egg enters the **Fallopian tube** and travels down the tube to the **uterus**.

¹ Occasionally, more than one egg can be released. This is one way that can result in the birth of twins, or even more than two babies.

- **If the egg has not been fertilized** (joined) by a sperm cell, the egg passes out of the body with the menstrual blood flow: through the cervix and through the vagina to the outside of the body."

2. Review key elements of **how pregnancy happens**.

- "When **semen is ejaculated**, the fluid contains millions of sperm.
- "If sperm are ejaculated into the **vagina**, they can 'swim' up through the cervix, through the uterus, and into the Fallopian tube.
- "**Sperm can live up to 6 days** inside the uterus and Fallopian tubes.
- "If there are sperm in the **Fallopian tubes** when the ovary releases an egg, that's when fertilization can happen.
- "**Fertilization**, or conception, is when a sperm enters the egg.
- "The **fertilized egg** travels in the Fallopian tube, arriving in the uterus about 7 days after ovulation.
- "The fertilized egg (now called a blastocyst) attaches to the lining of the uterus. This is called **implantation**.
- "The blastocyst can become an **embryo**, which can grow and develop into a **fetus**, which grows and develops, and can later be born as a baby."

Thank the class for their work and collect the worksheets.

Activity 4.3

The Journeys of the Sperm and the Egg – 5 minutes

Tell the students:

"The next activity is a game that lets 2 teams compete to see how fast they can show the journey of the sperm and the journey of the egg."

Project **Slide 16 of the Reproductive Anatomy, Inside Diagram**, which shows the names of the body parts that students will need to know for the "**Journey of the Sperm**" game.

Ask for student volunteers to form 2 teams of 6 students each to come to the front of the class, with one team in a line on the right side of the class, and one team in a line on the left.

Give one student on each team the "Sperm" sign; they will be the team leaders. Give the other 5 members of each team one of the "Journey of the Sperm" signs (in random order).

Tell the class:

"In this game, we will consider the pathway—or journey—of the sperm cells. The sperm's 'journey' is about how the sperm gets from where it is formed in the body to where it leaves the body during ejaculation, or when the person has an orgasm, or 'cums'.

"Each 'Sperm' will have to put his or her team in order—from left to right—of how the sperm travels from where it forms in the body through its journey to ejaculation outside of the body.

The first team to get into the correct order wins."

To start the game, say "go!"

The 2 teams then work as fast as they can to get into the correct order, and the first team to do so wins.

When the game is over, refer back to the **Reproductive Anatomy Inside Diagram** and reinforce the correct order of the signs:

- Testicle
- Epididymis
- Vas Deferens
- Urethra
- Penis

Congratulate the winners and all the players. Have the "Sperm teams" sit down. Collect the "Journey of the Sperm" game signs.

Next, repeat the game for the "**Journey of the Egg**". Project **Slide 30, Reproductive Anatomy, Inside**, which shows the names of the body parts that students will need to know.

Ask for student volunteers (new ones, if possible) to form 2 more teams of 6 students each to come to the front of the class. Give one student on each team the "Egg" sign; they will be the team leaders. Give the other 5 members of each team one of the "Egg" journey 5 signs (in random order).

Tell the class:

"In this game, we will consider the pathway—or journey—of the egg.

The egg's 'journey' is not about when the person has an orgasm, or 'cums'. This journey commonly happens about once a month, with or without orgasms or 'cuming'.

The egg's 'journey' is about how the egg gets from where it is formed in the body to where it leaves the body during menstruation, that is, when the person has a 'period'.

Tell each "Egg" to put his or her team in order of how the egg travels through its journey from where it starts in the body to when it leaves the body. This happens with a menstrual cycle and a period. (The "journey" can also result in a pregnancy; when that happens, the fertilized egg, or blastocyst, may implant in the wall of the uterus.)

The first team to get into the correct order wins."

To start the game, say "go!"

Again, when the game is over, refer back to the Female Body Inside Diagram to reinforce the correct order of the signs:

- Ovary
- Fallopian Tube
- Uterus
- Cervix
- Vagina

Congratulate the winners and all the players. Have the "Egg teams" sit down. Collect the "Journey of the Egg" game signs.

Activity 4.4

Reproduction: True or False? —10 minutes

This activity is done by cutting out the 10 questions in the **Facilitator Resource for Activity 4.4: Reproduction: True or False?** and then placing the strips of paper with the questions into an envelope, bag, or box for students to "draw".

If needed to save time, the facilitator can simply read the questions.

Ask for volunteers to draw a Reproduction question to answer.

Ask the student to read the statement, give their answer, and then explain why they gave that answer.

Acknowledge their answers, and ask other students to help answer questions, when needed.

Answer questions as they arise, and help the class to understand why the item is true or false. Cover as many items as time allows.

Some points to make during the discussion, if there is time, include:

1. A pregnancy can happen the very first time someone has sex.

True: If the conditions are present to allow the fertilization of an egg by a sperm and implantation, a pregnancy can certainly happen the first time someone has vaginal sex (that is, when a penis enters the vagina).

Just because it is someone's first time to have sex, that does not protect from pregnancy.

If someone does not want to get pregnant, they need to use effective contraception even the first time that they have vaginal sex.

2. Sperm can live only 24 hours inside the uterus.

False: Sperm can live for up to 6 days inside the uterus and Fallopian tubes.

This is why, after ovulation, fertilization can occur if the person has had vaginal sex within the last 6 days.

3. Pregnancy can happen only with vaginal sex on the 14th day of the menstrual cycle.

False: There are approximately 6 'fertile' days each cycle, but it is very difficult to predict accurately *which* 6 days these will be. That is why people should be aware that a pregnancy could possibly occur after vaginal sex that happens on almost any day of the cycle.

4. It is normal for there to be a small amount of discharge from the vagina.

True: It is normal to have a small amount of clear or white liquid that comes out of the vagina. This discharge is part of the body's natural way to cleanse the vagina.

A large amount of discharge, yellow or green discharge, itching, or unusual odors are usually not normal. These should prompt someone to seek health care.

5. "Wet dreams" are normal during puberty.

True: Ejaculation of semen during sleep ("wet dreams") is common during or after puberty.

When someone wakes up with semen on their sheets or pajamas, they often say they do not remember a sexual dream. This is perfectly normal.

6. A pregnancy is impossible if a couple has sex during a menstrual "period."

False: When there is vaginal bleeding, it may not be a regular menstrual period. Therefore, bleeding is not a guarantee that someone cannot get pregnant.

If the bleeding is indeed someone's regular, on-time, recognizable menstrual period, then it is unlikely—but not impossible—that a pregnancy can occur.

7. Whether your penis is circumcised or not, you can have a good sex life.

True: With or without circumcision of the penis, all can have fulfilling and healthy sex lives.

Circumcision may have the advantages of making it simpler to keep the penis clean with washing; and a smaller chance of urine infection for male babies.

Also, circumcision of the penis seems to lower the chance of some sexually transmitted infections, including HIV. (Of course, circumcision is not complete protection.)

Some people think that sexual sensations are more intense without circumcision—but others disagree.

8. It is impossible to get pregnant if the partner “pulls out” and ejaculates (“cums”) outside of the vagina.

False: Although using withdrawal reduces the risk of pregnancy, a pregnancy can happen, even if the partner “pulls out”.

There is a little fluid that comes out of the tip of the penis before ejaculation (“pre-cum”), and there can be some sperm in this fluid.

Also, sometimes, a partner might forget to pull out in time, even when they meant to.

9. If it occurs, fertilization of the egg by a sperm happens in the uterus.

False: Fertilization usually happens in the Fallopian tube. By the time the egg reaches the uterus, far too much time has passed (about 7 days) for the egg to be able to be fertilized.

10. The only true “virgin” is someone with a hymen that is not broken.

False: “Virgin” means someone who has not had sex—so a virgin can be someone without a hymen.

Also, a hymen can be small to begin with, or stretched by other things besides vaginal sex.

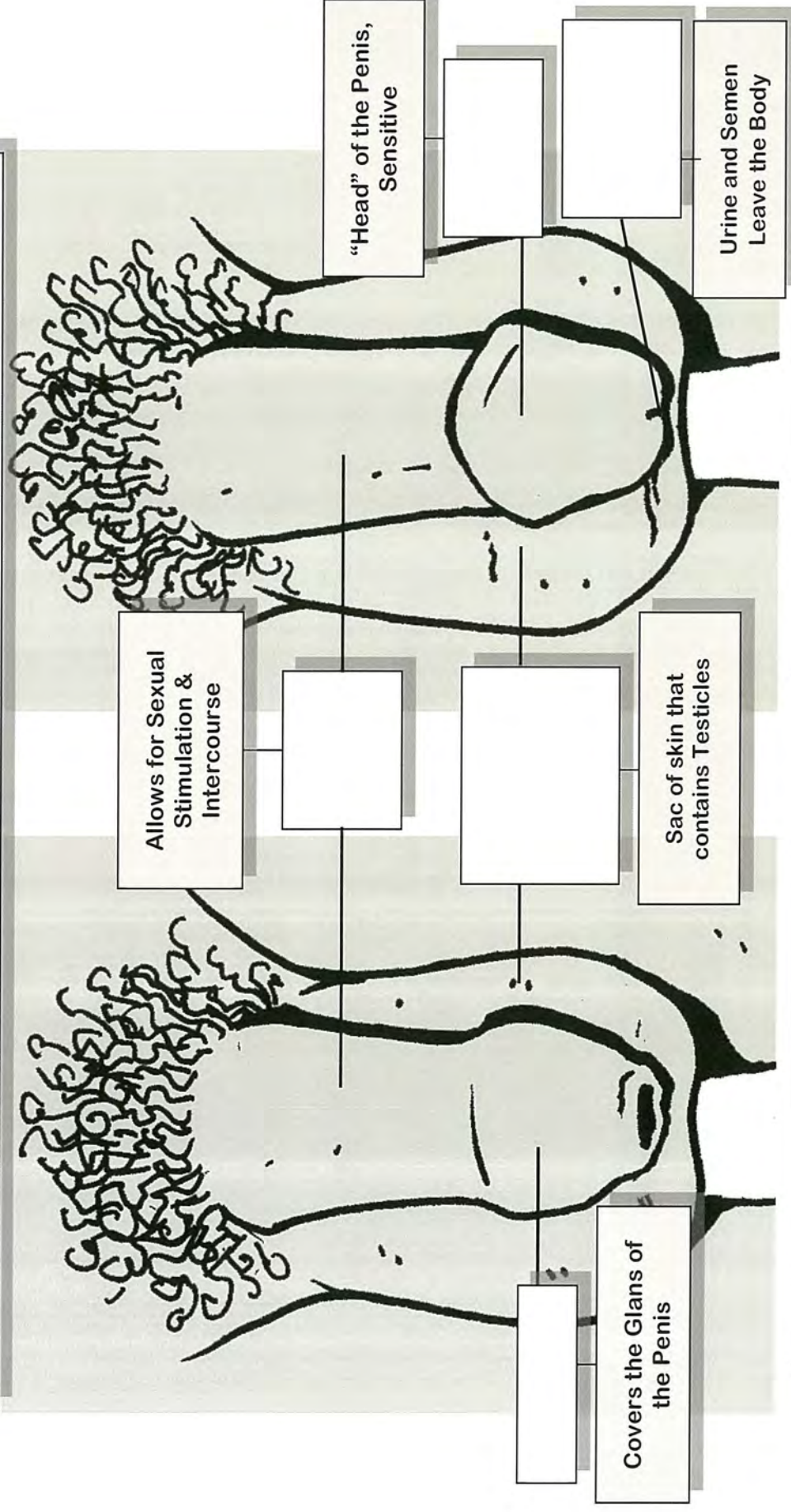
And someone can have sex without stretching or tearing their hymen. For example, someone could have oral sex, which means a person's mouth on another person's genitals. Note that the class will discuss the definition of sex a little more in the next lesson.

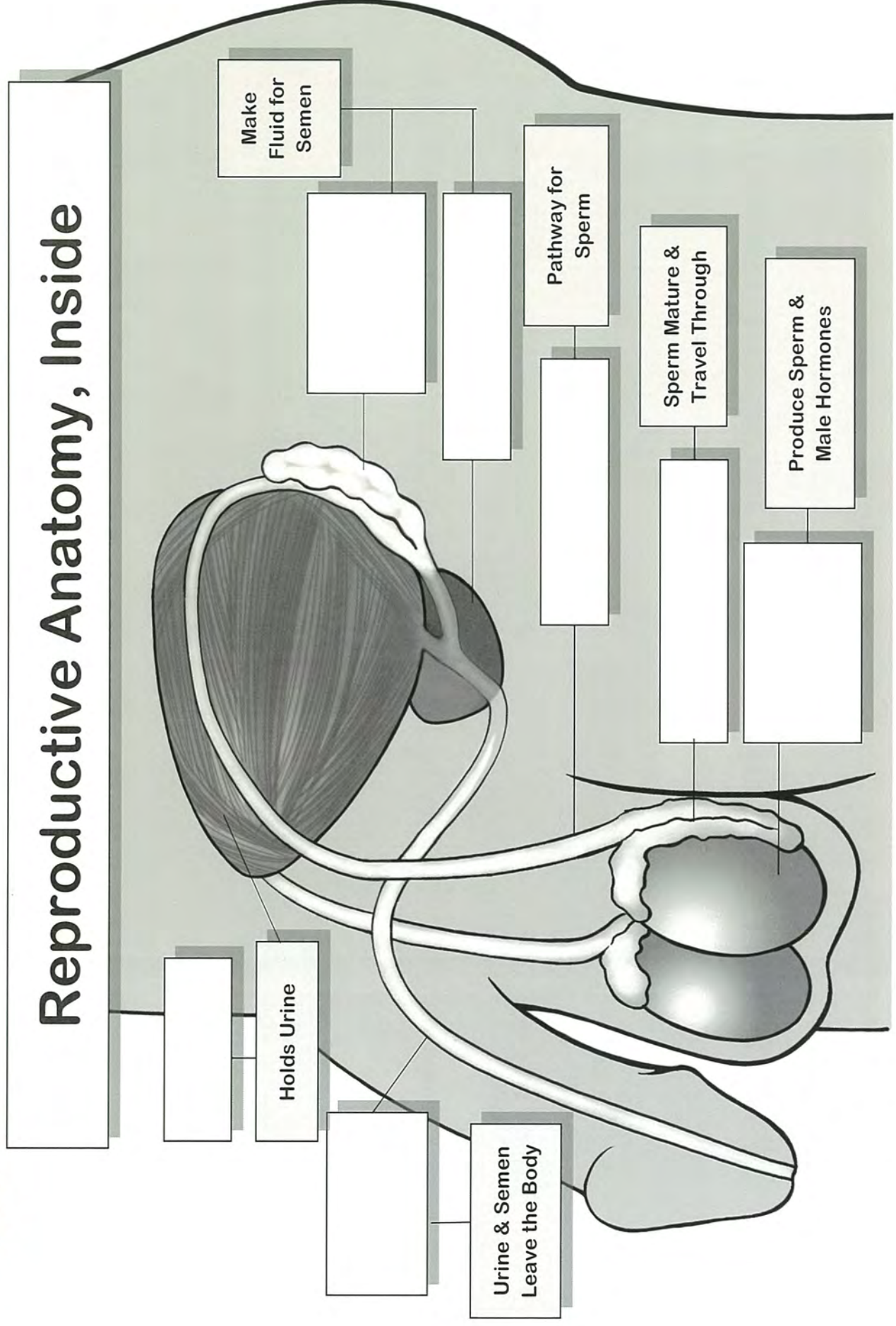
Answer as many questions as time permits.

Provide pieces of paper for each student to submit questions in the Question Box. In order to protect the confidentiality of those with questions, ask that each student who does not have a question instead write down something that they have learned.

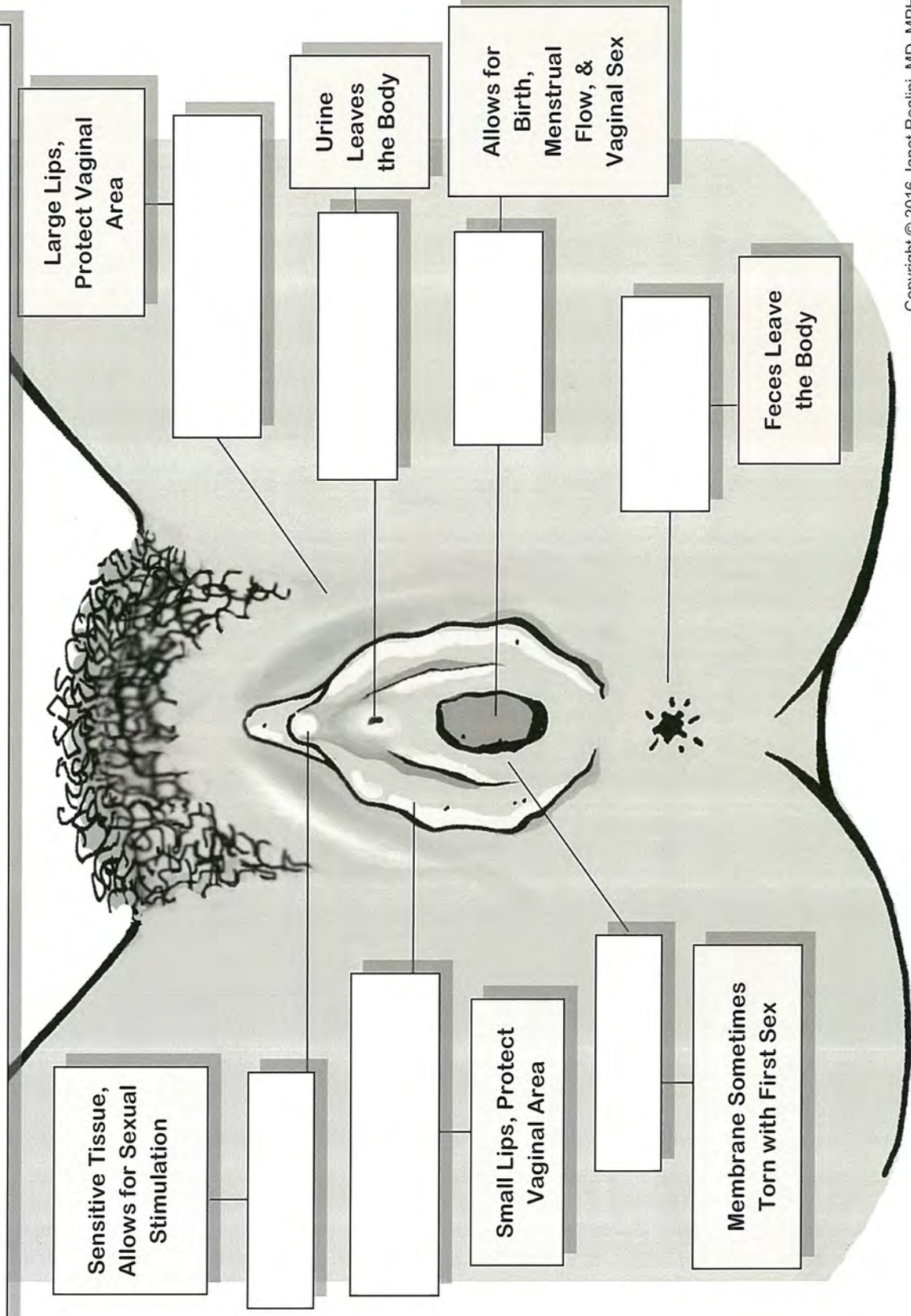
Commend the class on following the "ground rules" so well while dealing with these topics.

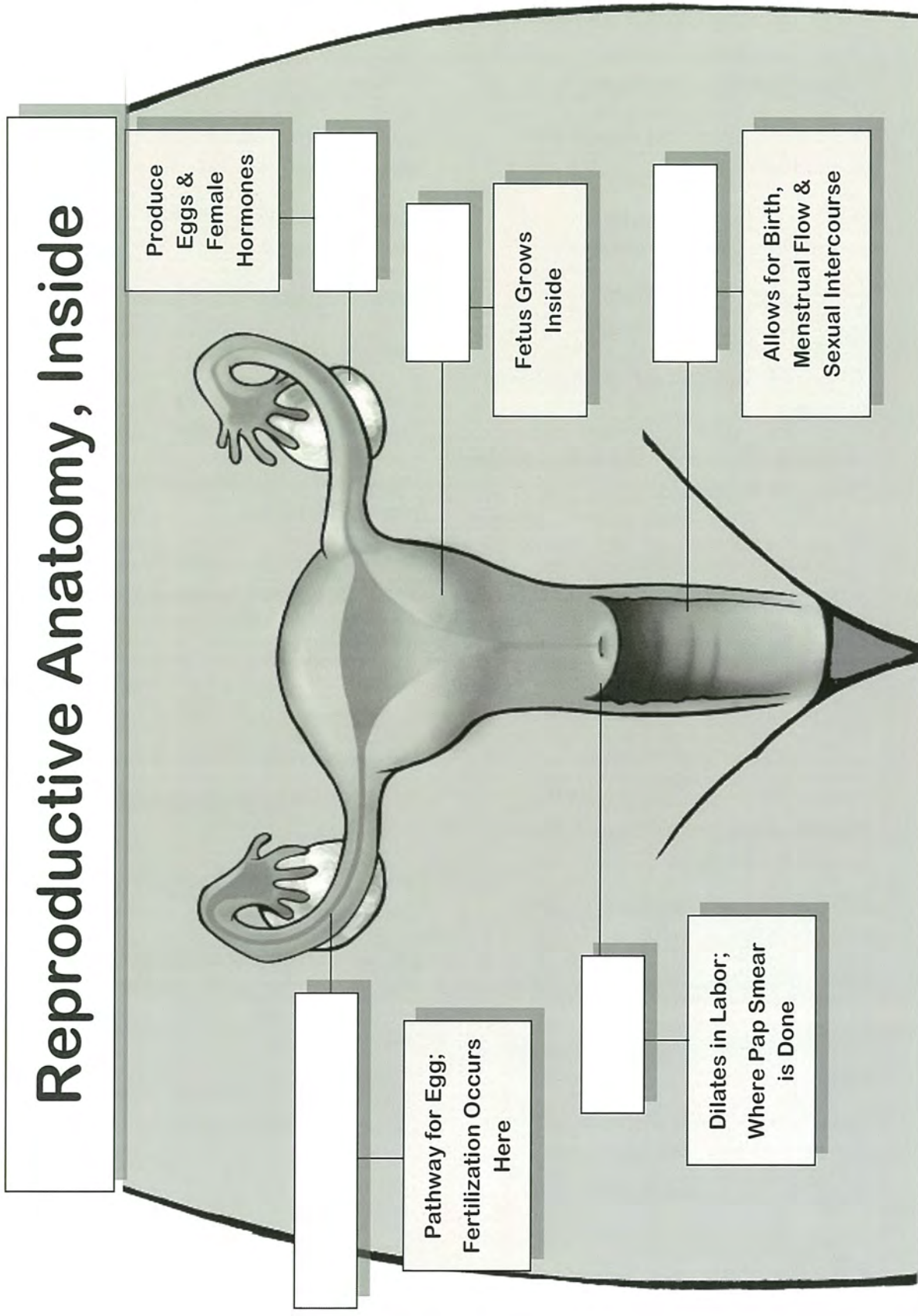
Reproductive Anatomy, Outside





Reproductive Anatomy, Outside (Vulva)



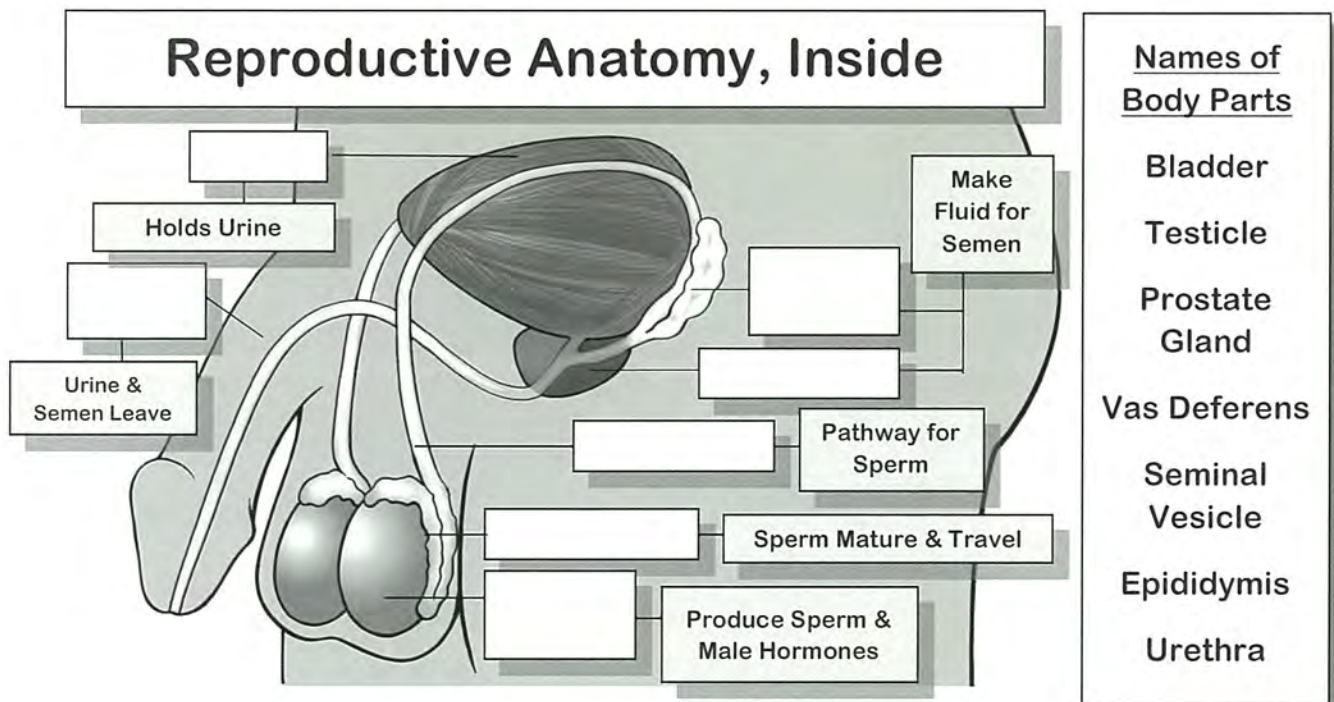
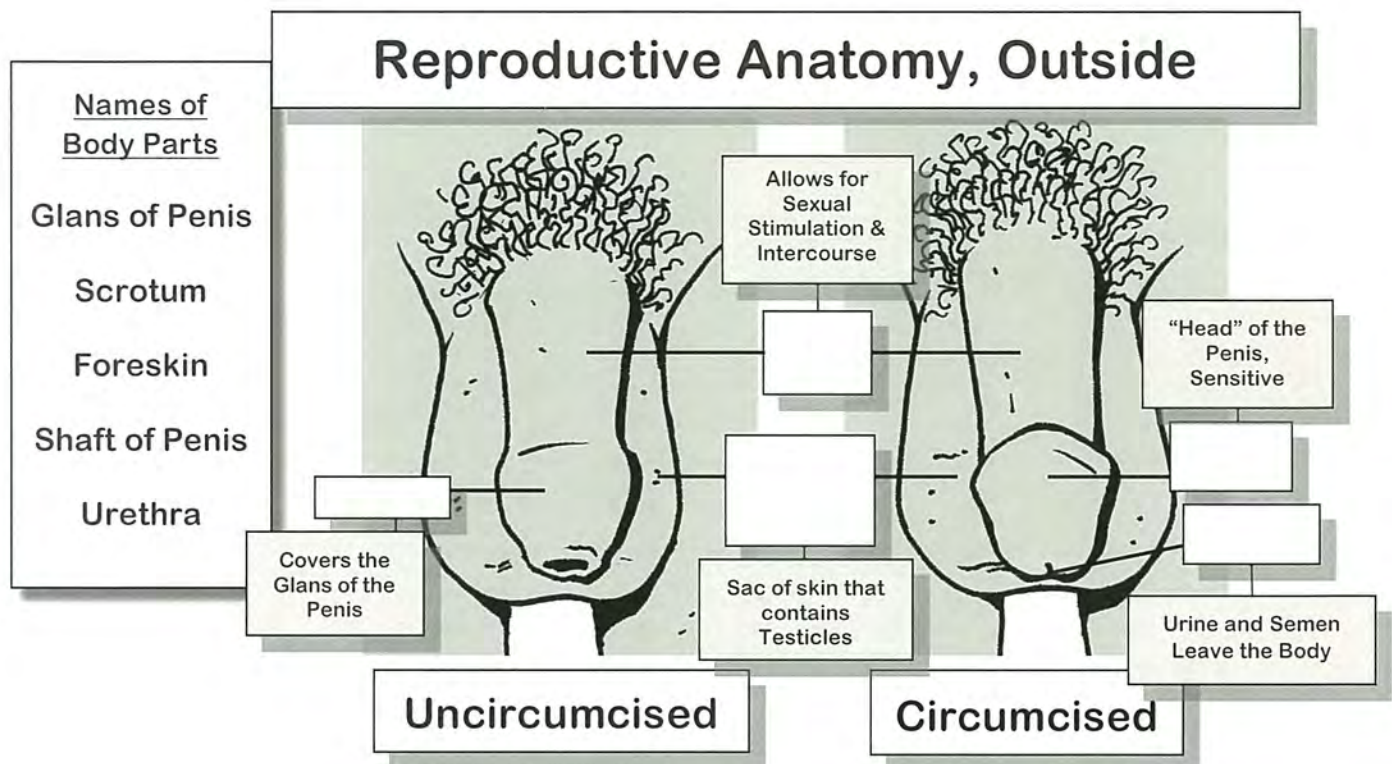


Facilitator Resource for Activity 4.2

Reproductive Anatomy Answers

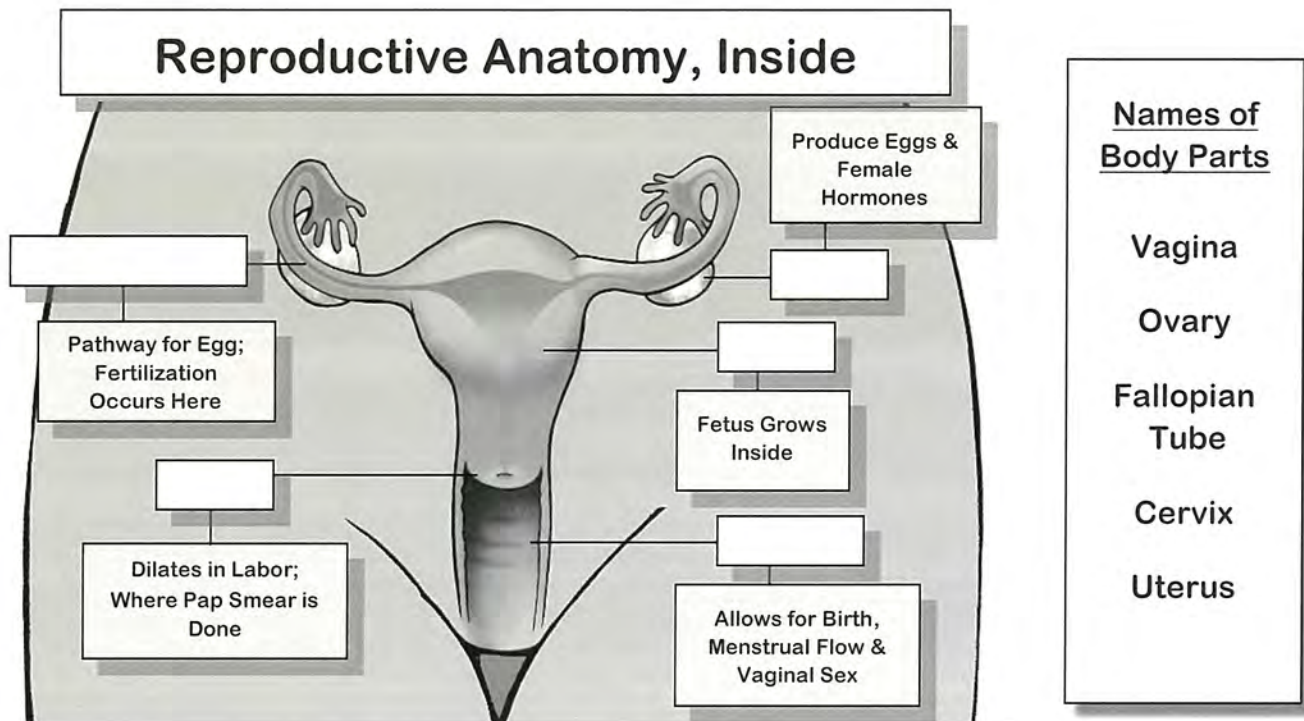
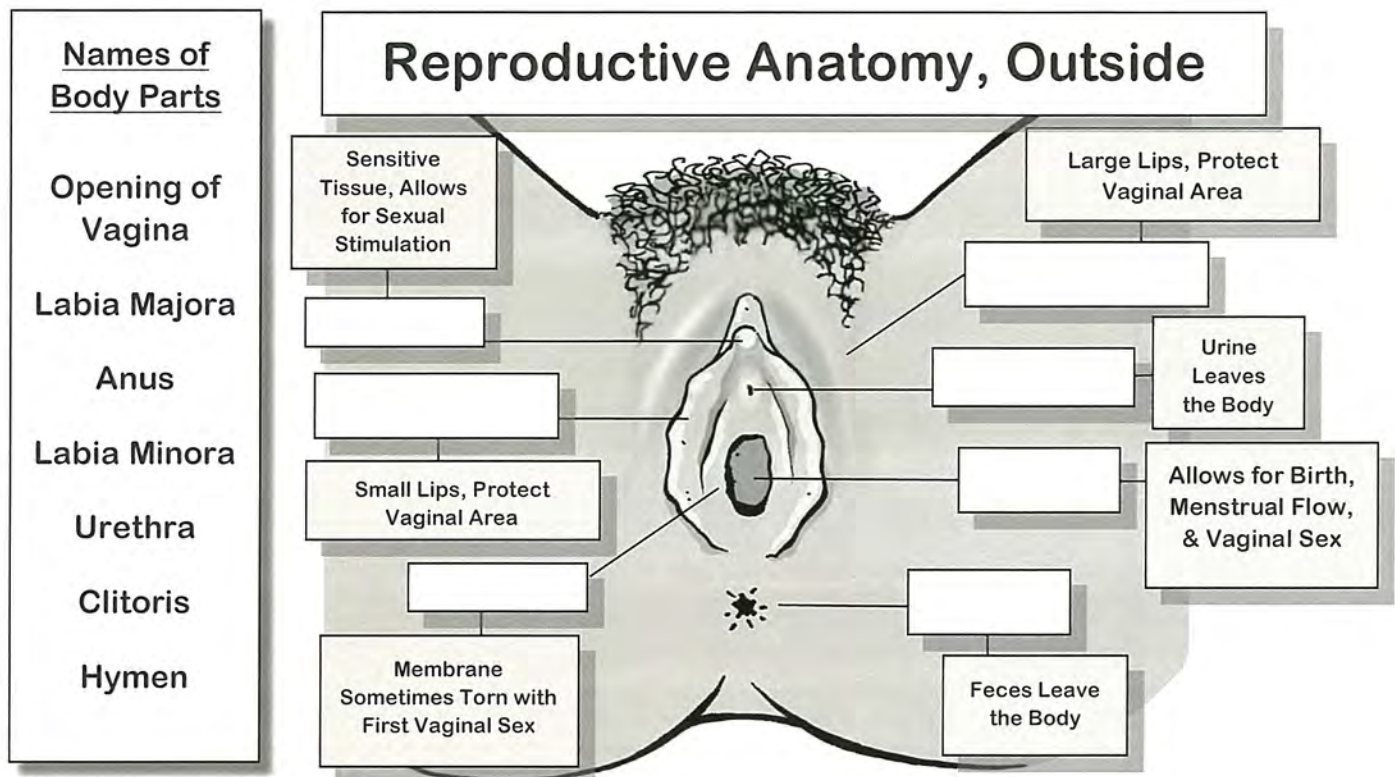
<u>Reproductive Anatomy, Outside</u> Foreskin: Covers the Glans of the Penis; Pulls Back Shaft of Penis: Allows for Sexual Stimulation and Intercourse Scrotum: Contains Testicles, Spermatic Cords, Vessels Glans of Penis: “Head” of the Penis, Sensitive Opening of Urethra: Urine and Semen Leave the Body	<u>Reproductive Anatomy, Inside</u> Testicle: Produce Sperm & Male Hormones Epididymis: Sperm Mature & Travel Through Vas Deferens: Pathway for Sperm Bladder: Holds Urine Seminal Vesicles: Make Fluid for Semen (behind Bladder) Prostate Gland: Make Fluid for Semen (under Bladder) Urethra: (Line points to Penile Urethra) Urine & Semen Leave Body
<u>Reproductive Anatomy, Outside (Vulva)</u> Clitoris: Sensitive Bump Allows for Sexual Stimulation Labia Minora: Small Lips, Protect Vaginal Area Labia Majora: Large Lips, Protect Vaginal Area Opening of Urethra: Urine Leaves Body Opening of Vagina: Allows for Birth, Menstrual Flow, & Vaginal Sex Anus: Feces Leave Body Hymen: Membrane Sometimes Torn with First Sex	<u>Reproductive Anatomy, Inside</u> Ovary: Produce Eggs & Female Hormones Fallopian Tube: Pathway for Egg; Fertilization Occurs Uterus: Fetus Grows Inside Cervix: Dilates in Labor; Where Pap Smear is Done Vagina: Allows for Birth, Menstrual Flow, & Vaginal Sex

Small Group Worksheet #1 for Activity 4.2
Write the name of each body part in the correct white box.



Small Group Worksheet #2 for Activity 4.2

Write the name of each body part in the correct white box.



Sperm

Signs for "Journey of the Sperm" Game, for Activity 4.3
Make 2 Copies

Testes

Signs for "Journey of the Sperm" Game, for Activity 4.3
Make 2 Copies

Epididymis

Signs for "Journey of the Sperm" Game, for Activity 4.3
Make 2 Copies

Vas Deferens

Signs for "Journey of the Sperm" Game, for Activity 4.3
Make 2 Copies

Urethra

Signs for "Journey of the Sperm" Game, for Activity 4.3
Make 2 Copies

Penis

Signs for “Journey of the Sperm” Game, for Activity 4.3
Make 2 Copies

Egg

Signs for "Journey of the Egg" Game, for Activity 4.3
Make 2 Copies

Ovary

Signs for "Journey of the Egg" Game, for Activity 4.3
Make 2 Copies

Fallopian Tube

Signs for "Journey of the Egg" Game, for Activity 4.3
Make 2 Copies

Uterus

Signs for "Journey of the Egg" Game, for Activity 4.3
Make 2 Copies

Cervix

Signs for "Journey of the Egg" Game, for Activity 4.3

Make 2 Copies

vagina

Signs for “Journey of the Egg” Game, for Activity 4.3
Make 2 Copies

**Facilitator Resource:
Reproduction: True or False?
Questions for Activity 4.4**

A pregnancy can happen the very first time someone has sex.
Sperm can live only 24 hours inside the female body.
Pregnancy can happen only with vaginal sex on the 14 th day of the menstrual cycle.
It is normal for there to be a small amount of discharge from the vagina.
Wet dreams are normal during puberty.
A pregnancy is impossible if a couple has sex during a menstrual “period”.
Whether your penis is circumcised or not, you can have a good sex life.
It is impossible to get pregnant if the partner “pulls out” and ejaculates (“comes”) outside of the vagina.
If it occurs, fertilization of the egg by a sperm happens in the uterus.
The only true “virgin” is a female with a hymen that is not broken.

BIG DECISIONS NS

LESSON 5

ABSTINENCE: Decisions to Wait

ABSTINENCE: Decisions to Wait

Objectives

- Define what is meant by "abstinence"
- Identify reasons to not have sex
- Understand the risks of "sexting"
- List ways, other than sex, to show someone you care
- Personalize the advantages of abstinence

Activities

- 5.1 – Reasons to Wait – 10 minutes
- 5.2 – Is This Abstinence? – 10 minutes
- 5.3 – What About Sexting? – 5 minutes
- 5.4 – Ways to Show You Care – 10 minutes
- 5.5 – My Ideas about Abstinence – 5 minutes
- 5.6 – Homework: Talking about Abstinence – 5 minutes

Materials Needed

- White/blackboard, or Newsprint tablet, Markers, and Easel
- 'Is This Abstinence?' cards, cut from Facilitator Resource, 1 set/small group
- A watch or stopwatch to time the brainstorming for Activity 5.4
- Individual Student Worksheets for Activity 5.5, one for each student
- Homework Worksheet (Activity 5.6): Talking about Abstinence
- Ground Rules Newsprint Sheet from Lesson 1
- Key Messages Poster from Lesson 1
- Question Box

Materials and Resources Included

- Facilitator Resource for Activity 5.1: What is Sex?
- Facilitator Resource for Activity 5.1: Reasons to Wait and Reasons to Have Sex
- Activity 5.2: "Is This Abstinence?" Cards for Small Groups
- Facilitator Resource for Activity 5.2: "Is This Abstinence?" – Suggested Categorization
- Individual Student Worksheet for Activity 5.5: My Ideas about Abstinence
- Homework Worksheet for Activity 5.6: Talking about Abstinence

BIG DECISIONS

LESSON 5

ABSTINENCE: Decisions to Wait

Notes for Facilitators

Overview of the Lesson

This lesson focuses on abstinence and explores what it means; why it is a healthy choice; and ways, other than having sex, to show someone that you care about them.

The lesson begins with a large-group interactive discussion about the definitions of abstinence and sex. Recognizing that each person decides for themselves whether and when to have sex, the large group suggests and examines the reasons that young people might decide to have sex and the reasons they might decide to wait, or abstain.

Then the class forms small groups which consider how to classify a variety of activities as OK to do, or not OK to do, if a person wants to abstain from sex. This process highlights that many activities are gray areas, and each person needs to decide which of these they will do and which they will not do.

The class then examines “sexting” a little more closely, including reasons why young people might sext and reasons why they might decide not to sext.

In Activity 5.4, the small groups brainstorm things, besides having sex, that a person can do to show someone that they care about them.

Students then personalize issues about abstinence by completing an individual worksheet and prepare for the “homework” assignment, to talk to a parent or other trusted adult about abstinence.

Reaching all Students

As you prepare for this lesson on abstinence, consider the students that you are working with. Some students may be sexually experienced and others not. It is not necessary (or appropriate) to identify which students in the class are experienced and which are not. However, it is important to choose words carefully, and not to assume that students have had sex, or that they have not had sex.

This lesson should be implemented so that it is comfortable for both groups of students. The facilitator should make clear that anyone can choose not to have sex, that is, to be abstinent. This is true whether they have had sex in the past or not.

It is also important to recognize that not everyone has a choice. Some people have been coerced or forced to have sex. They did not have the opportunity to choose for themselves.

The facilitator should make clear that, no matter what has happened in the past, everyone is capable of making healthy decisions in the future.

What is Sex?

Perhaps surprisingly, defining “sex” is not simple. Nevertheless, it is essential for this lesson on abstinence to have a working definition of sex. Some background on the *Big Decisions* program rationale and choice of definition is provided in the

Facilitator Resource for Activity 5.1: What is Sex? The facilitator is encouraged to read this carefully in preparation for this lesson.

The facilitator should also follow carefully the wording of their “script” for implementation of this lesson. The wording printed in the lesson is chosen to be consistent, inclusive of LGBTQ students, trauma-informed, and medically accurate.

Abstinence as a Decision and a Choice

The *Big Decisions* program recognizes that students have to decide for themselves what they will do and what they will not do sexually. The role of the facilitator—

and the program itself—is to provide a framework for students, so that their decisions will be as healthy and informed as possible.

The facilitator serves as a guide, but does not tell students what to do or not to do. The facilitator *does* point out the advantages of abstinence, and the curriculum is designed to encourage students to respect and value the decision to abstain.

The homework from this lesson is intended to connect students to their parent or other caring adult, who can provide their perspective—including their values about abstinence.

“Reasons to Wait” Activity

This activity should help demonstrate to students why abstinence is an important choice to consider. The advantages of abstinence are evident in the Key Messages, which are displayed during every lesson of *Big Decisions*.

The students first list the reasons to wait and the reasons to have sex, and then evaluate how healthy and strong these reasons are. The facilitator should validate student contributions to the discussion and guide the group to understanding the reasons that are healthy (e.g., not wanting to get HIV or another STI) and those that are probably not strong or healthy (e.g., pressure from friends). A detailed **Facilitator Resource** is provided for this activity.

It is important that this discussion be honest, open, and nonjudgmental. A key function of the activity is to allow students to have an honest conversation about why some youth have sex and why some youth choose to wait. Many young people have sex, and their reasons are real. Considering the reasons young people give, in terms of how healthy they are, can be done without judging young people (or their reasons) at the same time.

In the **Facilitator Resource for Activity 5.1**, most of the reasons listed for having sex are suggested to be listed as not healthy or strong, while some may be healthy and strong under the right circumstances. All of the reasons for waiting are suggested to be considered as healthy and strong; this is because the program takes the position that it is always OK for anyone to say “no” to sex, for whatever reason they have.

Preparing the Card Sets

To prepare materials for Activity 5.2, make enough copies of the **“Is This”**

Abstinence?” page of cards so that each small group of 3 to 5 students will have a set of cards to work with. Cut out the 20 cards for each group, and either clip the cards for each group together, or put them in a small locking plastic bag. It is helpful to print each page (set) of cards on a different color of paper, which makes keeping the sets separate easier, after the lesson is completed.

After the sets of cards are used, they can be easily collected and used again for future classes.

In Activity 5.2, it is important to set the correct criteria for the groups to sort the cards into “OK” and “NOT OK” categories. The facilitator should be careful to frame the card sorting as applying to the situation in which a person has chosen abstinence—and decided not to have sex.

Classifying Activities

In Activity 5.2, students may ask about various sexual activities that are not included in the card sets.

The facilitator should do their best to consider the activity calmly and non-judgmentally—and without embarrassing the student asking the question. It is important to repeat the question and acknowledge that some people do the activity. (It is not recommended to write the activity or question on the board.) It may also be helpful to repeat that it is good to think about what you will and won’t do ahead of time.

With the help of the class, consider aloud whether the activity would be OK to do for a person who wants to abstain from having sex. It may be helpful to use the category of “May be Abstinence, but may still want to Avoid,” which is created at the end of Activity 5.2.

If someone asks about masturbation, give a brief definition (touching oneself for pleasure) and acknowledge that this can be a controversial topic. Let the class know that masturbation is something that many people do. It does not have risks of pregnancy or of STIs, and it does not cause health problems. However, some families, and some religions, do not approve of masturbation.

In considering how to classify whether masturbation is “OK” or “Not OK” to do if a person wants to abstain from sex, the facilitator can say that there may be personal, family, or religious reasons to avoid it. Reinforce that each person

decides for themselves which activities they will do, and which activities they will not do.

Time Management

It is important to manage the time so that the class can complete **Activity 5.5, My Ideas about Abstinence**. This allows students to individually process the information about abstinence as it applies to their own life and their own decisions. The completed worksheets are collected (if the student is willing) at the end of the activity.

The facilitator should be clear with the students that the facilitator may review their responses as a form of feedback about the lesson and how the students responded to it. Because the students do not put their name on the worksheets, the facilitator will not know who wrote what. However, students should be aware that the facilitator may recognize a student's handwriting. Students can opt not to put their completed worksheets in the envelope with which the facilitator circulates in the classroom.

Before the Lesson

- In addition to reading the lesson, read through the **Facilitator Resources**.
- Make the cards sets for Activity 5.2.
- Don't forget to project the **Key Messages Poster** and post the class' own **Ground Rules** newsprint sheet during the lesson.

Activity 5.1

Reasons to Wait – 10 minutes

Let the class know that this session will be about abstinence. Write "Abstinence" on the board or newsprint, and ask the class what it means.

Most classes will define abstinence as "not having sex."

Acknowledge:

"Yes, abstinence means not having sex. To abstain from something is not to do it. For example, some people abstain from eating meat."

Ask the students:

"But what does that word 'sex' mean? What is 'sex'?"

Acknowledge responses from students, who may suggest meanings of "intercourse," "making love," or "doing it".

Allow some silence to see if other ideas surface...for example, "when the penis goes inside the vagina," "oral sex".

Key points to elicit and reinforce include:

"Even the experts don't have one consistent definition.

"Different people consider many different activities to be 'sex', but pretty much all definitions of 'sex' *include* sexual intercourse, which means:

Vaginal sex which refers to a penis inside a vagina;

Oral sex, which is when one person puts their mouth on another person's genitals (that is, on the other person's vulva or penis); and

Anal sex, which is when a penis goes inside another person's anus.

"Also, it is important to know that **'sex' is something that both partners agree to**. If someone is coerced or forced, that means it is not sex, but assault or rape, which is different.

Ask the class:

"So, if we use this definition of sex, abstinence means planning and not having any of these types of sexual intercourse.

Ask the class:

"Can someone who has already had sex choose abstinence?"

Get several ideas or comments, validating student responses. Reinforce:

"Yes, indeed, people who have had sex can choose abstinence.

"This is true no matter what gender you are; whether you are young or old; or whether you have been pregnant, or caused a pregnancy, or not.

"A person does not have to be a 'virgin' to choose abstinence.

Ask the class:

"Can someone who has been forced or raped choose abstinence?"

Get several comments and validate student responses. Reinforce:

"Yes. It is important for people who have had an experience like this to know that they can choose abstinence, too. It is their decision, and only theirs, whether to have sex with somebody."

Add:

"Another thing about abstinence.

"It is also important to understand that abstinence is more than just not having sex. Maybe a person did not have sex because they didn't have the opportunity.

"Abstinence from sex is really a decision and a plan.

"Abstinence is thinking ahead and making a decision about your limits: what you will do and what you won't do."

Let the students know:

"Later in the lesson, you will get a chance to consider more closely which activities are consistent with abstinence, and which are not.

But first, we will examine some of the reasons that young people might decide one way or another about choosing abstinence or having sex."

Write on the board or newsprint two categories: "Reasons to Have Sex" and "Reasons to Wait". Explain:

"People, including some teenagers, decide to have sex at various times in their lives for many different reasons.

"There are also many reasons that people your age decide to choose abstinence—to wait and not have sex."

Refer to the **Key Messages** and point out:

"Deciding whether to have sex with someone is a big decision—one that should be made carefully."

"Of course, people who have been forced did not get to choose. However, anyone can choose abstinence at any time, no matter what has happened in the past."

Tell the class:

"Now I am asking you to list the reasons that students your age might choose to wait, or abstain—and the reasons they might choose to have sex.

"What reasons have you heard of, what reasons can you think of....?"

"Please call out things to add to the list for why young people have sex."

As the students offer reasons in either category, write them in a list under the appropriate category.

Help the class come up with most of the reasons for waiting and for having sex that are in the Facilitator Resource for Activity 5.1: Reasons to Wait and Reasons to Have Sex.

After the lists are complete, ask the students to focus on the list of reasons to have sex:

"Which reasons do you think are strong and healthy reasons, and why?"

"Considering all we have learned about healthy relationships, which of these reasons do you think are the strongest and most convincing?"

When the class demonstrates a clear consensus, draw a star in front of reasons they consider to be strong and healthy. Write a zero in front of the reasons they consider NOT to be strong or healthy. For those where there is a difference of opinion, or where a consensus is not clear, write a question mark in front of that reason.

Point out:

"All of the reasons to wait can be considered to be healthy, because any reason that a person has for saying 'no' to sex is valid for that person.

"Sex is a normal and natural part of life. Sex can be fun and feel good. Having sex can help two people to feel closer to each other.

"However, some of the reasons you listed for having sex may not be as strong or healthy as other reasons."

Leave the lists of reasons on the board or newsprint for the following class activities.

Activity 5.2

Is This Abstinence? – 10 minutes

Write "Sex" on the board, and ask the class to say again the definition of sex that was discussed in the last activity.

Acknowledge and validate their responses. Summarize for the class:

"Sex can mean many activities, including vaginal sex, oral sex, or anal sex.

"And 'sex' is something that both partners agree to."

Acknowledge:

"The definition of "sex" is a bit complicated.

"Therefore, abstaining from these activities—abstinence—can be a bit complicated, too."

Divide the class into small groups of 3 to 5 students. Ask the students to think about the following situation:

"Imagine that you have thought carefully about relationships and sex, and you have decided that abstinence is the right choice for you at this time in your life.

"Whether you have had sex before or not, you can choose to abstain from having sex.

"You know that abstinence is not just what might happen by accident—it is a decision and a plan. You want to be ready to make good decisions about what you might do—and what you won't do. That is, you want to think ahead about which activities are OK for you to do, and which are not OK to do.

"That's what this exercise is about:

- Which activities are OK to do for someone who wants to be abstinent, and not have sex?
- And which activities are NOT OK for someone who wants to be abstinent?"

At this point, pass out the sets of 20 cut out "**Is This Abstinence?**" cards, one set for each small group.

Tell the students:

"Some of these cards describe activities that are pretty personal—and some people may feel a bit uncomfortable talking about some of these things.

"Still, it is important to know about these activities because some people, including some teenagers, engage in these activities. And it is important for young people to know about sexual activities, so they will be ready to make good decisions about what they will do—and what they will not do.

"It is essential to think ahead and plan ahead."

Tell the class:

"I would like each group to **sort their cards into 2 groups:**

- Those activities that are **OK to do if a person wants to choose abstinence;** and
- Those activities that are **NOT OK to do if a person wants to choose abstinence."**

Give the groups about two minutes to discuss and sort the activity cards.

Circulate through the classroom to ensure that groups are on task, and monitor their progress. Most groups will quickly categorize some of the cards, and discuss several of the "gray area" cards.

If after two minutes, groups are still discussing the cards, give the groups a deadline of one more minute to finish their categorizations, and then proceed with the whole-class discussion.

On the board or newsprint, start 2 columns labeled "OK to Do if Abstinent" and "Not OK to Do if Abstinent". Leave room in the middle of these two columns for a third column—but do not yet write in the title of that middle column.

The suggested categorization of items is shown in the **Facilitator Resource for Activity 5.2: Is This Abstinence?: Suggested Categorization.**

With the help of the students, go through each of the activities listed on the cards, getting feedback from the groups about which column they would place each activity. When there is controversy about an activity, ask the students for their reasoning about the activity.

When students disagree about whether it would be OK for someone who wanted to be abstinent to do an activity, acknowledge:

"Some of these activities are a little controversial.

"Some of you think it would be OK to do; and some think it would not be OK to do; and some of you are not sure.

"So, maybe we need another category. Kind of a 'gray area', or things that might be classified as abstinence, but that a person still doesn't want to do."

Create the new middle column, "May be Abstinence, but May Still Want to Avoid".

Tell the students:

"There are some activities that technically may be abstinence, but that a person choosing abstinence may want to avoid anyway.

"And some of these activities may be abstinence from sex, but they are illegal and should be avoided for that reason."

Once all 20 items are categorized, reinforce:

"Having vaginal, oral, or anal sex with another person is clearly not abstinence.

"For people who choose abstinence, there are lots of other activities that they can do. And there are some activities that they might want to also abstain from.

"They may want to avoid situations that they think might lead to sexual intercourse.

"Or they may simply want to avoid activities that are too personal or intimate.

"And different people may feel differently about these activities in the middle column.

"For example, some people may think that touching genitals through their clothes is OK to do and still consider themselves to be abstinent.

"Other people would disagree and think that touching is going too far, or that it might *lead* to intercourse, so they would not think it is OK to do if they wanted to be abstinent.

"Every person has to set their own limits and decide for themselves what they will do and what they won't do."

Summarize by saying:

"Abstinence means not having sex, but it also means a decision and a plan. And the plan might mean not doing some other things, even if they are not technically sex."

Collect the "**Is This Abstinence?**" cards and thank the students for their thoughtful participation in this activity.

Activity 5.3

What about "Sexting"? – 5 minutes

Draw the class's attention to the activity of "Sexting." In Activity 5.2, sexting should have been placed in the middle column on the board or newsprint.

Tell the class:

"Although sexting is not the same as having sex, it is something for which there are some compelling reasons for young people to avoid it.

This is true for people who choose abstinence, and for people who have sex."

Ask the class:

"What is 'sexting'?"

Acknowledge students' answers and provide feedback about the definition.

Key elements of the definition are emailing, texting, or posting online pictures or messages that are clearly sexual or that are sexually suggestive. Many times sexting includes nude or partially nude pictures of oneself or friends.

Ask the class what they think about sexting. Questions that may encourage conversation include:

"What do you think of sexting?"

How common do you think it is among people your age?

How serious do you consider it to be?

Tell the class:

"Sometimes it seems like everybody is sexting. But, in surveys, it is not everybody. Anywhere from 2 percent to 20 percent of teens say that they have 'sexted'"^{1,2}

"It is important for young people to know that sexting is serious and is a crime in many places. It can have serious consequences for someone who sends or receives it, including involvement of the police, suspension from school, and a permanent record that can interfere with getting a job or getting into college later."³

¹ The National Campaign to Prevent Teen and Unplanned Pregnancy. (2008). Sex and Tech: Results from a Survey of Teens and Young Adults. Washington, DC.

² Mitchell KJ, et al. Prevalence and Characteristics of Youth Sexting: A National Study. Pediatrics 2012; 129: 1-8.

³ American Academy of Pediatrics. Talking to Kids and Teens about Social Media and Sexting. Accessed at: <https://www.aap.org/en-us/about-the-aap/aap-press-room/news-features-and-safety-tips/pages/Talking-to-Kids-and-Teens-About-Social-Media-and-Sexting.aspx>, August 29, 2015.

Ask the class:

"Why do you think some young people might 'sex'?"

Encourage students to say as many reasons as possible. Some reasons might include: wanting to please someone; wanting to be cool; for adventure; for fun; because they were under the influence of alcohol or other drugs; because someone dared them; or because everybody else seems to be doing it.

Acknowledge:

"For some young people, these reasons can be tough to resist."

Now ask the class:

"Why do you think some people do not 'sex'?"

Encourage as many reasons as possible for not sexting, as well. Some reasons might include:

- to avoid embarrassment;
- because it is illegal;
- because it could get forwarded and shared;
- because of shyness;
- because they don't want to share something so personal on the internet;
- because what is on the internet never goes away;
- because it could affect their ability to get a job later;
- because it could be used by someone to try to hurt them by posting their pictures or making comments.

Ask the class:

"Do you think sexting is OK to do? Why or why not?"

Points to make during the discussion include:

"Such pictures are often forwarded to many people, or posted online. (This happens sometimes, even when the person the picture is sent to promises not to share the pictures.)

"It is illegal to send or receive such pictures of young people. In many states, sending or receiving nude or semi-nude pictures of a minor is considered child pornography, a very serious criminal offense.

"Even on sites like Snapchat, where pictures are supposed to be temporary, permanent postings can result. Also, someone can easily take a screenshot of the posted picture, save it, and then send it or post it somewhere else."

Tell the class:

"I want to be sure that you are aware of the potential consequences of sexting.

"Whether or not to sext can be a big decision, too."

Activity 5.4

Ways to Show You Care – 10 minutes

Ask the students to work in their small groups of 3 to 5 students. Ask each group to choose a recorder for the group, who will write down their answers and read them to the class. Ensure that each group has a piece of paper and something to write with.

Tell the students:

"This activity is a competition. Your groups will have 2 minutes to brainstorm and write down as many ways you can think of to show that you care about someone—without having sex or 'sexting'.

"After 2 minutes, there will be a chance to see which group lists the most ways to show you care—i.e., which group 'wins'."

Tell the groups to start and time them. After one minute, give the groups a one-minute "warning".

After 2 minutes, ask the groups to stop.

Now ask all the recorders for the groups to stand. Go around the room, asking each group's recorder, in turn:

"Please read, from your group's list, one way a person could show someone that they care, without having sex, or sexting.

Tell the students:

"You can only report what is *written* on your worksheet. It is not fair to say what another group said, if a group did not list it on their paper."

Continue around the room, asking each standing group recorder to say another way that someone can show they care, until a group has no more ways to report. Then

have that group's recorder sit down.

The group whose recorder is the last one standing "wins".

Congratulate the winning group and complement all groups for thinking of so many ways to show you care—without having sex.

Now ask the class for their thoughts about what they heard. Questions that may elicit student responses include:

- "What did you notice in this exercise?"
- What did you think of the ways that were listed?
- Are these ways realistic for young people?
- Do you have any examples of ways you think are particularly effective (without sharing your personal experience)?

Potential student observations might include:

- There are many ways to show you care without having sex (or sexting)
- Many of the groups came up with similar ways to show you care
- Some ways (love notes, gifts, kissing) might be particularly effective

Summarize by noting:

"If someone thinks that they have to have sex with someone in order to show them that they care...they are wrong. You all just showed that there are many other ways to show that a person cares about another person".

Activity 5.5

My Ideas about Abstinence – 5 minutes

Tell the class:

"The next activity asks you to answer a few questions as an individual."

Give each student an **Individual Student Worksheet for Activity 5.5: My Ideas about Abstinence**, and make sure that each has a pencil or pen to write with.

Tell the students:

"What you write will be *confidential*, and you should not put your name on the worksheet. After you are done, you can choose to keep the worksheet for yourself, or give it to me. I will not know who wrote what, but I will be interested to see what students think is important.

"I am asking for your honest answers. The *Big Decisions* program works best for you if you are able to think about how these important issues affect you as a person."

Ask them to fold their worksheet in half after they have completed it.

Give the students about 5 minutes to fill in their answers. Collect the worksheets (in a box or envelope, to maintain confidentiality) from students who want to turn them in.

Activity 5.6

Homework: Talking about Abstinence – 5 minutes

Pass out the Homework Worksheets, so that each student has one.

Explain to the students:

"In this homework assignment, each of you is asked to 'interview' a parent, guardian, or another trusted adult about abstinence.

"This kind of homework can help start an important conversation about health and decision-making. Talking with parents or other trusted adults can help youth and parents better understand each other, as well.

"There are two questions for you to ask, and you are supposed to write the answers.

"Please complete this homework by _____ and return the completed paper, with the date of the interview, the signature of your parent or other adult, and your name."

Review the **Key Messages Poster**, pointing out that abstinence avoids the risks of both pregnancy and infection.

Remind the class that anyone can practice abstinence—even people who have had children and people who have had sex before.

Answer as many questions, from students or from the Question Box, as time permits.

Facilitator Resource for Activity 5.1: What is Sex?

Defining “sex” is not a simple task. Facilitators should be aware that there are multiple definitions of “sex”. Dictionary definitions generally refer to the following two basic meanings:

- 1) **Sex as gender**, referring to the two most common genders based on reproductive functions, i.e., male and female. For example, “What sex is the baby?”
- 2) **Sex as sexual activities**, including intercourse. For example, “Do you want to have sex?”

The second meaning, “sex” referring to sexual activities, does not have an official definition that is used consistently by experts in sexual health education.

For example, the National Sexuality Education Standards publication does not define “sex” or “sexual activity”. However, this publication does define sexual intercourse as “when a penis is inserted in a vagina, mouth, or anus.”⁴

There are some concepts in the field that may be helpful to facilitators.

- Many experts do indicate that “sex” can mean a wide variety of activities.
- Most experts and publications point to **sexual intercourse as referring to vaginal, oral, or anal sex.**

Sex, Etc., a project of Rutgers University’s Answer, defines “sex” as:

“...engaging in sexual behaviors with another person—such as oral, anal or vaginal intercourse.”⁵

Columbia University’s *Go Ask Alice!* recently updated its website and offers one definition of ‘sex’ as:

“...any act involving contact with the [genitals or anus] between one or more consenting people for the purpose of sexual pleasure...”⁶

This definition introduces the element of **consent of the partners**, which is important to distinguish it from forced sexual activities, which some students may have experienced. It also indicates that “sex” can include contact without penetration.

The working definition of “sex” used in Activity 5.1 of *Big Decisions* includes important concepts from several sources. Activity 5.1 acknowledges many meanings of the word “sex”, but focuses on vaginal, oral, and anal sex because of their importance in transmitting infection and making pregnancy possible, in the case of vaginal sex. The importance of consent is included in *Big Decisions*’ definition, as well.

⁴ National Sexuality Education Standards. Core Content and Skills K-12. Future of Sex Education. Accessed at <http://www.futureofsexed.org/documents/josh-fose-standards-web.pdf>, July 2, 2016.

⁵ Sex, Etc. website, <http://sexetc.org/sex-ed/info-center/faqs>, accessed July 2, 2016.

⁶ Go Ask Alice! Definition of Sex. <http://goaskalice.columbia.edu/definition-sex>, Accessed July 2, 2016

Facilitator Resource for Activity 5.1: Reasons to Wait and Reasons to Have Sex

A. Reasons to Have Sex: Suggested Assessment and Comments

Reason to Have Sex	Healthy, strong reason?	Comment
Pressure from partner	No	It is never OK to pressure someone for sex, and no one should be pressured to have sex.
Pressure from friends	No	Sex is a personal decision, for the person themselves to make. No one should be pressured into having sex by friends.
Embarrassed to be a virgin	No	Sex is a decision that a person themselves makes. What other people think should not be the only reason that someone has sex. Besides, other people may not be telling the truth about their sexual experience, and they may be a virgin too.
To be popular or “cool”	No	Having sex to fit in, or to be popular is not a healthy reason. This decision should come from within a person, and it is a decision that should be made carefully.
To show love and affection	Maybe	People can show love and affection when they have sex. However, there are <u>other</u> ways to show someone you care, too. Having sex is not the only way to show love.
To feel loved	No	Sex should not be a price to pay in order to feel loved. Someone can show love to another person by having sex, but it may not be a healthy relationship if that is the <u>only</u> way someone shows love.
For pleasure	Maybe	Sex is pleasurable for many people, and sexual desire can be one part of a healthy decision. But pleasure, all by itself, may not be the best reason. Respect and trust between partners, and other factors, are important, too.
To feel good about themselves	No	Having sex to boost self-esteem is not a healthy reason. Having sex does not fix problems that may be causing poor self-esteem.

To feel closer to a partner	Maybe	Having sex can help partners feel closer together. This intimacy can be a powerful part of sharing with a partner, but having sex is not the only way to feel close to someone.
So the relationship will get better	No	Having sex does not improve unhealthy relationships. In fact, some relationships can get more abusive with having sex and with pregnancy.
For fun	Maybe	Sex is pleasurable for many people, but pleasure, all by itself, may not be all that is needed for a healthy decision. It can be <u>one part</u> of a healthy decision, though.
Out of curiosity	Maybe	Many people are curious about how sex will feel the first time they have it. By itself, curiosity may not be all that is needed for a healthy decision.
To show they are grown up	No	Having sex, by itself, does not make a person grown up or mature.
To have a baby	Maybe	When people are ready to become parents, this is a good reason.
Because they have done it before	No	Having sex is a new decision each time. A person doesn't have to do it just because they did it before.
To "keep" their partner	No	Sex should not be a "price" that someone has to pay to continue a relationship. If someone does not feel ready to have sex, a partner should not coerce them into having sex to keep the relationship.
They met the right person	Maybe	Having sex with the right person can be special and wonderful. Even with the right person, though, both partners should be ready to have sex. Neither partner should feel pressure, and there should be good communication. They should use both condoms to reduce the risk of HIV/STIs and contraception to prevent pregnancy. The partners should both be prepared to handle any unintended consequences (like a pregnancy or STI).

Facilitator Resource for Activity 5.1, Continued: Reasons to Wait and Reasons to Have Sex

B. Reasons to Wait: Suggested Assessment and Comments

Reason to Wait (Not have Sex)	Healthy, strong reason?	Comment (Note that all reasons are valid)
Religious beliefs	Yes	Some faiths teach that it is important to wait until marriage to have sex. The decision about whether to have sex is a personal one
Feel like it is the right thing to do	Yes	Sex is a personal decision, and people should follow their conscience about what is right and moral to do.
To avoid risks	Yes	Not having sex is the most effective way to prevent pregnancy and HIV and other STIs.
Don't want to get pregnant	Yes	Not having sex is the most effective way to prevent pregnancy.
Don't want to risk getting HIV or another STI	Yes	Not having sex is the most effective way to prevent sexually transmitted HIV and other STIs.
Don't feel ready	Yes	A person should not feel pressured to have sex before they are ready.
Think they are too young to have sex	Yes	It is OK for a person to feel that they are too young to have sex. States have laws that say how old someone has to be in order to legally be able to consent to sex.
Afraid it will hurt	Yes	Some people have discomfort the first time they have vaginal or anal sex. They may have some bleeding from stretching or tearing of the hymen. The pain is usually not severe or long-lasting.
Don't want to show their body	Yes	Some people may not feel comfortable showing their body to another person, or letting another person touch them. Most are able to develop close relationships and become comfortable at a time that is appropriate for them.
Want to focus on school, or achieve other goals	Yes	Some people want to wait and focus on other things for now.

Not interested in having sex right now	Yes	When they are in middle or high school, some people are not interested in having sex. Other people think about sex a lot.
Don't want to disappoint their parents/guardians	Yes	Some teens want to wait to have sex because their parents' values are important to them too. Ultimately, the decision to have sex is up to the young person themselves. If the <i>only</i> reason to do something (or not do something) is the approval of their parents, that may not be as strong a reason as when they themselves feel it is right for them.
Don't want to hurt their "reputation"	Yes	Some people may not want to be known as someone who has had sex, or someone who will have sex. Sometimes gossip and rumors can hurt people's feelings. Other people may not mind if others know that they have had sex.
Don't want to complicate their relationship	Yes	Some teens feel that it would be too complicated to add sex to their relationship.
Want to wait for the right person	Yes	Some people feel that they have not met the right person yet.
Want to wait until they are married	Yes	Some people want to wait until they get married to have sex.

Is This Abstinence?

Touching Buttocks	Holding Hands	Touching Breasts (Outside Clothes)	“Sexting” – Texting a Naked Picture of Yourself	Touching Genitals (Inside Clothes)
Talking about Sex	Vaginal Sex (Penis in Vagina)	Kissing (Mouth Closed)	Kissing (Mouth Open)	Touching above Waist (not Breasts)
Being Alone Together	Touching Breasts (Inside Clothes)	Drinking Alcohol when Together	Touching Genitals (Outside Clothes)	Taking Clothes Off Together
Taking Drugs when Together	Arm around Waist	Oral Sex (Mouth on Genitals)	Hugging	Anal Sex (Penis in Anus)

Directions: Cut into 20 “cards” for groups to sort. Make one set for each small group.

Activity 5.2: Cards for Small Groups

Facilitator Resource for Activity 5.2

Is THIS Abstinence? Suggested Categorization

<u>Abstinence</u>	<u>May be Abstinence, but may Still Want to Avoid</u>	<u>Not Abstinence</u>
Holding Hands	Touching Buttocks	Vaginal Sex (Penis in Vagina)
Hugging	Touching Breasts (Outside Clothes)	Oral Sex (Mouth on Genitals)
Arm around Waist	Touching Breasts (Inside Clothes)	Anal Sex (Penis in Anus)
Kissing (Mouth Closed)	Touching Genitals (Outside Clothes)	Touching Genitals (Inside Clothes) **
Kissing (Mouth Open)	Being Alone Together	
Talking about Sex	Take Clothes Off	
	Drinking Alcohol When Together*	
	Taking Drugs While Together*	
	"Sexting" - Texting a Naked Picture of Yourself*	

*The facilitator should indicate that some of the activities should definitely be avoided because they are illegal.

**The facilitator should indicate that the "Go Ask Alice" definition of sex includes this because it is contact with another person's genitals or anus. However, some definitions of sex do not include touching.

Individual Student Worksheet for Activity 5.5:
My Ideas about Abstinence

Please do not put your name on this Worksheet

1. In this Lesson, one important thing I learned about abstinence (not having sex) is:

2. One way that abstinence (not having sex) would be healthy for me at my age is:

3. If I wanted to abstain from sex, one situation I would want to avoid is:

Activity 5.6: Talking about Abstinence “Homework”

Please talk to your parent, guardian, or another trusted adult to ask these questions. The student is the interviewer and asks the questions. If the parent (or other adult) does not mind, the student should write down the parent's answers.

1. What do you think about abstinence (not having sex) for young people my age?

2. What pressures did you have when you were my age?

Parent/Adult Signature: _____

Student Name: _____

Date of Interview: _____

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LESSON 6

A CLEAR “NO”:
My Limits

A CLEAR “NO”: My Limits

Objectives

- Reflect on conversations with your parent or other adult about abstinence and pressure
- Learn that everyone has the right to say “no” to sex
- Learn that it is never OK to pressure someone for sex
- Learn and practice effective ways to say “no”

Activities

- 6.1 – Homework Review: Talking with Parents – 5 minutes
- 6.2 – The Right to Say “No” – 10 minutes
- 6.3 – Pressure Situation: A CLEAR “No” – 15 minutes
- 6.4 – Pressure Situation: The Party – 15 minutes

Materials Needed

- Black/whiteboard or Newsprint tablet, Markers, and Easel
- “Key Messages” poster from Lesson 1 (slide and projection setup)
- “Some Guidelines about Sex” poster (slide and projection setup)
- “Abuse: How to Get Help” poster from Lesson 3 (slide and projection setup)
- Small Group Worksheet for Activity 6.3: Pressure Situation: Jasmine & Michael
- “A CLEAR ‘No’” poster (slide and projection setup)
- Student Worksheet for Activity 6.4: The Party
- Student “Reviewers” Worksheet for Activity 6.4: The Party
- Ground Rules Newsprint Sheet from Lesson 1
- Question Box

Materials and Resources Included

- “Some Guidelines about Sex” Poster
- Small Group Worksheet for Activity 6.3: Pressure Situation: Jasmine and Michael
- “A CLEAR ‘No’” Poster
- Student Worksheet for Activity 6.4: The Party
- Student “Reviewers” Worksheet for Activity 6.4: The Party

BIG DECISIONS

LESSON 6

A CLEAR “NO”: My Limits

Notes for Facilitators

Overview of the Lesson

This lesson focuses on sexual pressure and refusal skills.

The lesson starts with a brief discussion of the **Talking about Abstinence “Homework”** from Lesson 5. This activity reinforces the concept of abstinence, as well as the importance of parent communication. It also provides a transition to talking about pressure.

Activity 6.2 is an interactive mini-lecture that walks the students through:

- Remembering Lesson 2’s focus on their goals and dreams and their decision about avoiding pregnancy and reducing the risk of HIV/STIs;
- Reviewing *Big Decisions’* Key Messages that point to a choice of prevention strategies;
- Introducing three “guidelines” about sex and pressure: 1. Everyone has the right to say “No” to sex, 2. It is NEVER OK to pressure someone for sex, and 3. Everyone has right to say “NO” to sex without effective birth control and “NO” to sex without a condom. Students are asked about their thoughts and opinions about these guidelines, so that discussion can clarify

how the guidelines are related to respecting one's own and others' boundaries.

- Reviewing the definition of abuse, as well as how to get help, if there is an abusive situation.

In **Activity 6.3**, the facilitator reads a situation and dialogue, where one person pressures another for sex. Students work in small groups to answer questions about the situation, and then the class is introduced to refusal skills through a mnemonic, a "CLEAR" "No".

In addition, the small groups consider how not to pressure another person.

In **Activity 6.4**, every student in the class has an opportunity to practice using the CLEAR "No" tools. Each student writes their own lines, and small groups role-play and evaluate how well each other use the CLEAR "No" tools.

The "Guidelines"

Important material is introduced in this lesson to set the stage for practicing refusal skills.

The **Some Guidelines about Sex poster** provides the main points to make about rights to refuse sexual activity and responsibilities not to pressure anyone for sex.

However, it is the participation of the students in discussion about each of the guidelines that is essential for effectiveness of this activity. Students need to be actively involved in understanding and evaluating the guidelines in order for them to endorse and adopt them. With this in mind, **Activity 6.2** includes questions for the facilitator to ask to engage the students.

Issues around Consent for Sexual Activity

The age of legal consent for sexual activity varies by state, generally between 16 and 18 in the U.S. This means that a person younger than the age of consent cannot legally consent to sexual activity.¹

¹ Clarke P. Statutory Rape: The Age of Consent. LegalMatch website, <http://www.legalmatch.com/law-library/article/statutory-rape-the-age-of-consent.html>, last modified August 11, 2015; accessed on October 4, 2015.

Having sex with someone younger than the age of consent is spoken of as “statutory rape” because, even if the person is willing, they are not legally able to give their consent.

However, many states have “Romeo and Juliet” laws that allow a defense if the partner is within a few years of the person’s age. Some states do not provide this defense, and others allow defenses of from 2 years’ age difference to 5 years’ age difference.²

Facilitators may want to look up their state law to better understand the legal situation for young people in their state. However, these laws can be complex and sometimes difficult to state succinctly. Facilitators should be cautious about telling students what their state law says.

The Importance of Role-Play Practice

Role-plays are some of the most essential exercises in the *Big Decisions* curriculum. Role-plays allow students to build skills and translate knowledge into actions.

In **Activity 6.4**, facilitators should strive to ensure that each student actively practices resisting pressure with an effective “no”.

Possible Student Concerns about Unequal or Unhealthy Relationships

This session may bring up difficult and upsetting feelings among young people who have experienced sexual abuse or coercion. It is important to acknowledge the phenomenon of abuse early in the session. The facilitator should make it clear that abused people are not at fault for what happened to them, and that there is help for young people who have been abused.

Be prepared to refer young people to appropriate services.

Reporting Suspected Child Abuse

It is essential to report sexual abuse and other forms of abuse in accordance with the law. Reporting suspected child abuse is mandatory for professionals in many states. Facilitators should be familiar with how to report suspected child abuse in the state in which they work.

² Ibid.

There is a resource that can help facilitators find out how to report in their state. Childhelp is a national child abuse prevention organization that provides:

- A telephone hotline: 1-800-4-A-Child (1-800-422-4453) and a website: <https://www.childhelp.org/hotline/>

A listing of contact numbers and websites for each of the state child protection agencies: <https://www.childhelp.org/wordpress/wp-content/uploads/2014/07/CPS-phone-numbers-for-website-updated-1-28-15.pdf>

Names in the Situations

As in other lessons, facilitators should point out that the situations in this lesson's activities are not about actual students. Even if there is a student with the same name as a situation character, the story is not about them. Facilitators may wish to change the names of the characters in the situations and role-plays.

Before the Lesson

Read through the lesson to understand the topics, the methods to address them, and the timing needed to complete the lesson.

This lesson includes lots of suggested wording for the facilitator to use to guide the students through the lesson. It is recommended that facilitators follow the text closely throughout the lesson.

Prepare to project or display the 4 different posters:

- As in all *Big Decisions* Lessons, the **Key Messages Poster** from Lesson 1 is displayed, and it is reviewed in **Activity 6.2**.
- The interactive mini-lecture then focuses on a new poster, **Some Guidelines about Sex**.
- The discussion then focuses on pressure and abuse, with display of the **Abuse: How to Get Help Poster** from Lesson 2.
- Finally, the **"A CLEAR No" Poster** is displayed for **Activities 6.2** through the end of the lesson. This poster is an important visual guide for students as they practice saying "no" and sticking to their limits in the role-play exercises.

Copies needed for each student include:

- The **Small Group Worksheet for Activity 6.3**.
- The **Student Worksheet for Activity 6.4** and the **Student "Reviewer's" Worksheet for Activity 6.4**. The latter can be printed on the back of the former.

Activity 6.1

Homework Review: Talking with Parents – 5 minutes

Welcome the class and ask if students were able to complete the “homework” from Lesson 5.

Ask the students:

“Please share what you learned about your parent's, or other trusted adult's, views about abstinence for young people.”

Get several responses, if possible. Acknowledge the responses, and invite comments and feedback from the students.

Parent responses may cite similar reasons to those listed under “Reasons to Wait” and “Reasons to Have Sex” that the class listed in Lesson 5, Activity 5.1.

Questions that may be helpful to stimulate discussion include:

“What do you think about the parent responses and opinions?”

“What surprised you about what your parents said?”

If there are no responses to report from parents/trusted adults, ask the students:

“If they could tell us now, what do you think that parents or other trusted adults *might* say about abstinence?”

Tell the students:

“Surveys show that most parents think teens should wait to have sex until

they are older and can handle the responsibilities."³

Now ask the students:

"What did you learn about the pressures that your parent or other trusted adult had at your age?"

Questions that may help draw out insights and comments include:

"What surprised you about what you heard?"

"What pressures are similar to the ones that teens face today?"

"What pressures are different?"

Point out:

"This kind of sharing—especially about what is important—can help parent-teen relationships be healthier through better communication."

Collect the Homework Worksheets in a large envelope.

Activity 6.2

The Right to Say "No" – 10 minutes

Review with the class what has happened in previous lessons:

"In **Lesson 2**, you wrote in your worksheets about how a pregnancy as a teen, or another pregnancy, might make it harder to reach your goals and dreams.

"You also wrote about how getting an STI or HIV might affect you.

"At the end of Lesson 2, you made a decision of how you as an individual will avoid pregnancy (or another pregnancy) until it is the right time for you to have a child. You also wrote in your worksheets how you will avoid getting HIV and other STIs.

³ Olsho L, et al. National Survey of Adolescents and their Parents: Attitudes and Opinions about Sex and Abstinence - Final Report. Cambridge, Massachusetts: Abt Associates, Inc. 2009. Accessed at http://www.acf.hhs.gov/sites/default/files/fysb/20090226_abstinence1.pdf, November 9, 2014.

"In **Lesson 5**, you learned about abstinence, what it means, and how it is the most effective choice for teens, if used consistently and correctly, to avoid both pregnancy and sexually transmitted HIV or other infections."

Ask the students what choices the Key Messages talk about:

"What are the choices teens have, if they want to avoid pregnancy (or another pregnancy)? What are the choices that teens have, if they want to avoid sexually transmitted infections, like HIV?"

Review the **KEY MESSAGES poster** to highlight the choices that students have.

Tell the students:

"Once each of you makes your decision about which of these ways you will use, the next step is to put that decision into action.

"In this lesson, you will learn how to take action to stick to your decision: how to say "no" in an effective way to things that you have decided not to do.

"In upcoming lessons, you will learn more about contraception and preventing pregnancy, as well as more about condoms and reducing the risk of STIs and HIV.

"Many young people are not able to say 'no' —even when they want to. Many teens feel under pressure to have sex.⁴ Some young people are pressured by someone else. And some young people are actually forced to have sex against their will."

Project or display the **"Some Guidelines about Sex" poster**. Tell students that, when it comes to sexual pressure, there are some important guidelines.

Ask for a student volunteer to read the first guideline:

Guideline #1: Everyone has the right to say "no" to sex.

Ask the class:

"What do you think of this guideline? Do you think it is really correct?"

Encourage students to share their thoughts about it. Acknowledge their responses.

⁴ The National Campaign to Prevent Teen and Unplanned Pregnancy. Survey Says: Under Pressure, February, 2014. Accessed at: https://thenationalcampaign.org/sites/default/files/resource-primary-download/survey_says_9_under_pressure.pdf, November 9, 2014.

Ask the students (one item at a time):

"Do you think that everyone has the right to say 'no' to sex, even if:

They have said "yes" before?

They have had sex before?

They have been kissing and touching ("making out")?

They love the other person?

The person uses effective birth control?

The other person promises to use a condom?

The other person has spent lots of money on them?"

Address any differences of opinion, but reinforce that the *Big Decisions* program considers Guideline #1 to hold in every one of these situations, and more. Every person has the right to refuse to have sex, for any reason, at any time.

Read out loud the next guideline on the poster:

Guideline #2: It is NEVER okay to pressure someone for sex.

Ask the class:

"What do you think of this guideline? Do you think it is really correct?"

Encourage students to share their thoughts about it. There may be some disagreement about it, depending on students' frame of reference.

Acknowledge their responses.

Explain that:

"This means it is OK to ask for something you want, but never OK to insist, to push, or to put someone down."

Students may agree with the guideline. Reinforce:

"Pressuring someone is not OK because it does not respect the other person's decision about their limits."

Students may express the idea that persistence in trying to get someone to have sex is OK. If so, it may be helpful to ask the students:

"Can you see a difference between continuing to ask someone vs. insisting that someone do something sexual?"

Students may express the idea that it is OK to pressure someone who is saying "no", because that person may actually *want* to have sex. If so, tell the class:

"If someone says 'no', it is important to believe them. It is important to respect them and their decision.

"It is important to understand that pressuring someone or insisting that they do something is not appropriate, no matter how you think someone feels about having sex. It is still their decision and their limits, which deserve respect."

A key concept is:

"Each person makes their own decision about what they will do and what they won't do. Other people should respect their decisions about their limits."

Tell the class:

"If someone is forced to do something sexual, that is sexual abuse, which is a crime. If a person is forced to have sex, that is sexual assault, or rape."

Next tell the class that, for people who choose to have sex, there is a related guideline:

Guideline #3: Everyone has the right to say "no" to sex without a latex* condom and to say "no" to sex without effective birth control.

Tell the students:

"This means that everyone has the right to protect themselves from pregnancy, and to reduce their risks of HIV, and other STIs.

"They can refuse to have sex without effective birth control.

"And they can refuse to have sex without a latex condom (or without a polyurethane or polyisoprene condom, if they are allergic to latex)."

Ask the students:

"What do you think about this guideline? Do you think it is correct?"

Acknowledge their responses.

In the discussion, ask the students about some situations that may put their understanding of this guideline to a test:

"Is it OK to refuse to have sex without a condom...?"

...if the partners have had sex before without a condom?

...if the person is on effective birth control, for example a hormonal implant in their arm?

"Is it OK to refuse to have sex without effective birth control...?"

...if the partner will use a condom?

...if it is a male who refuses to have sex without his partner using effective birth control?
*or polyurethane or polyisoprene, if allergic to latex

In the discussion, elicit student opinions. Clarify their reasons for their opinions and be appreciative of their contributions.

Address any differences of opinion, but reinforce:

"Guideline #3 is an important part of respect for another person's decisions and what they are willing to do.

"Every person has the right to refuse to have sex, for any reason, at any time."

Display the "**Abuse: How to Get Help**" poster from Lesson 3. Remind the class:

"There is help for young people who have been abused or coerced.

"People who have been abused are not at fault for what happened to them. The fault is with the abuser."

Tell the class:

"In this lesson, you will consider some situations where young people might be pressured about sex. This lesson will help you:

- Learn how to express a clear and effective "no" to things that you have decided not to do;
- Learn how to avoid pressuring someone; and
- Avoid getting into pressure situations, if possible, in the first place."

Activity 6.3

Pressure Situation: A CLEAR "No" – 15 minutes

Divide the class into small groups of 3 to 5 students. Pass out the **Small Group Worksheet for Activity 6.3: Pressure Situation: Jasmine and Michael** so that each student has one.

Tell the class:

"We will now consider an imaginary pressure situation.

"The situation I will read has a male (Michael) pressuring a female (Jasmine).

"But sometimes a female pressures another person, too. In fact, a person of any gender could pressure another person of any gender.

I will read the story, and then I will ask you to work in your small groups to discuss and answer some questions about the story."

Read the **Pressure Situation: Jasmine and Michael** out loud to the class. As best you can, "play" the roles of both Michael and Jasmine roles.

After reading the situation, ask the students:

"In your small groups, please talk about how you would answer the first two questions.

"Please have a volunteer from your group write down important words from your answers, so that the group can share what you think with the rest of the class, after you discuss it.

"The two questions are:

1. Why do you think it might be hard for Jasmine to tell Michael she does not want to have sex?
2. How would you advise Jasmine to say "no" to Michael? List 5 things that Jasmine could say or do to resist the pressure that Michael is putting on her.

"Your small groups will have four minutes to discuss the questions and decide on your answers.

"Please go ahead and start."

After 3 minutes, tell the class that they have one minute left before their time is up.

When the time is up, ask the small groups to help answer the questions as you read them out loud.

Read **Question #1: Why do you think it might be hard for Jasmine to tell Michael she does not want to have sex?**

Ask the students:

"Would one or more of the groups like to say what you came up with? How about other groups?"

Acknowledge their answers, and reinforce those that seem particularly helpful. Encourage all the groups to share what they answered.

Some possible answers might include:

- It would not seem cool to say “no”
- She does not want to disappoint him
- She likes the attention and closeness
- She may feel “turned on” (i.e., sexually aroused)
- She doesn’t know what to say or do
- She may feel helpless, like there is nothing she could do about it
- She may feel less powerful than Michael

Acknowledge the students’ suggestions and comments. Ask the class:

“Do you think it would be *easier* or *harder* to say ‘no’ if it were Jasmine pressuring Michael?”

Acknowledge student comments and summarize by noting:

“There are lots of reasons that it might be hard for any person to say ‘no’ when pressured by another person.”

Now read **Question #2: How would you advise Jasmine to say “no” to Michael? List 5 things that Jasmine could say or do to resist the pressure Michael is putting on her.**

Write on the board or newsprint “Resist Pressure” and ask each of the small groups to share at least one thing that they discussed.

Acknowledge their answers and reinforce those that are particularly helpful. Help the class come up with important elements, including perhaps:

- Tell him how you feel;
- Stand up to him;
- Learn some ways to be more assertive;
- Know what to say and how to say it.

Summarize by noting:

“These are lots of good suggestions for how Jasmine could resist the pressure from Michael.

“Clearly, though: When there is pressure, it can take more than your decision about what your limits are. It also takes some skills to defend your limits.”

Now project or display the “A CLEAR No” poster. Tell the class:

“This poster is about learning some skills to help you resist pressure, if someone is pressuring you to do something you don't want to do.

“This list can help you learn and remember some things to help you resist pressure in tough situations.

“Of course, it is NEVER OK for someone to pressure you. And it is everyone's responsibility not to pressure anyone else.

“But it is good to have some tools that you can use to be more effective in your communication. These tools can help you to be able to resist pressure, if someone pressures you.”

As you go through each of the ideas in the “A CLEAR No” poster:

- Explain what the idea means;
- Ask the students how well they thought Jasmine did this in the example; and
- Ask the students what Jasmine could have done or said in this pressure situation that would show how to use this idea.

Review the points in the “A CLEAR No” poster:

C stands for Clear: Say a clear “no”

Tell the students:

“This means to say the actual word ‘no.’ It is an important part of being clear that you do not want to do something,”

Ask the students how well they thought Jasmine did this in the example.

Student assessments could include:

- Jasmine did not say “no”
- Jasmine was not really clear about not wanting to have sex.

Ask the students what Jasmine could have done or said to say a clear “no”.

Student examples could include:

- Say, “No, I don’t want to”; or
- Say, “No, Michael. Stop it.”

L stands for Limits: State your Limits

Tell the students:

"Say what your limits are. Say what you won't do and what you will do.

"It is more effective if you say something that starts with 'I don't...' or 'I won't...'"

Ask the students how well they thought Jasmine did this in the example.

Student assessments could include:

- Jasmine did not say what her limits are.
- Jasmine did not say "I won't..." or "I don't..."

Ask the students what Jasmine could have done or said to state her limits.

Student examples could include:

- Say, "I don't want to have sex"; or
- Say, "I won't do that."

E stands for Emphasize it:

Tell the students:

"Use your body language and your voice."

Ask the students how well they thought Jasmine did this in the example.

Student assessments could include:

- Jasmine did not use her voice or body language.
- She spoke shyly, and did not use eye contact.

Ask the students what Jasmine could have done or said to "emphasize it".

Student examples could demonstrate some of the following:

- Using a strong voice;
- Use body language (for example, stand up, put your hands on your hips, extend your arms and put up your hands to indicate "stop", stand up tall); or
- Say the word "no" loudly and forcefully.

A stands for Alternative:

Tell the students:

"This means suggesting something else to do.

"It should be something that puts you in a safer situation."

Ask the students how well they thought Jasmine did this in the example.

Student assessments could include:

- Jasmine did not offer an alternative.

Ask the students what Jasmine could have done or said to give an alternative.

Student examples could include,

- Say, "I'm hungry. Let's go get something to eat"
- Say, "Let's go to my house and play video games with my brother"
- Say, "Let's text [names of friends] to see if we can meet up with them"

R stands for Run:

Tell the students:

"Sometimes the best thing is just to 'run': that is, walk away and leave the area."

Ask the students how well they thought Jasmine did this in the example.

Student assessments could include:

- Jasmine did not try to leave the situation

Ask the students what Jasmine could have done or said to "run".

Student examples could be:

- walk out of Michael's mother's house;
- leave the room; or
- text her parents to come pick her up.

Point out:

"The class can use this list as a memory-aid during the rest of the lesson to help you practice giving a CLEAR 'No.'"

"In the next activity, this list will also help your small group members give you feedback about how clear your 'no' is."

Now say to the class:

"Again in your small groups, please consider **Question 3: How would you advise Michael to not pressure Jasmine?**

"Please discuss it and come up with at least two things you would tell Michael to change, so that he could avoid pressuring Jasmine."

Give the small groups about 2 minutes to discuss this question, and then ask the groups to share their answers with the class.

Write on the board or newsprint: “No Pressure” and write key words from the small groups’ answers under it.

Help the class come up with important elements, including perhaps:

- Listen to Jasmine and respect her limits;
- Understand his responsibility to avoid pressuring anyone for sex;
- Talk earlier with Jasmine about her limits;
- Remind himself and his friends to respect their partners’ decisions about sex.

Acknowledge the suggestions of the students and reinforce ones that are likely to be particularly helpful.

Congratulate the class on their work in answering these questions.

Collect the **Small Group Worksheets**, but leave the **A CLEAR “No” poster** displayed for the rest of the lesson. Also leave displayed the lists of things under “No Pressure” for the rest of the lesson.

Activity 6.4

Pressure Situation: The Party—15 minutes

Now divide the class into groups of 3 students. Some of the small groups from Activity 6.3 will need to become smaller in order for this activity to work well. If needed, one or two groups can have 2 members.

Explain to the students:

“For this activity, you will work in small groups of 2 or 3, to give each of you a chance to practice saying ‘no’ in effective ways.”

Pass out the **Student Worksheets for the Small Group Role-Play** and the **Student “Reviewers” Worksheets**, so that each student has one of each. Tell the students not to write their names on the worksheets.

Tell the students:

“In this activity, the situation is that you are at a party with someone you like very much, and your date pressures you for sex.

“Each of you will first write what you would say to give a clear and effective ‘no’ in this situation.

"Then, in your small group, each of you will get a chance to say the lines and role-play 'Your Date', 'You', and the Reviewer who gives feedback to 'You'."

Read aloud the situation in the Student Worksheet and "Your Date's" lines, as well.

Tell the students:

"For all of you, your job right now is to write lines for yourself in the blanks—lines that will help you say 'no' in a CLEAR and effective way.

"You can use the **A CLEAR 'No' poster** for ideas about how to be effective in saying 'no'.

"You have two minutes to write your lines."

Once all the students have written their "lines", ask them:

"Please work as a group, taking turns at playing the 3 different roles:

- 'You'
- 'Your Date', and
- The Reviewer who will watch 'Your Date' and 'You' do the role-play. The Reviewer will give 'You' feedback about the effectiveness of the refusal skills 'You' used.

"If you are in a group with only two members, the person who is acting as 'Your Date' will also act as the Reviewer and give feedback to the person playing 'You'.

"Each person should use the lines they wrote for themselves when they act out the situation. The Reviewers should fill out the **Reviewer's Worksheet** and talk with 'You' about their feedback after the role-play.

"Remember, this activity is about a *pretend* situation. It does not mean that the person playing 'Your Date' and the person playing 'You' actually have a dating relationship.

"Also, just to be clear: please, no touching of another student in this activity."

Ask the students:

"Please decide in your small group who will go first playing 'You', who will be 'Your Date', and who will be the Reviewer.

"Go ahead and get started with the first round of your role play.

"When this first role play is finished, Reviewer, please fill out the **Reviewer's Worksheet** and talk about your feedback with 'You'."

Circulate around the classroom to help answer questions and to help keep the groups on task, if needed.

After about 3 minutes, or when the students have finished the first role-play and feedback, ask the students:

"Now, please change who plays the roles. Someone new should be 'You', 'Your Date', and the Reviewer.

"Go ahead and get started with the second round."

After about 3 minutes, or when the students have finished the second role-play and feedback, ask the students:

"Now, please change who plays the roles again. Each person should take the role that they have not yet done.

"If you are in a group with only two members, you can sit out this last round.

"Please go ahead and complete this last round."

When the third round is completed, ask the class as a whole for feedback about their experience with the role-play. Questions that may be helpful for discussion include:

"How did you feel when you were trying to be effective in saying 'no'?"

"What lines and what techniques did you think were particularly effective? Why do you think it was effective?"

"What things did not work as well as you thought they would?"

"How did you feel when you were playing the one *doing* the pressuring?"

Acknowledge the comments and reinforce those that align with the lesson.

If there is time, ask for 1 or 2 volunteers to act out their lines for the rest of the class. Allow the volunteer and someone from their small group to role-play for the class.

Ask the class for feedback about what they thought was particularly effective in resisting pressure in this example.

Collect the **Student Worksheets** and **Reviewer Worksheets** in a large envelope. Congratulate the students on their work, and thank them for their feedback.

To close the lesson, briefly review the **Some Guidelines about Sex poster** and the **A CLEAR "No" poster**.

Point out:

"It is really important to be able to refuse to do something you have decided not to do.

"Whether it is pressure from a partner or from friends, it is healthy to be able to stick to your decision (and your limits) about sex.

"It is also really important not to pressure anyone to do anything sexual."

Small Group Worksheet for Activity 6.3

Pressure Situation: Jasmine and Michael

SITUATION: Jasmine has had a crush on Michael for a long time, and she was really happy that she was introduced to him at a football game, and then he asked her out. They're going on their first date to the movies, and so far they both are having a lot of fun together. Michael is smart and funny, and Jasmine really likes him.

After they saw the movie, Michael brought her to his mothers' house. When they got there, it was clear that nobody was home, and Jasmine and Michael were alone. They sit on the couch and kiss, and then Michael starts to undo Jasmine's jeans. Jasmine is feeling very uncomfortable and confused. She likes Michael, and she likes feeling close to him, but she does not want to have sex.

Jasmine starts to pull away, and Michael says, "What's the matter? Don't you like me?" The conversation continues as follows:

Jasmine: *(shyly, looking down)* Well, yeah. But I don't know about this...

Michael: I just want to be close to you.

Jasmine: I want to be close to you too. But I am not sure.

Michael: Come on. My ex-girlfriend did...

Jasmine: Well, I'm just a little nervous. I'm scared I would get pregnant.

Michael: Please? Nothing will happen.

Jasmine: You're probably right, but still... *(voice trailing off)*

QUESTIONS:

1. Why might it be hard for Jasmine to tell Michael she does not want to have sex?
2. How would you advise Jasmine to say "no" to Michael? List 5 things that Jasmine could say or do to resist the pressure Michael is putting on her.
3. How would you advise Michael to not pressure Jasmine?

Some Guidelines about Sex

1. Everyone has the right to say “no” to sex
2. It is NEVER okay to pressure someone for sex
3. Everyone has the right to say “no” to:
 - sex without a latex* condom; and
 - sex without effective birth control

*or polyurethane or polyisoprene, if allergic to latex

A CLEAR “NO”

Say a **CLEAR** “No”

State your **LIMITS**

-- “I don’t...” or “I won’t...”

EMPHASIZE it!

-- Use your voice, body language

Suggest an **ALTERNATIVE**

RUN!

-- Leave the area, if necessary

Student Worksheet for Activity 6.4: Pressure Situation: The Party

SITUATION: On Saturday night, you go to a party with someone that you really like. There are no adults at the party, and everyone is drinking. You and your date dance and have a beer. Your date leads you into a bedroom, locks the door, and kisses you. Your date lies down on the bed and reaches out for you. You feel a little dizzy from the beer, and you are uncomfortable with the situation because you do not want to have sex.

DIRECTIONS: Fill in the blanks with what you would say or do to say “no” in an effective way:

Your Date: What’s the matter? Come lie down.

You: _____

Your Date: Come on, let’s do it. It will feel good.

You: _____

Your Date: I thought you were more grown-up than that.

You: _____

Your Date: What’s wrong with you?

You: _____

Your Date: OK, OK, sorry. I didn’t mean to pressure you like that.

Student “Reviewers” Worksheet for Activity 6.4: Pressure Situation: The Party

*Please give your feedback to the person playing “You” in the situation.
Put an “X” in the box that fits your opinion.*

HOW WELL DID “YOU”?	Not at All	Pretty Well	Very Well
Say a CLEAR “No”: - Said the word “no”, repeated it, made it clear			
State your LIMITS: - Said “I don’t” or “I won’t”			
EMPHASIZE it: - Used strong body language, used a strong voice, repeated the word “no”			
Suggest an ALTERNATIVE: - Suggested that they do something else that would be realistic and safe			
RUN, if necessary: - Said that they would leave, if needed			

BIG DECISIONS

LESSON 7

CONTRACEPTION:
Pregnancy at a Good Time for You

CONTRACEPTION:

Pregnancy at a Good Time for You

Objectives

- State what you would like to have in place before you have or cause a pregnancy, or another pregnancy
- Evaluate commonly used contraceptive methods (including abstinence) for effectiveness
- Personalize the risk of pregnancy without using effective contraception
- Identify your personal limits to avoid pregnancy, or another pregnancy, as a teen

Activities

- 7.1 – When would be a Good Time for a Pregnancy, or another Pregnancy? – 5 min
- 7.2 – Contraceptive Method Bingo – 30 minutes
- 7.3 – Effectiveness Line-Up – 5 minutes
- 7.4 – Pregnancy in My Life – 5 minutes

Materials Needed

- Black/whiteboard, or Newsprint tablet, Markers, and Easel
- Individual Student Worksheets: Pregnancy in My Life
- Printed Method Information Sheets, one for each of 8 methods
- Printed Method Effectiveness Charts, one for each of 8 methods
- Printed Contraceptive Method Bingo Cards–1 copy of 1 of 8 cards for each student
- Printed Table of Contraceptive Methods Handouts, one for each student
- Facilitator Resource for Activity 7.2: Less Commonly Used Methods
- Facilitator Resource for Activity 7.3: Contraceptive Effectiveness Line-Up
- Ground Rules Newsprint Sheet from Lesson 1
- Key Messages Poster from Lesson 1
- Question Box

Materials & Resources Included

- Individual Student Worksheets: Pregnancy in My Life
- Printed Method Information Sheets, one for each of 8 methods
- Printed Method Effectiveness Charts, one for each of 8 methods
- Printed Contraceptive Method Bingo Cards – 8 different cards
- Table of Contraceptive Methods for Student Handouts
- Facilitator Resource for Activity 7.2: Less Commonly Used Methods
- Facilitator Resource for Activity 7.3: Contraceptive Effectiveness Line-Up

BIG DECISIONS[↑]

LESSON 7

CONTRACEPTION: Pregnancy at a Good Time for You

Notes for Facilitators

A Sensitive Topic

Contraception is a potentially controversial issue. Facilitators should be sure that the contents of the lesson have been approved by the appropriate process in the school district or agency in which the *Big Decisions* program is offered.

The *Big Decisions* program is designed to emphasize not having sex as the most effective option for teens. Abstinence is included in this lesson on contraception in order to enable comparison of the various methods with abstinence, used consistently and correctly.

The lesson also allows comparison of the various methods to having sex without using any contraceptive method. For teens who are sexually active, it is important to be able to compare the effectiveness of a contraceptive method to the alternative.

Respect Teen Parents

It is essential to recognize that the students—or their friends or family members—may already be pregnant or parenting. Facilitators should avoid

assuming that none of their students have experienced pregnancy or parenthood. It is important that the discussion not exclude teen parents.

While teen parents are less likely to graduate high school and attend college and more likely to live in poverty, recent research suggests that these educational and economic circumstances often *precede* teen pregnancy and parenting, and that teen parenthood itself may play little role in educational or economic outlook.¹

In this lesson, it is especially important to acknowledge the positive aspects of pregnancy and parenthood and not focus only on the difficulties that parenthood can bring. Facilitators should be careful not to inadvertently shame or stigmatize pregnant or parenting teens.

In addition, facilitators should be careful not to speak of pregnancy as if it is similar to a sexually transmitted infection. Sometimes pregnancy is desired and a positive outcome; STIs are not desired nor positive outcomes.

Time Management

For optimal effect of this lesson, it is important to complete Activity 7.4, to allow for personal reflection and personalization of the material by the students.

Facilitators are encouraged to limit the contraceptive information to basics, in order to be able to complete the Lesson in one class period. If more than 45 or 50 minutes are available for the Lesson, this allows for more extensive discussion—and for more questions and answers.

Before the Lesson

In addition to reading over the lesson itself, read over the **Method Information Sheets** and the **Facilitator Resource for Activity 7.2** (on contraceptive methods not covered in this lesson). Be prepared to answer basic questions about the various contraceptive methods.

¹ Kearney MS, Levine PB. Why is the Teen Birth Rate in the United States so High and Why Does It Matter? National Bureau of Economic Research Working Paper No. 17965, March 2012. Accessed at: <http://www.nber.org/papers/w17965.pdf>, July 4, 2016.

Students often have lots of questions about methods of birth control, and facilitators may want to review additional materials, available at:

- U.S. Centers for Disease Control and Prevention
 - www.cdc.gov/reproductivehealth/unintendedpregnancy/contraception.htm
- The Office of Population Affairs:
 - www.hhs.gov/opa/order-publications/#pub_contraception-pubs
- Contraceptive Technology, 20th Revised Edition
 - www.contraceptivetechnology.org/the-book/
 - available for purchase or from libraries

Make the copies needed:

- **Individual Student Worksheet**, one for each student.
- **Contraceptive Methods Table**, one for each student. This summarizes the basic information, so that each student has access to it.
- Make 1 copy each of the **Method Information Sheets** and the **Method Effectiveness Charts** for each of the 8 contraceptive methods.
- **Contraceptive Method Bingo Card**, one for each of 8 groups. These should be 8 different cards. Each is labeled with a number, 1 through 8.

The **Method Information Sheet** provides basic information about each method, and each small group gets one copy to review together. The **Method Effectiveness Chart** provides a visual representation of method effectiveness during Activity 7.3.

It is recommended that these two materials, once printed, be laminated to allow for repeated use. For best results, laminate each method's Information Sheet and Effectiveness Chart together, so that one is on the back side of the other.

Be sure to bring plenty of beans or other items to cover spaces for the Bingo game.

Activity 7.1

When Would Be a Good Time for a Pregnancy, or Another Pregnancy? – 5 minutes

Tell the students:

"In this lesson, you will be learning about contraceptive (birth control) methods to prevent or postpone pregnancy.

"Whether a teen is having sex or not, it is important for young people to have accurate information about the various methods to prevent pregnancy. With knowledge, young people are better able to plan the timing of pregnancy in their lives."

"Whether you are someone who has experienced a pregnancy before or not, this information is important for planning future pregnancies."

Write "Pregnancy" on the board or newsprint. Tell the class:

"A pregnancy can be a wonderful and joyous experience for both parents, especially if the pregnancy is wanted and planned."

Ask the class:

"The average age that teens say they plan to have their first child is at age 26.² This is an average, so some plan for earlier and some plan for later...and some do not plan to have children at all."

"I'd like you to think about when you think it might be a good time for you to get pregnant (or to get someone pregnant) and have a child, or another child.

"Think about how you as an individual would like for it to be when you have a pregnancy or cause a pregnancy, or another pregnancy.

"What do you think young people your age would say that they want to have in place in their lives, if and when they experience a pregnancy, or another pregnancy?"

Encourage responses from multiple students. Students may suggest things such as:

- When they are an adult
- When they are mature enough to handle the responsibility
- When they have finished their education
- When they are in a healthy and committed relationship
- When they are married
- When they are financially ready (e.g., they have a job, a house, a car)
- For some people, there would be no good time because some people do not want to have children at all

² Survey Says: Marriage and a Baby Carriage. The National Campaign to Prevent Teen and Unplanned Pregnancy, June 2014. Accessed at: <https://thenationalcampaign.org/resource/survey-says-june-2014>, July 10, 2016.

Summarize by saying:

"Having children is a big decision, and there are lots of things that people—both potential fathers and potential mothers—want to have in place before they get pregnant or become parents.

"For teens who are already pregnant or parenting, there may be lots of things they want to have in place before they have *another* pregnancy."

Tell the students:

"But...even if a person does not have a house, a car, or a spouse, they can *still* be a good parent. Having a spouse, a home, and a car can make parenting much easier, but a person can still be a good parent if they don't have those things."

As you pass out the **Individual Student Worksheets** to each student, tell the students:

"Pregnancies can be joyful, but they also can cause stress for teens, especially if the pregnancies are unplanned.

"Planning pregnancy and delaying parenthood help teens to achieve their educational goals. Planning for pregnancy can also improve the baby's chances to be healthy and live in a stable two-parent family.³

"Teens who experience pregnancies and who have children can certainly succeed as parents and in life. But it is usually tougher to get an education as a young parent.

Tell the students:

"Please do not write your name on the worksheet.

"Consider the first question in this worksheet, and write your answer in the box.

"You will have a chance to answer Questions 2 and 3 at the end of this lesson."

Activity 7.2

Contraceptive Method Bingo – 30 minutes

Divide the students into 8 small groups for this activity.

³ Kaye K, et al. The Benefits of Birth Control in America: Getting the Facts Straight. Washington, DC: The National Campaign to Prevent Teen and Unplanned Pregnancy, 2014.

Next ask the class:

"Do you remember what we learned in Lesson 4 about how people get pregnant—how does a pregnancy happen?"

"What are the things that have to happen for a pregnancy to begin?"

Students may offer simple answers, e.g., "two people have sex". If they do, ask the class for more details, as in the "Journey of the Egg" activity. Reinforce key elements that the students offer, and remind the group about some key facts:

- "If a person has vaginal sex, sperm from the penis can enter the vagina"
- "If sperm get into the vagina, they can travel through the cervix, through the uterus, and into the fallopian tube"
- "If the ovary has recently released an egg, the sperm can fertilize that egg"
- "A fertilized egg travels through the fallopian tube into the uterus"
- "If the fertilized egg implants in the uterus, it can grow and develop"

Now ask the class:

"What can people do to NOT get pregnant—that is, until it is a good time for them and they are planning a pregnancy? What are possible methods of contraception, or birth control?"

As the students say the 8 different contraceptive methods to be considered in this lesson, hold up that method's **Method Effectiveness Chart** and give it to one of the small groups, along with that method's **Method Information Sheet**.

The group that gets a method's sheet will act as the "expert" on that method for the next activity, "Method Bingo".

As you give out the **Method Effectiveness Charts** and **Method Information Sheets**, briefly tell the class the name of the method, what it is, and how it works:

- "**Abstinence** is not having sex. The sperm do not enter the vagina, so the egg is not fertilized.
- "The **implant** is a small rod with progestin hormone that is placed under the skin of the upper arm. It stops the ovary from releasing an egg, so the egg cannot be fertilized.
- "The **intrauterine device (IUD)** is a plastic "T" placed inside the uterus that has either copper or progestin hormone. It affects sperm to prevent fertilization of the egg.
- "The **shot** is an injection of progestin hormone. It stops the ovary from releasing an egg, so the egg cannot be fertilized.

- “The **pill**, the **patch**, and the **ring** are grouped together because all three of these methods contain two hormones (estrogen and progestin). For each, the medication enters the body by a different route: The pill is swallowed, the patch is worn on the skin, and the ring is worn in the vagina. All work by stopping the ovary from releasing the egg, so the egg cannot be fertilized.
- “The **latex condom** is a sheath worn on the penis. The condom blocks the sperm from entering the vagina and the egg is not fertilized. For someone who is allergic to latex, a polyurethane or polyisoprene condom can be used. There is also an **internal (“female”) condom**, which is worn inside the vagina and is made of polyurethane or nitrile.
- “**Withdrawal** is pulling out the penis from the vagina before ejaculating (“cuming”). Sperm do not enter the vagina, and the egg is not fertilized.
- “**Having Sex using No Method** (“Wishing and Hoping” or “Crossing Your Fingers”) is having sex using no birth control method. This is not actually a contraceptive method, and it does not work. But some young people “use” it, and it is important to compare the effectiveness of the various methods to it.”

Prompt the students to suggest methods until all 8 methods are assigned.

Other methods, if mentioned by students, can be noted and state what they are. However, since these are not as commonly recommended for teenagers (and there is not enough time to explain them fully in a class period), these other methods are not included in this Activity. Some brief information about other methods is included in the **Facilitator Resource for Activity 7.2**.

Tell the students:

“There are other, less commonly used methods, and you can find out more about these methods at the U.S. Centers for Disease Control and Prevention (<http://www.cdc.gov/reproductivehealth/contraception/index.htm>).

Once all 8 of the methods are assigned to a small group, pass out copies of the **Contraceptive Method Table**, so that each student has one. Tell the students:

“Each student has a copy of the **Contraceptive Method Table**, so everyone has a little information about these methods.

“Each small group has a method for which they have some *more* information in their **Method Information Sheet**.

“For the rest of this activity, each small group will be responsible for being the “expert” about their assigned method. Please read over your **Method Information Sheet** together in your group while I pass out the Bingo cards. That way, you will be able to tell the rest of us what the sheet says about your method, if needed.”

Pass out the **Method Bingo Cards**, so that each student has one of the 8 cards and that each group has a supply of beans or other small objects to mark the square on their card with the method—or methods—that match the question.

Tell the students:

"We will now play a game like "Bingo" or "Lotería", where the answers to clues about contraceptive methods will be used to play the cards.

"The pictures in each of the squares on your Bingo card each refer to a contraceptive method.

Point out the pictures corresponding to the methods displayed in the **Contraceptive Method Table**, and tell the students:

"You can look at the **Contraceptive Method Table** to guide you. If there are questions, we will ask the student group that is the method 'expert'.

Start the game:

"I will read a clue, and your group should talk about it and place beans on each of the squares with a picture representing a method that is an answer to the clue.

"For each clue that is given, there could be one or more than one answer.

"The first group to get 5 in a row across, down, or diagonally can say 'Bingo' and win the round."

After you read each clue, ask students to call out which methods match the clue. Help to clarify the answer. Emphasize the points indicated by italics.

Round 1: Give the following clues, one at a time:

- "This is inserted just under the skin of the arm." (Implant)
- "This is effective in reducing the risk of HIV and other STIs." (Abstinence, Condoms).
 - *"This is important to know, because most methods do not reduce the risk of STIs. Latex condoms (or polyurethane or polyisoprene, if latex allergic) both prevent pregnancy AND reduce the risk of HIV and other STIs."*
 - "We will learn more about HIV and other STIs in the next lesson."
- "This is really not a method at all." (Sex with NO Method)
 - *"With this non-method, nearly 9 out of 10 couples will experience a pregnancy within the first year, most of those early in that year."*
- "This must be swallowed every day." (Pill)

- "This is placed inside the uterus." (IUD)

Cards 2, 3 and 5 should have "Bingo" at this point and the first to call "Bingo" wins. Verify the win by asking the winning team to read back the methods that make up the BINGO row, column, or diagonal. Review with the class the clues that match the method(s), as well as the points to emphasize.

If "Bingo" is not called, continue with the following clue:

- "This works mainly by preventing fertilization of the egg by the sperm." (Pill, Patch, Ring, Shot, Implant, IUD, Condom, Withdrawal—that is, all methods except Sex with No Method.)

This should enable other groups to call "Bingo". Once "Bingo" is called, congratulate the winning team. Review with the class the clues that match the method(s), as well as the points to emphasize. Answer any questions about the methods.

Round 2: Start a new round of the game with the following clues, one at a time:

- "This does not require visiting a doctor or clinic." (Abstinence, Condoms, Withdrawal, Sex with No Method).
 - *"Three methods--Abstinence, Condoms, and Withdrawal—are all available without a prescription. Of course, 'No Method' does not prevent pregnancy...but it too does not require visiting a doctor or clinic."*
 - *"Condoms are available in grocery stores, convenience stores, and drug stores (pharmacies). They are also available at public health clinics and other places where HIV and STI testing are done, often for free or low-cost."*
 - *"Of course, Abstinence and Withdrawal are available without visiting a clinic or store of any kind. "*
 - *"Withdrawal does work—but not as well as other methods. Withdrawal does not reduce the risk of getting or spreading HIV and other STIs."*
- "This lasts 3 months (Shot)"

Cards 6 and 7 should have "Bingo" at this point. Verify the win by asking the winning team to read back the methods that make up the Bingo row, column, or diagonal. Review with the class the clues that match the method(s), as well as the points to emphasize.

If "Bingo" is not called, continue with the following clues, one at a time:

- "This is placed inside the vagina." (Ring and Internal Condom)

Cards 1, 3 and 5 should also have “Bingo” at this point. Verify the win by asking the winning team to read back the methods that make up the Bingo row, column, or diagonal. Review with the class the clues that match the method(s), as well as the points to emphasize.

Once “Bingo” is called, congratulate the winning team.

Round 3: Start a new round of the game with the following clues, one at a time:

- “This requires visiting a doctor or clinic to get it.” (Implant, IUD, Shot, Pill, Patch, Ring)
 - *All of these methods have to be prescribed by a health provider.*
 - *There are clinics that offer these services at no cost or low cost.*

Cards 6 and 7 should have “Bingo” at this point. Verify the win by asking the winning team to read back the methods that make up the Bingo row, column, or diagonal. Review with the class the clues that match the method(s), as well as the points to emphasize.

If Bingo is not called, continue with the following clue:

- “If a person chooses to have sex, this is the only method that reduces the risk of getting or spreading HIV and other STIs.” (Condoms)
 - *“Latex condoms (or polyurethane or polyisoprene, if you are allergic to latex) is the only method that reduces the risk of transmission of HIV and other STIs from one person to another.”*

All the cards except for Cards 2, 3, and 4 should now be able to call “Bingo”. Once “Bingo” is called, congratulate the winning team. Review with the class the clues that match the method(s), as well as the points to emphasize. Answer any questions that students have.

If there are at least 20 minutes left in the class session, a fourth round can be played.

Round 4: Now start a new round of the game with the following clues, one at a time:

- “This is one of the three MOST effective contraceptive methods available” (Abstinence, Implant, IUD)
 - *“Abstinence is the only method with zero risk of pregnancy.”*
 - *“Implants and IUDs are close in effectiveness, with zero to one pregnancy in a year.”*
 - *“Implants and IUDs are so effective because the person does not have to remember to do something for them to work.”*

- *"Implants and IUDs last a long time: years, unless you have them removed."*

Card 5 should have "Bingo" at this point. Verify the win by asking the winning team to read back the methods that make up the Bingo row, column, or diagonal. Review with the class the clues that match the method(s), as well as the points to emphasize.

If "Bingo" is not called, continue with the following clues:

- "This contains hormones that keep the ovary from releasing an egg" (Pill, Patch, Ring, Shot, Implant)
 - *"These are the methods with enough hormones to keep the ovary from releasing an egg".*
 - *"The Pill, Patch, and Ring each have two hormones, estrogen and progestin."*
 - *"The Shot and the Implant have only one hormone, progestin."*

All the cards except for Card 4 should now be able to call "Bingo". Once "Bingo" is called, congratulate the winning team. Review with the class the clues that match the method(s), as well as the points to emphasize. Answer any questions that students have.

Activity 7.3

Effectiveness Line-Up – 5 minutes

Ask a representative from each group to bring their assigned **Method Effectiveness Chart** to the front of the class.

Ask the 8 representatives,

"Please line up at the front of the class, with the most effective methods on the left (as the class sees you) and the least effective methods on the right.

"Hold your **Method Effectiveness Charts** so that the class can see the diagram.

"Notice that the diagrams show the number of pregnancies and the number of couples who will not have been pregnant, out of 100 couples in a year of using that method.

"The wall on the left represents zero pregnancies, and the wall on the right represents 100 pregnancies among 100 couples. Please space yourselves

on a line to show how many pregnancies 100 couples would typically have in a year using your method."

Ask the class to review the line-up and suggest corrections for any that are out of place. Ask the class to help adjust the position of the line-up to better reflect exact effectiveness of each method.

If necessary, help the student representatives to line up according to their effectiveness across the front of the class, in the following order:

- MOST effective: Abstinence (used consistently and correctly); Implant; IUD
- VERY effective: Shot; Pill, Patch, or Ring
- FAIRLY effective: Condom; Withdrawal
- NOT AT ALL effective: Sex with No Method

The "line-up" should be distributed something like the arrangement in the **Facilitator Resource: Contraceptive Effectiveness Line-Up**.

Elicit from the students (or point out yourself) several things for the students to notice:

- "There is a BIG difference between using a method and not using a method.
- "Abstinence is the only method that, when used consistently and correctly, is 100% effective, with no pregnancies per 100 couples.
- "The only methods that reduce the risk of HIV and other STIs are abstinence (used consistently and correctly) and latex condoms (or polyurethane or polyisoprene).
- "The most effective methods are abstinence (used consistently and correctly), the Implant and the IUD. (The Implant and IUD are close to abstinence in effectiveness.)
- "Shots, pills, patches, and rings are very effective, but not as effective as abstinence, implants, or IUDs
- "Condoms and withdrawal work, although they are not as effective as abstinence and hormonal methods. On the other hand, they do not require a visit to a health provider.

"If couples have sex and use No Method, chances are very high that they will experience a pregnancy, with 85 of 100 couples pregnant in the first year. That is about 9 out of 10. And most of these pregnancies happen early in that year."

Refer to the Key Messages of *Big Decisions*. Reinforce:

"Teens who do not choose abstinence need to use effective contraception to prevent pregnancy and latex condoms⁴ every time, in order to reduce their risks of getting or spreading STIs."

Thank the representatives, and ask them to return to their seats.

Activity 7.4

Pregnancy in My Life – 5 minutes

Ask the students to bring out their **Individual Student Worksheets** that they worked on at the beginning of the lesson.

Read Question 2, which asks the students to imagine that they and their partner have been having vaginal sex and using no contraceptive method. They (or their partner) becomes pregnant and nine months from now, they have a newborn child. What would they have to do as a parent?

Read Question 3 and ask the students to consider what they have learned about contraceptive methods and their effectiveness as they answer it. Ask them to write what limits they will set for themselves, in order to avoid a pregnancy (or another pregnancy) until it is a good time for them to have a pregnancy.

Give the students a few minutes to complete their answers and collect the **Individual Student Worksheets** in a large envelope as you circulate through the room.

Commend the students for following the ground rules, especially considering how sensitive information about contraceptives can be.

Thank the class for their participation, and collect all the materials. As time permits, answer as many questions as possible.

Reference for Contraceptive Effectiveness

U.S. Centers for Disease Control and Prevention. Contraception. How Effective are Birth Control Methods? Accessed at:

<http://www.cdc.gov/reproductivehealth/unintendedpregnancy/contraception.htm#How-effective-are-birth-control-methods>, July 9, 2016.

⁴ Or polyurethane or polyisoprene condoms, if latex allergic

Please do not put your name on this Worksheet

Individual Student Worksheet for Lesson 7 Pregnancy in My Life

1. Before I have (or cause) a pregnancy or another pregnancy, I would like to have...

(Please write at least 1 thing that you would like to have in place, so that it would be a good time for you to have a pregnancy.)

2. Imagine that you (or your partner) become(s) pregnant. Nine months from now, you have a newborn child. List at least 3 things you would have to do as a parent.

(For example: buy baby clothes and diapers; work out your relationship with your partner)

3. In order to avoid a pregnancy or another pregnancy as a teen, I will...

Please list what limits you will set for yourself to prevent pregnancy (for example, not having sex, or not having sex without contraception).



Method Information Sheet for Activity 7.2 to 7.3

ABSTINENCE**1. What is it?**

- Abstinence means not having sex (i.e., not having vaginal, oral, or anal sex)
- Abstinence involves a decision and a plan. It works only if used consistently and correctly.

2. How does it work to prevent pregnancy?

- The penis does not touch the vaginal area, so sperm cannot enter the vagina to fertilize an egg.⁵

3. How long does it last?

- Abstinence works for as long as it is used consistently and correctly. It stops working if a person has vaginal sex.

4. How effective is it in preventing pregnancy?

- If used consistently and correctly, abstinence is 100% effective in preventing pregnancy.
- Of 100 couples practicing abstinence consistently and correctly, 0 will have a pregnancy in a year.

5. How effective is it in preventing HIV and other STIs?

- If used consistently and correctly, abstinence is 100% effective in preventing STIs⁶.

6. What are the benefits or advantages?

- It is the only method that protects completely from BOTH pregnancy and STIs.
- It is free, and no prescription is required.

7. What are the risks or disadvantages?

- It requires sticking to your plan, in order to be effective.

⁵ However, if a person ejaculates close to the vaginal opening, there is a possibility that semen could enter the vagina, and a pregnancy could occur.

⁶ However, some activities consistent with abstinence, such as genital touching, could theoretically transmit some STIs, such as HPV or Genital Herpes. Also, some STIs can be transmitted through non-sexual ways, such as HIV and Hepatitis B, which can be transmitted by sharing needles or “works” for injection drug abuse.



Method Information Sheet for Activity 7.2 to 7.3

IMPLANT**1. What is it?**

- A flexible plastic rod about the size of a matchstick, which has a progestin hormone
- It is placed under the skin of the upper arm, and the hormone is slowly released to the body

2. How does it work to prevent pregnancy?

- Stops the ovary from releasing an egg, so there is no egg for the sperm to fertilize. This is the main way the implant works.
- Thickens mucus in the cervix, so sperm cannot get through.

3. How long does it last?

- 3 years, unless it is removed sooner.

4. How effective is it in preventing pregnancy?

- The implant is one of the MOST effective methods.
- Typically, none or 1 of 100 couples will become pregnant in a year.

5. How effective is it in preventing HIV and other STIs?

- This method is not at all effective in preventing STIs or HIV.
- Latex condoms⁷ must also be used to reduce the risk of HIV and other STIs.

6. What are the benefits or advantages?

- No need to remember to do something to prevent pregnancy.

7. What are the risks or disadvantages?

- The implant must be inserted (and removed) by a health provider.
- Many people using the implant do not have regular monthly periods.
- Some people have weight gain; breast or abdominal pain; or other “minor” symptoms.⁸
- Serious side effects are very rare.

⁷ Or polyurethane or polyisoprene condoms, if latex allergic

⁸ Information from: Centers for Disease Control and Prevention. Reproductive Health: Contraception. Accessed at: <http://www.cdc.gov/reproductivehealth/unintendedpregnancy/contraception.htm>, November 30, 2014.

U.S. Office of Populations Affairs. Contraceptive Implant. Accessed at <http://www.hhs.gov/opa/reproductive-health/contraception/contraceptive-implants/>, November 30, 2014.

Method Information Sheet for Activity 7.2 to 7.3

INTRAUTERINE DEVICE (IUD)⁹

1. What is it?

- A plastic “T” shaped device that is placed inside the uterus.
- 4 IUDs are available: 1 with copper metal and 3 with progestin hormone.
- It is inserted into the uterus during an office visit by a health provider.

2. How does it work to prevent pregnancy?

- IUDs work mostly by affecting sperm, so that the egg is not fertilized.
- Hormonal IUDs thicken the mucus in the cervix; sperm cannot get through to the egg.
- IUDs also affect the lining of the uterus, so that a fertilized egg cannot implant.

3. How long does it last?

- The copper IUD lasts 10 years
- The IUDs with hormones last as follows: Mirena[®] 5 years; Skyla[®] and Liletta[®] IUDs 3 years.
- Each type of IUD can be removed sooner, if desired.

4. How effective is it in preventing pregnancy?

- IUDs are one of the MOST effective methods available.
- Typically, none or 1 of 100 couples will become pregnant in a year.

5. How effective is it in preventing HIV and other STIs?

- This method is not at all effective in preventing HIV or STIs.
- Latex condoms¹⁰ must also be used to reduce the risk of HIV and STIs.

6. What are the benefits or advantages?

- No need to remember to do something to prevent pregnancy.
- Hormone IUDs can make periods lighter and less crampy.

6. What are the risks or disadvantages?

- An IUD must be inserted (and removed) by a health provider.
- Copper IUDs can make periods heavier or with more cramps.
- Irregular bleeding is possible
- Serious side effects can happen, but they are rare.

⁹ Information from: Centers for Disease Control and Prevention. Reproductive Health: Contraception. Access at: <http://www.cdc.gov/reproductivehealth/unintendedpregnancy/contraception.htm>, November 30, 2014.

U.S. Office of Population Affairs. Intrauterine Device (IUD) Fact Sheet. Accessed at <http://www.hhs.gov/opa/pdfs/iud-fact-sheet.pdf>, November 30, 2014.

¹⁰ Or polyurethane or polyisoprene condoms, if latex allergic



Method Information Sheet for Activity 7.2 to 7.3

SHOT¹¹**1. What is it?**

- An injection of a progestin hormone.

2. How does it work to prevent pregnancy?

- Stops the ovary from releasing an egg, so there is no egg for the sperm to fertilize. This is the main way the shot works.
- Thickens mucus in the cervix, so sperm cannot get through.

3. How long does it last?

- One shot lasts for 3 months.

4. How effective is it in preventing pregnancy?

- The shot is VERY effective.
- Typically, only 6 of 100 couples become pregnant in the first year.

5. How effective is it in preventing HIV and other STIs?

- It is not at all effective in preventing STIs or HIV.
- Latex condoms¹² must also be used to reduce the risk of HIV and other STIs.

6. What are the benefits or advantages?

- No need to remember to do something during sex to prevent pregnancy.
- Nothing can be seen or felt or discovered when the shot is given.

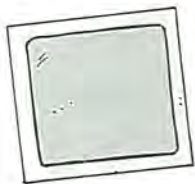
7. What are the risks or disadvantages?

- Requires visits to health provider every 3 months.
- May have irregular bleeding, or no bleeding at all. (This is normal with the shot.)
- Some people have weight gain, feeling tired, headache, or other “minor” symptoms.
- The shot lowers the amount of calcium in the bones, but this comes back to normal after a person stops taking the shot.
- Serious side effects are rare.

¹¹ Centers for Disease Control and Prevention. Reproductive Health: Contraception. Accessed at: <http://www.cdc.gov/reproductivehealth/unintendedpregnancy/contraception.htm>, November 30, 2014.

U.S. Office of Population Affairs. Birth Control Shot Fact Sheet. Accessed at: <http://www.hhs.gov/opa/pdfs/shot-fact-sheet.pdf>, November 30, 2014.

¹² Or polyurethane or polyisoprene condoms, if latex allergic



Method Information Sheet for Activity 7.2 to 7.3 PILL, PATCH or RING¹³

1. What is it?

- These methods contain hormones (estrogen and progestin)
- With the PILL, the hormones are swallowed every day
- With the PATCH, the hormones enter the body through the skin
- With the vaginal RING, the hormones enter the body through the vagina

2. How does it work to prevent pregnancy?

- The hormones stop the ovary from releasing an egg, so there is no egg for the sperm to fertilize. This is the main way these methods work.
- The hormones also cause thickening of the mucus in the cervix, making it hard for sperm to get through.

3. How long does it last?

- Each PILL last only about a day, but they can be taken for years
- Each PATCH is worn for 7 days
- Each vaginal RING is worn for 3 weeks, and then it is taken out

4. How effective is it in preventing pregnancy?

- These methods are VERY effective
- Typically, only 9 of 100 couples become pregnant in a year

- The failure rate for the patch can be higher if the person taking it weighs more than 198 pounds

5. How effective is it in preventing HIV and other STIs?

- These methods are not at all effective in preventing HIV or STIs
- Latex condoms¹⁴ must also be used to reduce the risk of HIV and other STIs

6. What are the benefits or advantages?

- No need to do something during sex to prevent pregnancy
- Using the PILL, PATCH, or RING does not cause cancer or weight gain
- Protection from two cancers of the ovary and the uterus

7. What are the risks or disadvantages?

- A prescription is needed from a doctor or clinic
- There is a slight risk of rare, but serious, blood clots
- Spotting between periods, breast soreness, nausea, and other “minor” side effects may happen
- The failure rate for the patch can be higher if the person taking it weighs more than 198 pounds

¹³ Centers for Disease Control and Prevention. Reproductive Health: Contraception. Accessed at: <http://www.cdc.gov/reproductivehealth/unintendedpregnancy/contraception.htm>, November 30, 2014.

U.S. Office of Population Affairs. Birth Control Pill Fact Sheet. Accessed at: <http://www.hhs.gov/opa/pdfs/birth-control-pill-fact-sheet.pdf>, November 30, 2014.

U.S. Office of Population Affairs. Vaginal Ring Fact Sheet. Accessed at: <http://www.hhs.gov/opa/pdfs/vaginal-ring-fact-sheet.pdf>, November 30, 2014.

¹⁴ Or polyurethane or polyisoprene condoms, if latex allergic

Method Information Sheet for Activity 7.2 to 7.3

CONDOMS

1. What is it?

- Condoms are thin sheaths made out of latex (rubber) that are worn on the penis while it is inside the partner
- For those with latex allergy, there are plastic (polyurethane) or polyisoprene (synthetic rubber) condoms
- “Skin” or lamb intestine condoms do not prevent STIs and are not recommended
- Internal condoms (“female condoms”) are worn in the vagina or anus and are made of polyurethane or nitrile (a synthetic rubber)

2. How does it work to prevent pregnancy?

- Condoms are a barrier that blocks sperm from going into the vagina

3. How long does it last?

- Condoms must be worn correctly and consistently
- Each condom should be used only once



4. How effective is it in preventing pregnancy?

- Condoms are FAIRLY effective in preventing pregnancy.
- Typically, only 18 of 100 couples will have a pregnancy in the first year
- The most common reason condoms “fail” is that people don’t use them every time

5. How effective is it in preventing HIV and other STIs?

- External (“male”) latex condoms,¹⁵ used consistently and correctly, are HIGHLY effective in preventing HIV, the virus that causes AIDS
- Latex condoms reduce (but do not completely eliminate) the risk of many other STIs
- Condoms must be used correctly every time to reduce the risk of HIV and STIs

6. What are the benefits or advantages?

- No prescription is required
- There is no age limit to purchasing condoms
- Condoms can be bought at grocery stores and drug stores
- Free condoms are available at Health Department clinics

7. What are the risks or disadvantages?

- A few people are allergic to latex, and they should use polyurethane (plastic) or polyisoprene (synthetic) condoms
- Condoms can slip off or break, especially if not used correctly. Slippage and breakage happen with about 1 to 3 percent of condoms

¹⁵ Or polyurethane or polyisoprene condoms, if latex allergic.

Method Information Sheet for Activity 7.2 to 7.3 WITHDRAWAL (“Pulling Out”)



1. What is it?

- Before the person ejaculates (“cums”), the penis is pulled out of the vagina

2. How does it work to prevent pregnancy?

- Semen does not go into the vagina, so sperm cannot get to the egg

3. How long does it last?

- It works as long as it is used correctly every time

4. How effective is it in preventing pregnancy?

- Withdrawal is FAIRLY effective
- Typically, 22 out of 100 couples experience a pregnancy in a year

5. How effective is it in preventing HIV and other STIs?

- This method is not at all effective in preventing HIV or other STIs
- Latex condoms¹⁶ must also be used to reduce the risk of HIV and other STIs

6. What are the benefits or advantages?

- It is free, and it does not require a prescription

7. What are the risks or disadvantages?

- Withdrawal takes lots of self-control to pull out before ejaculating
- Sperm in the “pre-cum” fluid that comes out of the penis before ejaculation can cause a pregnancy, even if the partner pulls out in time
- Sometimes the person does not pull out in time, even though they meant to
- Using withdrawal means doing something during sex, which can be a hassle
- The person pulling out is in control, which can be a disadvantage for the other partner

¹⁶ Or polyurethane or polyisoprene condoms, if latex allergic.

Method Information Sheet for Activity 7.2 to 7.3

SEX using NO METHOD **(“Wishing and Hoping”)**

**BIG
DECISIONS**



1. What is it?

- Having sex and not using any method to prevent pregnancy except hoping it does not happen

2. How does it work to prevent pregnancy?

- This is not really a method
- It does not work!

3. How long does it last?

- It doesn't work for any length of time

4. How effective is it in preventing pregnancy?

- NOT AT ALL effective!
- 85 of 100 couples would be pregnant by the end of a year
- This is the same pregnancy rate as those who are trying to get pregnant

5. How effective is it in preventing HIV and other STIs?

- NOT AT ALL effective in preventing HIV and other STIs
- Latex condoms¹⁷ must be used to reduce the risk of HIV and other STIs

6. What are the benefits or advantages?

- Some people may want to get pregnant, or cause a pregnancy

7. What are the risks or disadvantages?

- Pregnancy as a teen makes it harder for both mothers and fathers to reach their goals
- Babies born to teens are at higher health risks
- Pregnancy often stresses a relationship
- STIs can make you (or your baby) sick

¹⁷ Or polyurethane or polyisoprene condoms, if latex allergic.

CONTRACEPTIVE METHOD BINGO



BINGO Card 1 for Activity 7.4

CONTRACEPTIVE METHOD BINGO



BINGO Card 2 for Activity 7.4

CONTRACEPTIVE METHOD BINGO



BINGO Card 3 for Activity 7.4

CONTRACEPTIVE METHOD BINGO



BINGO Card 4 for Activity 7.4

CONTRACEPTIVE METHOD BINGO



BINGO Card 5 for Activity 7.4

CONTRACEPTIVE METHOD BINGO



BINGO Card 6 for Activity 7.4

CONTRACEPTIVE METHOD BINGO



BINGO Card 7 for Activity 7.4

CONTRACEPTIVE METHOD BINGO



BINGO Card 8 for Activity 7.4

Contraceptive Method Table

	Of 100 Couples, Pregnancies per Year	METHOD	Symbol	What It Is	Main Way It Works	How Long It Lasts	Reduce the Risk of HIV & STDs?	Benefits & Advantages	Risks & Disadvantages
MOST EFFECTIVE	0	ABSTINENCE (Consistently & Correctly)		Do Not Have Sex	Sperm do not enter the vagina	As long as you use it	YES	Free Don't need a doctor or clinic	Requires self-control
	0 - 1	IMPLANT		Small rod with progestin hormone under the woman's arm skin	Stops egg release from ovary	3 years (can be removed sooner)	NO	Extremely effective Low-Maintenance	Requires insertion by provider Irregular "periods" Rare serious side effects
	0 - 1	IUD		Plastic T placed inside the uterus; Has copper or progestin hormone	Affects sperm to prevent fertilization	3, 5, or 10 years (can be removed sooner)	NO	Extremely effective Low-Maintenance	Requires insertion by provider Irregular "periods" Rare serious side effects
VERY EFFECTIVE	6	SHOT		Injection of progestin hormone	Stops egg release from ovary	3 months	NO	Fairly low-maintenance Cannot be detected Protects from cancer of ovary, uterus	Temporary decrease of bone calcium Clinic visits every 3 months Irregular or no "periods" Fatigue, weight gain Very Rare Serious side effects
	9	PILL, PATCH or RING		Estrogen & progestin hormones PILL swallowed PATCH worn on the skin RING worn in vagina	Stops egg release from ovary	PILL swallowed every day PATCH worn for 1 week RING worn for 3 weeks	NO	Protects from cancer of ovary, uterus	Prescription needed Rare blood clots Spotting, breast soreness, nausea, other "minor" side effects The failure rate for the patch can be higher if a woman weighs more than 198 pounds
FAIRLY EFFECTIVE	18	Latex* CONDOM		A sheath worn on penis (Internal condom worn inside vagina)	Blocks sperm from entering the vagina	As long as you use them (Only use a condom <u>once!</u>)	YES	No prescription needed Available at grocery, convenience, and drug stores; clinics	Can slip or break Few people have latex allergy: need to use polyurethane or polyisoprene condoms
	22	WITHDRAWAL		Pull out penis from vagina before ejaculation	Sperm do not enter vagina	As long as you use it	NO	Free No prescription needed	Requires lots of self-control The partner who pulls out is in control
NOT EFFECTIVE	85	SEX with NO METHOD (Wishing & Hoping)		Have sex and use no birth control method	Does <u>not</u> Work	Does <u>not</u> Work	NO	OK if you <i>plan</i> to have a pregnancy	Pregnancy Very Likely

Sources: 1. CDC. Reproductive Health: Contraception. Accessed at: <http://www.cdc.gov/reproductivehealth/unintendedpregnancy/contraception.htm>, September 7, 2015. See this site for information about other methods of contraception, including internal ("female") condom, diaphragm, sponge, spermicides, Natural Family Planning, and sterilization.

2. U.S. OPA. Reproductive Health: Contraception. Accessed at: <http://www.hhs.gov/opa/reproductive-health/>, September 7, 2015.

* In order to reduce the risk of HIV and other STIs, latex condoms (or polyurethane or polyisoprene condoms, if latex-allergic) must be used.



ABSTINENCE

IF used CONSISTENTLY & CORRECTLY



0 of 100 Couples PREGNANT in the First Year

Method Effectiveness Chart for Activity 7.2

IMPLANT



0 or 1 of 100 Couples PREGNANT in the First Year

Method Effectiveness Chart for Activity 7.2



INTRAUTERINE DEVICE (IUD)



0 or 1 of 100 Couples PREGNANT in the First Year

Method Effectiveness Chart for Activity 7.2



SHOT

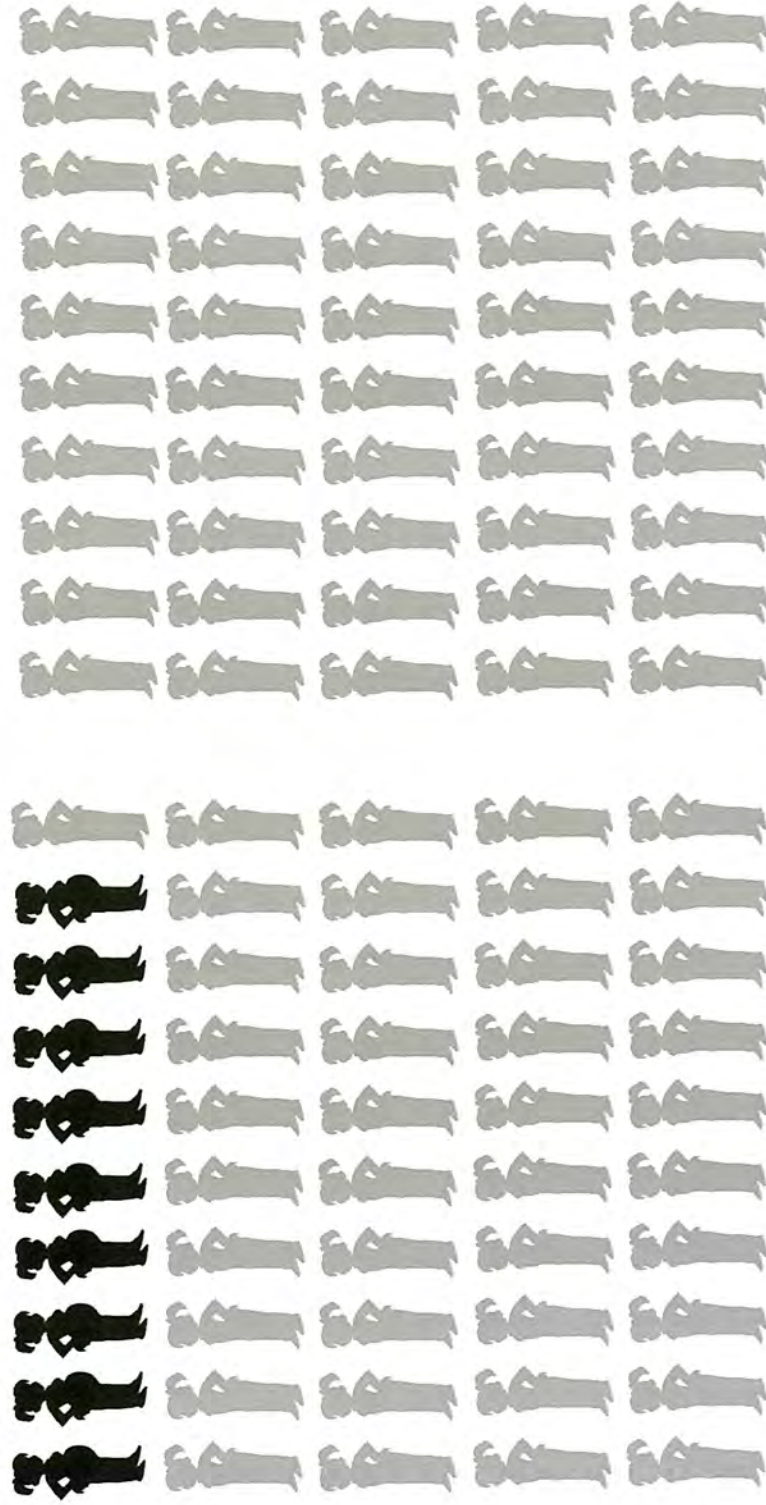


6 of 100 Couples PREGNANT in the First Year

Method Effectiveness Chart for Activity 7.2



PILL, PATCH, or RING

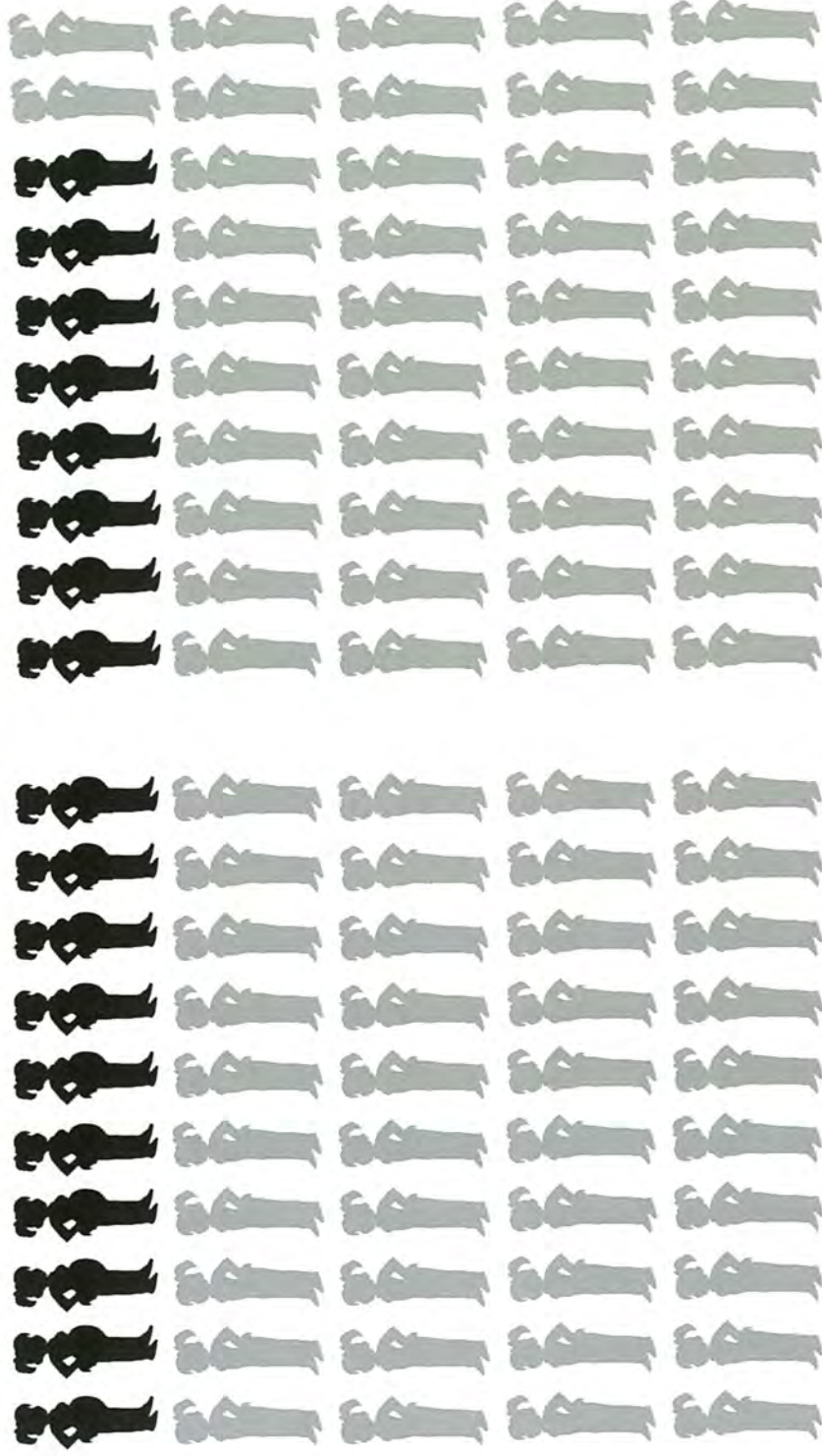


9 of 100 Couples PREGNANT in the First Year

Method Effectiveness Chart for Activity 7.2



Latex* CONDOM



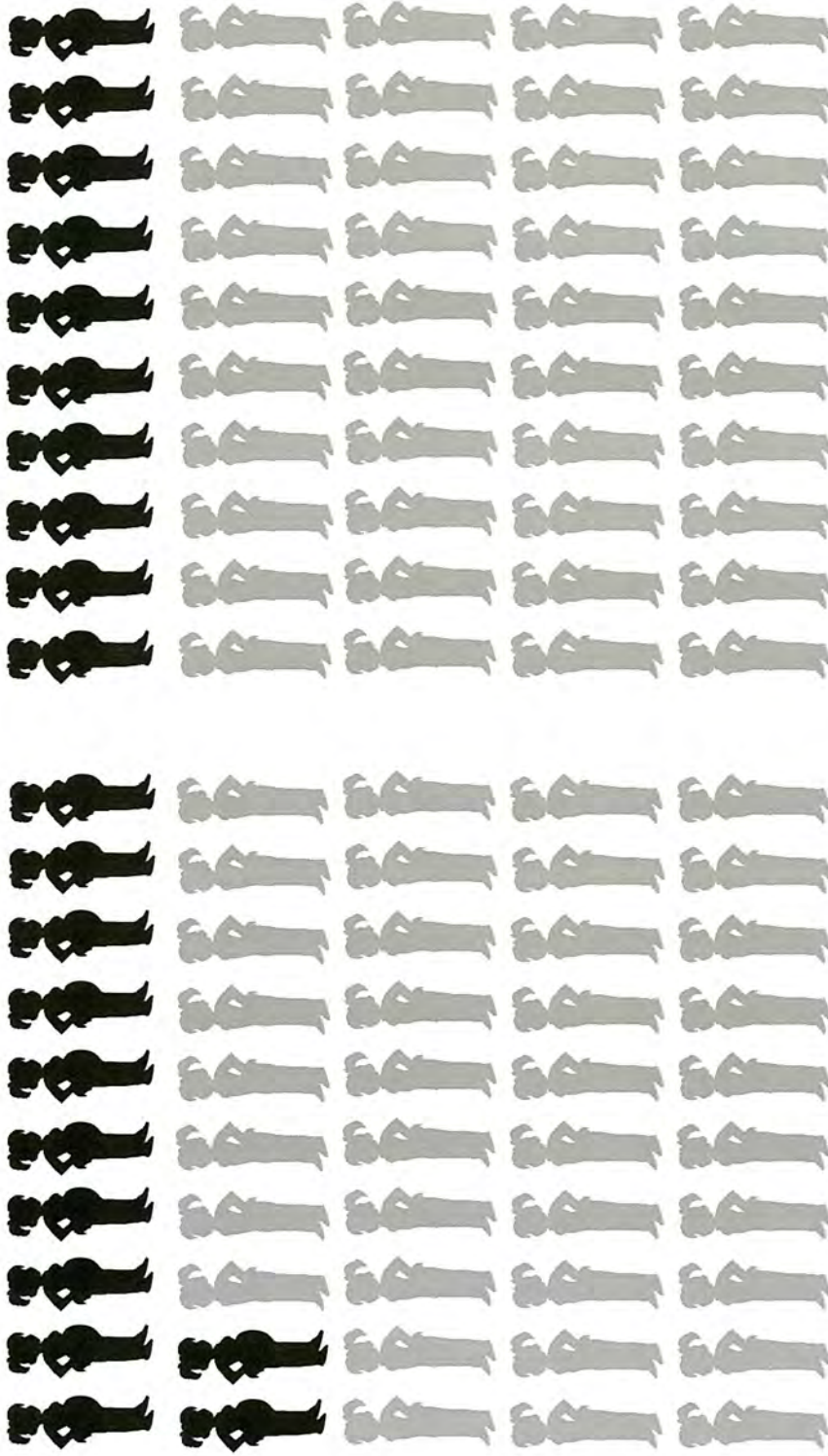
18 of 100 Couples PREGNANT in the First Year

*or polyurethane or polyisoprene, if allergic to latex

Method Effectiveness Chart for Activity 7.2



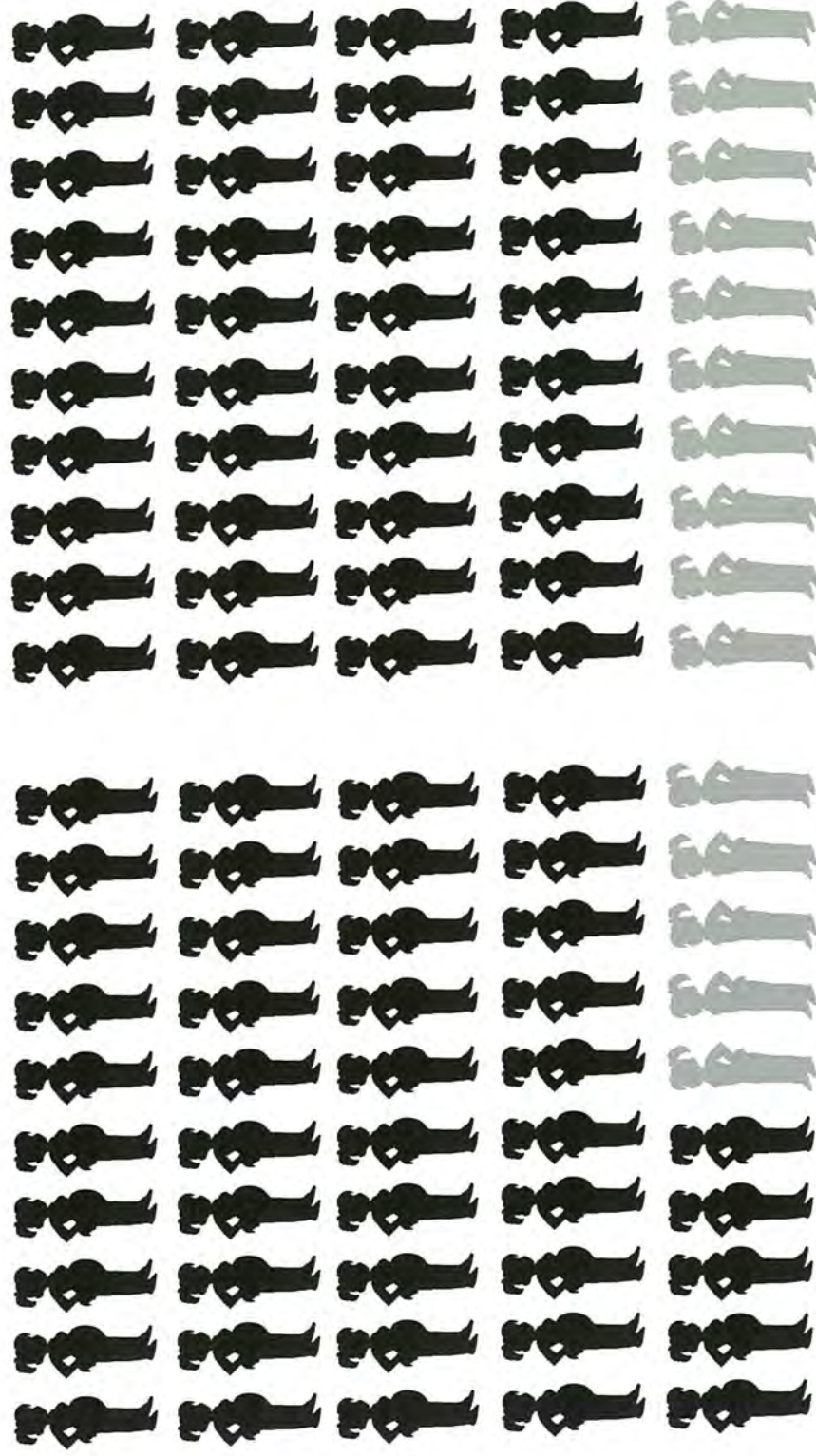
WITHDRAWAL



22 of 100 Couples PREGNANT in the First Year

Method Effectiveness Chart for Activity 7.2

“Wishing & Hoping”



Method Effectiveness Chart for Activity 7.2

Facilitator Resource for Activity 7.2

Contraceptive Methods that are Less Commonly Used by Teens

Sterilization (“tying” of the Fallopian tubes, or vasectomy) – these are permanent methods of birth control, and they are generally not appropriate for teens. These should not be chosen unless someone is sure they do not want to have any more children ever.

Internal (“Female”) Condom – These are mentioned in the information about condoms. Internal condoms are made of polyurethane (plastic) or nitrile (synthetic rubber) rather than latex, and they are not quite as effective as external (“male”) latex condoms. Internal condoms, used consistently and correctly, can reduce the risk of STIs and HIV.

Diaphragm - A latex or silicone cup that holds spermicide over the cervix. Few people use this method currently. A new prescription one-size-fits-most diaphragm, Caya®, has recently been approved by the U.S. Food and Drug Administration (FDA).

Sponge - The Today® contraceptive sponge is available over-the-counter. It contains spermicide and can be worn in the vagina for up to 24 hours.

Spermicides other than the sponge (foams, film, gels, suppositories)—These are not as effective as condoms. There is some evidence that spermicides may cause vaginal irritation, which may make HIV transmission more likely, if someone is exposed to a partner with HIV. In view of this finding, spermicides are no longer routinely recommended for use with condoms.

Natural Family Planning (periodic abstinence, sometimes called “rhythm” methods)—Couples who use these methods need special education and excellent communication and cooperation.

A Note about Emergency Contraception: Several methods to prevent pregnancy are available for use soon after unprotected vaginal sex. These are not highlighted in the lesson because they are not a regular method of contraception.¹⁸

Emergency oral contraceptives, including over-the counter levonorgestrel (Plan B One-Step®, others) and prescription-only ulipristal acetate (ella®), must be taken within 5 days of unprotected sex.¹⁹ They are more effective the sooner after unprotected sex that they are taken. These methods work before fertilization by preventing ovulation. They do not disrupt an existing pregnancy that has implanted in the uterus.

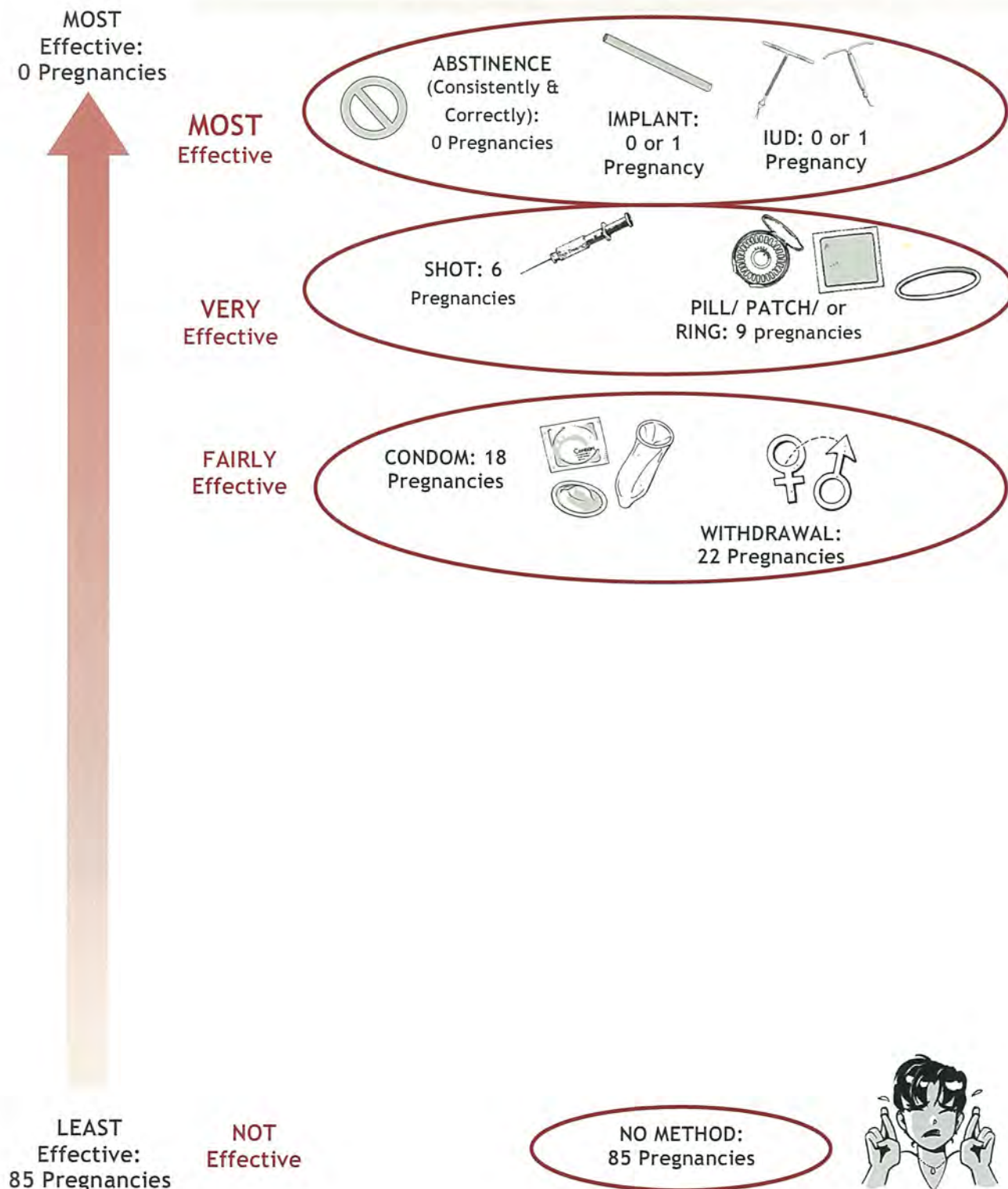
Another method of emergency contraception is insertion of a copper IUD (ParaGard®) within 5 days of unprotected sex.

¹⁸ CDC. Contraception. Accessed at: www.cdc.gov/reproductivehealth/unintendedpregnancy/contraception.htm, March 2, 2016.

¹⁹ Princeton University Office of Population Research, Association of Reproductive Health Professionals. Answers to Frequently Asked Questions about.... Emergency Contraception website. Accessed at: <http://ec.princeton.edu/questions/brands-USA.html>. March 2, 2016.

Facilitator Resource for Activity 7.3 Contraceptive Effectiveness Line-Up

Of 100 couples using this Method, how many will be **PREGNANT** by the end of the first year?



BIG DECISIONS NS

LESSON 8

SEXUALLY TRANSMITTED INFECTIONS, Including HIV/AIDS

SEXUALLY TRANSMITTED INFECTIONS, Including HIV/AIDS

Objectives

- Personalize the potential consequences of common STIs
- Identify ways to reduce the risk of getting and spreading STIs
- Identify health providers in your community that provide testing for HIV and other STIs
- Identify your personal limits to reduce your risk of STIs

Activities

- 8.1 – Index Cards – 5 minutes
- 8.2 – STI Information Stations – 30 minutes
- 8.3 – Getting Tested – 5 minutes
- 8.4 – STIs and Me – 5 minutes

Materials Needed

- Large Newsprint tablet, Markers, and Easel
- Index cards, including enough cards of a particular color for 25% (one-fourth) of the students and cards of other color(s) for the other students
- STI “Fact Sheets”, at least 2 copies for each of the STIs¹
- Student Handout: Sexually Transmitted Infections (STIs): 1 copy for each student
- Prepared Newsprint “STI Information Stations” for Activity 8.2
- Markers for student teams: 2 or more markers for each of 7 colors
- Individual Student Worksheets for Activity 8.4, one for each student
- Ground Rules Newsprint Sheet from Lesson 1
- Key Messages Poster from Lesson 1
- Question box

¹ Because of their similarities, Chlamydia and gonorrhea are considered together in this lesson. While 8 STIs are considered, there are 7 “Fact Sheets”, one of which includes both Chlamydia and gonorrhea.

Materials and Resources Included

- STI "Fact Sheets", 1 for each of the STIs
- Student Handout: Sexually Transmitted Infections (STIs)
- Individual Student Worksheets for Activity 8.4
- Facilitator Resources:
 - Sample Information Stations for Activity 8.2
 - Background Information about STIs
 - Common Questions and Answers about STIs

BIG DECISIONS

LESSON 8

SEXUALLY TRANSMITTED INFECTIONS, Including HIV/AIDS

Notes for Facilitators

Overview of the Lesson

This lesson begins with an activity using index cards that allows students to understand and personalize how prevalent sexually transmitted infections are and that, even those with one or two sexual partners may be exposed to infections.

The lesson then uses seven prepared posted newsprint “STI Information Stations” to familiarize the students with the most common STIs. Students are divided into seven teams, each assigned one of the STIs (with Chlamydia and Ggonorrhea considered together by one team) to examine closely and help the other teams understand. This activity focuses on the potential consequences of the STIs, and students have an opportunity to think about how they might feel if it happened to them.

In Activity 8.3, the students learn about local resources for getting tested for HIV and other STIs.

Then, in Activity 8.4, students fill out a confidential worksheet. Each student reflects on how getting an STI might affect them, and what specifically they are

going to do in the next three months and in the next year to reduce their own risk of getting HIV or another STI.

STIs and Shame

Society often stigmatizes someone who has an STI. There is a sense that a person should be ashamed that they received or transmitted an infection through sexual activity.

However, STIs are very common, and shaming people who have them is not helpful in reducing the incidence or transmission of STIs. Moreover, in *Big Decisions* it is essential that students not be shamed nor encouraged to shame others about STIs.

In this program facilitators should encourage participants to avoid STIs if possible and to reduce their risks if they have sex—without shaming people who have STIs or have had them.

It is important not to use terms like “clean” or “dirty” in reference to people and STIs.

STI or STD?

The *Big Decisions* curriculum uses the terms “sexually transmitted infections” (“STIs”) although the U.S. Centers for Disease Control continues to refer to STDs in its publications (see www.CDC.gov/STD/).

However, it is actually more accurate to refer to these phenomena as sexually transmitted infections (STIs). Infection refers to invasion of the body by viruses, bacteria, or parasites. Disease refers to an illness or disorder, and disease can result from infections.

A person who is infected with one of the viruses, bacteria, or parasites that are sexually transmitted may have a disease (symptoms or illness) from the infection, but often does not. The *Big Decisions* programs use “STIs” for this reason.

Time Management

Most sessions on STIs generate many questions from students, and sometimes it is difficult to both cover all the material and also answer all the questions. The facilitator may need to limit the number of questions that he or she answers during this session and answer questions at a later time.

It is important to save 15 minutes for the combination of Activities 8.3 (which covers methods to reduce the risk of STIs) and Activity 8.4 (which allows students to personalize the importance of STIs and plans to reduce their risks).

Student and Team Leadership

One of the most important aspects of this lesson is allowing the students and the teams to do much of the work—and much of the speaking.

The lesson spells out specific things that the facilitator can say for each STI station and for each point to be reinforced. This is to ensure that the facilitator has the information—and the language—handy during the lesson.

However, the lesson is more effective if the students do most of the talking and teaching, while the facilitator reinforces important points—and keeps the discussion on task and on time.

The *amount* of knowledge students acquire about each of the STIs in this lesson is not the most important part of the lesson.

It is more important for students to *personalize* that STIs are common; that STIs can happen to them; that their partner or their future child could be affected; and that their behavior choices can reduce their risks of STIs.

The student teams should be encouraged to let as many of their members as possible speak. At each of the **STI Information Stations**, the facilitator can ask team members who have not spoken to speak. Of course, it is important that speaking not be required, so as not to break the “anyone can pass” ground rule of the class group.

Answering Questions

It is preferable to answer questions as they arise, if possible. Facilitators may also want to encourage the students to use the index cards they received at the beginning of the lesson to write a question, or write down something that they learned. The cards can then be collected by the facilitator using a large envelope, preserving confidentiality. Alternatively, facilitators may prefer to use a Question Box.

Questions can be read and answered in front of the class during this or a subsequent lesson. Some common questions and answers are provided in the Facilitator Resource.

Before the Lesson

Prepare the materials for the lesson, including:

- The index cards, with one color (representing being infected with an STI) for about one quarter of the students; place the index cards at the students' desks before the students enter the room
- Create the seven newsprint "STI Information Stations" by drawing the examples in the **Facilitator Resource**.
- Making copies:
 - 2 copies of each **STI Handout** for each of the seven teams
 - 1 copy of the **Student Handout: Sexually Transmitted Infections (STIs)** for each of the students
 - 1 copy of the **Individual Student Worksheet for Activity 8.4**
- Be sure you have enough working markers for each team to have at least two. It may be helpful for each team to have its own marker color.

Facilitator preparation for this lesson includes reviewing the lesson and **Facilitator Resources**.

It is important to the lesson for the facilitator to **research basic information on local resources for STI and HIV testing and treatment**.

Most cities have a local health department, as well as other agencies and health providers who test and treat for STIs, including HIV/AIDS. Prior to the class, the facilitator should identify agencies and bring key telephone numbers and

website addresses to the session. The facilitator should visit the CDC website for STI testing sites at <https://GetTested.CDC.gov/>.

It is helpful if the facilitator can call one or two of the local resources to ask about what students might expect there. Facilitators can ask: how they handle calls from young people; if an appointment is needed; whether free condoms are available; and the hours the clinic is open.

All 50 U.S. states have laws that allow minors to consent to diagnosis and treatment of STIs, so young people can expect these services to be confidential.

Activity 8.1

Index Cards – 5 minutes

Before the students arrive in class, place an index card at each of their desks. The cards can be any color, but about one in 4 of the cards should be a particular color. For example, if there are 30 students in the class, 7 or 8 of the students could be given orange cards, and the rest should each receive a card of a different color.

After the students have arrived, ask them:

"Please stand up and tell one other student who is not sitting next to you what your favorite color is. Shake that person's hand.

"Now find another student, and tell that person the month of your birthday. Shake that person's hand.

"Then please sit down."

Tell the students:

"The index cards sitting on your desk are part of a game. The orange [or other specified color] cards represent having a Sexually Transmitted Infection, or STI. The other-color cards represent NOT having an STI."

Now tell the students:

"I'd like the students who have an orange card at their desk to stand up and stay standing.

"For the purposes of this activity, we are pretending that the students who

are standing are infected with an STI.

"Among sexually active teens, roughly one in 4 are likely to be infected with an STI.

"Most people with STIs have no symptoms, so they are not aware that they are infected. And no one else can tell that they are infected, unless they get tested."

Now tell the students:

"We are pretending that shaking hands represents having sex with someone.

"So anyone who shook hands with the students who are standing might be 'infected,' too.

"Please stand up if you shook hands with someone who is standing. You may be 'infected'.

"Now please stand up if you shook hands with any of the students who just stood up, with any of the student who are standing now.

"Anyone who shook hands with them may also be 'infected'."

By this time, most of the class will likely be standing. Point out:

"It is not difficult for young people who have sex to get an STI—even if they have had only one or two partners."

Thank the students and ask them all to sit down.

Ask the students:

"If you were one of the students who were standing, would you be willing to share how it felt to learn that you might be 'infected' with an STI."

Answers might include being surprised, shocked, worried, and perhaps frightened.

Tell the students:

"Many people are shocked and surprised when they find out they have an STI. People with STIs often have no symptoms, and they do not know that they are infected. This means their partner or partners would not know about the infection either.

"Anyone can get an STI, if they are exposed to the infection by having sex with someone who is infected. Some STIs are quite common, and STIs happen to many people."

Now ask the class:

"What do you think you could have done to reduce your risk of 'getting' an STI in this index card game?"

Answers and facilitator responses may include:

Not shaking hands as they were asked to do.

"Not shaking hands with anyone could represent abstinence, or not having sex, which is the most effective way to avoid both STIs and pregnancy." (Point to the **Key Messages Poster**.)

Wearing latex gloves each time they shook hands.

"This could represent using condoms. Point out that using latex (or polyurethane or polyisoprene, if latex-allergic) condoms correctly, every time a person has sex can reduce the risk of getting—and giving someone—STIs, including HIV." (Point to the **Key Messages Poster**.)

Shaking hands only with one person who shakes hands only with you.

"This is a good way to reduce the chance of being 'exposed.' However, to reduce the risk, it is important that both partners get tested to see if they have an infection, (i.e., to find out if they have an orange card) before they shake hands."

Collect the index cards, and as you do, tell the class:

"STIs are very common, and it is important for young people to know what they are, how to reduce the risk of getting them, and who should get tested."

Activity 8.2

STI Information Stations – 30 minutes

Divide the class into 7 small groups, or teams. Tell the class:

"Each of the 7 teams will serve as the expert for the class regarding one of the STIs we will be learning about."

Pass out the 7 STI **"Fact Sheets"** so each of the 7 teams has at least one or two copies of the Fact Sheet for their assigned STI. In addition, pass out copies of the **Student Handout: Sexually Transmitted Infections (STIs)**, so each student has one. Ensure each Team has several markers to write with.

Each team will be assigned one of the following STIs:

- Chlamydia & Gonorrhea²
- Syphilis
- Trichomonas
- Hepatitis B
- Herpes
- HIV (Human Immunodeficiency Virus)
- HPV (Human Papillomavirus)

Tell the class:

"In this activity, each team will learn a bit about their assigned STI and help the rest of the class learn about it, too.

"Please read over the information about your team's assigned STI. Feel free to talk in your teams about what the "Fact Sheets" say about your assigned STI."

As the teams are reading their information, post the prepared newsprint **STI Information Stations for Activity 8.2** on the wall or board around the classroom. (See the **Facilitator Resource for Activity 8.2: STI Information Stations.**)

Tell the students:

"Each of these sheets is kind of like a station, or place, for each team to stop and write in information about their assigned STI.

"There are seven teams and seven stations. Each team will go together as a team from station to station.

"Each team will have a short time (only about a minute) to decide what to write, and then to write in their information.

"Later, we will review the information at each of the stations with the class as a whole.

"Bring your markers, Fact Sheets, and STI Information with you to the stations. I will call time after a minute at each station, and then you should move on to the next station.

² Because of their similarities, Chlamydia and gonorrhea are considered together in this lesson. While 8 STIs are considered, there are 7 "Fact Sheets", one of which includes both Chlamydia and gonorrhea.

"Please go ahead and get started now."

Help the teams to distribute themselves at the seven stations to begin. Prompt the students to rotate as a team to the next station after 1 minute, and repeat the process until all the sheets are filled in by each of the teams.

Tell the students to return to sitting with their teams.

Now ask the students:

"Please help answer the questions that each of these Information Stations poses. Each team should help the rest of the class understand what your assigned infection's answer is to each of these questions."

Start with Station #1:

"First, at **STI Information Station #1, What Kind of Bug is It?** Which of your infections are bacteria—please hold up your infection's Handout. Which viruses? And 'other'?"

Correct any misclassifications. Points to reinforce, if needed, include:

"Hepatitis B, Herpes, HIV, and HPV are viruses

"Chlamydia, gonorrhea and syphilis are bacteria.

"There is one infection (Trichomonas) that is a small parasite, and so it is 'other.'"

Next move to the Station #2:

"Next: **STI Information Station #2: Is it Curable?** Can this infection be made to go away permanently?"

Points to reinforce, if needed, include:

"The bacterial and parasitic infections are curable. This means a person with them can be treated with antibiotics and the infection is no longer in the body.

"The viruses are not curable, but they can be treated."

"With HIV and Herpes, the viruses stay in the body permanently. However, treatment can control the infection.

"With some viruses, like Hepatitis B and HPV, the body often clears the virus all by itself, without medication. Some people cannot clear the virus, and there is a risk of liver disease with Hepatitis B and a risk of cancer with both Hepatitis B and HPV."

At Station #3:

"Next is **STI Information Station #3: How do you get it?** How do people get these infections?"

Points to reinforce include:

"People get almost all of these infections through vaginal, oral, or anal sex.

"Trichomonas is transmitted by vaginal sex.

"HIV and Hepatitis B are also transmitted by sharing needles or 'works.'"

At Station #4:

"Next is **STI Information Station #4: What Symptoms Can It Cause?** What symptoms can your assigned infection cause?"

Students from each team may list the possible symptoms of each infection. There may be questions about the symptoms and the infections. Facilitators can use the **Facilitator Resource for Lesson 8: Background Information on STIs** to help answer the questions.

Now ask:

"Which of these infections may cause *no symptoms*, even if a person is infected?"

Students will likely say that all these infections can cause no symptoms. Reinforce:

"A person with each of these infections may have no symptoms. They feel fine."

Point out the importance of infection without symptoms:

"When someone has no symptoms, they do not know that they are infected, unless they have been tested.

"If they don't know they have it, a person cannot tell their partner that they have an infection."

Point to the appropriate lines in the **Key Messages Poster** as you connect the STI information with the Key Messages:

"So, if a person is making that big decision about whether to have sex with someone, they cannot know for sure if their partner is infected.

"That's why, if a person decides to have sex with someone, it is so important to use latex condoms (or polyurethane or polyisoprene, if they

have a latex allergy) correctly, every time a person has sex."

At Station #5:

"Next is **STI Information Station #5: What Can It Lead To?** What are some of the 'complications' of your assigned infections?"

Ask the teams to review with the class what longer-term effects their assigned infection can have.

Points to reinforce include:

"Each of these infections can have complications and longer term effects on the person that is infected."

Ask the students to think about:

"How do you think you might feel if these problems happened to you?"

Tell the students that no one has to say out loud how they would answer this question, but they are welcome to share their answers out loud, if they would like to.

At Station #6:

"Next is **STI Information Station #6: Can it Affect a Baby?** Which of your assigned infections can do this?"

Points to reinforce include:

"All of these infections can affect a baby born to a mother who has the infection."

"Some of these infections can also damage a fetus developing inside the uterus."

"And some can cause a baby to be born prematurely, with risks of significant health problems for the baby."

Ask the students to think about:

"How do you think you might feel if this happened to your child?"

Tell the students that no one has to say out loud how they would answer this question, but they are welcome to share their answers out loud, if they would like to.

Next move to Station #7:

"Next: **STI Information Station #7: Is a Vaccine Available?** Can this infection be prevented with a vaccine?"

Points to reinforce include:

"A vaccine is available to prevent only two of these infections: Hepatitis B and HPV. In the U.S., most children are vaccinated against Hepatitis B as babies. The HPV vaccine is recommended routinely for youth.

"This means that people need to use other ways to reduce the risk of getting and spreading most STIs."

Ask the students to summarize:

"What ways have we learned about to reduce your risk of getting HIV and other STIs?"

Acknowledge the students' answers and summarize:

"Two important options are found in the **Key Messages Poster**:

- abstinence (not having sex)
- using latex (or polyurethane or polyisoprene) condoms, correctly, every time a person has sex.

"We have also talked about getting vaccinated, which can protect people from Hepatitis B and HPV."

Thank the teams for all their work teaching each other about these important infections.

Activity 8.3

Getting Tested – 5 minutes

Tell the students:

"In addition to reducing their risk of getting an infection, it is also important for young people who have sex to get tested for HIV and other STIs.

"Testing can help detect infections, so someone who has an infection can get treated.

"Testing can also help to prevent spreading infections to other people."

Tell the class the following about getting tested:

"All U.S. states allow teens to be tested and treated for STIs confidentially--without involving their parent or guardian.

"There are several places where people can get tested confidentially in

most communities. In addition to doctors' offices and community health centers, many communities have local health departments.

"Many local health departments have STI clinics where young people can be seen confidentially and get tested. These clinics often also offer condoms free or at low-cost."

Provide the class with information on where people can get tested for STIs, including HIV, in your community.

A zip code-based clinic locator is available at: <https://GetTested.CDC.gov/>. Point out this website, listed at the bottom of the STI Handout, to the students, and let them know that this is the Centers for Disease Control and Prevention (CDC) website where anyone can put in their zip code and find the nearest testing locations.

Activity 8.4

STIs and Me – 5 minutes

Pass out the **Individual Student Worksheets for Activity 8.4: Sexually Transmitted Infections and Me**). Ask the students not to write their names on the worksheets, so their answers will be confidential.

Read the questions out loud. Ask the students to answer each of the questions in their own words, and to fold the paper over when they are finished.

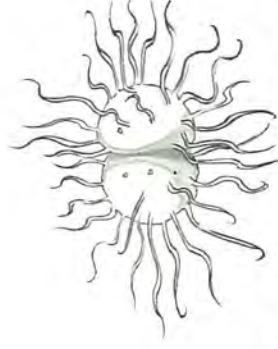
Give the students a few minutes to complete their worksheets, and circulate throughout the classroom collecting completed worksheets.

Thank the students for their work.

As time allows, address questions that the students ask or that they have submitted in the Question Box. If needed, some common questions and answers are provided in the **Facilitator Resource: Common Questions and Answers about STIs**.



STUDENT HANDOUT for ACTIVITIES 8.2: CHLAMYDIA and GONORRHEA



What Kind of Bug?

Bacteria

Curable?

Yes

Vaccine Available?

No

How Common?

VERY Common,
especially Chlamydia

How Is It Spread?

Vaginal, Oral, or Anal Sex
with an Infected Person

Chlamydia & Gonorrhea

Symptoms?

- Many have NO SYMPTOMS
- Drip (discharge) from penis
- Vaginal discharge
- Burning sensation when urinating
- Testicular Pain

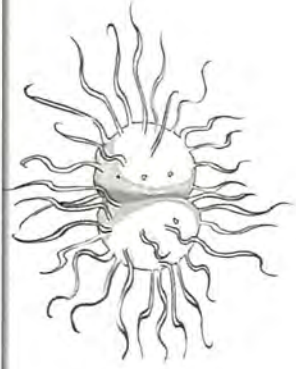
Effects on Baby?

Miscarriage, Premature Birth
Eye Infection
Pneumonia (Chlamydia)



What Can it Lead To?

Pelvic Infection in Fallopian tubes, ovaries
(Later on, it could be hard to get pregnant)
Infection of Epididymis



STUDENT HANDOUT for ACTIVITIES 8.2:

Syphilis


What Kind of Bug?

Bacteria

Curable?

Yes

Vaccine Available?

No

How Common?Less common, but
still ImportantHow Is It Spread?Vaginal, Oral, or Anal Sex
with an Infected PersonSymptoms?

- Many have NO SYMPTOMS
- Sores
- Rash, fever, swollen glands

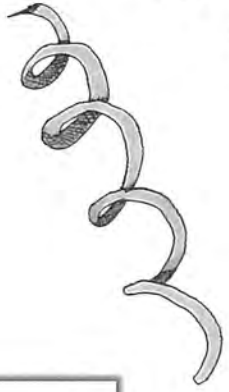
Effects on Baby?

Fetal Death; Birth Defects
Premature Birth
Many other problems

What Can it Lead To?

Brain, heart, & other problems;
Death

Syphilis





STUDENT HANDOUT for ACTIVITIES 8.2:
Trichomonas

What Kind of Bug?

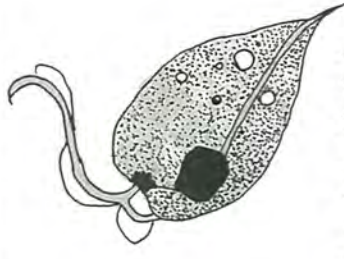
Parasite

Curable?

Yes

Vaccine Available?

No



How Common?

Very Common

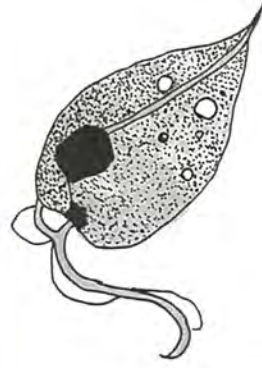
How Is It Spread?

Vaginal Sex with an
Infected Person

Trichomonas

Symptoms?

- Many have NO SYMPTOMS
- Vaginal discharge, itching, redness
- Discomfort when urinating
- Itching in urethra in penis



Effects on Baby

Premature Birth
Low Birth Weight

What Can it Lead To?

Irritation makes it easier
to get HIV, if exposed



STUDENT HANDOUT for ACTIVITIES 8.2: Hepatitis B



What Kind of Bug?

Virus

Curable?

No, but Complications can be
Treated
(Most HBV Goes Away on its Own)

Vaccine Available?

Yes

How Common?

Less Common than
in the Past

How Is It Spread?

Vaginal, Oral, or Anal Sex
with an Infected Person;
Sharing Needles or “Works”

Hepatitis B

Symptoms?

- Many have NO SYMPTOMS
- Fatigue, Nausea, Dark Urine,
Yellow Eyes & Skin

Effects on Baby?

Baby Can Get It From an
Infected Mother at Birth



What Can it Lead To?

Cirrhosis (Hardening) of the
Liver; Liver Cancer, Death



STUDENT HANDOUT for ACTIVITIES 8.2:

Herpes

What Kind of Bug?

Virus

Curable?

No, but Treatable

Vaccine Available?

No

How Common?

VERY Common

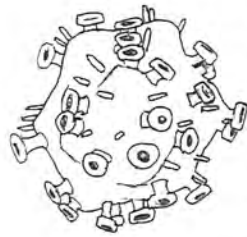
Herpes

How Is It Spread?Vaginal, Oral, or Anal Sex
with an Infected PersonSymptoms?

- Many have NO SYMPTOMS
- Blisters, Sores, Raw Areas

Effects on Baby?Miscarriage; Birth Defects; Premature Birth;
Grave Illness if Exposed at BirthWhat Can it Lead To?

- Pain, Blisters can Come Back in Outbreaks
- Touching Sores or their Fluid can Transfer Herpes to Eyes or Other Body Parts



STUDENT HANDOUT for ACTIVITIES 8.2: HIV

What Kind of Bug?

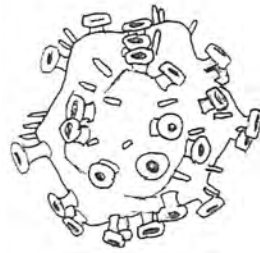
Virus

How Common?

Less Common, but
Over 1 Million are Infected

Symptoms?

Most have NO SYMPTOMS
in the First Years



Curable?

No, but Treatable

Vaccine Available?

No

How Is It Spread?

Vaginal, Oral, or Anal Sex
with an Infected Person;
Sharing Needles or “Works”

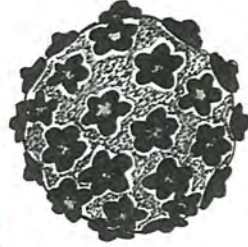
Effects on Baby?

Baby Can Get it From an
Infected Mother: At Birth, or
from Breastfeeding

What Can it Lead To?

AIDS: Acquired Immune
Deficiency Syndrome (Cannot
Fight Infection); Death

HIV (Human Immuno- deficiency Virus)



STUDENT HANDOUT for ACTIVITIES 8.2:
HPV (Human Papillomavirus)



What Kind of Bug?

Virus

Curable?

No, but Treatable
(Most HPV Goes Away on its Own)

Vaccine Available?

Yes

How Common?

VERY Common

How Is It Spread?

Vaginal, Oral, or Anal Sex
with an Infected Person

HPV

(Human Papillomavirus)

Symptoms?

Many have NO SYMPTOMS;
Warts, Bumps

Effects on Baby?

Rarely, Baby can get Warts in
the Throat



What Can it Lead To?

Some Types: Cancer of the
Cervix, Vulva, Penis, Anus,
Throat, Tongue

Student Handout: Sexually Transmitted Infections (STIs)

What Kind of Bug Is It?	INFECTION	Is It Curable?	How Common is It?	How Is It Spread?	Possible Symptoms	How Can It Affect a Baby born to a Mother with it?	What Can It Lead To?	Vaccine Available?
Bacteria	 CHLAMYDIA & GONORRHEA	Yes	Very Common, especially Chlamydia	Vaginal, oral, or anal sex with an infected person	Many have no symptoms "Drip" from penis Vaginal discharge Burning sensation when urinating Testicular Pain	Miscarriage Premature birth Eye infection Pneumonia (Chlamydia)	Infection of Fallopian tubes & ovaries; Later on, it could be hard to get pregnant Infection of epididymis	No
Bacteria	 SYPHILIS	Yes	Less common	Vaginal, oral, or anal sex with an infected person	Many have no symptoms Sores Rash, fever, swollen glands	Fetal Death, Birth Defects Premature birth Many other problems	Brain, heart, & other problems Death	No
Parasite	 TRICHOMONAS ("TRICH")	Yes	Very Common	Vaginal sex with an infected person	Many have no symptoms Vaginal discharge, itching, redness Itching in urethra Discomfort after urinating	Premature birth Low birth weight	Irritation makes it easier to get HIV, if exposed	No
Virus	 HEPATITIS B	No, but complications can be treated (Most HBV goes away on its own)	Less common than in the past	Vaginal, oral, or anal sex; or Sharing needles or "works" with an infected person	Many have no symptoms Fatigue, nausea, dark urine, yellow eyes, skin	Baby can get it from an infected mother during birth	Cirrhosis (hardening) of the liver Liver cancer Death	Yes
Virus	 HERPES	No, but Treatable	Very Common	Vaginal, oral, or anal sex with an infected person	Many have no symptoms Blisters, sores, raw areas	Miscarriage Birth defects Premature birth Grave illness if exposed at birth	Pain and blisters can come back in outbreaks; Touching sores can transfer Herpes to eyes, or other body parts	No
Virus	 HIV (Human Immunodeficiency Virus)	No, but Treatable	Less common (But more than 1 million are infected in U.S.)	Vaginal, oral, or anal sex; or Sharing needles or "works" with an infected person	Most have no symptoms for the first years	Baby can get it from an infected mother: at birth, or from breastfeeding	AIDS: Acquired Immune Deficiency Syndrome (Cannot fight infection) Death	No
Virus	 HPV (Human Papillomavirus)	No, but Treatable (Most HPV goes away on its own)	Very Common	Vaginal, anal, or oral sex with an infected person	Many have no symptoms Warts, bumps	Rarely, baby can get warts in the throat	Some types: Cancer of the cervix, vulva, penis, anus, throat, tongue	Yes

Sources:

1. U.S. Centers for Disease Control and Prevention. Sexually Transmitted Diseases (STDs). Accessed at <http://www.cdc.gov/std/>, December 26, 2014.
2. U.S. Centers for Disease Control and Prevention. Accessed at Hepatitis B. <http://www.cdc.gov/hepatitis/HBV>, December 26, 2014.
3. U.S. Centers for Disease Control and Prevention. HIV Basics. Accessed at: <http://www.cdc.gov/hiv/basics/index.html>, December 26, 2014.

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Clinic Locator: <https://GetTested.CDC.gov/>

Facilitator Resource for Activity 8.2: STI Information Stations

Station #1

What Kind of Bug?

Bacteria	Virus	Other

Station #2

Curable?

Yes	No, but Treatable

Facilitator Resource for Activity 8.2: STI Information Stations, Cont.Station #3How Do You Get It?

Having Sex	Sharing Needles

Station #4Symptoms?

Can Have No Symptoms	Possible Symptoms (List)

Facilitator Resource for Activity 8.2: STI Information Stations, Cont.

Station #5

What Can it Lead to?

Name of STI	List What it Can Lead to <u>Here</u>

Station #6

Can affect a baby born to an infected mother?

Yes	No

Facilitator Resource for Activity 8.2: STI Information Stations, Cont.Station #7Vaccine Available?

Yes

No

Individual Student Worksheet for Activity 8.4: Sexually Transmitted Infections (STIs) and Me

1. If I got HIV or another STI, the things I would be most concerned about are:
(List at least 2 things that would cause you great concern if you had HIV or another STI.)

A. _____

B. _____

A. _____

2. In the next 3 months, I will reduce my risk of getting HIV and other STIs by:
(For example, not have sex; or use latex* condoms,)

3. In the next year, I will reduce my risk of getting HIV and other STIs by:
(For example, not have sex; or use latex* condoms, correctly, every time)

*or polyurethane or polyisoprene, if latex-allergic

Facilitator Resource for Lesson 8

Background Information about Sexually Transmitted Infections (STIs)

I. CHLAMYDIA and GONORRHEA

What are they?

Chlamydia and gonorrhea are **bacterial infections** with very similar symptoms and signs. Chlamydia is caused by *Chlamydia trachomatis* (which is actually a bacterium that lives inside cells), and gonorrhea is caused by *Neisseria gonorrhoeae*. Chlamydia is more common than gonorrhea, and its symptoms and signs tend to be less severe than gonorrhea. However, both can cause a spectrum of effects, from no symptoms to severe complications.

How do you get them?

Both Chlamydia and gonorrhea are acquired through person-to-person sexual contact, including **vaginal sex, oral sex, or anal sex**. These infections are not acquired through toilet seats or casual (non-sexual) contact. A baby can get these infections **at the time of birth**, if the mother is infected. The infection is transmitted as the baby passes through the cervix and vagina during labor and delivery.

What do they do to a person?

Chlamydia and gonorrhea generally infect a male or female's urethra (the tube through which urine leaves the body), and also a female's cervix. The bacteria can live there for weeks (or longer). The infection may or may not cause symptoms. If symptoms occur, they typically include a **discharge or "drip"** from the penis or the vagina, and/or a **burning sensation** when passing urine.

In the **female**, both Chlamydia and gonorrhea, if untreated, can cause serious complications if the infection goes up into the tubes and ovaries. This can cause pain and inflammation ("**pelvic inflammatory disease**" or PID). PID can be mild to severe, and can cause scarring of the Fallopian tubes. Even mild or "silent" PID can cause scarring of the tubes. If scarring happens, this can increase the risk of **infertility** (not being able to get pregnant) or of **ectopic pregnancy**, where a

pregnancy implants outside of the uterus, generally in the tube. (However, having a Chlamydial or gonorrheal infection is **NOT** a good method of birth control! Most females who have had these infections are not infertile.)

In the **male**, both Chlamydia and gonorrhea, if untreated, can cause serious complications if the infection goes up into the vas deferens, epididymis, and testicles. This can cause pain, swelling, and inflammation: **epididymitis** and/or orchitis (inflammation of the testicle). Men who have had this kind of infection have a risk of scarring, which, rarely, can lead to **infertility**, or difficulty getting a someone pregnant. (However, having a Chlamydial or gonorrheal infection is **NOT** a good method of birth control! Most males who have had these infections are not infertile.)

Chlamydia and gonorrhea can infect the **rectum** if a person has had anal sex. This can cause pain, discharge, or bleeding from the rectum. Chlamydia and gonorrhea can infect the **throat** if a person has had oral sex. Sometimes throat infection causes no symptoms, but a person may have a sore throat.

A **newborn baby** who is born to an infected mother can have problems. Babies exposed this way to Chlamydia or gonorrhea can have **eye infections**, which can even cause **blindness**. However, most babies born in the U.S. receive preventive eye treatment shortly after birth, so that eye infection is rare. Chlamydia can also cause **pneumonia** in a newborn baby.

How would a person know that they have them?

The only way a person can know for sure that they are infected with Chlamydia or gonorrhea is to **get tested**. This can usually be done with a urine test.

Many people (females and males) with Chlamydia or gonorrhea have no symptoms at all, so waiting for symptoms to develop is not a good way to tell if a person is infected. Symptoms that might suggest

Chlamydia or gonorrhea include: a discharge from the penis or vagina; a burning feeling when urinating; pain or swelling of the testicles (males); or pain in the lower abdomen (females). However, even with symptoms, the only way to know for sure if you are infected is to get tested. Testing for Chlamydia and gonorrhea can be done at a doctor's office, health department clinic, or family planning clinic.

How common are they?

These infections are **very common** among sexually active young people—especially Chlamydia.³ In 2014 in the U.S., there were over 1.4 million cases of Chlamydia and more than 350,000 reported cases of gonorrhea. Over half of these cases occur among young people age 15-24.

Are they curable?

Both Chlamydia and gonorrhea are **curable** with antibiotic medications. However, there is no lasting immunity from having had an infection. A person can get re-infected if they are exposed to Chlamydia or gonorrhea again.

How are they treated?

Chlamydia is usually treated with oral **pills or capsules** for a week. Gonorrhea is usually treated with an **injection**, along with **pills**. **Sexual partners must also be treated**, so that the person does not get re-infected, and so that the partner cannot transmit the infection to anyone else.

How can they be prevented?

Using **latex** (or polyurethane or polyisoprene, if latex-allergic) **condoms correctly and consistently** can reduce the risk of getting or giving Chlamydia or gonorrhea.

Abstinence from vaginal, oral, and anal sex is the most effective way to avoid these infections. Another highly effective way to avoid these infections is to be in a **long-term mutually**

monogamous relationship with a partner who has been tested and is not infected.

Sources: CDC. Chlamydia - CDC Fact Sheet. Accessed at: <http://www.cdc.gov/STI/chlamydia/STIfact-chlamydia.htm>, December 29, 2014.

CDC. Gonorrhea - CDC Fact Sheet. Accessed at: <http://www.cdc.gov/STI/gonorrhea/STIfact-gonorrhea.htm>, December 29, 2014.

II. SYPHILIS

What is it?

Syphilis is a disease caused by a **bacterium**: *Treponema pallidum*. Syphilis can cause many different symptoms and problems, if it is not treated.

How do you get it?

Syphilis is generally transmitted by **vaginal, oral, or anal sex** with an infected person. It is transmitted through direct contact with an **open sore**, or “chancre”, on another person. Chancres are usually on or around the genitals, but they can occur on or in the mouth.

In addition, a fetus or newborn baby can get it from its mother who is infected while she is pregnant.

What does it do to a person?

Syphilis has several stages of disease. **Stage 1** usually involves a painless **sore** (“chancre”) on the body part that was exposed. If the sore is internal, for example, inside the vagina, the person may not notice it. These sores heal, but—unless the infection is treated—the infection continues. Syphilis sores make it easier to contract HIV, the virus that causes AIDS, if a person is exposed.

In **Stage 2**, a person may have a body rash, sores, fever, or aches. Some infected people have no symptoms of Stage 2. Again, these symptoms get better, but (without treatment) the syphilis

³ The number of case reports are from the CDC's Sexually Transmitted Disease Surveillance, 2014 report, available at: <http://www.cdc.gov/STI/stats/>

infection continues.

In the **Latent Stage**, which can last for many years, the person remains infected, but does not have disease or damage. The **Late Stage** occurs after years of infection and can cause great damage to the brain, spinal cord, heart, arteries, or other parts of the body. Late Stage syphilis may cause deformity, pain, and death.

Syphilis infection in a **pregnant mother** can cause birth defects in the baby and even death (miscarriage) of the fetus. Babies born to infected mothers can also have illness and mental retardation.

How would a person know that they have it?

Many people with syphilis do not know they are infected. The only way to know for sure if you have it is to **get tested**. A blood test is done to test for syphilis.

How common is it?

Syphilis is **less common** than some of the other STIs, but still very important. In 2014, there were nearly 20,000 reported primary and secondary (new) cases in the U.S. There were 458 reported cases of congenital (newborn) syphilis in the U.S. in 2014.

Is it curable?

Yes, syphilis is **curable** with antibiotics, particularly in its early stages (Stages 1 and 2). However, if treatment is delayed, damage to internal organs will not be prevented. This is why it is so important to detect and treat syphilis when it is in an early stage.

How is it treated?

Syphilis is treated with antibiotic medications, usually penicillin **injections**. It is essential that **sexual partners be evaluated and treated**, too.

How can it be prevented?

Using **latex** (or polyurethane or polyisoprene, if latex-allergic) **condoms correctly and consistently** can reduce the risk of getting or giving syphilis. There may be sores or other infectious areas that are not covered by a condom, and therefore condoms may not give full protection.

Abstinence from vaginal, oral, and anal sex is the most effective way to avoid this infection.

Another highly effective way to avoid syphilis is to be in a **long-term mutually monogamous relationship** with a partner who has been tested and is not infected.

Source: CDC. Syphilis - CDC Fact Sheet. Accessed at: <http://www.cdc.gov/STI/syphilis/STIfact-syphilis.htm>, December 29, 2014.

III. TRICHOMONAS

What is it?

Trichomonas is an infection caused by a *Trichomonas vaginalis*, a one-cell **parasite** that can infect the vagina of females and the urethra of males and females.

How do you get it?

Trichomonas is transmitted through **vaginal sex**.

What does it do to a person?

Many females and most males with Trichomonas have no symptoms. Females may have a **vaginal discharge, irritation, itching, or odor**. Infection in females usually causes irritation, which can make it easier for a person to get HIV, if exposed to it. Infection can also cause a **pregnant woman to have her baby early** (prematurely). Males may have irritation of the urethra, burning on urination, or discharge from the urethra.

How would a person know that they have it?

The only way to know for sure that a person has Trichomonas is to **get tested**. A health provider does a pelvic examination on a woman and obtains a sample of vaginal fluid for a laboratory test. The health provider may see vaginal irritation or discharge during an exam. For males, urine testing is sometimes done.

How common is it?

Trichomonas is **very common**. In the U.S., about 3.7 million people are thought to have the infection.

Is it curable?

Yes, *Trichomonas* is **curable** with antibiotics. However, people can get reinfected with *Trichomonas* if re-exposed.

How is it treated?

Trichomonas is usually treated with oral antibiotic pills. A person's sexual partners must also be treated to prevent re-infection.

How can it be prevented?

Using latex (or polyurethane or polyisoprene, if latex-allergic) condoms correctly and consistently should reduce the risk of getting or giving *Trichomonas*. **Abstinence** from vaginal sex is the most effective way to avoid this infections. Another highly effective way to avoid this infection is to be in a **long-term mutually monogamous relationship** with a partner who is not infected.

Source: CDC. *Trichomonas* - CDC Fact Sheet. Accessed at: <http://www.cdc.gov/STI/trichomonas/STIfact-Trichomonas.htm>, December 29, 2014.

IV. HEPATITIS B

What is it?

Hepatitis B is the disease caused by infection with the Hepatitis B Virus (HBV).

How do you get it?

Hepatitis B is contracted from having **vaginal, oral, or anal sex** with an infected person or by **sharing needles, razors, or toothbrushes** with an infected person. **Babies can get Hepatitis B from their mothers during the birth process.** Also at risk are household contacts of people with chronic Hepatitis B and health care workers exposed to contaminated needles or blood.

What does it do to a person?

Many people with Hepatitis B have **no symptoms**. Within the first few months of getting infected with Hepatitis B, some people get symptoms of liver inflammation, such as fever, rash, fatigue, nausea, vomiting, dark urine, light-colored stools, and jaundice (yellow eyes and skin).

When this phase of the illness gets better, some people continue to have ongoing infection with the virus, and they remain contagious. Some of those with ongoing infection develop liver problems, such as cirrhosis (scarring and hardening of the liver) and/or liver cancer, and death.

How would a person know that they have it?

The only way to know for sure if you have Hepatitis B is to **get tested** with blood tests.

How common is it?

Hepatitis B infection is **less common** than some other STIs, and it is declining since children have been routinely vaccinated. In 2013, nearly 20,000 people in the U.S. had acute Hepatitis B.

Is it curable?

There is **no cure** for Hepatitis B infection, although there are effective vaccines. Most people who are infected as adults essentially “cure” themselves of the infection. Most HBV goes away on its own, but when it does not, it can cause grave illness.

How is it treated?

Hepatitis B infection is treated with “supportive therapy”, measures to treat the complications and to keep the person with the disease as comfortable and functional as possible. People with acute and chronic Hepatitis B are also counseled about preventing transmission to household contacts and others.

How can it be prevented?

Hepatitis B Vaccine is recommended for children beginning at birth. “Catch-up” vaccines can be given to older children and adults who were not previously vaccinated. Vaccination of adults at high risk is recommended.

If someone is exposed to the Hepatitis B virus (through a needle-stick or sexual encounter), infection can be prevented through a CDC-recommended **Post-Exposure Prophylaxis** protocol using vaccine boosters and sometimes Hepatitis B Immune Globulin.

Correct and consistent use of **latex** (or polyurethane

or polyisoprene, if latex-allergic) **condoms** should also reduce the risk of Hepatitis B transmission.

Source: CDC. Hepatitis B Information for Health Professionals. Accessed at: <http://www.cdc.gov/hepatitis/HBV/>, Dec 29, 2014.

V. HERPES

What is it?

Genital herpes is an STI caused by the Herpes Simplex Virus (HSV) infecting areas around the genitals or rectum. Genital herpes is usually caused by Type 2 HSV, but can also be caused by Type 1 HSV.

Type 1 HSV usually causes “cold sores” and “fever blisters” around the mouth, which are usually not sexually transmitted. However, people with Type 1 HSV around the mouth can transmit the infection to a partner’s genitals with oral-genital contact.

How do you get it?

People get genital herpes by having **sexual contact** with an infected person (through **vaginal, oral, or anal sex**). The virus is present in the fluid of blisters and sores, but a person can be contagious with herpes infection even when they have no symptoms and no blisters or ulcers. The herpes virus enters through skin or mucous membrane (internal surface) of the person who becomes infected.

What does it do to a person?

The majority of people with genital herpes have **no symptoms** and do not know they are infected.

Genital herpes sometimes causes **painful blisters**, which break to form ulcers (raw areas). Blisters and ulcers heal over days or a few weeks. However, even after healing, the virus stays in the nerve cells and can reactivate and cause outbreaks of blisters and ulcers from time to time. Over time, the outbreaks may become less frequent, but the **virus infection stays in the body permanently**. Again, even when an infected person has no symptoms or visible affected areas, he or she can transmit the infection to others.

Genital herpes can be uncomfortable, but it is not generally dangerous for healthy people. However,

the infection can be transferred to the eyes, or other parts of the body, if the person touches their sores or the fluid from the sores.

A mother with a genital herpes outbreak can pass the virus to her baby during pregnancy and at the time of birth. Herpes simplex infection in **newborn babies** is very serious and can cause death.

How would a person know that they have it?

The only way to know for sure if you have genital herpes is to **get tested**. Many people with genital herpes are not aware that they have the infection; that is, they have no symptoms or mild symptoms.

Symptoms of genital herpes may include **burning, pain, and sores**. These symptoms can be confused with other infections and conditions. People with symptoms should see a health provider to find out if they have genital herpes.

How common is it?

Genital herpes infection is **VERY common**. About 1 in 6 people age 14 to 49 years old in the U.S. have genital herpes, although many do not know it.

Is it curable?

Genital herpes is **not curable**. Once a person is infected, they have the virus in their body permanently. However, genital herpes infection is **treatable**. Medications can control outbreaks and reduce the chance the person will give the infection to a partner. Genital herpes symptoms, even without treatment, usually bother people less with passage of time.

How is it treated?

Prescription antiviral medications can speed healing of an outbreak and help to prevent outbreaks. Antiviral medications can also help to prevent transmission to a partner. **Medications can keep the infection under control**, but they do not cure it.

How can it be prevented?

There is no vaccine available to prevent genital herpes. Correct and consistent use of **latex** (or polyurethane or polyisoprene, if latex-allergic)

condoms can reduce the risk of transmission. The virus can infect areas that are not covered by a condom, and therefore condoms may not give full protection.

Source: CDC. Genital Herpes - CDC Fact Sheet. Accessed at: <http://www.cdc.gov/STD/herpes/STDfact-herpes.htm>, September 18, 2016.

VI. HIV Infection and AIDS

What is it?

The Human Immunodeficiency Virus (HIV) is the virus that causes AIDS (Acquired Immune Deficiency Syndrome). AIDS was first noticed in the early 1980's and has grown to be a world-wide epidemic.

How do you get it?

HIV is contracted from having **vaginal, oral, or anal sex** with an infected person. A person can also get HIV by **sharing needles** or syringes with an infected person. **Babies can get HIV from their mothers during birth** or from breastfeeding.

HIV is not transmitted by hugging, shaking hands, kissing, swimming pools, mosquitoes, toilet seats, or by sharing towels or silverware.

What does it do to a person?

Most people with HIV have **no symptoms** for years. Within the first month of becoming infected with HIV, some people get a "flu-like" illness, including fever, fatigue, headache, and swollen lymph glands. These symptoms get better even without treatment.

Even though the infected person has no symptoms, the HIV virus infects and **kills cells of the immune system**. Although there are usually no symptoms in this phase, the HIV virus is very actively infecting cells, making many copies of itself, and causing destruction of many immune cells (CD4, or T-cells). For some time, the body keeps up with this rapid destruction of CD4 cells, but the ability of the body to keep up gets less over time.

With time, the number of CD4 cells in the blood declines, the immune system gets weaker, and the person is **less able to fight infection**. Symptoms may not appear for 10 years or more, but most people with HIV infection have progression to deficiency of the immune system, unless their HIV is treated with anti-retroviral medications.

With progression of the HIV infection, a person may have weight loss, fever and sweats, fatigue, rashes, and memory problems. When the CD4 count falls to 200 per cubic milliliter of blood, or when the immune system is so weak that the person cannot fight infection, certain "opportunistic" types of infection occur, and the person is considered to have the Acquired Immune Deficiency Syndrome, or AIDS. **AIDS** is the most advanced stage of HIV infection. Without treatment, AIDS causes death. AIDS can also cause **death**, even with treatment.

How would a person know that they have it?

The only way to know for sure if you have HIV is to **get tested**. The test is usually done on blood, but some tests can be done on saliva.

How common is it?

HIV infection is **less common** than some other STIs, but it is still extremely important because it is so deadly without treatment. An estimated 44,000 people became infected in the U.S. in 2014, and about 1.2 million people in the U.S. are estimated to be infected with HIV.⁴ The CDC estimates that 14% of people living with HIV are not aware of their infection. HIV is most often transmitted sexually and is more common among minority populations, especially African Americans.

Is it curable?

There is **no cure** for HIV infection or AIDS. Once a person is infected with HIV, the virus remains in the body permanently. However, there is effective **treatment**, which, for many infected people, can help them feel healthy and live a long time.

⁴ CDC. HIV Statistics. Accessed at www.cdc.gov/HIV/basics/statistics.html, March 26, 2016.

How is it treated?

HIV infection can usually be **controlled with treatment**, anti-retroviral therapy, or ART. Aggressive treatment lowers the level of virus in the blood, and immune cell damage is slowed.

Once the illness AIDS develops, however, immune cells cannot be restored. This is why it is so **important for people to find out early that they are infected** and to take medication to **prevent progression to AIDS**. Treatment of AIDS must fight many infections while it also tries to control the HIV infection.

How can it be prevented?

There is currently no vaccine to prevent HIV infection, and using latex (or polyurethane or polyisoprene, if latex-allergic) condoms consistently and correctly reduces the risk of sexual transmission. Additional measures to reduce risk include avoiding high-risk partners, and getting tested.

According to the CDC, “Latex condoms, when used correctly and consistently, are highly effective in preventing the sexual transmission of HIV.”⁵

While there is no vaccine, some people take **prescription anti-retroviral pills** to prevent infection from an ongoing high-risk situation. This is called Pre-Exposure Prophylaxis, or PrEP. There is also a Post-Exposure Prophylaxis, or PEP, available for people who are concerned about a single high-risk event which may have exposed them to HIV. PEP must be started within 72 hours of the suspected exposure to HIV and continued for 28 days.

Source: CDC. HIV Basics. Accessed at: <http://www.cdc.gov/hiv/basics/index.html>, Dec. 29, 2014.

VII. Human Papillomavirus (HPV)

What is it?

This infection—really a group of **viral infections**—is caused by one of about 30 types of Human Papillomavirus (HPV).

Some types of HPV can cause genital warts, which can occur around the genitals and anus.

Other types of HPV can cause cells to become abnormal (“dysplasia”), and these cells may even develop into cancer. Dysplasia and cancer can occur on the female’s cervix, and also on the vulva, vagina, anus, penis, or throat.

How do you get it?

A person gets genital HPV infection from **sexual contact** with an infected person through **vaginal, oral, or anal sex**. HPV can be transmitted “skin to skin” even without penetration. The HPV virus enters through skin or mucous membrane (internal surface) of the person.

Rarely, a newborn baby can get HPV infection in its throat during birth from a mother with genital warts.

What does it do to a person?

The HPV virus lives in the skin or mucous membrane (internal lining) of the genitals or anus. Most people who have had sex have had some type of HPV, and most have **no symptoms**; HPV infection most commonly **goes away without treatment**. That is, most people—but not all—are able to “clear” HPV infection with their immune system.

Some types of HPV can cause **genital warts**. Symptoms of warts include noticing soft bumps, sometimes with itching or irritation, around the genitals or the anus. The warts may stay the same size, get larger or more numerous, or get smaller and go away, even without treatment. Warts are not dangerous, but they are quite contagious, as well as uncomfortable or embarrassing.

“High-risk” types of HPV, if they persist, may cause the development of abnormal cells on the cervix (“dysplasia”). Dysplasia can progress to **cancer** of the cervix if not detected and treated.

⁵ CDC. Condom Effectiveness, Fact Sheet for Public Health Personnel, accessed at

www.cdc.gov/condomeffectiveness/latex.html, March 25, 2016.

Dysplasia and early cancer generally have no symptoms. This is why Pap smears of the cervix are so important to detect abnormal cells and treat them before they become cancer. Pap smears can also find cancer early enough to be treated and cured.

Similar dysplasia and progression to cancer can also occur on the vulva, vagina, anus, penis, or throat.

How would a person know that they have it?

The only way to know for sure if you have HPV infection, genital warts, dysplasia or cervical cancer is to **get examined and tested**. Most people with genital HPV infection have no symptoms and do not know they are infected.

Genital warts are diagnosed by a health provider looking at the genital and anal areas. Dysplasia is detected by Pap smears. Women should have Pap smears beginning at age 21. HPV testing can be used in women ages 30 to 65, in addition to Pap testing.

How common is it?

Genital HPV infection is **extremely common**! Nearly 80 million people in the U.S. are infected.⁶ Most genital HPV infections cause no symptoms and go away on their own, even without treatment. However, some infections cause warts, and others cause dysplasia and possibly cancer.

Is it curable?

Most genital HPV infections are cleared by the body's natural defenses. However, if the body does not clear the HPV infection naturally, genital HPV infection **cannot be cured** by medication or surgery. However, HPV infections can be treated.

How is it treated?

Genital warts can be treated with a variety of topical medications (e.g., creams), with freezing, or with surgery.

Abnormal Pap smears are followed and investigated to diagnose important **dysplasia or cancer**. Severe or persistent abnormalities on a Pap smear are generally investigated by doing colposcopy, an office procedure examining the cervix, often with biopsies (taking samples of cervical tissue to send to the laboratory for diagnosis). If dysplasia or early cancer is confirmed by these tests, **treatment may require surgery or freezing** treatments to eliminate the problem abnormality.

How can it be prevented?

HPV Vaccine is recommended for both boys and girls at age 11 or 12, although it can be given as early as age 9.

"Catch-up" HPV vaccines, for those who did not receive vaccine when they were younger, are recommended for:

- males through age 21
- females through age 26

The vaccine is also recommended through age 26 for men who have sex with men; men with HIV; and men with compromised immune systems, if they did not receive HPV vaccine when they were younger.

Correct and consistent use of latex (or polyurethane or polyisoprene, if latex-allergic) **condoms** reduces the risk of HPV and HPV-related diseases. The virus can infect areas that are not covered by a condom, and therefore condoms may not give full protection.

Source: CDC. Genital HPV Infection - Fact Sheet.

Accessed at: <http://www.cdc.gov/STD/hpv/STDfact-hpv.htm>, September 18, 2016.

VII. OTHER STIs

Pubic Lice ("Crabs")

Pubic lice are **parasitic insects** found on the genital areas. They are transmitted sexually, but can occasionally be transmitted by sharing a bed, towels, or clothes. Pubic lice cause itching, and are diagnosed by finding the lice in the genital area, or their eggs ("nits") attached to pubic hairs.

⁶ CDC. Human Papillomavirus. Accessed at www.cdc.gov/hpv/parents/index.html, March 23, 2016.

Treatment consists of **topical medications** (used externally on the skin and pubic hair) that kill the lice and nits. Sexual partners must be treated, and the clothes, towels, and bed linens must be washed also.

Source: CDC. Lice - Pubic "Crab" Lice. Accessed at: <http://www.cdc.gov/parasites/lice/pubic/>, Dec 29, 2014.

Bacterial Vaginosis ("BV")

Bacterial vaginosis (BV) is a common condition in which a woman's normal vaginal bacteria are replaced by an **overgrowth of certain bacteria**. Women with BV may have a vaginal **discharge**, **odor**, or irritation.

The cause of BV is not known, and it is **not clear that it is acquired sexually**. However, it is rare in women who have never had sex, and it is more common in women with a new partner or with multiple partners. **Douching** (washing the vagina with fluids) increases the risk of BV.

BV can increase the risk of pelvic inflammatory disease (**PID**) occurring after gynecologic surgery. It can also increase the risk of **premature labor** in pregnant women. In addition, BV may cause irritation that makes it easier to transmit or become infected with **HIV**, if **exposed**.

BV is treated with antibiotics (vaginally or orally), but it often comes back. Sexual partners are not usually treated.

Source: CDC. Bacterial Vaginosis (BV). Accessed at: <http://www.cdc.gov/STD/bv/default.htm>, Sept 18, 2016.

Scabies

Scabies is a skin infestation with a microscopic mite, which is transmitted by close personal contact, including sexual activity. The mite burrows under the top layer of the skin and lays eggs there. Symptoms include intense itching. The infestation is treated with topical prescription medication.

Source: CDC. Scabies. Accessed at: <http://www.cdc.gov/parasites/scabies/>, Dec 29, 2014.

Molluscum Contagiosum

Molluscum contagiosum is a skin disease caused by a virus. It is transmitted **skin-to-skin**, most often during sexual activity. However, it can be transmitted by touch, clothes, towels, or swimming pools. Children can get Molluscum without sexual contact, usually on the face, trunk, arms, or legs.

Molluscum causes small smooth round **bumps** with a small dent in the center, on or near the genitals. Sometimes the bumps can itch. Treatment with topical chemicals or freezing is available from a health care provider.

Source: American Sexual Health Association. Molluscum Contagiosum. Accessed at: <http://www.ashasexualhealth.org/STIsstis/molluscum-contagiosum/>, December 29, 2014.

Chancroid

Chancroid is a rare bacterial infection of the genital area, with painful **ulcers** or sores, and swollen lymph glands. It is spread by skin-to-skin sexual contact, and can be cured with antibiotics.

Source: CDC. Other Sexually Transmitted Diseases. Chancroid. Accessed at: <http://www.cdc.gov/STD/stats13/other.htm>, Sept 29, 2016.

Lymphogranuloma Venereum (LGV)

LGV is an uncommon disease, which is caused by certain types of Chlamydia trachomatis bacteria. The infection causes tender swollen lymph nodes in the groin area. It can also cause ulcers in the genital area and inflammation of the rectum. The infection is curable with antibiotics.

Source: CDC. 2010 STI Treatment Guidelines. Lymphogranuloma Venereum. Accessed at: <http://www.cdc.gov/STD/treatment/2010/genital-ulcers.htm#a4>, September 18, 2016.

Facilitator Resource: Common Questions and Answers about STIs

1. Is a vaginal yeast infection a sexually transmitted infection (STI)?

No, yeast infections are not STIs. They occur in females who have never had sex, as well as in those who have had sex. The cause is an overgrowth, or imbalance, of yeast organisms that outnumber the normal bacteria. Usually a yeast infection causes a thick white vaginal discharge and itching.

2. If it hurts when I pee, does that mean I have an STI?

Maybe. Burning or discomfort with urination can be a symptom of Chlamydia, gonorrhea, genital herpes, or Trichomonas. However, there are other things besides STIs that can cause a feeling of burning when someone pees. Urine infections are common among females, and less common among young men. Urine infections are not STIs. Vaginal yeast infections can cause this symptom, too.

3. Is it possible to get an STI if both partners are virgins?

If neither partner has ever had sexual contact, then it is very unlikely they will have an STI or give one to their partner. However, many people do not tell the whole truth about their past, and many people do not talk to their partner about their—or their partner's—past. Also, a person can get HIV without ever having sex, if they shared needles.

4. Can you get HIV or other STIs from kissing?

There is no evidence that kissing mouth-to-mouth transmits HIV through saliva. However, if semen, blood, or vaginal fluid from an HIV-infected person contacts the mouth, HIV infection can occur. If the person with HIV has sores or bleeding gums, HIV can be spread through open-mouth kissing.

Oral sex (mouth-to-penis or mouth-to-vagina) can transmit gonorrhea, Chlamydia, and HPV, but kissing mouth-to-mouth does not.

Oral sex (mouth-to-penis or mouth-to-vagina) can transmit Syphilis and Herpes. Kissing mouth-to-mouth can also transmit syphilis or herpes if there are sores in the mouth. (Of course, herpes in the mouth is “fever blisters” or “cold sores”—not genital herpes).

5. Can you get an STI from toilet seats or hot tubs?

No, HIV and other STIs are not transmitted by toilet seats or hot tubs.

Facilitator Resource, Cont.

7. Can STIs come back after treatment?

Some STIs can be cured (gonorrhea, Chlamydia, Trichomonas, and syphilis), but after the cure, a person can be re-infected if they are re-exposed to these infections. For HIV, Herpes, and HPV, these infections are not cured when they are treated. The symptoms may improve with treatment, but the infection remains and can cause problems again after the treatment is stopped. Also, there are many types of HPV; even if a person has had one type of HPV, they can get other types.

7. Can a female who has had an STI get pregnant?

Yes, a female can get pregnant after having an STI. Complications of gonorrhea or Chlamydia can cause problems getting pregnant, but most women who have these STIs do not have any difficulty getting pregnant. Complications of gonorrhea and Chlamydia can cause a male to be unable to cause a pregnancy, but this is rare. Most males who have these STIs have no difficulty causing a pregnancy.

8. Does a person need to get tested if they know everyone their partner has been with?

Yes. Knowing a person does not tell you if they are infected or not. The only way to know for sure is to get tested. It is important to remember that, the more sexual partners a person has in their lifetime, the more likely it is that they will get an STI (or more than one STI!)

9. Does a person who has always used a condom need to get tested?

Yes. Although latex (or polyurethane or polyisoprene, if latex-allergic) condoms are effective at reducing the risk of STIs, they are not perfect. Even people who use condoms should get tested for STIs.

10. If a person's test was positive for STIs, the clinic would have called them, right?

Maybe not. Some clinics call, and some don't. Even the clinics that call may have lost your phone number, or written it down wrong. Call the clinic back and ask for your results.

11. How much does it cost to get tested?

Most cities have a local health department, as well as other agencies and health providers who test and treat for STIs, including HIV. Many of these provide free or discounted services to teens. The facilitator may want to call selected agencies to ask what teenagers would be charged for STI testing.

12. Do I have to have my parent's permission to get tested?

No. All 50 states have laws that allow minors to get testing and treatment for STIs without their parents' knowledge or consent. Prior to the class, the facilitator should identify agencies and bring key telephone numbers to the session.

BIG DECISIONS NS

LESSON 9

STAYING HEALTHY AND ON TRACK: Defending My Limits

BIG DECISIONS

STAYING HEALTHY AND ON TRACK: Defending My Limits

Objectives

- Review effective ways to give a CLEAR "no"
- Practice saying "no" to activities that are beyond your personal limits
- Demonstrate the ability to say "no" effectively to having sex; to having sex without a latex¹ condom; and to having sex without effective contraception
- Prepare to talk with a parent or other trusted adult about having children

Activities

- 9.1 – Defending My Limits – 5 minutes
- 9.2 – Role-Play Situation #1: After School – 15 minutes
- 9.3 – Role-Play Situation #2: Prom Night – 20 minutes
- 9.4 – Talking about Having Children Homework – 5 minutes

Materials Needed

- Black/whiteboard; or Newsprint tablet, Markers, and Easel
- A CLEAR "NO" Poster from Lesson 6 (slide and projection setup)
- "Some Guidelines about Sex" Poster from Lesson 6 (slide and projection setup)
- Student Worksheet for Activity 9.2: Situation #1 (After School)
- Student Worksheet for Activity 9.3: Situation #2 (Prom Night)
- Student "Reviewer" Feedback Worksheet for Activities 9.2 and 9.3
- Talking about Having Children "Homework" for Activity 9.4
- Ground Rules Newsprint Sheet from Lesson 1
- "Key Messages" Poster from Lesson 1 (slide and projection setup)
- Question Box

¹ or polyurethane or polyisoprene, if latex-allergic

LESSON 9 Outline, Continued

BIG DECISIONS

Materials and Resources Included

- A CLEAR "No" Poster from Lesson 6
- Student Worksheet for Activity 9.2: Situation #1 (After School)
- Student Worksheet for Activity 9.3: Situation #2 (Prom Night)
- Student "Reviewer" Feedback Worksheet for Activities 9.2 and 9.3
- Talking about Having Children "Homework" for Activity 9.4

BIG DECISIONS NS

LESSON 9

STAYING HEALTHY AND ON TRACK: Defending My Limits

Notes for Facilitators

Overview of the Lesson

Lesson 9 provides a chance to review basic principles from earlier lessons, anticipate difficult situations, and rehearse refusal skills.

Activity 9.1 provides reinforcement of the rights and responsibilities ("Guidelines about Sex") and refusal skills ("A CLEAR 'No'") that were included in Lesson 6. Students are also reminded about their decisions and the limits they set for themselves in earlier lessons.

Activity 9.2 provides a relatively structured role-play between "Angel" (a male) and "Angel's Friend", which can be a person of any gender. Angel does not want to have sex without a latex (or polyurethane or polyisoprene) condom, but Angel's Friend pressures him. Students first write their response "lines" as Angel, and then student pairs act out the scenario, with Angel's Friend serving as a Reviewer and giving Angel feedback on how CLEAR his "No" is.

The students of each pair then reverse roles and act out the scenario again, followed by feedback.

One pair volunteers to act out their scenario in front of the class. The class provides feedback about "Angel's" CLEAR "No" and also about how "Angel's Friend" might interact *without* pressuring "Angel".

Activity 9.3 is a role-play entitled "Prom Night." Student pairs join with another pair to form a team to create and write the situation. They give the characters names and write the first line or two for them to say. Then the pairs act out the scenario and give each other feedback, as is Activity 9.2.

The exercise is repeated with the roles again reversed, and one volunteer pair gets to act out their scenario in front of the rest of the class. The class provides feedback and discusses the situation.

In **Activity 9.4**, students are then given a homework assignment of talking with a parent, guardian, or other trusted adult about when might be a good time for a person to have children and become a parent.

The Importance of Role-Play Practice

This lesson offers several opportunities for role-play activities. Participation in role-play activities is an essential and critical part for the program. Through the role-plays, students develop both their verbal and non-verbal refusal skills.

The role-plays also serve as model that normalizes effective refusal behavior.

It is important that facilitators discourage students giving the "person doing the pressuring" positive reinforcement. For example, if the person doing the pressuring gets a big laugh or applause for their "lines", that will reinforce behavior that is not desirable.

Facilitators can say, "The point of this activity is to practice the healthy behavior of resisting pressure. All of the groups should focus on that role more than on the one doing the pressuring."

Role-Play Names

As in other lessons, facilitators should point out that the scenarios in this lesson's activities are not about actual students. Even if there is a student with the same name as a scenario character (i.e., Angel), the story is not

about them. Facilitators may wish to change the names of the characters in the scenarios and role-plays, to avoid students thinking that the scenario is about them specifically.

Facilitators may also change role-play names to names that fit the student population that they are working with.

Before the Lesson

The facilitator should read the lesson carefully before the classroom session. The main preparation task is to prepare three posters to display or project: **Some Guidelines about Sex; A CLEAR "No";** and **Key Messages.**

For each student, the facilitator also needs to prepare **Individual Student Worksheets** for each of the two role-plays, as well as the **Reviewer's Worksheet**, for Activities 9.2 and 9.3.

Each student should also receive a copy of the **Worksheet for the Talking about Having Children Homework.**

Activity 9.1

Defending My Limits – 5 minutes

Tell the students:

"In this lesson, you will have the opportunity to put together all you have learned and decided in the *Big Decisions* program.

"You will have opportunities to practice defending your limits, so you can avoid STIs and unplanned pregnancy, and have a better chance to stay healthy and to reach your goals and dreams."

Display and review the **Key Messages Poster.**

Point out that it outlines what young people can do to reduce their risks.

Now ask the students:

"Can you remember all three of the 'Guidelines about Sex' that we talked about?"

Encourage the students as they say what they remember.

Now display the “Some Guidelines about Sex” Poster. Ask the students to comment on what they missed and what they remembered correctly.

Reinforce:

“These guidelines are about both rights (to refuse something) and responsibilities (not to pressure anyone).”

Next, ask the students if they remember what the letters stand for in a CLEAR “No”. If needed, write on the board or newsprint:

C -

L -

E -

A -

R -

After the students have a chance to fill in the tips for resisting pressure, display and review the CLEAR “No” Poster.

Tell the students:

“In this lesson, you will have a chance to practice using your CLEAR ‘No.’

“You will consider situations where you might be pressured about sex. Even though it is never OK to pressure someone for sex, it does happen sometimes.

“It is important to be ready to handle these situations, so that you can stick to your limits.

“Sticking to your limits is part of what you can do to stay healthy, achieve your goals, and reach your dreams.”

Activity 9.2

Role-Play Situation #1: After School –15 minutes

Ask the students to form groups of 2. If there are an odd number of students in the class, one group can have 3 students.

Pass out the **Student Worksheets (one for each scenario)** and the **Feedback Worksheet**, so that each student has one of each.

Ask for a student volunteer to read Situation #1 (After School) aloud.

Now ask the students:

"Please note that Angel's Friend can be a person of any gender.

"Please write some strong 'lines' for Angel to say in the scenario. Please write both what Angel will say and how Angel will say it, to give a CLEAR 'No' in the situation."

Give the students about 2 minutes to complete their lines. When all have completed writing their lines for Angel, ask all the pairs of students to act out Situation #1 at their seats. Tell the students:

"The student playing 'Angel's Friend' reads Angel's Friend's lines, and the student playing Angel acts out the lines they wrote themselves.

"When you have finished acting out the scenario, Angel's Friend provides feedback to Angel using the **Feedback Worksheet**, and they can discuss what Angel did well and how Angel could have given a clearer 'No'."

Give the pairs 2 minutes or so to complete the scenario and provide feedback.

Now ask the students to reverse roles, so that everyone has a chance to act out the lines they wrote for Angel.

Once again, ask Angel's Friend to give feedback to Angel by filling out the **Feedback Worksheet** and discussing with the person playing Angel how well they gave a clear "No".

If there are 3 people in a group, the third person can act as the Reviewer instead of the person playing Angel's Friend. In a group of 3, for one of the role-plays, two students can play Angel at the same time, with each taking a turn at the conversation. The person playing Angel's Friend can review them both.

When they have finished the role-play and feedback, ask the students:

"Which of our pairs might be willing to act out their role-play in front of the class? Please come up to the front to share with the rest of the class."

Once their role-play is complete applaud the volunteers. Ask the players:

"How did it feel to do this role-play as Angel? How did it feel to play Angel's Friend?"

Students may comment that they were nervous, or that it felt good to say “no” in a clear and powerful way. Students playing Angel’s Friend may express discomfort at having to pressure someone, knowing that it is never OK to pressure someone for something sexual.

Ask the class:

“What did this Angel do or say that made his ‘no’ particularly effective?”

Acknowledge comments and point out positives that you observe.

Ask the class:

“What could Angel’s Friend have done or said to avoid pressuring Angel?”

If needed, suggest that Angel’s Friend could have asked permission (instead of just saying what they wanted). Or Angel’s Friend could have asked Angel what *he* wanted, or could have not been so insistent over and over.

Ask the class to applaud for the volunteers as they take their seats.

Next ask the class:

“What do you all think of this situation? Angel said, basically:

‘no condom, no sex.’

“Is that OK for Angel to refuse to have sex without a condom?”

Acknowledge the responses. Reinforce that the third ‘Guideline about Sex’ says that everyone has the right to say ‘no’ to sex without a condom.

Ask the class:

“How realistic do you think this role-play situation is? Is this something that you think might really happen in students’ lives?”

Acknowledge student comments and thank the students for their participation in the discussion.

Activity 9.3

Role-Play Situation #2: Prom Night – 20 minutes

Now ask each pair to join with one other pair, so that they form teams of four. If needed, a team can be as small as 3 or as large as 6.

Tell the class:

"For Situation #2, each team is asked to create their own scenario, called 'Prom Night'.

"Please develop a situation where there are two young people on a Prom date. One of them wants to have sex, but the other one does not.

"Maybe the one who doesn't want to have sex just changed their mind.

"Maybe they don't want to have sex without a condom.

"Or maybe they don't want to have sex without both a condom and birth control.

"You and your team write some key words for the situation, the names of the people, and make up one or two lines to start their conversation.

"The rest of the conversation can be created as you play your roles."

Give the teams 5 minutes to agree on a situation and write some key words about the situation.

Give the students another minute or 2 to write one or two "lines" to get the conversation started. When this is done, ask the original pairs of students to act out Situation #2 at their seats, with each student taking one of the roles.

Ask the student playing the person who wants to have sex to be the Reviewer of the other student's CLEAR "No", using the **Feedback Worksheet**.

Allow time for the pairs to act out their situation, and then ask the Reviewers to fill out the Feedback Worksheet and go over it with their role-play partner.

Then reverse roles, and the other student of the pair plays the opposite role. Allow time for the pairs to act out their situation again, and then ask the Reviewers to fill out the Feedback worksheet and go over it with their role-play partner.

Note: If there are 3 people in a group, the third person can act as the Reviewer instead of the person playing the one doing the pressuring. Again, for one of the role-plays, two students can play the person being pressured at the same time, and the one doing the pressuring can review them both.

When all have finished their feedback, lead a brief large-group discussion.

Some questions that may be helpful to ask the class include:

"Please share about your situations. What situations did you create?

"What did your characters do?

"How did they talk to each other?"

"What surprised you about these conversations?"

Ask for a pair of students to volunteer to act out their situation and lines for the class.

After they act out their scenario, ask for feedback from the rest of the class.

Questions helpful to ask the class include:

"What do you all think of this situation and how they handled it?"

"What do you think the one who was being pressured did well in saying 'no'?"

"How could the one doing the pressuring have acted differently, so that they stayed within our Guidelines that it is NEVER okay to pressure someone for sex?"

Acknowledge their responses, and thank the volunteers for their creativity and performance.

Reinforce:

"Everyone has a right to say 'no' to sex....

"And everyone has a right to say 'no' to sex without a latex (or polyurethane or polyisoprene) condom...

"And everyone has a right to say 'no' to sex without both a latex (or polyurethane or polyisoprene) condom and contraception."

If there is time, ask another pair from another team to act out their situation and lines. Facilitate a similar discussion of this different situation.

Thank all the students for their creativity and insights.

Activity 9.4

Talking about Having Children Homework – 5 minutes

Pass out the **Homework Worksheets**, so that each student has one. Explain that you are asking each student to "interview" a parent, guardian, or another trusted adult about having children.

Remind the students that "Homework" assignments like this can help start an important conversation about the future. Talking with parents or other trusted adults can help youth and parents better understand each other, as well.

Explain that there are 2 questions for the student to ask about the timing of having children, and the student is to write the answers.

Ask the students to complete this “Homework” by the next *Big Decisions* lesson (or by another deadline that you set) and return the completed papers, with the completed date of the interview, the signature of the parent or adult, and the name of the student. Tell the students that their interview results will be counted as completed, but that the information will not be shared with anyone.

Congratulate the students on their ability to demonstrate their skills, and thank them for their creativity.

Student Worksheet for Activity 9.2

Situation #1: After School

SITUATION: Angel has talked and flirted with someone at school who he really likes. Angel thinks this friend likes him, too, but he is not sure.

Angel has decided that avoiding HIV and other STIs is really important to him, and he will not have sex without a latex² condom.

After school, Angel goes over to his friend's house to work on a school project, and the two of them are alone. At first, they work together on the project, but soon they are kissing and touching. Angel is thrilled that this friend is attracted to him.

When Angel's friend starts touching him under his clothes, Angel pulls back and asks, "Do you have a condom?"

DIRECTIONS: Fill in the blanks with what Angel should say or do to say "no" effectively:

Angel's Friend: No, but this feels so good....Let's go to my bedroom.

Angel: _____

Angel's Friend: We don't need a condom. We can be careful. Besides, I don't have a disease or anything.

Angel: _____

Angel's Friend: Going to get condoms will spoil the moment.

Angel: _____

Angel's Friend: Don't worry. Nothing bad will happen.

Angel: _____

Angel's Friend: OK, OK. I'll wait until we have a condom.

² Or polyurethane or polyisoprene condoms, if the person or a partner is latex-allergic

Student Worksheet for Activity 9.3

Situation #2: Prom Night

Each team is asked to create their own scenario. Please develop a scenario where there are two young people on a Prom date. One of them wants to have sex, but the other one does not.

Maybe the one who doesn't want to have sex just changed their mind. Maybe they don't want to have sex without a latex² condom. Or maybe they don't want to have sex without both a latex² condom and birth control. You and your team write the situation.

Please Write Your SITUATION Here: _____

Give them some names and write 1 or 2 "lines" to get the conversation started:

NAME : "LINE" _____

_____ :

_____ :

_____ :

_____ :

_____ :

_____ :

Student “Reviewers” Feedback Worksheet for Activity 9.2 & 9.3

*Please give your feedback to the person resisting pressure in the scenario.
Put an “X” in the box that fits your opinion.*

How well did this person....?

Situation #1: After School	Not at All	Pretty Well	Very Well
Say a Clear “No”: - Said the word “no”, repeated it, said “no” clearly			
State his or her Limits : - Said “I don’t” or “I won’t”			
Emphasize it: - Used strong body language, a strong voice			
Suggest an Alternative : - Suggested they do something else that would be realistic and safe			
Run , if necessary: - Indicated that he or she would leave, if needed			

How well did this person....?

Situation #2: Prom Night	Not at All	Pretty Well	Very Well
Say a Clear “No”: - Said the word “no”, repeated it, said “no” clearly			
State his or her Limits : - Said “I don’t” or “I won’t”			
Emphasize it: - Used strong body language, a strong voice			
Suggest an Alternative : - Suggested they do something else that would be realistic and safe			
Run , if necessary: - Indicated that he or she would leave, if needed			

Activity 9.4:
Talking about Having Children “Homework”

Please talk to your parent or another trusted adult to ask these questions.

The student is the interviewer and asks the questions.

The student should also write down the parent's answers.

1. From your experience, when do you think it is a good time to get pregnant (or get someone pregnant) and have a child?

2. What do you think is important to have in place before having children?

Parent/Adult Signature: _____

Student Name: _____

Date of Interview: _____

BIG DECISIONS NS

LESSON 10

OVERCOMING CHALLENGES: Big Decisions

OVERCOMING CHALLENGES: Big Decisions

Objectives

- Reflect on conversations with parents about having children
- Consider ways that your personal limits might be challenged
- Demonstrate strategies to overcome challenges to your limits
- Reinforce the connection between defending your limits and achieving your goals
- Celebrate completion of *Big Decisions*

Activities

10.1 – Homework Review: Talking about Having Children – 5 minutes

10.2 – Goals and Challenges – 10 minutes

10.3 – Write Your Own Challenge Situation – 20 minutes

10.4 – *Big Decisions* Graduation – 10 minutes

Materials Needed

- Individual Student Worksheets for Activity 10.2: Goals, Limits, and Challenges
- Student-Group Worksheet for Activity 10.2: Write your Own Challenge Situation
- *Big Decisions* Completion Certificates for each student
- Large envelope for completed Student Worksheets
- Chalkboard, or Newsprint tablet, Markers, and Easel
- Ground Rules Newsprint Sheet from Lesson 1
- KEY MESSAGES Poster from Lesson 1
- CLEAR “No” Poster from Lesson 6
- Question Box

Materials & Resources Included

- Individual Student Worksheets for Activity 10.2: Goals, Limits, and Challenges
- Student-Group Worksheet for Activity 10.2: Write your Own Challenge Situation
- *Big Decisions* Completion Certificate

BIG DECISIONS

LESSON 10

OVERCOMING CHALLENGES: Big Decisions

Notes for Facilitators

Overview of the Lesson

This lesson “puts it all together”, reinforcing the limits that students set for themselves and increasing their ability to defend those limits. The lesson focuses on reaching goals, setting limits, recognizing challenges, and overcoming challenges.

First, students de-brief about their homework talking with a parent or other trusted adult about having children.

Students work in small groups to develop scenarios that demonstrate challenges they face and ways they may overcome those challenges. Students act out role-plays in their small groups, and one or two of the groups demonstrates their role-play challenge.

Finally, the students celebrate completion of *Big Decisions* and receive **Certificates of Completion.**

The facilitator will need to watch the time during this lesson, to allow completion of all the activities.

If there is extra time available, the facilitator can answer questions from the Question Box, or from students. Alternatively, the facilitator can use any extra time for an additional group to demonstrate their role-play challenging situation in front of the class.

Homework Discussion

The lesson begins by reviewing the students' experiences talking with a parent or other trusted adult about having children. This is done through a large-group discussion.

Although some students may not have completed the assignment, they can still benefit from the discussion. If few students have completed the assignment, the facilitator can base the discussion on what students think their parent or guardian would tell them.

The facilitator should take care to respect parental viewpoints described. The questions and discussion are designed to be nonjudgmental about what the students report from their conversations.

Linking Goals to Defending Limits

Activity 10.2 is designed to refer back to the dreams that students envisioned and the goals they set in Lesson 2. This lesson strengthens student understanding of the link between setting and defending healthy sexual limits and achieving their goals.

The facilitator leads a large group discussion, and students fill out the Individual Student Worksheet as they progress through the activity. The group discussion prepares students to answer the questions individually.

The review includes:

- touching on how a pregnancy (or another pregnancy) might affect students' achieving their goals;

- reviewing the Key Messages, which describe two choices to avoid pregnancy and HIV/STIs: 1) abstinence; or 2) latex condoms¹ and effective contraception); and
- students restating their limits regarding sex

The activity then explores what situations might challenge students' limits and what students can do to overcome these challenges. Again, the large-group discussion sets the stage for students to complete their individual worksheets.

Challenge Situations

Activity 10.3 asks small groups to develop situations and write scripts to demonstrate effective ways to defend one's limits in challenging situations. The students practice their role-plays in their small groups, and then one of the groups performs their role-play in front of the class. The class discusses the situation and the role-play. If there is time, another group can demonstrate their writing and acting skills.

Note that extra copies of the Student-Group Worksheets for the Activity are recommended, in case one or more of the groups asks for a clean worksheet to re-write their situation and dialogue.

The facilitator will need to watch the time for this activity to ensure there is enough time to wrap up with the certificate presentations.

Before the Lesson

To prepare for the lesson, briefly review Lessons 2 and 6, in addition to reading over this lesson and its materials.

If possible, have the students bring or take out their Dream Board with its goal from Lesson 2.

Prepare the certificates for the students ahead of time. Make copies and fill in their names; then sign and date the certificate.

¹ Or polyurethane or polyisoprene condoms, if the person or a partner is latex-allergic

Activity 10.1

Homework Review: Talking about Having Children – 5 minutes

Welcome the class and let them know:

"This is the last of the *Big Decisions* lessons. At the end of this lesson, you will be able to celebrate completion of the program."

Ask the class to talk about doing the homework with their parent, guardian, or other trusted adult. Questions that may be helpful in prompting a brief discussion include:

"What was it like to talk with a parent or other adult about having children?"

"What surprised you about what your parent or other trusted adult said?"

"Do you think that people your parents' age, or the age of your trusted adult, see having children differently than people your age do? What do you think is the same, and what is different?"

Important points to include in the discussion include:

- Parents and trusted adults may consider it best to wait until completing high school, or college, before having children or having more children.
- Timing can be important, both for parents and for their children.

Tell the students:

"Deciding when and if to get pregnant and have children is an important part of your goals and dreams."

Thank the students for their participation and collect their homework papers.

Activity 10.2

Goals and Challenges—10 minutes

Pass out the **Individual Student Worksheets for Activity 10.2: Goals, Limits, and Challenges**, so each student has one. Ensure that each student has something to write with. If possible, have the students bring their "Dream Boards", or provide them access to them for this lesson.

Write on the board or newsprint "Goals". Ask the students:

"Please think back to Lesson 2, and the 'Dream Board' you made, and the goals you set for yourself."

Would some of you be willing to share one of your goals with the rest of the class?"

If no students offer to share their goals out loud, ask if they remember some of the goals that youth their age might have. (The facilitator can offer 1 or 2 goals from Lesson 2, to get the conversation started.)

Responses might include:

- To graduate high school and go to college
- To get a great job and have lots of money
- To have someone to love them (a close romantic relationship)
- To have a nice house and a nice car

Acknowledge the responses and add any goals from Lesson 2's Activity 2.1 discussion that you feel are key for this class.

Ask the students:

"Thinking about your goals and dreams, how would having (or causing) a pregnancy in the next year—or another pregnancy, if you have already experienced pregnancy—might affect your progress toward your goals?"

Possible responses include:

- Having a baby, or another baby, could make it harder to stay in school or go to college
- Having a baby, or another baby, could mean less money for college or other things

Acknowledge their responses, and indicate that pregnancy and having children can be joyful and wonderful. But the timing is important, too.

Ask the students:

"Thinking about your goals and dreams, how could getting HIV or another STI affect you and your progress toward your goals?"

Possible responses include:

- Contracting HIV or another STI could affect your health
- Contracting HIV or another STI could threaten your romantic relationships.

Acknowledge the responses and indicate:

"Getting HIV or another STI is not joyful or wonderful. These infections can make you sick, and some mean that you need treatment. In the case of HIV, people need to take medication for the rest of their life."

Now write on the board "Limits," and remind the class:

"In previous lessons, you also thought about what your limits would be, with regard to sex, to reduce your risks of pregnancy and STIs."

Display and point to the **Key Messages Poster**, and remind them of some of the limits that the *Big Decisions* program wants them to know about:

- Not having sex (the most effective choice to prevent both pregnancy and STIs); and,
- for youth who do have sex, using both latex condoms² (correctly, every time) and effective contraception.

Point out that the situations and role-playing in *Big Decisions* have focused on sticking to your limits about sex, as well as about healthy relationships and respect.

Now ask the students to focus on their **Individual Student Worksheets** and write their own answers to the first 2 questions: 1. MY GOAL and 2. MY LIMITS. Read the questions aloud, if needed. Point out that these answers are to be confidential, so they should not write their name on the paper.

Give the students one to two minutes to complete their answers. Ask them to fold their papers in half, so their answers can remain confidential.

Next, write on the board "Challenges" and ask the class:

"What kinds of things or situations might challenge your ability to stick to your limits?"

Possible challenges that students list might include:

- Being in a situation where everybody else is doing something that is beyond your limits
- Feeling that you need to do something to "fit in"
- Drinking alcohol or taking drugs might affect your judgment and your ability to say "no"
- Feeling attracted to somebody
- Being with someone a lot older than you
- Trying to impress someone
- Your friends are pressuring you to do something
- Not having a way home if you wanted to leave
- Worrying that someone will break up with you if you stick to your limits

² Or polyurethane or polyisoprene condoms, if the person or a partner is latex-allergic

- Not having money to buy condoms
- Not having health insurance or a regular source of health care

As each of the challenges is listed, write on the board or newsprint one or two words to represent the challenge students refer to and ask the student how that situation might be challenging.

The facilitator can also validate the challenges brought up by students by remarking how that challenge is something that many young people list; or how you can understand how that situation is challenging.

Now write on the board “Overcoming Challenges”. Ask the students how they can overcome these challenges. What can they do to stick to their limits, even when they are challenged?

Answers and ideas might include:

- Using the techniques from the CLEAR “No” Poster:
 - Saying **C**learly the word “no”
 - Stating your **L**imits with “I won’t” or “I don’t” statements
 - **E**mphasizing your limits with a strong voice and body language
 - Suggesting an **A**lternative—something else to do
 - “**R**unning”, or leaving the area, if needed
- Avoiding the situation in the first place, e.g.,
 - Asking about a situation before you agree to go, e.g., to a party or to someone’s house
 - Choosing friends who don’t pressure you
 - Avoiding dating someone who is a lot older than you
- Feeling sure of yourself/self-confidence
- Thinking and deciding about your limits ahead of time
- Talking to your parent, to a trusted relative, or to other adult

(Display the **CLEAR “No” Poster** when it or any of its techniques are mentioned.)

Tell the students:

“Sometimes, no matter how well a person sticks to their limits or says ‘no’, they may still be forced to do something sexual. This is sexual abuse or sexual assault, and it is NOT their fault. No one is ever to blame for their own abuse or assault.”

Now ask the students:

"If you think about the person doing the pressuring, what can you think of that *they* could do to respect your limits?"

Students may offer some of the following responses:

- Start a conversation ahead of time about sex and another person's limits
- Listen to what the other person says the first time
- Think about the other person's needs and wants
- Take "no" for an answer

Reinforce:

"It is the responsibility of both partners' to both avoid pressuring the other person, and to defend their own limits."

Now ask the students to answer Question 3 (MY CHALLENGES) and Question 4 (OVERCOMING CHALLENGES). Read the questions aloud, if needed.

Tell the students:

"This is a chance for you to think about what would be especially challenging for you personally.

"Your answers will be confidential, but you can share your answers later, if you would like to."

Give the students one to two minutes to write down their answers.

When the students have completed Questions 3 and 4, ask if a few students would like to share their ideas about what would be especially challenging for them.

As students describe their challenges, add their situations under "Challenges" on the board, and ask if others might find that challenging.

Ask the students:

"Why do you think this situation would be so difficult?"

"What do you think you could do to overcome these challenges?"

Acknowledge their responses and ask for other suggestions from other students.

Thank the students for sharing their concerns and their ideas.

ACTIVITY 10.3**Write Your Own Challenge Situation—20 minutes**

Divide the class into groups of 3 to 5 for this activity. Pass out the **Student-Group Worksheets for Activity 10.3: Writing Your Own Challenge Situation** so each group has one worksheet.

Ask the student groups to come up with a situation, or **situations**, for a role-play. In the situation, there should be a challenge to someone's limits.

Tell the students:

"There are two components your group will need to create:

- The situation, which explains what is happening; and
- The "lines" for the situation to be acted out in a role-play."

Ask the groups:

"Please create a genuinely challenging situation. Then include strong ways to overcome the challenge.

"Your group will be asked to describe your situation. You will also have the opportunity to act it out in your group.

"One or two groups will be able to act it out for the whole class."

Give the groups 5 minutes or so to talk about their situations, and circulate through the room to help them stay on task.

After 5 minutes, ask the groups:

"Please wrap up your writing.

"Group members, please practice acting out the situation. Be sure to let at least 2 people in your group play each of the roles in your situation."

After the practice (about 4 minutes), ask for a group to volunteer to perform their Challenge Role-Play Situation in front of the class.

After the volunteers complete their role-play, lead the class in applause and appreciation of the volunteer group.

Ask the volunteers:

"What did you find particularly challenging about this situation?

"What do you think was particularly effective in your situation to defend the person's limits?"

Elicit comments from the rest of the class about their observations, as well. Ask them to consider:

"How challenging would you find this situation?"

"How did the player(s) overcome this challenge and stick to their limits?"

"What suggestions do you have for other ways to overcome a challenge like this?"

"How could the student(s) avoid being in this challenging situation in the first place?"

"How could the person doing the pressuring (if there is one) do better and not pressure anyone?"

Now ask the other groups to describe their challenging situations and what the characters in their role-play did to overcome the challenges.

Give each group a minute or so to describe their challenge and how they overcame it.

In the wrap-up for this Activity, points for the facilitator to make include:

"Most people have to deal with challenging situations in their lives.

"Students can use the techniques from the CLEAR "No" Poster (and review the poster, if needed).

"Students can avoid getting into a challenging situation before it happens.

"Students can learn not to pressure another person."

If there is time, invite another groups to volunteer to role-play their situation in front of the class. Discuss the class's observations and suggestions, using the questions above.

Congratulate the groups on their situations and collect both the **Individual Student Worksheets** and the **Student-Group Worksheets**.

ACTIVITY 10.4

***Big Decisions* Graduation — 10 minutes**

Thank the students for all their work in *Big Decisions*. Acknowledge the students' adherence to the Ground Rules they developed in Lesson 1, emphasizing the respect they showed one another.

Tell the students:

"The information and skills you learned in *Big Decisions* can help you reach your goals."

Refer to the **Key Messages Poster** and tell them:

"By choosing and defending healthy limits, you will be more likely to stay healthy and reach your goals."

The final activity of the curriculum is to present each student with a **Certificate of Completion**. Pass out the personalized certificates to each of the students, and congratulate them on completion of the program.

If time allows, the facilitator can answer questions from the Question Box or from the students, or have other groups role-play their challenge situations.

Individual Student Worksheet for Activity 10.2 Goals, Limits, and Challenges

Please do not put your name on this Worksheet

1. **MY GOAL:** One goal I have that could be affected by a pregnancy (or another pregnancy) as a teen is:

2. **MY LIMITS:** In order to avoid a pregnancy (or another pregnancy) and HIV and other STIs as a teen, I will: *(For example: not have sex; or not have sex without latex condoms;³ or not have sex without condoms and contraception)*

3. **MY CHALLENGES:** Something that could make it hard for me to stick to my limits is: *(For example: someone pressures me; or drinking alcohol could affect my judgment)*

4. **OVERCOMING CHALLENGES:** Something I can do to stick to my limits, even in this challenging situation is: *(For example: give a CLEAR "No"; or avoid alcohol)*

³ Or polyurethane or polyisoprene condoms, if the person or a partner is latex-allergic

Student-Group Worksheet for Activity 10.3: Write Your Own Challenge Situation

Situation: _____

Role-Play:

Person 1: _____

Person 2: _____

Person 1: _____

Person 2: _____

Person 1: _____

Person 2: _____

[Continue on the back of this paper, if needed]

CERTIFICATE *of* COMPLETION

THIS ACKNOWLEDGES THAT

HAS SUCCESSFULLY COMPLETED

BIG DECISIONS



Healthy Futures
of Texas

Facilitator

Date



BIG DECISIONS NS

APPENDICES

1. Logic Model
 2. Sample Parent Letter & Consent Form
 3. About the Author
-

Logic Model for Big Decisions Sexual Health Curriculum

Intervention Activities	Determinants of Behavior	Performance Objectives	Intermediate Outcomes	Long-Term Outcomes
Create a group environment that is inclusive and emotionally safe for participants. Personalize the importance of respect. Visualize their goals and dreams. Personalize the risks of unplanned pregnancy, HIV, & other sexually transmitted infections (STIs). Communicate with a parent* or other trusted adult about goals and dreams, abstinence and having children. Identify characteristics of healthy and unhealthy relationships. Identify potential sources of help for those in abusive relationships. Assess the personal risks of having sex. Learn the names and functions of reproductive body parts, and how pregnancy happens. Define sex and abstinence, and discuss appropriate behavioral limits for those who choose abstinence. Discuss the risks of "sexting." List ways to show someone they care about them without having sex. Personalize the value of not having sex until they are older.	Increase intention and self-efficacy to treat others with respect and to insist others treat them with respect. Increase intention and self-efficacy to avoid unhealthy relationships. Increase perception that romantic relationships with large power differences are not healthy. Increase intention and self efficacy to seek help for someone in an abusive relationship. Increase positive attitudes about waiting to have sex. Increase intention and self efficacy to not have sex. Increase intention and self efficacy to talk with their parent* about sex and relationships. Increase agreement that everyone has the right to say "no" to sex; and that it is never okay to pressure someone for sex. Increase self efficacy to say "no" effectively. Increase self efficacy to refuse to have sex.	Treat others with respect, and expect to be treated with respect. Increase communication about expectations regarding relationships. Avoid unhealthy relationships and older partners. Seek help, if needed, to deal with unhealthy or abusive relationships. Talk with a parent* or other trusted adult about relationships and sex. Decide to not have sex until they are older. Avoid situations where they could have sex.	Students who complete the program will: --Be less likely to have had sex in the last 3 months --Be more likely to use latex** condoms, if they have sex --Be more likely to use effective contraception, if they have sex --Be more likely to visit a health clinic that provides STI/HIV testing	Students who complete the program will: --Be less likely to have been pregnant or gotten someone pregnant --Be less likely to contract an STI (or HIV)

Intervention Activities	Determinants of Behavior	Performance Objectives	Intermediate Outcomes	Long-Term Outcomes
Discuss guidelines that: everyone has the right to say “no”; and it is never OK to pressure someone for sex. Practice effective ways of saying “no.” State what they would like to have in place before they have/cause a pregnancy, or another pregnancy. Evaluate contraceptive methods, including abstinence, for effectiveness. Personalize the risk of pregnancy if a couple has sex using no contraceptive method. Identify their personal limits, to avoid pregnancy, or another pregnancy, as a teen. Personalize the potential consequences of common STIs. Identify ways to reduce the risk of STIs. Identify health providers in their community that provide testing for HIV/STIs. Identify their personal limits to reduce their risk of HIV/STIs. Demonstrate the ability to say “no” effectively to: having sex; having sex without a condom; and having sex without effective contraception. Demonstrate strategies to overcome challenges to their limits.	Increase positive attitudes about avoiding pregnancy, or another pregnancy, until becoming self-sufficient. Increase perception that having sex without using a contraceptive method is very likely to result in pregnancy. Increase self efficacy to refuse to have sex without effective contraception. Increase perceived negative consequences of HIV & other STIs. Increase perception that the personal benefits of using latex** condoms outweigh the costs. Increase intention and self efficacy to refuse to have sex without a condom. Increase partner communication about condom use: <i>No Condom</i>, <i>No Sex</i>. Increase self-efficacy to locate and visit providers that offer HIV/STI testing. Increase intention and self efficacy to use <u>both</u> latex** condoms and effective contraception, if sexually active.	Communicate effectively their personal limits regarding sex. Effectively resist pressure to have sex. Use latex** condoms consistently and correctly, if they have sex. Make and keep a health clinic appointment to get tested for HIV/STIs, if sexually active. Decide to use effective contraception, in addition to condoms, if they have sex. Refuse to have sex without effective contraception. Use <u>both</u> effective contraception and latex** condoms, if they have sex.	Students who complete the program will: --Be less likely to have had sex in the last 3 months --Be more likely to use latex** condoms, if they have sex --Be more likely to use effective contraception, if they have sex --Be more likely to visit a health clinic that provides STI/HIV testing	Students who complete the program will: --Be less likely to have been pregnant or gotten someone pregnant --Be less likely to contract an STI (or HIV)

*The term “parent” includes guardians, grandparents, and other caregivers.

** Or polyurethane or polyisoprene condoms, if latex-allergic

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About the Author

Janet P. Realini, MD, MPH is the President and founder of Healthy Futures of Texas, a non-profit organization dedicated to reducing teen and unplanned pregnancy.

As President of Healthy Futures of Texas, Dr. Realini has encouraged both “pro-life” and “pro-choice” people to work together to promote prevention--to ensure that more parents are prepared, more pregnancies are planned, and more families are healthy. Dr. Realini also chairs the Steering Committee of the Texas Women’s Healthcare Coalition, a statewide coalition of organizations dedicated to improving the health and well-being of women, babies, and families by assuring all Texas women access to preventive healthcare, including contraception.

Dr. Realini taught Family Medicine for 18 years at the UT Health Science Center in San Antonio, and she served as a Senior Public Health Physician for 10 years at the San Antonio Metropolitan Health District. There she served as Medical Director of the Family Planning program and helped to found Project WORTH, the City of San Antonio’s teen pregnancy prevention program.

Dr. Realini received her medical degree at the University of California San Francisco in 1975 and her Masters in Public Health in 1994 from the University of Texas School of Public Health (UTSPH). She completed her Family Medicine residency at the University of Texas Health Science Center at San Antonio (UTHSCSA) in 1978 and is board certified in Family Medicine. Dr. Realini serves as Clinical Professor of Family and Community Medicine at UTHSCSA, as Adjunct Professor of Public Health at the UTSPH, and as a Consultant to the Texas Medical Association Committee on Maternal and Perinatal Health.

Dr. Realini’s honors include the 2015 David C. Wiley Award from the Texas Campaign to Prevent Teen Pregnancy, the 2011 John P. McGovern Award from the Texas School Health Association, the 2011 “Women Who Dare” award from the Texas Chapter of the National Council of Jewish Women, the 2010 Spirit of Service Award from Healthy Teen Network, election to the San Antonio Women’s Hall of Fame, a special award from the Texas Society for Adolescent Medicine in 2009, and the 2008 Public Health Award from the American Academy of Family Physicians. She also serves as the Vice-Chair of the Texas Health and Human Services Commission’s Women’s Health Advisory Committee. For the last seven years, she has served as a board member of the Texas Campaign to Prevent Teen Pregnancy.

BIG DECISIONS

4th Edition

BIG DECISIONS is an "abstinence-plus" sexual health education curriculum ideally suited for 8th and 9th grade students. It can be adapted for 7th grade and used for 10th through 12th grade, as well.

Written to promote abstinence as the healthiest choice for teens, this curriculum also ensures that young people are prepared to reduce their risks of unplanned pregnancy and sexually transmitted infections (STIs) when they do become sexually active.

BIG DECISIONS offers an evidence-informed approach that is fun, interactive, and inexpensive to implement. The 10-session sexual health curriculum provides basic information about healthy relationships, anatomy, abstinence, resisting pressure, contraception, STIs, and how their decisions about sex can affect their goals and dreams. Students learn essential health information and skills using activities and games in a respectful group setting.

Additional optional companion **Big Decisions** programs include:

- **Key Conversations for Parents:** basic information and skills for talking with their teens; building better relationships with their teens; monitoring their teens; and helping their teens get preventive healthcare.
- **Our Community:** fun and practical steps for a class or other group to develop, perform, and reflect on a community service project to address something important to them in their community.

Janet Realini, MD, MPH, the author of *Big Decisions*, is a family physician who serves as president of Healthy Futures of Texas, a 501c3 non-profit dedicated to preventing teen and unplanned pregnancy. A recognized leader in the prevention of teen and unplanned pregnancy in Texas, Dr. Realini's honors include the 2015 David C Wiley Award from the Texas Campaign to Prevent Teen Pregnancy.



Healthy Futures
of Texas