



MANY WAYS
· OF · BEING

AN INCLUSIVE, YOUTH-CENTERED CURRICULUM FOCUSED ON
GENDER EQUITY, HEALTHY RELATIONSHIPS, & SAFER SEX PRACTICES



ACKNOWLEDGMENTS

Cody Ragonese, MPH, from [Equimundo](#) and Mackenzie Piper, MPH, CHES, from Healthy Teen Network coauthored the *Many Ways of Being* curriculum. The curriculum was informed by existing Equimundo curricula, including Manhood 2.0 and Sisterhood 2.0.

The authors would like to acknowledge and thank José Garth, Katie Rose Horowitz, and Lori Rolleri for their valuable input and guidance during the curriculum development process. As for Equimundo staff, a special thanks goes to Clara Alemann for her overall guidance and contribution to the content development of the curriculum and Thi Le and Rachel Katz for their contributions to the editing and documentation of the curriculum development process. As for Healthy Teen Network staff, we'd like to thank Milagros Garrido, MS, PMP, and Nick Sufrinko for their expertise on human-centered design, formative research, and the digital component of the project. A special thank you goes to Jill Merriman for copy editing the curriculum, and LuloLab for the design and layout. The authors would also like to thank project team members from Child Trends (evaluation partner) and the Latin American Youth Center (implementation partner) for their partnership on the curriculum's development, implementation, and evaluation. The authors would also like to acknowledge and thank the University of Pittsburgh, particularly Dr. Elizabeth Miller and her lab, for their past collaboration on the Manhood 2.0 and Sisterhood 2.0 curricula, which laid the foundation for *Many Ways of Being*.

ABOUT EQUIMUNDO

Equimundo: Center for Masculinities and Social Justice works to achieve gender equality and social justice by transforming intergenerational patterns of harm and promoting patterns of care, empathy, and accountability among boys and men throughout their lives. Previously called Promundo-US, our work was founded in 2011 and born out of community-based and evidence-based work to engage men and boys in gender equality and nonviolent manhood in numerous settings in Latin America, Asia, sub-Saharan Africa, and North America.

ABOUT HEALTHY TEEN NETWORK

Healthy Teen Network believes every young person has the right to live their authentic sexuality. Founded in 1979, Healthy Teen Network is a national membership organization that promotes better outcomes for adolescents and young adults by advancing social change, cultivating innovation, and strengthening youth-supporting professionals and organizations. Healthy Teen Network creates and connects professionals with the resources and support they need, so adolescents get the honest, affirming care and education they deserve.

DISCLAIMER

This *Many Ways of Being* curriculum was made possible by Grant Number 90AP2693 from the Department of Health and Human Services (DHHS), Administration for Children and Families (ACF). Its contents are solely the responsibility of Equimundo and do not necessarily represent the official views of the DHHS, ACF.

SUGGESTED CITATION

Equimundo & Healthy Teen Network. (2022). *Many Ways of Being: An inclusive, youth-centered curriculum focused on gender equity, healthy relationships, and safer sex practices*. Washington, DC.

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INTRODUCTION

WHAT IS MANY WAYS OF BEING?

Many Ways of Being (MWB) is an eight-session (16-hour) curriculum for young people of all gender identities, ages 15 to 19. The program's overall goal is to reduce the incidence of sexually transmitted infections (STIs) and unplanned pregnancy and to promote healthy, consensual, and violence-free relationships among youth. Gender norms, and how they affect adolescent beliefs and behaviors related to sexual and reproductive health (SRH), are at the core of the curriculum's theory of change. Grounded in gender-transformative approaches, MWB aims to promote shifts from restrictive gender attitudes to more equitable ones and strengthen skills to support youth engaging in healthy behaviors. One core methodology used to achieve this aim is engaging adolescents in critical reflection on the impacts of harmful gender norms related to the aforementioned topics.

WHAT ARE GENDER NORMS, AND WHAT MAKES A CURRICULUM GENDER-TRANSFORMATIVE?

Gender norms are the accepted and expected characteristics, behaviors, and roles for people based on gender identity (man, woman, nonbinary person, etc.) in each community. These norms are determined by culture, not biology. Therefore, as cultures change and shift, so do gender norms. Generally, people conform to social norms because they want to fit in with their community and avoid sanctions such as disapproval, punishment, and isolation. Gender norms influence many aspects of our life, including our attitudes and behaviors related to our health (Rolleri, 2022).

Gender-transformative programs aim to transform gender roles, norms, and power relations to create more gender-equitable

outcomes, fostering constructive roles for men, women, and people of other genders in gender equality and sexual and reproductive health and rights (SRHR) (Interagency Gender Working Group, 2017).

This curriculum's activities are intentionally designed to help learners identify the gender norms that operate in their community, including where they come from and who keeps them in place. During the sessions, discussions elicit learners' experiences or observations about the costs or consequences of abiding by inequitable, harmful gender norms. Afterward, the curriculum creates opportunities for learners to explore the benefits of desired gender norms and associated behaviors. Lastly, it provides opportunities for participants to practice new skills, coping mechanisms, language, etc., that will help them live in the new social norm and deal with resistance (Rolleri, 2022).

SOURCES Interagency Gender Working Group. (2017). Gender integration continuum. https://www.igwg.org/wp-content/uploads/2017/05/FG_GendrIntegrContinuum.pdf Rolleri, L. (2022, January). Shifting gender norms using a gender transformative approach.

Developed by Equimundo and Healthy Teen Network, the MWB curriculum was made possible through support from the Department of Health and Human Services, Administration for Children and Families. Its first implementation will take place with youth in Washington, DC, from 2022 to 2025.

WHAT TOPICS ARE COVERED IN MWB?

MWB engages adolescents of all genders on issues that impact their daily lives, including identity, emotions, interpersonal communication, caring and nonviolent relationships, sexual consent, risk reduction strategies for STI transmission and unplanned pregnancy, and accessing clinical SRH services.

What follows is the title and a summary of each session. Within each session, the activities and their purpose are also listed.

SESSION 1: Welcome

Session 1 provides participants with an introduction to MWB and invites them to start creating a welcoming environment with icebreakers and group agreements. At the end of the session, participants reflect on how they feel about topics that will be covered in the curriculum through a game called “Where Do I Stand?”

Activity	Title	Purpose
1.1	Pre-Program Evaluation	Articulate attitudes, knowledge, and beliefs about program topics prior to starting the program.
1.2	What Is <i>Many Ways of Being</i> ?	Describe MWB and its objectives.
1.3	Group Agreements	Collectively agree on shared expectations for working together as a group.
1.4	Icebreaker Introductions	Familiarize themselves with each other through introductions and icebreaker activities.
1.5	Where Do You Stand?	Examine individual attitudes about gender norms, roles, double standards, and inequalities.
1.6	Closing Circle	Reflect on the session and share reactions.

SESSION 2: Exploring Gender and Identity

Session 2 takes a deep dive into the concepts of gender, sex assigned at birth, and sexual orientation, as well as what these concepts mean for adolescents. The session explores social norms and pressures that society directs at certain genders to think and act in specific ways based on their identity.

Activity	Title	Purpose
2.1	Session 1 Review	Reflect on the previous session and recall key messages.
2.2	Feeling Trapped in the Box	Discuss and interrogate common expectations placed on men and women in society and the harmful impact restrictive gender norms have on all genders.
2.3	The Multiple Dimensions of Sexuality	Unpack the differences between sex, gender, and sexual orientation and begin to identify the pressures society places on specific identities.
2.4	What Does Society Expect From Me?	Analyze the gender-specific pressures and expectations experienced by the participants.
2.5	Closing Circle	Reflect on the session and share reactions.

SESSION 3: Understanding and Expressing my Emotions

Session 3 discusses the plurality of emotions and expression – from sadness and despair to joy and pride, and everything in between. Participants have an opportunity to discuss the impact of gendered expectations on their comfort and ability to express emotions. The second half of the session is focused on interpersonal communication skills that can be used during conflict or disagreement and how to deal with difficult emotions.

Activity	Title	Purpose
3.1	Session 2 Review	Reflect on the previous session and recall key messages.
3.2	Masking My Emotions	Explore the range of possible emotions and identify which are easier to express and why.
3.3	Dealing With Difficult Emotions	Discuss healthy coping strategies to manage emotions that may incite violence, anxiety, or destructive behaviors.
3.4	Communicating in Conflict	Identify ways to communicate effectively and constructively during times of conflict.
3.5	Closing Circle	Reflect on the session and share reactions.

SESSION 4: Exploring Power and Relationships

Session 4 focuses on relationships. After discussing what characterizes a healthy relationship and an unhealthy relationship, participants explore ways in which unequal power dynamics in a relationship could have negative consequences. The conversation then shifts to understanding the root causes of violence and how to prevent violence in relationships. Finally, participants explore the concept of boundaries and how to set them in relationships.

Activity	Title	Purpose
4.1	Session 3 Review	Reflect on the previous session and recall key messages.
4.2	Defining Healthy and Unhealthy Relationships	Explore important healthy and unhealthy characteristics in one's relationships.
4.3	Unpacking Unequal Power and Violence	Identify how power and interpersonal relationships are connected and strategies to shift unequal power imbalances.
4.4	Setting Boundaries	Develop strategies to define boundaries in relationships.
4.5	Closing Circle	Reflect on the session and share reactions.

SESSION 5: Sex and Sexuality in Media Today

Session 5 concentrates on the media's influence on society's gendered expectations of sex and sexuality. Participants will have an opportunity to learn and apply the skill of consuming media with a critical and informed lens. The session then uses pornography and social media as case studies to understand how they impact our thinking and behavior when it comes to sex and relationships.

Activity	Title	Purpose
5.1	Session 4 Review	Reflect on the previous session and recall key messages.
5.2	Exploring Pleasure	Learn about the concept of pleasure and ways to start exploring what they like and don't like.
5.3	Media & Us	Explore ways in which the media depicts the sexuality of different genders and how these depictions may influence behaviors.
5.4	Sexually Explicit Media	Unpack influential messages about sex and relationships from pornography, social media, and other forms of media and how these messages can have a harmful effect on sexual interactions.
5.5	Closing Circle	Reflect on the session and share reactions.

SESSION 6: Keeping Yourself and Others Healthy and Safe

Session 6 starts with a conversation about the importance and steps of establishing sexual consent, including how to ask for it, clarify when it's unclear, give it, and receive it. The session then covers the STI basics and identifies ways to reduce the risk of transmission. Session 6 also includes skills-based learning like communicating about STIs with their partner(s) and using a condom correctly.

Activity	Title	Purpose
6.1	Session 5 Review	Reflect on the previous session and recall key messages.
6.2	Establishing Consent	Discuss the concept of consent and the ways it shows up in today's relationships, as well as learn how to ask for consent, clarify when it's unclear, give consent, and respect a partner's decision.
6.3	Get in the Know: Sexually Transmitted Infections	Discuss common STIs, transmission, prevention, and treatment, as well as how to communicate about STIs with a partner.
6.4	Using Condoms Correctly	Learn how to properly use an internal and external condom.
6.5	Closing Circle	Reflect on the session and share reactions.

SESSION 7: Contraceptives and Seeking Services

Session 7 continues adolescent SRH conversations and equips participants with information on various contraceptive methods. Later in the session, participants learn how to stand up for their rights when accessing health services. The session finishes up with a game to review risk levels for a variety of sexual situations, as well as ways to reduce individual risk.

Activity	Title	Purpose
7.1	Session 6 Review	Reflect on the previous session and recall key messages.
7.2	Get in the Know: Contraceptives	Describe effective contraceptive methods and how to discuss them with partner(s).
7.3	Visiting a Clinic	Discuss patient rights and questions that might be asked during an SHR clinic visit.
7.4	Risk-Rating in Sexual Situations	Explain the risks associated with different sexual behaviors.
7.5	Closing Circle	Reflect on the session and share reactions.

SESSION 8: The Journey Ahead

Session 8 starts with an in-depth review of the key learnings from MWB. It then transitions to an interactive scenario detailing social networks' influence on someone's thoughts and actions. The session wraps up with a reflective activity whereby participants can discuss challenges they might face and crowdsource advice and support on how to deal with them. Participants are encouraged to devise a personal plan that incorporates lessons learned over the course of MWB.

Activity	Title	Purpose
8.1	MWB Curriculum Review	Reflect on the previous session and recall key messages.
8.2	Circles of Influence (Optional)	Recognize how others' thoughts, beliefs, and actions influence personal thoughts, beliefs, and actions.
8.3	Preparing for My Journey Ahead	Discuss challenges pertaining to curriculum topics (relationships, sex, sexuality, etc.) that participants foresee in their near future and devise a personal health plan.
8.4	Post-Program Evaluation	Articulate attitudes, knowledge, and beliefs about program topics after completing the program.
8.5	End-of-Program Celebration!	Celebrate the completion of the program!

MWB's goals and content align with and promote three **Adulthood Preparation Subjects**: 1) Adolescent Development; 2) Healthy Life Skills; and 3) Healthy Relationships. Adolescent development is “the physical, cognitive, social, and emotional maturation that occurs for youth roughly between the ages of 10–19” (**Personal Responsibility Education Program**). This includes the development of healthy attitudes and values about adolescent growth and development, body image, racial and ethnic diversity, and other related subjects. Adolescent Development topics are included throughout the curriculum and specifically addressed within Sessions 2, 3, and 5. Healthy Life Skills include goal-setting, decision-making, negotiation, communication, and interpersonal skills; these skills are best reflected in Sessions 3, 6, 7, and 8. Lastly, Healthy Relationships focuses on interpersonal relationships, and in this curriculum, has a specific focus on romantic or sexual partners. This topic is covered most directly in Session 4 but also explored in Sessions 3, 5, 6, and 7.

The curriculum is divided into eight sessions, with each including five activities on average. Each activity is organized with the following subsections.

Activity Summary



TITLE & LENGTH: Each session has a title, which the facilitator(s) may choose to share with the group. All sessions are designed to include about **105 minutes** of instructional time, with a **10- or 15-minute break** (equaling two hours total).



MATERIALS: This section lists the materials you will need to facilitate the session. In some cases, there are reference **worksheets** for the activities that may need **to be printed** or shared with the participants.



LEARNING OBJECTIVES: Each session has a set of **learning objectives**. The learning objectives describe the changes (e.g., knowledge, attitudes, skills) we hope to see in participants after completing the session. **It is important to share learning objectives with participants** so they know what to expect from the session.



KEY MESSAGES: Each activity lists key messages that are repeated at the end of the session. **The key messages can later be compiled at the end of the program as a summary.**

Instructional Information



PREPARATION: These are **steps that the facilitator should complete** in advance of the session. They should be done before the session to save time and ensure a smooth delivery.



QUESTIONS OF THE DAY: Most activities include **group discussion questions** at various times. Facilitators should ask all questions included in the session or shared with the participants.



PROCEDURE: This section provides **step-by-step instructions** on how to facilitate the activity. In this section, there are scripts to aid the facilitators. These scripts are intended to be followed accurately. However, they can be put in the facilitator's own words if what is said does not change the meaning or leave out content. Throughout the sessions, there are non-instructional notes to aid the facilitators in a smooth implementation.



CLOSING STATEMENTS: Final statements for the facilitator to give to the group are provided after each activity. The closing statement **emphasizes the key message** of the activity.

BACKGROUND

WHAT IS THE ORIGIN STORY OF MWB?

MWB's development was informed by Equimundo's Manhood 2.0 and Sisterhood 2.0 curricula, which were US adaptations of Equimundo's Programs [H](#) and [M](#).

In 2015, Equimundo and the University of Pittsburgh implemented [Manhood 2.0](#) and Sisterhood 2.0 in single-sex groups around Pittsburgh, PA. Subsequent iterations of Manhood 2.0 implementation were carried out in Washington, DC, and New York City from 2017 to 2021. Although these programs yielded positive results, there was an increasing desire from community members and education systems for Equimundo's gender-transformative programs to be implemented synchronously with youth of all genders.

[Programs H and M are comprehensive programs designed to engage youth in changing inequitable gender norms that perpetuate gender inequality, in promoting SRHR, and in preventing violence against women and girls.](#)

The original Program H methodology combines group education sessions with youth-led campaigns and activism, and it has been adapted in more than 35 countries around the world. [Quasi-experimental evaluations of Program H](#) have found that the program positively shifted young men's gender attitudes, decreased their self-reported use of violence, increased couples' communication on SRH and relationships, increased condom use, and decreased STI symptoms. Evaluators of Program M found that at three months post-intervention, young women's attitudes related to condoms and contraception and related to self-efficacy to use condoms and contraception improved relative to those of participants in the control group. Overall, previous evaluations of these curricula demonstrate effectiveness with adolescents at high risk for pregnancy and/or STIs.

WHAT HAS BEEN ADAPTED IN MWB?

Based on formative research with Black and Latinx youth and former Manhood 2.0 facilitators, several adaptations were made to the MWB curriculum to

make the content and teaching methodology more relevant and impactful to youth of color in Washington, DC. Some activities in MWB have been adapted from existing Equimundo curricula, while others have been newly created for MWB. The adaptations in MWB fall into three main categories: 1) strengthening the content and methodologies to improve its understanding of diversity and inclusion; 2) updating activities to reflect youth's lived realities and needs; and 3) providing more detailed and practical guidance for facilitators.

Diversity and Inclusion

Inclusive language is an important means of ensuring that participants of diverse identities can relate to the content and apply what they learn to their own experiences. One prominent finding in the formative research was that youth wanted to see their own sexuality and diversity included in the content. They stated that most of the sexual education material they interacted with focused on the sexual health of cisgender people in heterosexual relationships and did not reflect the multiple realities of the gender and sexuality spectrum.

As the curriculum's name reflects, the authors adapted the content to emphasize that there are indeed “many ways of being.” In MWB, the authors have modified activities to reflect greater gender and sexual diversity in examples, key messages, and character storylines, as shown in Activities 2.3, 7.3, and 8.2. Additionally, MWB is more inclusive and representative of non-heterosexual relationships, as reflected in Activities 2.3 and 4.3. The authors also used intentional language when speaking about the differences between sex assigned at birth and gender throughout the curriculum. For example, in MWB's activity on STIs (Activity 6.3), the authors intentionally use the term “people with penises” instead of boys/men, noting that this may be an important distinction for trans or nonbinary people.

In addition to gender and sexual diversity, MWB has been adapted to emphasize an intersectional lens throughout the activities. Throughout the curriculum, group discussion questions probe for differences in experiences based on race, ethnicity, wealth, and a variety of other identities.

Applied and Relevant Content for Today's Youth

Using relevant content and activities allows youth to see the tangible, real-life application of the curriculum's sessions. The formative research reinforced

that youth connect with one another predominantly in digital spaces (texting, social media, etc.). The focus group participants emphasized that any curriculum that covers SRH and relationships would need to reflect today's ways of engagement. As such, MWB explicitly covers the role that media plays in influencing messages about gender, sex, and sexuality. For example, Activity 5.3 was informed by past Equipundo curricula but adapted to focus on the influence of social media and digital advertising rather than magazines. **The authors also created a new activity (Activity 5.4) dedicated to pornography and sexting, as students in the focus group expressed an interest in these topics.**

Formative research findings highlight that youth wanted to prioritize applied learning rather than review information they could find online. As such, MWB goes one step beyond providing information to include hands-on opportunities to practice applying that information and learn relevant skills to put it to good use. For example, Activities 6.3 and 7.2, which were adapted from Manhood 2.0, have participants learn not only about types of STIs and contraceptive methods but also how to speak with their partners about getting tested, disclosing a status, or accessing contraception. Throughout the curriculum, the authors have adapted previous activities to include more opportunities to apply the knowledge in the sessions through role-playing and scenarios (examples include Activities 2.2, 4.3, and 7.3). For example, Activity 7.3 provides an applied lesson on advocating for patient rights in a clinical setting.

Bolstered Guidance for Facilitators

To ensure program fidelity and facilitator preparedness, notes and guidance have been added in MWB to provide context, logistical considerations, and responses to questions posed in the session. For example, in Activities 1.5, 4.2, and 6.3, there are additional appendices with extensive notes provided to the facilitators to guide their responses and answers on the discussions around relationships, STIs, and gender norms. In the original Manhood 2.0 sessions, there was no extensive guidance to help facilitators navigate these conversations. This is an important safety measure to mitigate the risks of personal biases entering the lesson. In other sessions, possible answers are provided in the body of the curriculum to help the facilitators prompt participant responses. Additionally, one major adaptation in MWB has been the inclusion of scripted language for the facilitators in all sessions. In the formative research, past facilitators expressed the benefit of scripts due to facilitators' varying degrees of comfort in discussing these topics. Facilitators also thought they would be better able to standardize messaging if a script were provided.

WHAT PRINCIPLES AND THEORIES GROUND MWB?

MWB is grounded in three guiding principles and four conceptual theories and approaches. The curriculum's authors have incorporated these principles and theories throughout its development, including its group education implementation model, session topics, and instructional methods.

Guiding Principles

Curriculum principles are the values and beliefs the authors used to make important decisions throughout the development of the curriculum. Emphasizing adolescent agency, gender equality and balanced power in relationships, sexual and gender diversity, and intersectionality is the key ingredient of an effective intervention. These three principles are integrated into the content, methodology, and approach of MWB in a variety of ways, as the following descriptions indicate.

PRINCIPLE 1 | *Adolescents are capable decision-makers* | Adolescents can, and should, make decisions for themselves. This includes small things, like whether to clean their rooms, and bigger decisions like if and when they want to have sex or enter a committed relationship. It's important for youth to experience personal autonomy and agency so they learn from those experiences and become better decision-makers as young adults. But this comes with a great deal of responsibility, and it is incumbent on educators, parents, and service providers to make sure youth have the necessary knowledge, skills, and self-efficacy to make informed decisions about their behaviors. MWB is designed to do just that. This is most evident in Session 6, where we include a sex-positive session on SRH. By being "sex-positive," MWB doesn't outright discourage sexual activity but rather ensures that youth are aware of the risks associated with certain sexual behaviors and equips them with the knowledge and skills to reduce these risks and engage in sexual relationships if and when they decide they are ready, in consensual, pleasurable, responsible, healthy, and nonviolent ways.

PRINCIPLE 2
Gender equity and diversity are a catalyst for empathy and understanding

It is important that youth engage with topics, including relationships and sexual health, in environments where gender and sexual orientation diversity is celebrated. When youth are exposed to diversity, they are better able to understand and appreciate differing opinions and lifestyles. Gender and sexual diversity in MWB is crucial to the goals of the curriculum, which aims to foster gender-equitable attitudes and encourage consensual and healthy relationships with people holding a variety of identities. This principle is integral to the gender-synchronous implementation model -- encouraging a combination of genders to be in one MWB group. This model provides the opportunity for youth to build skills that promote positive communication, empathy, and a shared vision for healthy, equitable, and caring relationships. Additionally, MWB models respect and empathy, treating everyone as equal and having the right to be seen, valued, respected, and treated with dignity. Gender and sexual diversity are reflected in the content of MWB's lessons and storylines, and the authors consistently pushed beyond the gender binary and heteronormative relationships, allowing youth to explore and engage with all elements of sexuality.

PRINCIPLE 3
Intersectional representation is necessary for engagement and learning

Youth deserve to see an acknowledgment and appreciation for their lived experiences and intersectional identities reflected in the curriculum's topics. It is also important for young people to be able to relate to the MWB's content because it helps them better digest and more tangibly apply the lessons to their daily life. As youth explore their multiple identities and define their individual perspectives, it's important for curricula to include storylines and lessons that show youth they are valued. Not only does MWB integrate multiple identities (race, gender, sexual orientation, wealth, etc.) and experiences throughout the sessions, but it also explicitly explores identity and intersectionality in Session 2. The authors tailor resources and storyline references to youth of color in Washington, DC.

Conceptual Theories and Approaches

The following conceptual theories formed the basis of MWB's theory of change and are helpful tools to ground the curriculum's sessions in social science literature and thought. These are joined by two foundational approaches that are core to the style and ethos of the program and have been fully integrated into the curriculum's methodologies.

THEORY 1 *Social Cognitive Theory (SCT)*

Psychologist Albert Bandura proposed SCT in his 1986 book *Social Foundations of Thought and Action*, which posits that people acquire a new behavior by observing others doing that behavior. More specifically, SCT says that people acquire a behavior because of reciprocal relationships among three major factors: cognitive, behavioral, and environmental. According to Bandura, cognitive factors include knowledge, expectations, and attitudes; behavioral factors include skills, practices, and self-efficacy; and environmental factors include social norms, access to communities, and influences of others. MWB's logic model is largely based on shifting these three factors to meet the goals of the intervention. The curriculum is designed to address knowledge, attitudes, norms, and behaviors within each topic covered. For example, MWB covers information about condoms and why they are important, addresses influences from the environment (access, acceptability, availability), and demonstrates the skill of how to use them correctly. These three factors interact in a mutually reinforcing way for participants.

THEORY 2 *Theory of Gender and Power*

In 1987, sociologist R. W. Connell proposed the theory of gender and power. The theory posits that three interdependent social structures characterize the gendered relationships between men and women: the sexual division of labor, the sexual division of power, and the social construction of sexual desire (cathexis). These structures are rooted in multiple historical, social, and political forces that work together to inequitably segregate power among men and women,

with men mostly having the advantage. Addressing harmful gender norms and power imbalances is core to MWB. In particular, Session 4 focuses on healthy and unhealthy relationships and the probability of violence if both unequal power dynamics and inequitable gender norms exist. This theory continues to be prominent throughout sessions discussing communication strategies regarding SRH topics.

APPROACH 1
Gender-Transformative

Originally coined by Geeta Rao Gupta in 2000, a [gender-transformative approach](#) aims to transform gender roles, norms, and power relations to create more gender-equitable outcomes, fostering constructive roles for men, women, and people of other genders in gender equality and SRHR. It's important for adolescents to experience this approach, which encourages critical reflection to inform their own opinions about what a gender-equitable world might look like. MWB is designed to do just that. Throughout the sessions, the facilitation methods allow for individual and collective reflection – including discussion questions, role-plays, and more. This approach also affects the content included in MWB. For example, in Sessions 5's conversations about porn and social media, the activities intentionally engage learners in identifying the harmful and inequitable gender norms that operate in their community and exploring the benefits of a more equitable set of gender norms and associated behaviors.

APPROACH 2
Pedagogy of the Oppressed

In his 1968 book *Pedagogy of the Oppressed*, Paulo Freire outlines an approach for working with oppressed people and posits that the key to liberation is awakening critical thinking and awareness in the individual. Since gender norms are at the core of MWB, Freire's concept of conscientization – the process of developing a critical awareness of one's social reality through reflection and action – is particularly relevant. Freire says we all acquire social myths (e.g., gender

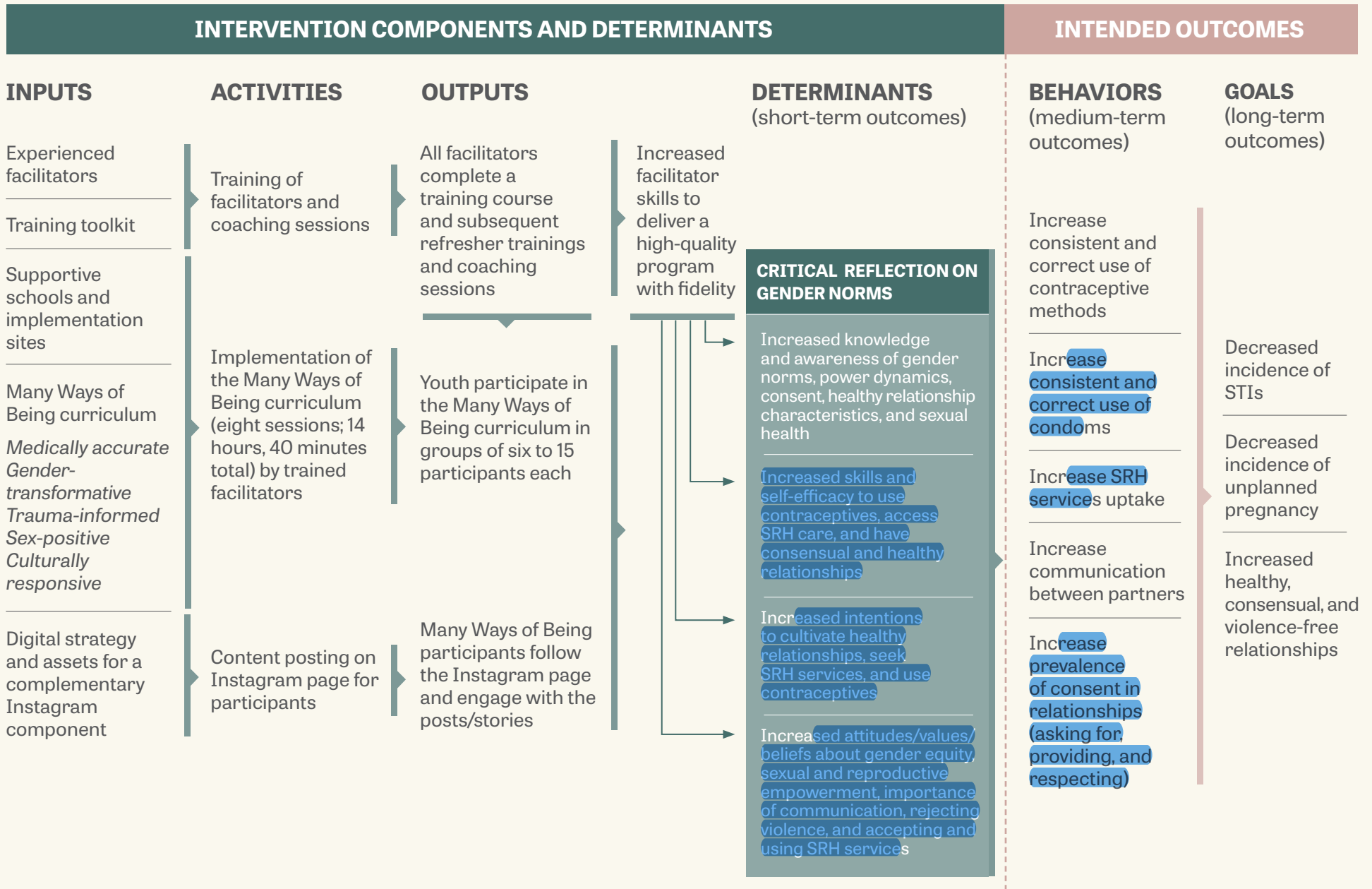
norms, norms about violence) that have a dominant tendency, and so learning must be a critical process that depends on uncovering real problems and actual needs. In line with this approach, MWB actively engages participants in critical reflection through dialogue, analysis, and problem-solving.

WHAT IS THE LOGIC BEHIND MWB?

The MWB curriculum was conceptualized by creating a theory of change informed by Kirby's Behavior-Determinant-Intervention logic model [framework](#) (2004). The MWB logic model identifies: 1) the curriculum's overall goals (impact); 2) the participant behaviors directly related to those goals (behavioral outcomes); 3) the determinants that affect those behaviors (short-term and long-term outcomes); and 4) the intervention inputs, activities, and outputs that were intentionally designed to change those determinants. Figure 1 outlines the logic model for the MWB intervention.

The intervention begins with the **inputs**: the MWB curriculum, a gender-transformative sexual health program that is medically accurate, trauma-informed, sex-positive, and culturally responsive. The complementary Instagram component includes 34 ready-made posts/stories to be posted during implementation. Experienced facilitators, a training toolkit, and supportive schools and implementation sites are additional key inputs for the intervention. **Activities** of the intervention include facilitator training, which includes a combination of lessons on the curriculum's foundational theories and approaches; facilitation skills and classroom management; deep dives into the session content of the curricula; and an opportunity for facilitators to "teach back" the lessons and receive feedback. Well-trained facilitators will then implement the eight sessions of the curriculum with youth and post Instagram content.

Figure 1: MWB Logic Model



Outputs of these intervention activities include having fully trained facilitators, having youth participate in MWB in groups of six to 15 participants each (the intervention aims to reach 700 total youth over six implementation periods), and having youth following and engaging with the Instagram account. Youth who receive six of the eight sessions will be considered to have received a meaningful dosage of the curriculum. The combination of key inputs, activities, and outputs lead to the program's **determinants**. Facilitator training will result in increased skills to deliver a high-quality program with fidelity in a medically accurate, trauma-informed, and culturally responsive way. A high-quality program implemented with high fidelity leads to engaged youth who gain knowledge and awareness of topics such as gender norms, power dynamics, consent, healthy relationship characteristics, and sexual health outcomes (such as pregnancy and STIs), as well as who gain increased skills and self-efficacy to use contraceptives, access SRH care, obtain consent, and regulate emotions. Youth also leave the program with intentions to cultivate healthy relationships, seek SRH services, use contraception. They will demonstrate sexual and reproductive empowerment, value gender equity, understand the importance of communication, reject violence, and have positive attitudes toward SRH care. Figure 2 has a full list of the determinants. Grounded in gender-transformative approaches, MWB aims to promote shifts in these determinants through a lens that engages adolescents in critical reflection on the impacts of harmful gender norms related to the topics mentioned here.

By positively affecting awareness, beliefs and attitudes, and self-efficacy in the determinants, MWB will help participants adopt health-promoting **behaviors**. Given the topics covered in the intervention, these behaviors include increasing consistent and correct use of contraception, consistent and correct use of condoms, SRH services uptake, communication between partners, and prevalence of consent in relationships. These behavioral shifts are directly related to the intervention's **long-term goals** – to decrease the incidence of STIs and unplanned pregnancy among participants and increase their involvement in healthy, consensual, violence-free relationships. All of the intended behavior shifts will contribute to a reduction in STI incidence and unplanned pregnancies among program participants. Additionally, increased communication and consent in relationships will result in healthy, consensual, and violence-free relationships.

Figure 2: MWB Determinants

DETERMINANTS

INCREASED KNOWLEDGE AND AWARENESS OF...

- Expectations on gender identity/expression
- How gender norms impact health, sexual decision-making, and relationships
- Characteristics of healthy, unhealthy, and abusive relationships
- The role of power in relationships and possible implications
- Communication styles and appropriate settings to use them
- Conflict mitigation strategies
- Consent and its importance
- STI prevention, transmission, symptoms, testing, and treatment
- The benefits of condoms
- Types and effectiveness of contraceptive methods, including condoms
- Implications of becoming pregnant and/or a parent
- Availability of confidential and low-cost testing and treatment services
- Personal risk of pregnancy, STIs, and HIV
- Risk levels associated with different sexual behaviors
- Patient rights as they pertain to contraceptives and STI testing

INCREASED SKILLS AND SELF-EFFICACY TO...

- Mitigate conflict in a nonviolent manner
- Communicate boundaries, desires, and preferences with their partner
- Make decisions that prioritize their safety, agency, and enjoyment in sexual experiences
- Refuse unwanted or unprotected sex
- Obtain consent
- Accept refusal of sex
- Obtain and consistently and correctly use contraception, including condoms
- Negotiate condom use with partner(s)
- Call/visit an SRH clinic to obtain information or services
- Establish healthy relationships, based on consent, mutual respect, care, and pleasure

INCREASED INTENTIONS TO...

- Accept people of diverse gender and sexual identities
- Cultivate healthy relationships
- Use their voice to prioritize safety and health in their relationships and sexual experiences
- Refuse unwanted sex and avoid pressuring others to have sex
- Prevent pregnancy and STIs (contraceptives and condom use)
- Visit SRH clinics and seek trusted resources for information

INCREASED ATTITUDES/VALUES/BELIEFS ABOUT...

- Healthy and equitable values and attitudes about gender
- Empathy for others' intersectional identities and experiences
- Importance of communication and equal power dynamics to fostering healthy relationships
- Using condoms correctly and consistently
- Using contraception correctly and consistently
- Visiting SRH clinics and obtaining information and services from credible sources
- Preventing STIs and unplanned pregnancy through the practice of safer sex methods (e.g., condoms, frequent testing between concurrent partners)
- Being tested for STIs and HIV
- Rejecting violence in relationships
- Embracing ideas of self-love and agency in relationships and sexual experiences
- Importance of their own pleasure in sexual experiences

IMPLEMENTATION

HOW IS MWB DELIVERED?

WHO: The MWB curriculum is designed for youth of color ages 15 to 19, in Washington, DC. However, it could be taught in other contexts. MWB should be implemented in small-group settings with about ten to 20 participants. The program is designed for a gender-diverse audience and should be implemented in a “mixed-gender” setting, where possible. In single-gender settings, discussion questions could be adapted to focus on the relevant gender norms that impact that specific population. Given the complexity and sensitivity of the topics, MWB should be facilitated by an experienced facilitator with a background in gender and SRH.

WHERE: MWB could be implemented in various locations accessible to youth (school setting, youth center, etc.).

WHAT: This curriculum offers step-by-step instruction for MWB’s eight sessions. Instructional fidelity is critical to achieving the intended outcomes of the program. The sessions’ content, pedagogies, and sequence were intentionally designed and should not be modified during the implementation of MWB.

DURATION AND SPACING: MWB consists of eight sessions, each of which is designed to last two hours. Given the interactive and reflective nature of MWB, it is not recommended to break up the curriculum sessions into shorter periods of instructional time. The curriculum can be implemented in whatever frequency fits the needs of the facilitators and program (daily, weekly, etc.). However, if sessions are spaced more than two weeks apart (i.e., less than biweekly), additional refresher activities should be facilitated at the beginning of each session to remind participants of key learnings and messages from the previous session.

INSTRUCTIONAL METHODS: MWB is participatory and interactive and employs a variety of facilitation methods, including direct instruction, scenarios and storytelling, videos, role-plays, game-based learning, small-group work, reflection and discussion, skill practice, and learning application.

FACILITATING A SESSION: GUIDANCE FOR FACILITATORS

Many Ways of Being can be implemented in-person, virtually, or using a hybrid format. Adapt each session to accommodate your implementation model using the following guidance. Virtual facilitation requires more preparation than in-person facilitation. Remember to familiarize yourself with the technology you are using and practice delivery.

Preparation

1. Study the session

As facilitators, you will need to study the sessions and have a command of their content, facilitation methods, and timing before facilitating them with youth. Jot notes in the margins as needed. Plan for the use of energizers, which can help participants relax, have fun, and maintain concentration, as well as promote group cohesion. Preparation is key for smooth facilitation, and the MWB authors suggest when to take the break in the “Session at a Glance” at the beginning of the session.

2. Reflect on each session

If there are multiple facilitators within your project, plan time to discuss the session, ask clarifying questions on the session's content or methodology, and even practice delivery if you think it would be helpful. Each of you should prepare for facilitating the session by asking yourselves the following questions:

Logistics:

- What materials do I need to gather for in-person delivery? What materials do I need to adapt for a virtual session?
- Does the suggested break make sense in terms of session timing?
- What is the minimum number of participants we need for a particular session to go well (most likely seven to 18 per session)?
- (If more than one facilitator) How do I want us to divide up sessions?

Understanding and comfort:

- Do I feel comfortable leading all the activities? If not, what can I do to become more comfortable?
 - What are possible triggers in this session for youth? Will I need to mention resources at the end of the session? **Do I know about the youth- friendly services or resources in my community to which I might want to refer youth?**
 - Where are my blind spots or biases related to this session's content?
 - Is there any personal reflection I need to do before I facilitate this session?
 - Do I have a good understanding of the content? Would it be helpful to research some unfamiliar terms?
-

3. Prepare or obtain the necessary materials

Read the preparation instructions for each session and plan sufficient time to complete each preparation task before the session begins. Be sure to print worksheets and bring the necessary materials to the session. If your budget allows, offer participants some type of refreshment. Participants tend to appreciate snacks; snacks also help keep up participants' energy to stay engaged in the group process.

4. Prepare the space

Arrange chairs in a circle for all sessions unless otherwise noted and prepare the space to make participants feel welcome and valued. In virtual settings, be sure you are familiar with the breakout room functions on the platform you are using.

Facilitation

1. Check in at the beginning of each session

Begin each session by warmly welcoming participants and checking in. The first activity of every session is a review of the previous session. This provides time for group participants to share any thoughts, personal

experiences, and/or comments they have based on what they learned from the last session. This is also a good time for participants to fill in the attendance sheet.

2. Facilitate icebreakers and energizers

Icebreakers are fun, short activities (about five to ten minutes) that are often conducted at the beginning of a program and/or the beginning of a session. Energizers are short activities (about one or two minutes) that are meant to boost the energy levels in a group. During an icebreaker or energizer, participants often engage in some type of physical movement, share information about themselves, and/or work together on a task. Icebreakers are designed to help participants build trust and become comfortable with one another.

Energizers are most helpful when the group appears to have low energy, be losing interest, or not be responding to the activity. These help change the routine, get people in motion, and relieve fatigue and boredom. There are some ideas included in the [annexes](#).

3. Keep group discussions open-ended and among participants

Group discussions can be the most important part of an activity. These discussions allow participants to reflect on an assignment they've completed; share their thoughts, opinions, and ideas; and apply what they learned in their lives. Keep discussions open, judgment-free, and comfortable. Encourage the group to talk to one another, rather than just the facilitator, during discussions.

4. Use participant-centered engagement techniques

To maintain a high level of engagement among participants, it is critical to use techniques that require them to interact with the content. In the [annexes](#), there are tips to enhance their participation in answering questions, moderating discussions, and establishing clear directions for an activity. These may seem like small adjustments to your facilitation style, but they will make a big difference in the level of participant engagement.

Wrap-Up

1. Ask for one word

End each day with a one-word or one-phrase check-out about how participants are feeling (e.g., “motivated,” “energized,” “empowered”) or something new they learned (e.g., “how to communicate better,” “how to use a condom,” “gender isn’t about our biology”). Use this time to reflect on the main conclusions of the day, announce the next activities, and reflect on what participants are leaving with.

2. Reiterate key messages

Read aloud and emphasize the key takeaways from each activity. Most people need to hear a message several times before it sinks in. Repeating messages will help youth understand them and remember them.

Facilitator Debrief

1. Host a 15- to 20-minute debriefing session

If there are multiple facilitators within your project, plan time to debrief your experiences facilitating the session. The following questions can help with the debrief:

- How do you think the session went? Why do you think that?
- What do you think went well?
- What could we do better? What would you like to improve about the session?
- What are some highlights or things to be emphasized about the session?
- What challenges did you experience?
- How are you feeling? Did any personal issues arise for you? Would you like to talk about them?




SESSION

1

WELCOME

SESSION AT A GLANCE

ACTIVITY 1.1	Pre-Program Evaluation	40 minutes
ACTIVITY 1.2	What Is Many Ways of Being?	5 minutes
ACTIVITY 1.3	Group Agreements	10 minutes
SUGGESTED BREAK (15 MINUTES)		
ACTIVITY 1.4	Icebreaker Introductions	20 minutes
ACTIVITY 1.5	Where Do You Stand?	25 minutes
ACTIVITY 1.6	Closing Circle	5 minutes
TOTAL TIME		120 minutes

ACTIVITY 1.1	PRE-PROGRAM EVALUATION
 TIME REQUIRED 40 MINUTES	 LEARNING OBJECTIVES N/A
 MATERIALS <ul style="list-style-type: none"> • Paper evaluations – 1 per person • Pens – 1 per person 	 KEY MESSAGES <p>There are no right or wrong answers – this evaluation is to see how the program is working and to make improvements for future participants of the program!</p>

PREPARATION

The evaluation team will be responsible for administering the pre-program survey. No facilitator preparation is necessary for this activity.


PROCEDURE

FACILITATOR NOTES

The evaluation team representative will be responsible for administering the pre-program survey and randomizing the participants. The facilitator may be present but will not take an active role in this activity.

NOTE Procedure written for the evaluation team representative

1 **Welcome participants** to the space and introduce yourself (name, pronouns, and organization).

2 **SAY**  Shortly, we are going to hand out a pre-program survey. This is not a test, there are no right or wrong answers, and it won't even ask for your name. This survey will just help us understand how well this program is working and will help us make improvements for the next group of participants. Don't worry – we won't be taking another survey until the end of the program. We will be getting into the interactive activities soon! If you don't understand the meaning of something or want help reading the questions, please let us know.

DO I HAVE TO FOLLOW THE SCRIPT WORD FOR WORD?

Past facilitators recommended that *Many Ways of Being* use scripts to standardize messaging across facilitators with different comfort levels discussing the curriculum topics. In response, *Many Ways of Being* has specific scripts — written in italicized text—for facilitators (or, in a

few cases, evaluation team representatives) to use. You don't need to robotically read these scripts word for word, but you should follow them as closely as possible to help ensure consistent, clear messaging across all iterations of *Many Ways of Being*.



3 Give each participant a pre-program survey **form** and **a pen**.
Give youth **30 minutes** to complete the evaluation.

4 Randomize the youth into the intervention and control groups.



POST-ACTIVITY FACILITATOR NOTES

(what went well, what could be improved for next time, etc.)...

ACTIVITY 1.2	WHAT IS MANY WAYS OF BEING?
 <p>TIME REQUIRED 5 MINUTES</p>	 <p>LEARNING OBJECTIVES</p> <p><i>By the end of the session, participants will be able to:</i></p> <ul style="list-style-type: none"> • List three benefits of the <i>Many Ways of Being</i> program to their lives.
 <p>MATERIALS</p> <ul style="list-style-type: none"> • Flipchart paper • Markers • Name tags 	 <p>KEY MESSAGES</p> <ul style="list-style-type: none"> • This program is for youth of all genders and identities. • This program is designed to give you a space to talk about issues that matter to you.

PREPARATION

- Review the activity and be sure you understand the content, teaching methodology, and timing.
- Place chairs in a circle. At the room entrance, lay out name tags and permanent markers.
- Write the following on a flipchart paper titled “Today’s Agenda” and post it on the wall:
 - Learning about the program and program values
 - Group agreements
 - Icebreaker
 - Where Do You Stand?
 - Closing
- Write the following on a flipchart paper titled “MWB Sessions” and post it on the wall:
 - **Session 2:** Exploring Gender and Identity
 - **Session 3:** Understanding and Expressing My Emotions
 - **Session 4:** Exploring Power and Relationships
 - **Session 5:** Sex and Sexuality in Media Today
 - **Session 6:** Keeping Yourself and Others Healthy and Safe
 - **Session 7:** Contraceptives and Seeking Services
 - **Session 8:** The Journey Ahead

PROCEDURE

Pre-session start

1. Warmly welcome each person to the space as they enter.
2. Ask them to write their name and their pronouns on a name tag

3. Warmly welcome each person to the space as they enter.

WELCOME




5
Minutes

- 1 Open the session by introducing yourself. Include your name, your pronouns, your experience working with youth, and why you are looking forward to this program with them.


DO I HAVE TO FOLLOW THE SCRIPT WORD FOR WORD?

Past facilitators recommended that *Many Ways of Being* use scripts to standardize messaging across facilitators with different comfort levels discussing the curriculum topics. In response, *Many Ways of Being* has specific scripts — written in italicized text — for facilitators (or, in a few cases, evaluation team representatives) to use. You don't need to robotically read these scripts word for word, but you should follow them as closely as possible to help ensure consistent, clear messaging across all iterations of *Many Ways of Being*.

- 2 **SAY**  Thank you for joining the *Many Ways of Being* program. Over the next eight sessions, we are going to discuss a lot of topics that affect your lives. I'll tell you a bit more about the program, but first, we are going to go over what today will look like.

- 3 Direct their attention to the flipchart and quickly share the agenda for Session 1:

- Learning about the program and program values
- Group agreements
- Icebreaker
- Where Do You Stand?
- Closing

4 **SAY**  This program is for youth of all genders and identities. This program is also designed to give you a space to talk about important issues that might matter to you – like identity, sexuality, healthy relationships, setting boundaries, getting health services, and more. The hope is that with more information and helpful resources, we can all live healthier and happier lives!

5 Direct the participants' attention to the flipchart paper with the session titles.

6 **SAY**  Next time, in Session 2, you will learn more about the many identities people hold so that you can start to envision a world where you are free to express yourself. In Session 3, you will learn about emotions, which will help you be able to manage difficult ones when they come up.

In Session 4, our discussions around relationships and power will help you identify healthy and unhealthy characteristics of a relationship. In Session 5, you will learn how media influences the way you might see sex and relationships, which will help you be thoughtful in how you use media.

By learning about consent and sexually transmitted infections – or STIs – in Session 6, you'll be able to keep you and your partners healthy and safe. In Session 7, we will talk contraceptive methods to avoid unintended pregnancy and learn about sexual and reproductive health services you all can access. Lastly, in Session 8, we will talk about setting goals, which will help you prioritize your health and wellness.

7 Ask if anyone has any questions.



POST-ACTIVITY FACILITATOR NOTES

(what went well, what could be improved for next time, etc.)...

A large rectangular area filled with a fine grid of light gray lines, intended for handwritten notes or drawings.

ACTIVITY 1.3	GROUP AGREEMENTS
 TIME REQUIRED 10 MINUTES	 LEARNING OBJECTIVES <i>By the end of the session, participants will be able to:</i> <ul style="list-style-type: none"> • Develop and agree on shared expectations for participating in the group to facilitate a safe and open learning environment.
 MATERIALS <ul style="list-style-type: none"> • Flipchart paper • Markers, various colors 	 KEY MESSAGES <ul style="list-style-type: none"> • It is our responsibility to create a caring, open, and safe space so that we all get the opportunity to learn and grow throughout this program.

PREPARATION

- Review the activity and be sure you understand the content, teaching methodology, and timing.
- Post a blank piece of flipchart paper titled “Group Agreements” on the wall.

PROCEDURE

1

SAY



During this program, we are going to discuss topics such as relationships, sex, condoms, contraception, gender, and violence. These are very personal topics that can be sensitive to some people. It is important to create a safe, respectful, and comfortable space for members of the group to talk freely. We are going to start by establishing some group agreements for when we are in sessions. These group agreements are rules that we'd all like to follow and hold ourselves accountable to.

2

ASK



a) What are some agreements or rules you think we should follow while we are together during Many Ways of Being?

FACILITATOR NOTES




Offer a few of these ideas if the group is having trouble coming up with agreements they would like to put in place. To increase participant ownership of the process, it is also helpful to propose some common challenges and see what solutions participants give to deal with them (e.g., “Most times, we have some challenges with being distracted by our phones. What do you recommend we do to prevent this from happening?”). It could also be helpful to ask how their school(s) deal with common classroom management issues and use those rules. The following agreements with an asterisk should be included in the final list.

- Respect the right of others to have different opinions.*
- Respect **each other's identity, including the use of correct pronouns.***
- Let others finish before speaking ("one mic").*
- Maintain **confidentiality. What is said in the group stays in the group.***
- Laugh with, not at.
- Don't generalize about people. Talk about "some" instead of "all."
- Use "I" statements – own your opinions.
- Everyone should participate.
- Don't use technology that can distract you from the lesson (phones, headphones, etc.).

3 As participants give a suggestion, confirm with others that they want to include it in the final list. If there isn't any opposition, write it down on the flipchart paper. If there is opposition, discuss with the group and take the majority opinion.

4 After completing the list of group agreements,

SAY  One thing you should know is that we are mandatory reporters, so if you disclose an experience with violence by a caregiver or parent, we are required to involve others to ensure you have the support you need.

FACILITATOR NOTES

Do not throw out the flipchart paper with the agreements after Session 1!
It should be posted in your classroom and be visible during all the sessions. When you run into situations that go against these agreements, please remind the youth of their commitment to these ground rules.

5

Ask each participant to grab a marker and sign the Group Agreements flipchart paper.

6

ASK



a) To close this activity, why do you think we took the time to create group agreements?

Possible answer: It is our responsibility to create a caring, open, and safe space so that we all get the opportunity to learn and grow throughout this program.



POST-ACTIVITY FACILITATOR NOTES

(what went well, what could be improved for next time, etc.)...

ACTIVITY 1.4	ICEBREAKER INTRODUCTIONS
 <p>TIME REQUIRED 20 MINUTES</p>	 <p>LEARNING OBJECTIVES</p> <p><i>By the end of the session, participants will be able to:</i></p> <ul style="list-style-type: none"> • List all the names and pronouns of the participants in their group.
 <p>MATERIALS</p> <ul style="list-style-type: none"> • Blank name tags • Markers • Timer (e.g., on cell phone) • Appendix 1: Song Lyrics – 1 copy 	 <p>KEY MESSAGES</p> <ul style="list-style-type: none"> • This program is designed to allow you to share more about yourself and learn about others.

PREPARATION

- Review the activity and be sure you understand the content, teaching methodology, and timing.
- Print Appendix 1 ("Song Lyrics") so there is one set of lyrics per pair. Cut each song in half (for Person 1 and Person 2), and shuffle them. For example, if there are 12 participants in the group, print six pairs of lyrics, cut, and shuffle the pieces. If there are more than 12 participants, song lyrics can be repeated. You can print an extra copy for yourself as an answer key, if necessary.
 - For an easier version of the activity that takes less time, leave the song title and artist at the top of the lyrics and give the participants the lyrics with the title and artist.
 - For a harder version of the activity, cut below the song title and artist at the top of the lyrics (not including them in the cards you give the participants).
- Prepare and post a flipchart paper with instructions for the paired conversation. Write:
 - Share your:
 - 1. Name
 - 2. Pronouns
 - 3. One thing you're proud of
 - 4. One thing your lyrics tell us about sex, sexuality, or relationships
- Place chairs in a circle. At the room entrance, lay out name tags and permanent markers.

PROCEDURE

- 1 Pass out half of the song lyrics (one card) to each youth. If you have an odd number of participants, you can choose to participate yourself or pair two people with one half-lyric, resulting in a group of three.

2

SAY



In a minute, I am going to ask you to walk around the room and find the person who has the other half of your song lyrics. After you find your match, introduce yourselves to each other by doing the following: (direct their attention to the flipchart)

- Introduce yourself to your partner by sharing your name and pronouns. In *Many Ways of Being*, we like using pronouns in our introductions. Pronouns are a way we refer to people in place of their name and in the third person. It relates to a person's gender, which we will discuss in greater depth during the next session. Using correct pronouns just helps people feel seen and included. Some examples of pronouns are she, her, he, him, and they, them – or a combination of these and others.
- Share something that you are really proud of.
- Share a message you think the lyrics of your song are communicating about sex, sexuality, or relationships.

It doesn't matter which person goes first. Please be sure to listen to your partner when they introduce themselves. After the first person completes their introduction, switch roles. After 6 minutes, I will call time. Each pair will then introduce their partner's name, pronouns, and what they are proud of to the group.

FACILITATOR
NOTES

Pronouns are important. Words are powerful language tools that help us convey meaning and connect. Nothing may be more personal than the words people use to refer to us through our names and pronouns. Properly using an individual's correct pronouns is an easy way to show respect. Whether intentional or not, using the wrong pronouns can be hurtful, angering, and even distracting. Some might find it equivalent to being told they do not matter or deserve respect. Invalidating someone's identity puts a strain on how a person moves about in society and how that individual interacts with others. (Source: [National Institutes of Health](#))

3

Clarify the directions as needed and invite the group to start.

4

Set a timer for 6 minutes (1 minute to find matches, 5 minutes to share).

5

Give a warning around the 2.5-minute mark so they know it's time to switch roles.

6

After 6 minutes, ask each person to introduce their partner to the group until all participants are introduced.

7

Once everyone has introduced their partners, thank the youth for participating and have them take a seat.

**FACILITATOR
NOTES**



It's important to keep time here. Depending on the size of the group, you may find this activity stretching past the 20 minutes. Although it's important for youth to be familiar with each other, they will have these eight sessions to connect on deeper levels, so it's okay that they don't share everything about themselves today.



POST-ACTIVITY FACILITATOR NOTES

(what went well, what could be improved for next time, etc.)...

APPENDIX 1

SONG LYRICS





Billie Eilish: "Your Power" (2021)	Billie Eilish: "Your Power" (2021)
<p>Go find your match to complete the lyrics below!</p> <p>I thought that I was special You made me feel Like it was my fault you were the devil Lost your appeal Does it keep you in control? (In control) For you to keep her in a cage? And you swear you didn't know (didn't know) You said you thought she was your age...</p>	<p>Go find your match to complete the lyrics below!</p> <p>...I thought that I was special You made me feel Like it was my fault you were the devil Lost your appeal Does it keep you in control? (In control) For you to keep her in a cage?</p>
Lil Nas X: "Montero (Call Me by Your Name)" (2021)	Lil Nas X: "Montero (Call Me by Your Name)" (2021)
<p>Go find your match to complete the lyrics below!</p> <p>Romantic talking? You don't even have to try You're cute enough to f*** with me tonight Looking at the table and I see the reason why Baby, you living the life, but *****, you ain't livin' right Cocaine and drinking with your friends You live in the dark, boy, I cannot pretend I'm not fazed, only here to sin If Eve ain't in your garden, you know that you can...</p>	<p>Go find your match to complete the lyrics below!</p> <p>...Call me when you want, call me when you need Call me in the morning, I'll be on the way Call me when you want, call me when you need Call me out by your name, I'll be on the way like</p>

Sam Smith: "Stay With Me" (2014)	Sam Smith: "Stay With Me" (2014)
<p>Go find your match to complete the lyrics below!</p> <p>Why am I so emotional? No, it's not a good look, gain some self-control And deep down I know this never works But you can lay with me so it doesn't hurt...</p>	<p>Go find your match to complete the lyrics below!</p> <p>...Oh, won't you stay with me? 'Cause you're all I need This ain't love, it's clear to see But darling, stay with me</p>

Drake: "Hotline Bling" (2015)	Drake: "Hotline Bling" (2015)
<p>Go find your match to complete the lyrics below!</p> <p>You used to call me on my cell phone Late night when you need my love Call me on my cell phone...</p>	<p>Go find your match to complete the lyrics below!</p> <p>...Late night when you need my love And I know when that hotline bling That can only mean one thing I know when that hotline bling That can only mean one thing</p>

Beyoncé: "Love on Top" (2011)	Beyoncé: "Love on Top" (2011)
<p>Go find your match to complete the lyrics below!</p> <p>Bring the beat in Honey, honey I can see the stars all the way from here Can't you see the glow on the window pane? I can feel the sun whenever you're near...</p>	<p>Go find your match to complete the lyrics below!</p> <p>...Every time you touch me, I just melt away Now everybody asks me why I'm smiling out from ear to ear (They say love hurts) But I know (It's gonna take a little work) Oh Nothing's perfect, but it's worth it After fighting through my tears And finally, you put me first</p>

Ariana Grande: "thank u, next" (2019)	Ariana Grande: "thank u, next" (2019)
<p>Go find your match to complete the lyrics below!</p> <p>One taught me love One taught me patience And one taught me pain Now, I'm so amazing Say I've loved and I've lost But that's not what I see So, look what I got Look what you taught me And for that, I say...</p>	<p>Go find your match to complete the lyrics below!</p> <p>Thank you, next (Next) Thank you, next (Next) Thank you, next I'm so f---in' grateful for my ex Thank you, next (Next) Thank you, next (Next) Thank you, next (Next)</p>

ACTIVITY 1.5	ICEBREAKER INTRODUCTIONS
 <p>TIME REQUIRED 25 MINUTES</p> <p>(or the remaining time in the session)</p>	 <p>LEARNING OBJECTIVES</p> <p><i>By the end of the session, participants will be able to:</i></p> <ul style="list-style-type: none"> • Articulate personal beliefs or values about the topics covered in Many Ways of Being (identity, emotions, relationships, media, STIs, contraceptive methods, setting boundaries, and health-seeking behaviors).
 <p>MATERIALS</p> <ul style="list-style-type: none"> • 3 signs written on letter-size paper, one saying “Agree,” one “Disagree,” and one “Neutral” • Appendix 2: “Where Do You Stand?” Statements & Notes – 1 copy 	 <p>KEY MESSAGES</p> <ul style="list-style-type: none"> • Your values and attitudes influence your and others’ health and well-being. • It is important to respect other people’s views about sexuality and gender, but also to challenge attitudes and values that are harmful to themselves and others.

PREPARATION

- Review the activity and be sure you understand the content, teaching methodology, and timing.
- Place **“Agree”** and **“Disagree”** signs on opposite ends of the room, ensuring they are adequately spaced for participants to move between the two signs.
- Review the “‘Where Do You Stand?’ Statements & Notes” (Appendix 2) and print one copy for yourself.

FACILITATOR NOTES

Because of the sensitivity of some of these activity statements, it is particularly important to review the statements and facilitator notes (Appendix 2) ahead of time.

PROCEDURE

1

SAY



Now, we are going to play a game to start to think about the topics covered in Many Ways of Being. This activity is called “Where Do You Stand?” And it will give you an opportunity to express your opinions about certain issues. It’s important we remember the Group Agreements we just signed and stay respectful of one another’s opinions, even if you disagree with them.

I will read a statement. After I finish, move to stand by the “Agree” sign if you agree with the statement or the “Disagree” sign if you disagree. Afterward, you’ll have an opportunity to share your opinion with the group. Remember, we want to hear what you really think – not what you think others are going to say or think.

2 Read the first statement in Appendix 2.

3 Ask participants to stand near the sign that matches what they think about the statement. They should stand squarely in the “**Agree**,” or “**Disagree**” area.

4 After the participants have moved to their respective signs, ask for each group to huddle and talk about why they are standing there. Ask them to talk about their beliefs related to the statement. Give each group 30 seconds.

After the 30 seconds, have one representative from each sign grouping summarize the conversation. After each representative speaks, ask if there are any other points anyone in that group wants to share.

If all the participants are standing under one sign, you can play devil's advocate to have a little bit of a discussion (refer to the Appendix 2 notes).

As participants voice their opinions, do not respond to their statements with your own opinions. However, it is important to call out racist, sexist, homophobic, or transphobic behavior if it does come up.

Encourage participants to pose questions to those who have opposing views and not minimize their point of view.

FACILITATOR NOTES


Given that this is the first session, participants may not feel comfortable being a “dissenting voice,” and you might find everyone in the group is always on one side of the room.

The point of this activity is to see the diversity of opinions. If you find that everyone is following each other and holding similar beliefs, you can try to probe to see what differences exist in their explanations.

Because participants will have already chosen a side when you read the “Facilitator Wrap-Up,” describing the curriculum’s stance so definitively has the potential to alienate those participants who chose the “opposing” or “incorrect” viewpoint and even to make them dig into that viewpoint further rather than being open to challenging it.

5 After the discussion ends, reference Appendix 2 and provide the conclusion of the statement (“Facilitator Wrap-Up”).

6 Read the next statement and repeat the steps above until either all the statements have been discussed or 10 to 15 minutes have passed.

7 **ASK**
 **a)** *Why do you think we just asked you all these questions? How do your values and beliefs impact your lives?*

Possible answer: They affect your behaviors that impact your health and well-being and how you treat one another. Having conversations like this helps us gain new perspectives and share opinions in a respectful way without causing harm to others.





POST-ACTIVITY FACILITATOR NOTES



(what went well, what could be improved for next time, etc.)...



APPENDIX 2


“WHERE DO YOU STAND?” STATEMENTS & NOTES

“Where do you Stand?” Statements	Notes <i>(If helpful, you can share when debriefing each statement after the participants share their opinions.)</i>
<p>All people, no matter who they are or to whom they are attracted, are looking for the same things in a relationship.</p>	<p>Possible AGREE Replies:</p> <ul style="list-style-type: none"> • People want love, sex, companionship, etc., and it doesn't have to do with their gender or sexual orientation. • Sometimes, women want sex more than men; sometimes, people of all genders want romance; sometimes, people of all genders want a casual dating relationship. <p>Possible DISAGREE Replies:</p> <ul style="list-style-type: none"> • I think that men are looking for sex more often and women are looking for a long-term relationship more often. • All people are NOT looking for the same thing in a relationship; all people are looking for different things in a relationship, but it doesn't have anything to do with their gender. <p>Probing Question:</p> <ul style="list-style-type: none"> • What kinds of things do people look for in relationships? <p>Facilitator Wrap-Up:</p> <p> <i>In Many Ways of Being, we'll dig into how to think through what you are looking for in a healthy relationship and how to communicate it to a potential partner – no matter what your preferences, expectations, boundaries, sexual orientation, or gender may be.</i></p>
<p>A healthy relationship is one that doesn't have any disagreements or fights.</p>	<p>Possible AGREE Replies:</p> <ul style="list-style-type: none"> • Yeah, it's not good to fight all the time and have problems. • If you love someone, you shouldn't fight with them. <p>Possible DISAGREE Replies:</p> <ul style="list-style-type: none"> • Everybody disagrees or fights sometimes. • It's okay to disagree or fight; it just depends on how you do it. And physical fighting is not okay. <p>Probing Questions:</p> <ul style="list-style-type: none"> • What could be considered healthy about a disagreement? What would an unhealthy disagreement look like? • What's the difference between a disagreement and a fight? Is there a time when fighting isn't okay?


“Where do you Stand?” Statements	Notes <i>(If helpful, you can share when debriefing each statement after the participants share their opinions.)</i>
	<ul style="list-style-type: none"> • Are there situations you can think of when never disagreeing becomes a problem in a relationship? <p>Facilitator Wrap-Up:</p> <p> <i>It can be tricky to identify that fine line between healthy and unhealthy conflict. This is another topic we will explore in sessions on relationships and emotions, including how communication and compromise can help people solve their problems in ways that are safe, consensual, healthy, and respectful.</i></p>
<p>It's okay for someone to post a photo of their partner on social media without asking them.</p>	<p>Possible AGREE Replies:</p> <ul style="list-style-type: none"> • Almost everyone posts photos on social media. If your partner is already on social media, why would they care? • If they care about me, they wouldn't have a problem with me posting a picture of/with them. <p>Possible DISAGREE Replies:</p> <ul style="list-style-type: none"> • Not necessarily -- only if they have already talked about it and their partner said they're okay with it. Even then, maybe not every picture is okay. • It completely depends on what kind of photo, and either way, their partner should have a chance to decide. <p>Probing Questions:</p> <ul style="list-style-type: none"> • What if they have similar pictures already posted on their timeline? • Is it fair for them to get upset? • What would be a situation where a picture might take someone by surprise? Or reveal something you didn't realize they wouldn't be comfortable with? <p>Facilitator Wrap-Up:</p> <p> <i>Even in the closest relationships, it can be tricky to know what a friend or partner is thinking or what their boundaries are if they haven't been stated out loud. In Session 6, we will discuss the ways in which consent applies to all aspects of a relationship and how that can play out in different settings, both in real life and online.</i></p>
<p>You can still be a “real man” even if you cry in front of other people.</p>	<p>Possible AGREE Reply:</p> <ul style="list-style-type: none"> • Everyone, no matter what their gender is, should be able to express the emotion they are feeling when they want to. <p>Possible DISAGREE Replies:</p> <ul style="list-style-type: none"> • Men shouldn't cry, period. • Men should suppress negative emotions until they are in private or with someone they trust. It shows weakness.





“Where do you Stand?” Statements	Notes <i>(If helpful, you can share when debriefing each statement after the participants share their opinions.)</i>
	<p>Probing Questions</p> <ul style="list-style-type: none"> • What kinds of influences make someone of a certain gender feel they should or shouldn’t express certain emotions? • Is there a problem with not being able to express certain emotions publicly? If so, what? • Who makes the rules about who should express which emotions and when? Are the rules fair? Are they helpful? <p>Facilitator Wrap-Up:</p> <p> <i>In Session 3, we will explore emotions, the language we can use to express them, and society’s expectations about how and when to express emotions. One thing we will definitely delve into is how important it is for all people to feel free to have healthy, authentic expressions of their emotions and consequences when emotions are held in, pushed down, or limited.</i></p>
<p>Men care more about sex and sexual pleasure than women do.</p>	<p>Possible AGREE Replies:</p> <ul style="list-style-type: none"> • Women don’t care as much about pleasure. They don’t even like sex that much. <p>Possible DISAGREE Replies:</p> <ul style="list-style-type: none"> • Pleasure is equally important for people of all genders, not just men. • Women like sex, too! <p>Probing Questions:</p> <ul style="list-style-type: none"> • Are women given certain messages about sex and pleasure that are different from the messages men receive? • Do you think watching TV, looking at social media, listening to music, etc., has any impact on how we think about sexual pleasure for certain groups of people or certain genders? If so, what are those messages? Do they impact how people act in relationships? <p>Facilitator Wrap-Up:</p> <p> <i>As we will talk about in Session 5, sexual desire and pleasure are complicated and different for everyone, and some people actually don’t experience either. In general, no one gender enjoys sex or pleasure more than any other. When we talk about communication with a partner, we will also talk about pleasure and how to make space for partners to communicate what they like and don’t like.</i></p>

“Where do you Stand?” Statements	Notes <i>(If helpful, you can share when debriefing each statement after the participants share their opinions.)</i>
	<p>Probing Questions:</p> <ul style="list-style-type: none"> • Are there any issues that can come up with condoms and STIs? • Are there any problems with not disclosing to someone that you have an STI? <p>Facilitator Wrap-Up:</p> <p> <i>Sexual partners do have a responsibility to share their STI status so that everyone is clear and consenting to the same experience. Session 6 is where we will be having an even more in-depth discussion about how to communicate with partners about STIs and how to deal with challenges around that communication. We'll also talk through condom effectiveness and how STIs can be transmitted even when condoms are used consistently.</i></p>
<p>A girl or woman who wears sexy clothes should expect to be hit on.</p>	<p>Possible AGREE Replies:</p> <ul style="list-style-type: none"> • That's why she put those clothes on in the first place, to attract attention. • If she doesn't want to be treated like a [sexist insult], she shouldn't dress like one. . <p>Possible DISAGREE Replies:</p> <ul style="list-style-type: none"> • A woman can wear whatever she wants, whenever she wants. • When I/my friends wear something sexy or cute, we're not doing it for other people; we're doing it for ourselves. <p>Probing Questions:</p> <ul style="list-style-type: none"> • Would you feel the same about this statement if you replaced “girl or woman” with “boy or man”? • What do we mean when we say “sexy clothes?” Are there clothes that could be perceived differently by different people? • Do you believe that sexual desire can become so strong that people are unable to control themselves? <p>Facilitator Wrap-Up:</p> <p> <i>In Session 2, and throughout this curriculum, we'll talk more about how some behaviors around how different genders are treated that people consider normal or justified in our society can end up being harmful. What one person sees as innocent or “the way things are” can sometimes make another person feel scared, intimidated, discriminated against, and so on. We'll also talk more about how even in the face of strong sexual desire, self-control and accountability are extremely important to a healthy, respectful approach to sex and relationships.</i></p>

“Where do you Stand?” Statements	Notes <i>(If helpful, you can share when debriefing each statement after the participants share their opinions.)</i>
<p>Couples should only use condoms if one or both have had multiple sexual partners.</p>	<p>Possible AGREE Replies:</p> <ul style="list-style-type: none"> • What is there to worry about if they only have sex with each other? They can't get an STI. • If each person doesn't have symptoms, I don't see the problem. <p>Possible DISAGREE Replies:</p> <ul style="list-style-type: none"> • Yes, because there are things other than STIs to worry about, like pregnancy. • Yes, because it's safer that way, and who knows if your partner is telling you the truth? <p>Probing Questions:</p> <ul style="list-style-type: none"> • Are sexually transmitted infections (STIs) the only thing that people worry about in a sexual relationship? What other risks are people concerned about? • Are there reasons that condoms would be worth it, even when both people say their current partner is their only lifetime sexual partner? <p>Facilitator Wrap-Up:</p> <p> To reduce risk of STIs, including HIV, and pregnancy, condoms should be used correctly each time someone has sex, regardless of how many previous partners they have had. We will go through exactly how to properly use condoms in Session 6, and we'll debunk some myths while we're at it. Although using condoms correctly isn't difficult once you get some practice, sometimes communication with a partner can feel intimidating, especially in situations where one partner is suggesting reasons not to use condoms every time. We will help with how to respond.</p>
<p>It's okay for someone to hide their positive STI status from their partner if they always use condoms.</p>	<p>Possible AGREE Replies:</p> <ul style="list-style-type: none"> • They are protecting their partner with condoms, so why do they have to tell? • It's not their partner's business if they don't feel like sharing that. <p>Possible DISAGREE Replies:</p> <ul style="list-style-type: none"> • Since condoms don't protect from every STI, aren't 100 percent even for the ones they do protect better for, and can break, it's really important to tell your partner if they are at higher risk by having sex with you. • You never know what health concerns someone might have, and it's not fair to possibly expose them without giving them all the info.

“Where do you Stand?” Statements	Notes <i>(If helpful, you can share when debriefing each statement after the participants share their opinions.)</i>
<p>The person using or taking birth control is the only one who needs to be responsible for it.</p>	<p>Possible AGREE Replies:</p> <ul style="list-style-type: none"> • It's their body, and they are the one who has to take it or use it, so, yes. They are responsible for it. <p>Possible DISAGREE Replies:</p> <ul style="list-style-type: none"> • It's everyone's responsibility to make sure that partners have discussed how they will prevent pregnancy if that's their goal. • One person might be mostly responsible, but their partner can support them by reminding them to use it or checking in about how it's going and asking if it's still okay for them. <p>Probing Questions:</p> <ul style="list-style-type: none"> • Do you think unintended pregnancy can create consequences for both people? • VWhat are some of the responsibilities that might fall to the other partner? <p>Facilitator Wrap-Up:</p> <p>★ <i>In Session 7, we'll be discussing contraceptives, including how to access them, how to communicate about them with a partner; how to make decisions about what kinds are best for the person who will primarily be using them, and how partners can support birth control use, as well as other approaches to communicating about preventing STIs and unintended pregnancies.</i></p>
<p>You can tell someone's gender just by looking at them.</p>	<p>Possible AGREE Replies:</p> <ul style="list-style-type: none"> • Do they look like a girl? They're a girl. Do they look like a boy? They're a boy. • You can tell because of their bodies. Guys have beards, and girls have boobs. <p>Possible DISAGREE Replies:</p> <ul style="list-style-type: none"> • There are so many different genders, and people have different styles regardless of their gender. Some people are nonbinary. Some people don't want to express gender in a “typical” way. <p>Probing Questions:</p> <ul style="list-style-type: none"> • Do all people who identify as girls dress in a feminine manner? Do all people who identify as boys dress in a masculine manner? • Is there only one way to be feminine or masculine? • Do you think the way people define their gender is simple or complicated? Why? <p>Facilitator Wrap-Up:</p> <p>★ <i>Session 2 will help us understand the difference between sex assigned at birth, gender identity, and gender expression. There is so much diversity in how people identify and express themselves, and before we understand the differences among these ideas, it can be confusing. Each person gets to determine their own gender identity and expression and define it exactly as it makes sense to them.</i></p>

“Where do you Stand?” Statements	Notes <i>(If helpful, you can share when debriefing each statement after the participants share their opinions.)</i>
<p>There should be more restrictions on sexual images, videos, and language on the internet and social media.</p>	<p>Possible AGREE Replies:</p> <ul style="list-style-type: none"> • Yes, because kids are seeing too much, too young, and a lot of it is really negative. • Yes, because sometimes people don’t understand what they are seeing, and they can’t unsee it once they see it. <p>Possible DISAGREE Replies:</p> <ul style="list-style-type: none"> • No, because all of those things are freedom of speech, and they aren’t hurting anyone. • No, because everyone watches porn and uses that kind of language and there’s nothing wrong with it. • No, because we already live in a society that puts too much of a taboo on sex and sexuality, and a lot of those videos and that language is a healthy expression of sexuality. <p>Probing Question:</p> <ul style="list-style-type: none"> • Do you think all sexual videos and language on the internet portray healthy, consensual sexuality? • Do you think this applies to all ages? • If there was something worth putting more restrictions on about those kinds of media, what would it be? <p>Facilitator Wrap-Up:</p> <p> <i>This is a pretty debated topic – mainly because a lot of the sexual images, videos, and language includes violent, sexist, or discriminatory messages or tones. Since research shows that this exposure can shape someone’s understanding and expectations of sexual behavior and influence how they engage in harmful activities, it’s important to be thoughtful about what you see and to use a critical eye. We will learn to do that in Session 5.</i></p>

ACTIVITY 1.6	WHAT IS MANY WAYS OF BEING?
 TIME REQUIRED 5 MINUTES	 LEARNING OBJECTIVES <p><i>By the end of the session, participants will be able to:</i></p> <ul style="list-style-type: none"> • Know each other's names. • Anonymously submit questions they have about session content or about sexuality in general. • State one thing they appreciated from the session and one thing they think could be changed.
 MATERIALS <ul style="list-style-type: none"> • Blank notecards – 2 per participant • Pencils/pens • Bag/hat/box • Ball • Appendix 21: Where Can I Go for More Information? – 1 copy per participant 	 KEY MESSAGES <ul style="list-style-type: none"> • This program is designed to allow you to share more about yourself and learn about others. • This program is for youth of all genders and identities. • This program is designed to give you a space to talk about issues that matter to you. • It is our responsibility to create a caring, open, and safe space so that we all get the opportunity to learn and grow throughout this program. • Your values and attitudes influence your and others' health and well-being. • It is important to respect other people's views about sexuality and gender, but also to challenge attitudes and values that are harmful to themselves and others.

PREPARATION


- Review the activity and be sure you understand the content, teaching methodology, and timing.
- Print copies of “Where Can I Go for More Information?” (Appendix 21).


PROCEDURE

1 Ask the participants to stand in a circle.
Have a ball ready to toss.

2 Say the name of a participant and throw them the ball. That person should catch the ball, say the name of another participant, and throw them the ball. Continue until everyone has been called on and thrown the ball.

3 When everyone has finished, thank them all for attending and for their full engagement and participation.

4 **SAY**  *In the next session, we will be talking about gender and identity, and we will explore different expectations society places on people based on their identities.*

5 **SAY**  *After each session, I'll give you a challenge to accomplish before the next session. They should only take 1 or 2 minutes. This session's challenge is for you to follow the program's Instagram account (@manywaysdc) and like or leave a comment on a post. You can even pull out your phones now and do it. This account is going to be a great resource for you all as you go through the program. We will be posting content and stories throughout the eight sessions. This account will be followed by everyone in Many*

Ways of Being, so it's not just for our group. By commenting and engaging with our content, you will have an opportunity to talk with other young people about these topics. This will be a private account, so you won't be able to share our posts, but we are excited to see what conversations we can start in the comments.

If you don't have an Instagram account, your challenge is to look up at least one of the links on the papers I am about to hand out, and to learn one new thing from that website.

FACILITATOR NOTES

It's important to encourage the group to provide questions either that they wanted to ask and didn't have an opportunity to or that they didn't want to publicly ask.

You'll need to collect these questions and use the first activity of the next session to answer the questions.

6

Pass out copies of Appendix 21 and two notecards per person, and

SAY



I'm handing out a resource guide. *If you have questions throughout the next seven weeks, you can use any of these links for more information. Additionally, you can ask us questions during the session or confidentially afterward.*

At the end of each session, I will pass out two cards, like I am doing now.

On one notecard, write down any questions you still have about the content we covered today. Do not write your name on this card. These questions will stay anonymous. We will take an opportunity to answer some of these questions next session.

The second card is to provide any feedback on the session – write one thing you enjoyed about today and one thing you would recommend we change.

7

Collect the notecards, thank the youth for their participation, and remind them of the time and place of the next meeting.



POST-ACTIVITY FACILITATOR NOTES

(what went well, what could be improved for next time, etc.)...

SESSION

2

EXPLORING

GENDER

AND

IDENTITY

SESSION AT A GLANCE


ACTIVITY 2.1	Session 1 Review	10 minutes
ACTIVITY 2.2	Feeling Trapped in the Box	40 minutes
SUGGESTED BREAK (15 MINUTES)		
ACTIVITY 2.3	The Multiple Dimensions of Sexuality	35 minutes
ACTIVITY 2.4	What Does Society Expect From Me?	15 minutes
ACTIVITY 2.5	Closing Circle	5 minutes
TOTAL TIME		120 minutes

ACTIVITY 2.1	SESSION 1 REVIEW
 <p>TIME REQUIRED 10 MINUTES</p>	 <p>LEARNING OBJECTIVES</p> <p><i>By the end of the session, participants will be able to:</i></p> <ul style="list-style-type: none"> • Summarize key learnings from the previous session
 <p>MATERIALS</p> <ul style="list-style-type: none"> • Flipchart • Markers • Tape 	 <p>KEY MESSAGES</p> <p>N/A</p>


PREPARATION

- Review the activity and be sure you understand the content, teaching methodology, and timing.
- Review the questions submitted at the end of the last session and draft responses for them.
- Write the agenda for the session on a flipchart paper and post it on the wall.
 - **Activity 2.2:** Feeling Trapped in the Box
 - **Activity 2.3:** The Multiple Dimensions of Sexuality
 - **Activity 2.4:** What Does Society Expect From Me?
 - **Activity 2.5:** Closing Circle

PROCEDURE

1 **SAY**  *Welcome to Session 2 of the program. Thank you all for your participation in the last session. It's great to see you all again.*

2 **(OPTIONAL)** If you think the participants could benefit from a refresher of everyone's names and pronouns, play a quick name game with them.

3 **ASK** 

- a) Last session, we established some group agreements for ourselves. Can anyone remind us of what some of those were?
- b) Are there any additions that we'd like to add moving forward?

4

ASK


- a) Why do you think we just asked you all these questions? How do your values and beliefs impact your lives?
- b) What were some of the posts or stories that you saw?
- b) If you don't have an Instagram, did you do the challenge of looking up one website on the handout? What did you learn?
-


5

Share a personal highlight from the last session that you as the facilitator really enjoyed.

6

Answer any questions that were submitted at the end of Session 1.

7

SAY
 Today, we are going to discuss the **differences** between your gender, sex assigned at birth, and **sexual** orientation. Toward the end of today's session, we will be discussing other parts of your identities and some pressures you may face related to your identity.

8

Refer to the agenda flipchart paper and

SAY



- Today, we are going to work on four activities:
- **Activity 2.2:** Feeling Trapped in the Box
 - **Activity 2.3:** The Multiple Dimensions of Sexuality
 - **Activity 2.4:** What Does Society Expect From Me?
 - **Activity 2.5:** Closing Circle

These activities are going to be fun and give us a lot of opportunities for discussion. Let's get into it!



POST-ACTIVITY FACILITATOR NOTES

(what went well, what could be improved for next time, etc.)...

ACTIVITY 2.2**TIME
REQUIRED**

40 MINUTES

**FEELING TRAPPED
IN THE BOX****LEARNING
OBJECTIVES**

By the end of the session, participants will be able to:

- Explain the challenges different genders face in trying to fulfill societal expectations.
- Appreciate the costs of a binary society and rigid forms of masculinity and femininity.
- Recognize that because the gender binary was created by people, it is also possible to change.

**MATERIALS**

- Pens
- Timer (e.g., on cell phone)
- Flipchart
- Markers

**KEY MESSAGES**

- All genders receive many harmful and sometimes contradictory messages.
- Everyone, regardless of how they identify or choose to express their gender, should be celebrated and valued equally.


PREPARATION

- Review the activity and be sure you understand the content, teaching methodology, and timing.
- Have one flipchart paper ready with the title “Act Like a Man” and another one with the title “Act Like a Woman” written at the top. Draw a large square in the middle of each flipchart paper.
- Have music to play in the background.


PROCEDURE

MAN BOX AND WOMAN BOX



1 **SAY**  For this activity, I want you to start off by closing your eyes, if you're comfortable. Think of a time when you were told “act like a man,” or “act like a woman.” Or when you felt judged because you were acting differently than what was expected from you or your gender.

2 Ask for a few volunteers to give you an example so you make sure they understand the idea of the activity.

3 **SAY**  Just for the sake of this activity, we are going to break up gender into two categories – man and woman. I’m going to split you into two groups and hand each group a flipchart paper. I’d like for you to write down as many things as you can think of that corresponds to the roles, responsibilities, and expectations of a man or a woman on your flipchart papers. This could be about anything – what they should wear, whom they should hang out with, how they should act, the emotions they should

show, physical characteristics, and more. While we know that there are many genders, for this activity we are only going to look at the gender binary of man and woman to recognize how society often limits us. You're only going to have 5 minutes. **Write your answers inside the square.**

FACILITATOR NOTES

This activity is the crux of the session and foundation for the curriculum. As youth begin to acknowledge the pressures they feel, it's important to continuously differentiate between what is biological and what is socially constructed. Be sure to interrogate any comments like, "Yeah, but that's just how guys are, though," or, "That's natural." The goal of this exercise is to have the participants acknowledge and understand that gender is learned and socially created. If needed, take some time to provide examples or source examples from them on specific characteristics, behaviors, or attitudes that are typically ascribed to a gender. If they are struggling, you can rephrase the question to ask them, **"What would not be socially acceptable for a boy/girl/nonbinary person to do?"**

4 Split the group in half, and give each one of the flipcharts ("Act Like a Man" or "Act Like a Woman"). Clarify the directions as needed before beginning.

5 Once the 5 minutes is over, have the groups swap the flipchart papers and add anything they think the other group might have missed. Give them 5 more minutes.

6 Ask participants to come back together and hang the flipchart papers in front of the group.

7 Highlight some answers from each flipchart paper briefly with the whole group.

8 **SAY** 

Great, thanks for brainstorming. These are what we like to call the **“Woman Box”** and **“Man Box.”**


In many ways, we behave in the way society wants us to – whether we know it or not. Ideas around manhood, womanhood, and being nonbinary come with a lot of baggage.

We can think of these gender-related pressures or expectations as a box that restricts you from freely expressing who you are. The attitudes and behaviors that society pressures us to ascribe to have great impacts on ourselves and others. For example, most boys and men feel the pressure to “be brave” and not back down from a challenge, even if we know it’s a risky decision.

DISCUSSION



**15
Minutes**

1  Facilitate a dialogue using the following guiding questions.

- a) Which of these statements – “Act like a man” or “Act like a woman” – is more harmful? Why?
- b) How might living “in the box” affect someone’s health and relationships?
- c) What are some of the positive characteristics you see on each of these lists?
- d) What advantages do men and women get from staying inside the box?
- e) What are some costs of living outside of the Man Box or Woman Box?

FACILITATOR
NOTES

If time allows for additional questions, include:

- Specifically, how do our families influence the way we are expected to think about, act out, and express our genders?
- What generational differences do you see in terms of gender roles and norms? Why do you think different generations have different perspectives?
- How do you think someone's race or ethnicity plays a role in these expectations about gender?
- What might a world look like that weren't defined by gender norms or expectations?

CLOSING MESSAGES**5
Minutes****1****ASK**

a) Why do you think we named this activity "Feeling Trapped in the Box"?

Answer: Most gender norms are meant to restrict and police our behavior depending on our identity, which can limit people's expression of who they really are. Putting people in boxes and creating expectations about how they should navigate the world harms them and could lead to forms of violence and discrimination that affect everyone.

b) What do you think it would take for someone to live their true, authentic life the way they want to rather than how their society tells them to act?

Answer: It takes a really brave person to go against what they are told to do and express themselves how they want to. It's also really helpful to have a supportive environment in which people accept you for the way that you are and celebrate and value your identity.



POST-ACTIVITY FACILITATOR NOTES

(what went well, what could be improved for next time, etc.)...

ACTIVITY 2.3**THE MULTIPLE DIMENSIONS OF SEXUALITY****TIME REQUIRED**

35 MINUTES

**LEARNING OBJECTIVES**

By the end of the session, participants will be able to:

- Define four concepts: 1) sex assigned at birth; 2) gender identity; 3) gender expression; and 4) sexual orientation.
- Explain the different ways that sex assigned at birth, gender identity, gender expression, and sexual orientation are intertwined with social norms and expectations.

**MATERIALS**

- Flipchart
- Markers
- Timer (e.g., on cell phone)
- Appendix 3: The Gender Unicorn – 1 per person
- Appendix 4: Gendered Scenarios Handout – 1 copy
- Computer/projector/access to Wi-Fi to play YouTube videos

**KEY MESSAGES**

- There are distinct differences between sex assigned at birth, gender identity, gender expression, and sexual orientation. They are a big part of you, so it's important to reflect on your own sexuality.
- Gender is not biological. Gender norms are learned from families and friends, schools and communities, the media, and many other places. Gender norms are the expectations and beliefs associated with how people should think or behave based on their gender.

PREPARATION

- Review the activity and be sure you understand the content, teaching methodology, and timing.
- Print one copy of “The Gender Unicorn” (Appendix 3) for each participant.
- Print one copy of the “Gendered Scenarios Handout” (Appendix 4) and cut along the dotted lines.
- Have the video explaining the Gender Unicorn ready to play for the class: <https://www.youtube.com/watch?v=YPNCzXYy2CE>

FACILITATOR NOTES

Always assume that there are participants in your group who identify in a variety of ways. Participants might be cisgender, transgender, gender-nonconforming, gender-questioning, or otherwise. It is critical to create a safe environment during this session that reinforces inclusivity, respect for all people of all identities, and confidentiality. Some young people may be confident in disclosing their gender identity during this session, while others may not. None of the sessions ask participants to self-disclose anything they are not comfortable sharing.

PROCEDURE

THE GENDER UNICORN



1

Bring participants' attention to “The Gender Unicorn” (Appendix 3).

FACILITATOR NOTES

In case the participants ask about the origin of the Gender Unicorn:

This resource was thoughtfully created by the Trans Student Educational Resources. This is a youth-led organization is dedicated to transforming the educational

environment for trans and gender-nonconforming students through advocacy and empowerment.

The idea behind using a unicorn is that each person is unique and valuable.

Additionally, the Gender Unicorn tries to acknowledge that gender experience and expression is infinite and ever-changing! The infinite nature of the lines and arrows are meant to represent a variety of expressive options without being exclusive. As people, our ways of being are never set – we are allowed to change and grow and define our identities for ourselves.

2 SAY



Here's a tool to help visualize different parts of a person's gender and sexual identities. As you'll see on this worksheet, each category has multiple arrows that show us that these identities aren't just solely male or female – it is a spectrum that can include different options.

“Masculine” and “feminine” are not inherently in opposition to each other. Some people use this worksheet to think about how they identify, placing a dot on each of the arrows. We are going to watch a video that explains how it works. You can take it home and fill it out according to your own identity.

3

Play a video (7 minutes) explaining the Gender Unicorn: <https://www.youtube.com/watch?v=YPNCzXYy2CE>

4

ASK



a) What does the word “binary” mean?

Possible answer: ‘Binary’ refers to something made of two categories or parts, and we often use it to talk about things that are exact opposites. Think of a ‘yes-or-no’ question on a test or a light switch that you can turn on or off.

b) And when we say “binary” in the context of gender, what does it mean?

Possible answer: It When we talk about binary in relation to gender, it means that people think of gender as only two categories – men and women – that are completely distinct from one another.

As we will explore throughout this curriculum, there are many other genders besides men and women that people identify as.

- 5** Refer participants to Appendix 3 and direct their attention to the definitions – particularly cisgender, nonbinary, and transgender – and ask if they have any questions. These terms will continue to be discussed in future sessions.

FACILITATOR
NOTES

If participants are struggling with the concepts of people being nonbinary and transgender, it would be helpful to share some popular nonbinary and transgender influencers, artists, or celebrities. Many well-known examples tend to be white people, so it's important to ensure you present a diverse representation. Here are some names and their Instagram handles:

Lil Uzi Vert (@liluzivert), Janelle Monáe (@janellemonae), Hunter Schafer (@hunterschafer), Sam Smith (@samsmith), Alok Vaid-Menon (@alokvmenon), Indya Moore (@indyamoore), Sara Ramirez (@therealsararamirez), Laverne Cox (@lavernecox), Jazz Jennings (@jazzjennings_), Zaya Wade (@zayawade), Michaela Jaé Rodriguez (@mjrodriguez7)

6

ASK



- a) In the video, Ollie talks about physical and emotional attraction. Can someone tell me a bit more about what he means by this and how you might know that you're feeling it?

Possible answer: It can be deep emotional interest and connection with another individual; one of the first signs is that you wish to be intimate with that individual, but that intimacy doesn't need to be of a sexual nature.

7

SAY



One sexual orientation that Ollie didn't talk about in this video is asexuality – when someone doesn't feel sexual attraction to other people. As you go through puberty and the teenage years, people usually start to develop attraction for other people. This can happen at different points for people. For people who are asexual, this attraction might be less or might not exist...and that's normal, too.

GENDERED SCENARIOS

**20
Minutes****1****SAY**

In pairs, you are going to read a scenario about a young person. During these stories, you might notice that society has specific expectations of them based on how they perceive their gender.

Some might look familiar from the Man Box and Woman Box activity. As you just learned, gender is something that people have created and is not necessarily biological. You will see how this plays out in these scenarios. Together, you will read the scenario and answer a few questions.

*You will have **12 minutes** to complete the assignment.*

2

Divide the group into pairs. Pass out the cut-out scenarios from Appendix 4 ("Gendered Scenarios Handout"). Clarify the directions as needed, and start a timer for **12 minutes**.

FACILITATOR NOTES

Because there is not an opportunity built in for groups to share back their full discussions, it's important for the facilitator to be visiting each group and making sure they understand the exercise.

3

Have each pair share a highlight from their discussion.

4**ASK**

a) *In the first activity of the day, we only covered the Man Box and Woman Box, but we know from the Gender Unicorn that there are many gender identities a person can have. Why do you think we only used the binary (meaning two) man and woman in the first activity rather than including other genders?*

Answer: 'Binary' refers to something made of two categories or parts, and we often use it to talk about things that are exact opposites. Think of a 'yes-or-no' question on a test or a light switch that you can turn on or off.

b) How might someone who is nonbinary (not identifying as a man or woman) be affected by the gender boxes?

Possible Answers: They may feel pressured to choose a box to fit into; they may get questions from people; people may be confused by their identity or make judgments or assumptions based on the way they appear rather than their identity; people may not recognize or value their gender identity.

CLOSING MESSAGES



5
Minutes

1

ASK



a) What were the four components of gender and sexuality we talked about today that everyone has?

Answer: Sex assigned at birth, sexual orientation, gender identity, and gender expression. These apply to everyone! We just have a lot of different combinations of identities, and we need to be accepting and inclusive of everyone – because that’s just who they are.

b) Can anyone briefly explain the difference between sex assigned at birth and gender to me?

Possible answer: “Biological or assigned sex is about biology, anatomy, and chromosomes. Gender is society’s set of expectations, standards, and characteristics about how men and women are supposed to act” (Planned Parenthood).

More in-depth answer: Assigned sex is a label that you’re given at birth based on medical factors, including your hormones, chromosomes, and genitals. Most people are assigned male or female, and this is what’s put on their birth certificates. When someone’s sexual and reproductive anatomy doesn’t seem to fit the typical definitions of female or male, they may be described as intersex....Gender is much bigger and more complicated than assigned sex. Gender includes gender roles, which are

expectations society and people have about behaviors, thoughts, and characteristics that go along with a person's assigned sex.... Your gender identity is how you feel inside and how you express those feelings. Clothing, appearance, and behaviors can all be ways to express your gender identity. Most people feel that they're either male or female. Some people feel like a masculine female, or a feminine male. Some people feel neither male nor female. These people may choose labels such as 'genderqueer,' 'gender variant,' or 'gender fluid' (Planned Parenthood).



POST-ACTIVITY FACILITATOR NOTES

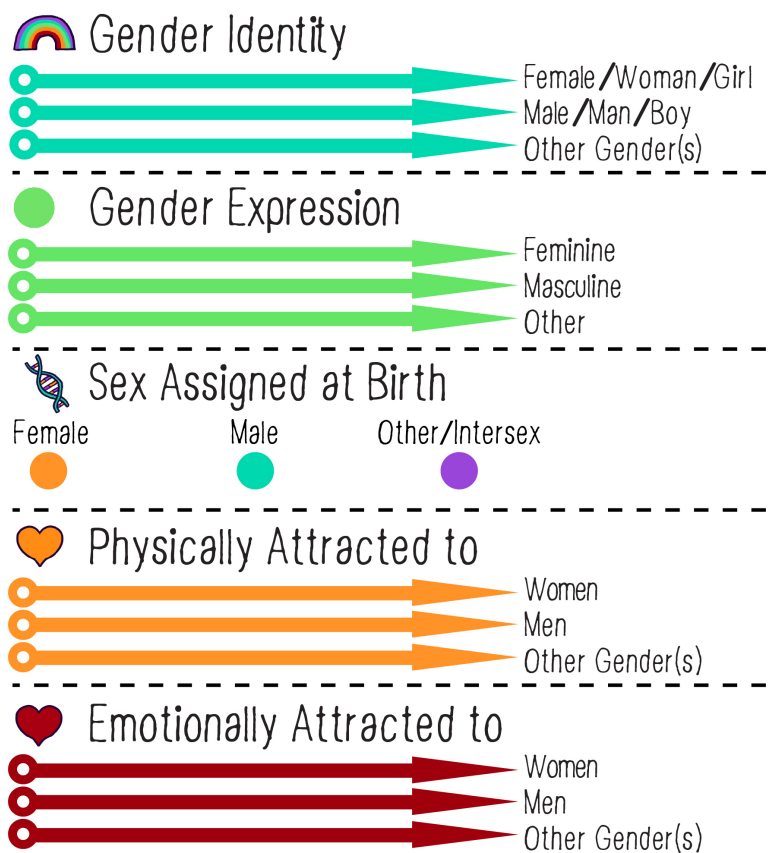
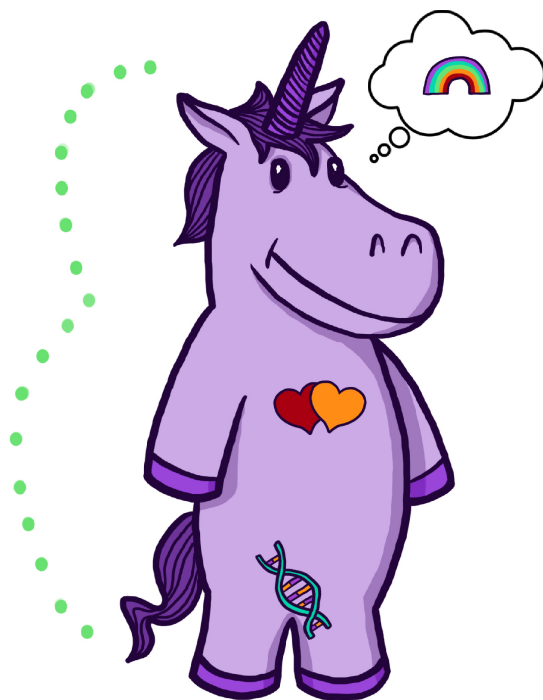
(what went well, what could be improved for next time, etc.)...

APPENDIX 3

THE GENDER UNICORN

The Gender Unicorn

Graphic by:
TSER
Trans Student Educational Resources



To learn more, go to:
www.transstudent.org/gender

Design by Landyn Pan and Anna Moore

This image is a Creative Commons-licensed material created by: Trans Student Educational Resources (TSER). (2015). The gender unicorn. <http://www.transstudent.org/gender>

**GENDER
IDENTITY***

One's internal sense of being male, female, neither of these, both, or another gender(s). Everyone has a gender identity, including you. For transgender people, their sex assigned at birth and their own internal sense of gender identity are not the same. Female, woman, and girl and male, man, and boy are also not necessarily linked to each other but are just six common gender identities.

Cisgender**, or simply cis, is an adjective that describes a person whose gender identity aligns with the sex they were assigned at birth.

Transgender**, or simply trans, is an adjective used to describe someone whose gender identity differs from the sex assigned at birth. A transgender man, for example, is someone who was listed as female at birth but whose gender identity is male.

Nonbinary** is a term that can be used by people who do not describe themselves or their genders as fitting into the categories of man or woman. A range of terms are used to refer to these experiences; nonbinary and genderqueer are among the terms that are sometimes used.

**GENDER
EXPRESSION/
PRESENTATION***

The physical manifestation of one's gender identity through clothing, hairstyle, voice, body shape, etc. Many transgender people seek to make their gender expression (how they look) match their gender identity (who they are), rather than their sex assigned at birth.

**SEX ASSIGNED
AT BIRTH***

The assignment and classification of people as male, female, intersex, or another sex based on a combination of anatomy, hormones, chromosomes. It is important we don't simply use "sex" because of the vagueness of the definition of sex and its place in transphobia. Chromosomes are frequently used to determine sex from prenatal karyotyping (although not as often as genitalia). Chromosomes do not always determine genitalia, sex, or gender.

**PHYSICALLY
ATTRACTED
TO***

Sexual orientation. It is important to note that sexual and romantic/emotional attraction can come from various factors including but not limited to gender identity, gender expression/presentation, and sex assigned at birth.

**EMOTIONALLY
ATTRACTED
TO***

Romantic/emotional orientation. It is important to note that sexual and romantic/emotional attraction can be from a variety of factors including but not limited to gender identity, gender expression/presentation, and sex assigned at birth. There are other types of attraction related to gender such as aesthetical or platonic. These are simply two common forms of attraction.

* Descriptions marked with one asterisk are Creative Commons-licensed materials created by: Trans Student Educational Resources (TSER). (2015). The gender unicorn. <http://www.transstudent.org/gender>

** Descriptions marked with two asterisks are sourced from: Wamsley, L. (2021, June 2). A guide to gender identity terms. NPR. <https://www.npr.org/2021/06/02/996319297/gender-identity-pronouns-expression-guide-lgbtq>

APPENDIX 4

GENDERED SCENARIOS HANDOUT

SCENARIO 1

MATEO is a 15-year-old male-identifying individual who uses he/his pronouns. He is pansexual, meaning he is attracted to people of all genders. Mateo moved to a new town and is attending a new school. He is excited and nervous about meeting new friends. Mateo loves self-expression through style – everything from colorful sneakers to an occasional high heel to accessories like rings and earrings. At this new school, his peers started calling Mateo gay and making fun of him because of what he wears. Let's talk about this:

- What part(s) of the Gender Unicorn does this story apply to?
- How does Mateo's story relate to the Man Box and/or Woman Box? What expectations does society have of Mateo based on how they perceive Mateo's gender?
- How are society's expectations holding Mateo back in terms of how he expresses himself? Self-expression?
- How might this experience affect Mateo's mental health, relationships, sexual health, and well-being?
- If you were one of Mateo's new peers, how could you support, include, and show respect to Mateo?

SCENARIO 2

CARTER is a 17-year-old nonbinary person who uses they/them pronouns. Carter was playing basketball at the YMCA and practice just finished. This is Carter's first time playing pick-up at the YMCA, and they realize there are only two group locker rooms – one sign says "MEN," and the other "WOMEN." One of Carter's teammates walks toward the men's locker room and says, "Are you coming with?" Carter hesitates for a minute and starts to feel overwhelmed. They decide to just pack their bag and head to the bus to go home. Let's talk about this:

- What part(s) of the Gender Unicorn does this story apply to?
- How does Carter's story relate to the Man Box and/or Woman Box? What expectations does society have of Carter based on how they perceive Carter's gender?
- How might this experience affect Carter's mental health, relationships, sexual health, and well-being?
- What are some other examples of how spaces are designed that can leave people like Carter feeling excluded?

SCENARIO 3





JADA (she/her) and **DANTE** (he/him) are good friends. They are juniors in high school and are both wanting to get into a good college. They are sitting next to each other in class when their teacher, Mrs. Jackson, hands back tests they had taken last week. Even after hours and hours of studying together, they both received failing grades. Suddenly, they both feel a sweeping sense of sadness and anger come over them. Jada puts her head down, and Dante quietly starts crying at his desk. Immediately, Jada's friends come over and try to comfort her. One student comes over to Dante, jokingly slaps him on the back, and says, "Don't be such a pussy." Dante sits there all alone. Let's talk about this:

- What part(s) of the Gender Unicorn does this story apply to?
- How does this story relate to the Man Box and/or Woman Box? What expectations does society have of Jada and Dante based on how they perceive Jada's and Dante's gender?
- How might this experience affect Jada's and Dante's mental health, relationships, sexual health, and well-being?
- What effects and consequences can these expectations have on the way that Jada and Dante express themselves in the future?

SCENARIO 4

AMIR (he/him) and **SOFIA** (she/her) dated for a year but split up a few months ago. Their friends at school were bummed about the breakup because they really liked them together. Amir hasn't dated anyone since he and Sofia split, but Amir did meet Diego (he/they) online a few weeks ago. Diego goes to a different school but lives in the same city, so they have met up a few times to hang out. Amir and Diego have been getting super-close and have started developing romantic feelings for each other. Amir doesn't exactly know how this new relationship will be received, but he does want his friends to meet Diego. Amir invites Diego to come with him to the next high school basketball game. When they walk into the gym, Diego reaches for Amir's hand. They walk across the gym and watch as classmates start to point and whisper. Let's talk about this:

- What part(s) of the Gender Unicorn does this story apply to?
- How does this story relate to the Man Box and/or Woman Box? What expectations does society have of Amir and Diego based on how they perceive Amir's and Diego's gender and sexual orientation?
- How might this experience affect Amir's, Diego's, and Sofia's mental health, relationships, sexual health, and well-being?
- What effects and consequences can these expectations have on the way that Amir and Diego express themselves in the future?

ACTIVITY 2.4	WHAT DOES SOCIETY EXPECT FROM ME?
 TIME REQUIRED 15 MINUTES	 LEARNING OBJECTIVES <i>By the end of the session, participants will be able to:</i> <ul style="list-style-type: none"> • Apply the generalized gender norms to their identity and lived experiences by identifying societal expectations placed on them because of their identity.
 MATERIALS <ul style="list-style-type: none"> • Pens /pencil • Timer (e.g., on cell phone) • Playlist of acoustic/relaxing music • Appendix 5: Gender Boxes Handout – 1 per person 	 KEY MESSAGES <ul style="list-style-type: none"> • The web of our identities (gender, sexual orientation, race/ethnicity, economic class, etc.) determines the unique combination of expectations society has placed on us as individuals.

PREPARATION

- Review the activity and be sure you understand the content, teaching methodology, and timing.
- Print one copy of “Gender Boxes Handout” (Appendix 5) for each participant.
- Have music to play in the background.

PROCEDURE

WHAT DOES SOCIETY EXPECT FROM ME?



**12
Minutes**



For this activity, we are going to build on the two activities we did earlier in the session. When we did the Man Box and Woman Box, we talked about how everyone experiences some expectations and pressures from society to behave and think based on their gender. We want you to now take what you talked about in that activity and apply it to yourself.

Like we learned from the Gender Unicorn, we all hold multiple identities when it comes to our sexuality. And beyond your sexuality, all your identities (race, age, ability status, nationality, economic status, hobby, etc.) create a unique set of expectations society has placed on you.

You all are going to work individually on a handout, which will help you explore the different expectations and pressures you experience based on your identity. You will have 10 minutes to complete it. You can write your responses directly on the page. Feel free to use the front or back of the paper.

FACILITATOR
NOTES

It's important to emphasize that although there will be space for sharing reflections, youth are entitled to keep anything they write on the handout as private.

If the space allows, you might suggest that participants can move around the room to find a comfortable spot to work individually if they'd like.

- 2 Pass out copies of "Gender Boxes Handout" (Appendix 5) for each participant. Read the instructions at the top of the page and give an example. Clarify the directions as needed.

- 3 Start a 10-minute timer. Put on calming music in the background.

FACILITATOR NOTES

If participant sharing is limited, be prepared to turn the activity into a hypothetical scenario. For example: "If a young person is female, let's go through the questions and answer based on what we know or are aware of..."

- 4 When the timer goes off, ask participants to come back together.

- 5 Read each of the questions on the handout and ask participants to share. Remind participants to only share what they are comfortable with.

CLOSING MESSAGES



3
Minutes

1 ASK ?

- a) Why do you think it was important for us to personalize this "Gender Box" activity to your identity?

Answer: By applying the lessons we learned today to our specific lived experiences, we can see the wide variety of expectations society places on us and how those are similar and different

depending on our gender, sexual orientation, race, and other identities. Our own unique combination of identities comes with a unique set of expectations from society.



POST-ACTIVITY FACILITATOR NOTES

(what went well, what could be improved for next time, etc.)...

APPENDIX 5**GENDER BOXES HANDOUT****INSTRUCTIONS**

Think about what messages you've received about your gender throughout your life. Today, we are going to explore the different expectations society places on each of us based on how we are perceived. There are many parts of someone's identity (race, wealth, nationality, body size, etc.), so you can write about those as well and see how they all interact with your **gender**. This worksheet will not be shared with others. When the group debriefs, you do not have to share any information you are not comfortable sharing.

What does society expect me **to say**?
When am I expected **to speak**?

What does society expect my body **to look like**?

How does society expect me to **express my sexuality or sexual desires**?

What does society expect me **to think**?

What does society expect me **to feel**?
What emotions am I expected **to express**?
Who does society expect me **to be in a sexual/romantic relationship with**?

What does society expect me to **dress like**?

ACTIVITY 2.5

CLOSING
CIRCLETIME
REQUIRED

5 MINUTES



LEARNING OBJECTIVES

By the end of the session, participants will be able to:

- Anonymously submit questions they have about session content, or about sexuality in general.
- State one thing they appreciated from the session.



MATERIALS

- Blank notecards
- Pens/pencils
- A bag/hat/box



KEY MESSAGES

- All genders receive many harmful and sometimes contradictory messages.
- Everyone, regardless of how they identify or choose to express their gender, should be celebrated and valued equally.
- There are distinct differences between sex assigned at birth, gender identity, gender expression, and sexual orientation. They are a big part of you, so it's important to reflect on your own sexuality.
- Gender is not biological. Gender norms are learned from families and friends, in schools and communities, from the media, and in many other places. Gender norms are the expectations and beliefs associated with how people should think or behave based on their gender.
- The web of our identities (gender, sexual orientation, race/ethnicity, economic class, etc.) determines the unique combination of expectations society has placed on us as individuals.

PREPARATION

- Review the activity and be sure you understand the content, teaching methodology, and timing.

PROCEDURE

1

Ask all the participants to stand in a circle.

2

SAY




Today, we learned about gender and identity. In our first activity of the day, we learned what the differences between gender identity, gender expression, sex assigned at birth, and sexual orientation are. The Gender Unicorn is a fun tool for you to explore your own identity. In the next activity, we talked about some of the restrictive norms that society places on us because of our gender identity. In all this discussion, it is important to remember that everyone, regardless of how they identify, should be celebrated and valued equally. In the next session, we will be covering understanding our emotions and learning ways to express them with others.


3

Ask participants to think of one way they plan on challenging the gender box before the next session – meaning how will they begin to act in a way that society may not think is appropriate for their gender. Starting with yourself and moving clockwise, ask everyone to share their action.

4

When each person has finished, thank them all for attending and for their full engagement and participation.

5 **SAY**  For this session's challenge, I want you to pick one friend and explain the Gender Unicorn to them. We will start next session with some stories of how it went for you all.

6 **SAY**  Pass out two notecards per person, and
As I did in the last session, I'm passing out two notecards.
On one notecard, write down any questions you still have about the content we covered today. Do not write your name on this card. These questions will stay anonymous. We will take an opportunity to answer some of these questions next session.
The second card is to provide any feedback on the session – write one thing you enjoyed about today and one thing you would recommend we change.

FACILITATOR
NOTES

It's important to encourage the group to write questions that they either wanted to ask and didn't have an opportunity to or that they didn't want to publicly ask.

You'll need to collect these questions and use the first activity of the next session to answer them.

7 Collect the notecards, thank the youth for their participation, and remind them of the time and place of the next meeting

**POST-ACTIVITY FACILITATOR NOTES**

(what went well, what could be improved for next time, etc.)...

SESSION

3

UNDERSTANDING AND

EXPRESSING MY EMOTIONS

SESSION AT A GLANCE

ACTIVITY 3.1	Session 2 Review	10 minutes
ACTIVITY 3.2	Masking My Emotions	30 minutes
ACTIVITY 3.3	Dealing With Difficult Emotions	35 minutes
SUGGESTED BREAK (15 MINUTES)		
ACTIVITY 3.4	Communicating in Conflict	25 minutes
ACTIVITY 3.5	Closing Circle	5 minutes
TOTAL TIME		120 minutes

ACTIVITY 3.1	SESSION 2 REVIEW
 TIME REQUIRED 10 MINUTES	 LEARNING OBJECTIVES <i>By the end of the session, participants will be able to:</i> <ul style="list-style-type: none">• Summarize key learnings from the previous session
 MATERIALS <ul style="list-style-type: none">• Flipchart• Markers• Tape	 KEY MESSAGES N/A


PREPARATION


- Review the activity and be sure you understand the content, teaching methodology, and timing.
- Review the questions submitted at the end of the last session and draft responses for them.
- On a horizontal flipchart paper, draw two squares side by side and label them “Man Box” and “Woman Box.” Post it on the wall.
- Write the agenda for the session on a flipchart paper and post it on the wall.
 - **Activity 3.2:** Masking My Emotions
 - **Activity 3.3:** Dealing With Difficult Emotions
 - **Activity 3.4:** Communicating in Conflict
 - **Activity 3.5:** Closing Circle

PROCEDURE

INTRODUCTION AND RECAP



1 **SAY**  Welcome to Session 3 of the program. Thank you all for your participation in the last session. It's great to see you all again.

2 **ASK** 

- Last session, we talked about gender and identity. Can someone summarize what we did with the Man Box and Woman Box last time? Why are they important?
- Does anyone want to share their experience of explaining the Gender Unicorn to a friend? How did it go? Was there any part of it that was a challenge for you?


3 Share a personal highlight from the last session that you as the facilitator really enjoyed

4 Answer any questions that were submitted at the end of Session 2.

WHAT DOES THIS HAVE TO DO WITH THE GENDER BOXES?



**5
Minutes**


1 **SAY**  Today, we are going to discuss what happens when we feel certain emotions. We are going to explore some emotions that you may not be familiar with, and some that you experience often.

Toward the end of today's session, we will be discussing how to manage potentially harmful emotions and what to do if you're experiencing conflict with another person.

2 Refer to the agenda flipchart paper and **SAY** Today, we are going to work on four activities:



- **Activity 3.2:** Masking My Emotions
 - **Activity 3.3:** Dealing With Difficult Emotions
 - **Activity 3.4:** Communicating in Conflict
 - **Activity 3.5:** Closing Circle
-

3 **SAY**  At the beginning of every session, we are going to do a rapid-fire Man Box and Woman Box for the specific topic we will be covering that day. For today, I'd like for you to think of any gender norms that apply to expressing emotions, communicating, and dealing with conflict. How does society say men and women should think and behave? Again, I want to mention that this activity is intentionally prescribing to the gender binary to recognize how society limits us; however, we know that there are many genders.

4

Have the group quickly populate the flipchart paper with the two boxes as fast as they can. Keep the flipchart paper posted on the wall throughout the session.

5

ASK



a) How are some of these expectations in the Man Box and Woman Box harmful or problematic?

6

SAY



As we think about how gender norms and expectations about emotions, communications, and conflict impact gender-nonconforming people (or people who do not conform with this binary of men and women), some things to consider are:

- They might be perceived as coming to the conversation or conflict as their sex assigned at birth and not their gender identity (for example, being met with misogyny or the assumption that they're being too emotional).
- They might want to come to the conversation as their gender but not have the opportunity to express themselves the way they want to.
- They might be met with more opposition or implicit bias, which often leads to violence or unnecessary conflict.

As we go through this session, let's keep these in mind and talk about how these expectations affect the way we deal with emotions and conflict. Let's get started with the first activity of the day, "Masking My Emotions."



POST-ACTIVITY FACILITATOR NOTES

(what went well, what could be improved for next time, etc.)...

ACTIVITY 3.2**TIME
REQUIRED**

30 MINUTES

**WHAT DOES SOCIETY
EXPECT FROM ME?****LEARNING OBJECTIVES**

By the end of the session, participants will be able to:

- Discuss how sometimes emotions can be gendered, when in fact, everyone shares these emotions.
- Articulate their emotions beyond their current comfort levels.
- Recognize the difficulties young people face, based on their gender, in expressing certain emotions and the consequences for themselves and their relationships.

**MATERIALS**

- Appendix 6: Emotions Wheel – 1 per person
- Appendix 7: Mask – 1 per person
- Playlist of acoustic/calming music
- Timer (e.g., on cell phone)

**KEY MESSAGES**

- Society often puts pressure on people to express certain emotions and repress others.
- Young people shouldn't feel ashamed of the emotions that they feel, even if they have difficulty expressing them.
- It is natural to feel difficult emotions like pain and anger, but individuals are responsible for how they acknowledge those emotions without causing harm to themselves or others.

PREPARATION

- Review the activity and be sure you understand the content, teaching methodology, and timing.
- Print one copy of “Mask” (Appendix 7) for each participant, cutting out the mask shape.
- Print one copy of “Emotions Wheel” (Appendix 6) for each participant. Make sure the text on the wheel is legible. If not, print it on bigger-sized paper.
- Title one flipchart paper “Outside of the Mask” and write the following questions:
 - What emotions do I know how to portray?
 - What emotions do I believe I am supposed to show?
 - What emotions do I express to come off a certain way/please others even if inside I feel differently?
- Title a second flipchart paper “Inside of the Mask” and write the following questions:
 - What emotion do I not know how to express?
 - What emotions do I suppress?
 - What emotions do I let myself experience, but only in private?
- Have music cued to play.

PROCEDURE

THE MASK



**15
Minutes**

1

SAY




As we just talked about, society puts expectations on how people should express or repress certain emotions because of their gender. That's what we will be talking about today. We want to get the activity started by having you all think about how easy or difficult it is for you to express some emotions. I'll be handing out the “Emotions Wheel” as a tool for us to explore.


2 Give all participants a copy of the “Emotions Wheel” (Appendix 6). Have them spend a minute reading it over.

FACILITATOR NOTES

There are many variations of the “emotions wheel” but this one was created by Abby VanMuijen. They’re an artist and teacher from California.

3 **ASK**  **a)** What reactions do you have to this wheel?
b) Are there any emotions you see that you are not so familiar with?

4 Hand out Appendix 7 (“Mask”) already cut out in a mask shape.

5 **SAY**  For this activity, you will write on a mask. On the outside of the mask, you will pick the emotions that you show to others. First, think about these questions:

- What emotions do I know how to portray?
- What emotions do I believe I am supposed to show?
- What emotions do I express to come off a certain way/ please others even if inside I feel differently?

On the inside of the mask, you will write emotions that you often hide from others. First, think about the following questions:

- What emotion do I not know how to express?
- What emotions do I suppress?
- What emotions do I let myself experience, but only in private?

6 Clarify the directions as needed and then invite the participants to take three big breaths before they start the exercise. Play music and give participants 7 minutes to complete the exercise.

**FACILITATOR
NOTES**

If the participants are interested in seeing each other's masks, they can do so during the 15-minute break later in the session. During the break, they can leave their masks on their seats and let participants look and see what they wrote. If participants aren't comfortable with sharing, they can keep their masks private.

QUESTIONS OF THE DAY**10
Minutes****1****ASK**

- a)** Based on your gender, race, ethnicity, or other identities, do you think there are certain unfair expectations about which emotions you can or should show versus which you can't or shouldn't?
- b)** Why do you think people express and repress certain emotions? How do they learn to do this?
- c)** How do you think expressing your feelings more openly can affect your well-being? Your sexual health? Your relationships with other people (such as romantic partners, family, and friends)?

FACILITATOR NOTES

If time allows, consider asking these additional discussion questions:

1. Do people misjudge your emotions based on those identities?
2. Why do you think it is important to be able to experience the full spectrum of emotions?
3. Are there any emotions you feel yourself overly expressing, or exaggerating, even when you don't feel that way? Why do you feel the need to do this?
4. What happens if you express an emotion that is not part of the "norms" for your gender?

CLOSING MESSAGES



**5
Minutes**

1

ASK



a) *Why is it important to allow yourself to feel all emotions?*

Answer: Don't let the gender box constrain you! Experiencing all emotions is a normal part of being human. You shouldn't feel ashamed to express your emotions even if it may be difficult. Repressing emotions can negatively impact you, your health, and those around you. On the other hand, expressing emotions in a healthy way helps make you stronger and relate better to the world around you.

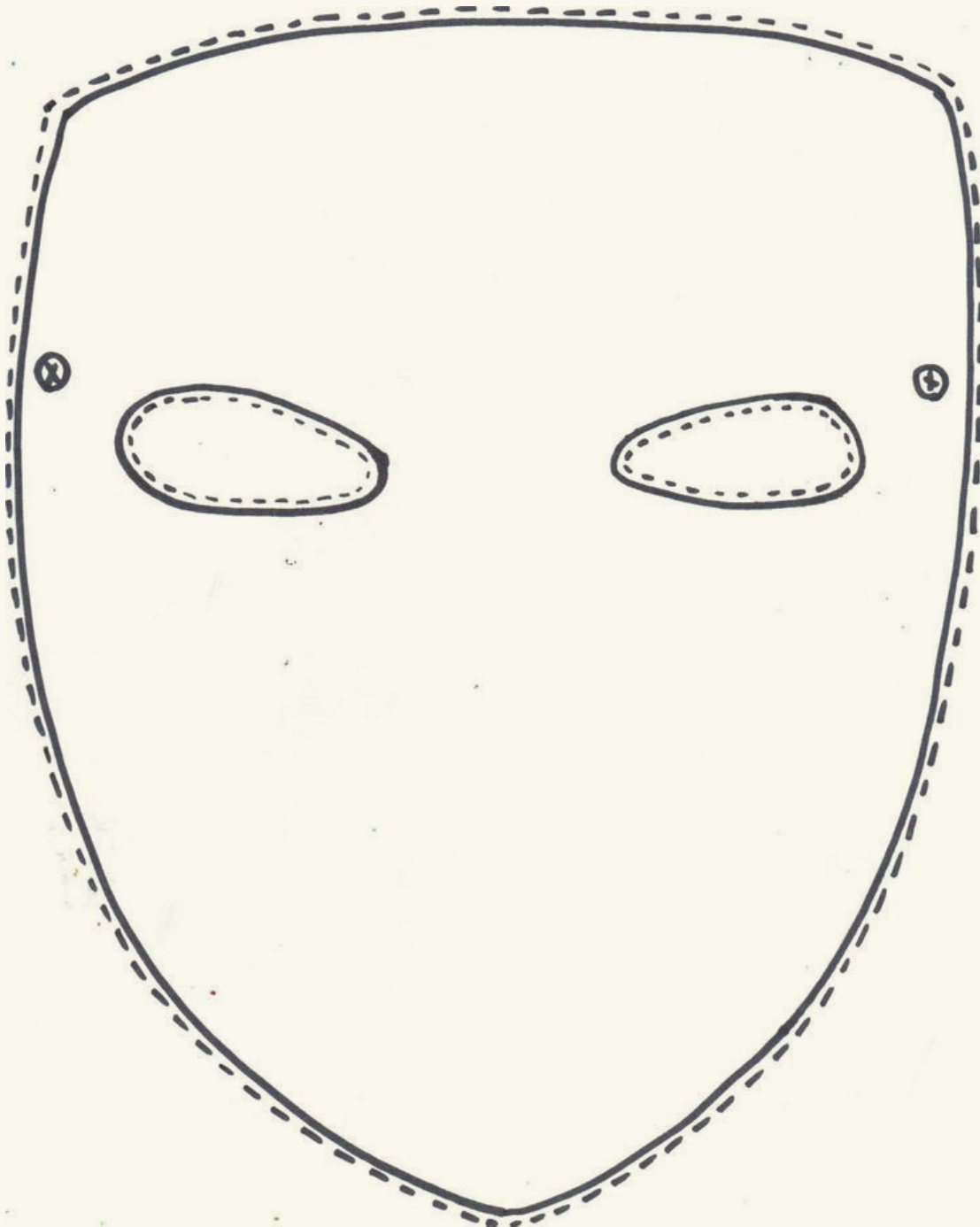
b) *Do you think it's fair if someone blames their emotions for a harmful action toward another person? Why or why not?*

Answer: Although you are not responsible for feeling certain emotions, you are responsible for what you do with what you feel. It is critical to distinguish between "feelings" and "acting" to find forms of expression that do not cause damage to yourselves or to others.


**POST-ACTIVITY FACILITATOR NOTES**

(what went well, what could be improved for next time, etc.)...

APPENDIX 7

MASK

This mask image is sourced from [Pinterest](#) as a Mardi Gras Mask Template created by Nerys Challinor.

ACTIVITY 3.3	DEALING WITH DIFFICULT EMOTIONS
 <p>TIME REQUIRED 35 MINUTES</p>	 <p>LEARNING OBJECTIVES</p> <p><i>By the end of the session, participants will be able to:</i></p> <ul style="list-style-type: none"> • Identify when they experience difficult emotions and how to express them in a constructive and non-destructive way.
 <p>MATERIALS</p> <ul style="list-style-type: none"> • Flipchart • Pens • Tape • Appendix 8: Under the Surface Handout – 1 per person 	 <p>KEY MESSAGES</p> <ul style="list-style-type: none"> • Some people may confuse anger and violence, thinking that they are the same thing, and that violence is an acceptable way of expressing anger. • Learning to express difficult emotions in a safe, positive, and constructive manner is better than bottling them up inside.

PREPARATION

- Review the activity and be sure you understand the content, teaching methodology, and timing.
- Print a copy of the “Under the Surface Handout” (Appendix 8) for each participant.

PROCEDURE

UNDER THE SURFACE



10
Minutes

1

TELL



Participants about the role of anger and the purpose it plays:


During this next activity, we want to talk about one of the more challenging emotions that we can feel as humans – anger. ALL humans experience anger at some point in their lives.

There are a lot of times when other emotions can be masked as anger, and we use anger to protect the raw feelings that lie beneath it. You can think of anger as being like an iceberg. Most of an iceberg is hidden below the surface of the water.

In moments that make us feel angry, knowing and naming what emotions are below the surface is helpful. Naming those emotions to ourselves, and to those around us, helps others empathize with us and helps us de-escalate situations that could turn violent.


2

Hand out the “**Under the Surface Handout**” (Appendix 8). Have the participants get into pairs or small groups. Clarify the directions as needed and give them 5 minutes to complete the second page of the worksheet.

- 3** Debrief the worksheet by
- ASKING**  a) Was it easy to identify what was beneath the surface? If so, why do we quickly resort to anger in real life?
- b) Why do you think that accessing the emotions below anger could be helpful?

WAYS OF COPING



- 1** Lead the participants in a visualization by
- SAYING**  If you feel comfortable, I

invite you to close your eyes. I want you to think about a real moment or event that caused you anger. Take a moment to visualize it.

Where were you? Whom were you with? What happened?

[pause]


When you felt the anger rising, what was happening in your body? Was your heart beating faster? Was your voice starting to change tone? **[pause]**

Now, think about how you handled the anger. What did you do? What did you say? How was it resolved, if it was resolved? **[pause]**

When you are ready, I invite you to take three deep breaths in and three deep breaths out. **[Model the deep breathing, and have participants follow.]** Now, let's open our eyes.

FACILITATOR NOTES

Read the visualization slowly and take pauses between paragraphs to allow participants to really recall their experience.

- 2** **SAY**  I asked you to think about an experience that evoked anger because, again, every one of us feels it from time to time. As we might have experienced, there are healthy ways that help us cope with anger (or other hard emotions), and there are harmful ways to express it. Let's brainstorm some in small groups.

3 Assign small groups (five participants each, at most), hand out one flipchart paper to each of the small groups, and ask them to make a list of:

- a)** Harmful ways of reacting when we are angry
- b)** Helpful ways of reacting when we are angry

Have one person in each group be a scribe who can share back what they discussed.

4 Clarify the directions as needed and allow groups 5 minutes to make their lists.

5 Ask each group to present their brainstorm.

FACILITATOR NOTES

It is very likely that the “positive ways” list will include getting a breath of fresh air/counting to ten and using words to express what we feel without offending.

If these two tactics are not on any of the lists presented, explain them to the group. It is important to stress that “getting a breath of fresh air” does not mean (for example) jumping into a car and driving around at high speed, exposing oneself to risk, or going to a bar and drinking excessively.

In short, getting a breath of fresh air is simply removing yourself from the situation of conflict and anger, getting away from the person toward whom you’re feeling angry. You can count to ten, breathe deeply, walk around a bit, or do some other kind of physical activity in an attempt to cool down and stay calm.

Generally, it is important for the person who is angry to explain to the other person that they are going to take a break because they are feeling angry – something like, “I’m feeling angry/upset, and I need to get a breath of fresh air. I need to do something like go for a walk to not feel violent or

start shouting. When I've cooled down and I'm calmer, we can talk things over."

To use words without offending is to express two things: to say to the other person why you are so upset, and to say what you want from the other person without offending or insulting.

Give an example for the group: If your girlfriend arrives late for a date, you can react by shouting, 'You're a b---- [or insert another derogatory term]. It's always the same, me waiting for you.' On the other hand, you can look for words that do not offend, such as, 'Look, I'm angry with you because you're late and I feel you don't care about me waiting. I would like you to be on time. Otherwise, let me know that you're going to be late.'"

QUESTIONS OF THE DAY



10
Minutes

1 ASK



- a) Thinking back to the Man Box/Woman Box activities from earlier, how do you think gender expectations impact the ways people express anger? How could this be harmful or helpful?
- b) What are some double standards for men and women when it comes to expressing anger?

FACILITATOR NOTES

If additional time allows, consider asking these questions:

- a) Often, we know how to avoid a conflict or a fight without using violence, but we don't do so. Why?
- b) Is it possible to "get a breath of fresh air" to reduce anger? Do you have experience with this? How did it work out?
- c) How do you reconcile a conflict or restore a relationship after a conflict?

CLOSING MESSAGES



**5
Minutes**

1

ASK



a) *Why do we use the iceberg analogy to explain anger?*

Possible answer: There are a lot of times when other emotions can be masked as anger and we use anger to protect the raw feelings that lie beneath it. You can think of anger as being like an iceberg. Most of an iceberg is hidden below the surface of the water.

b) *What are three ways to express anger in a healthy way?*

Possible answers: Take deep breaths, meditate, take a walk, communicate using “I” statements, delay the conversation until you’ve cooled down.



POST-ACTIVITY FACILITATOR NOTES

(what went well, what could be improved for next time, etc.)...

APPENDIX 8

UNDER THE SURFACE HANDOUT

If someone experienced the following situations, they might feel angry. Take a moment to think about each scenario and picture how it would feel to be in the situation. Many emotions could be beneath the iceberg. The feelings that anger commonly masks include embarrassment, guilt, worry, hurt, and more.

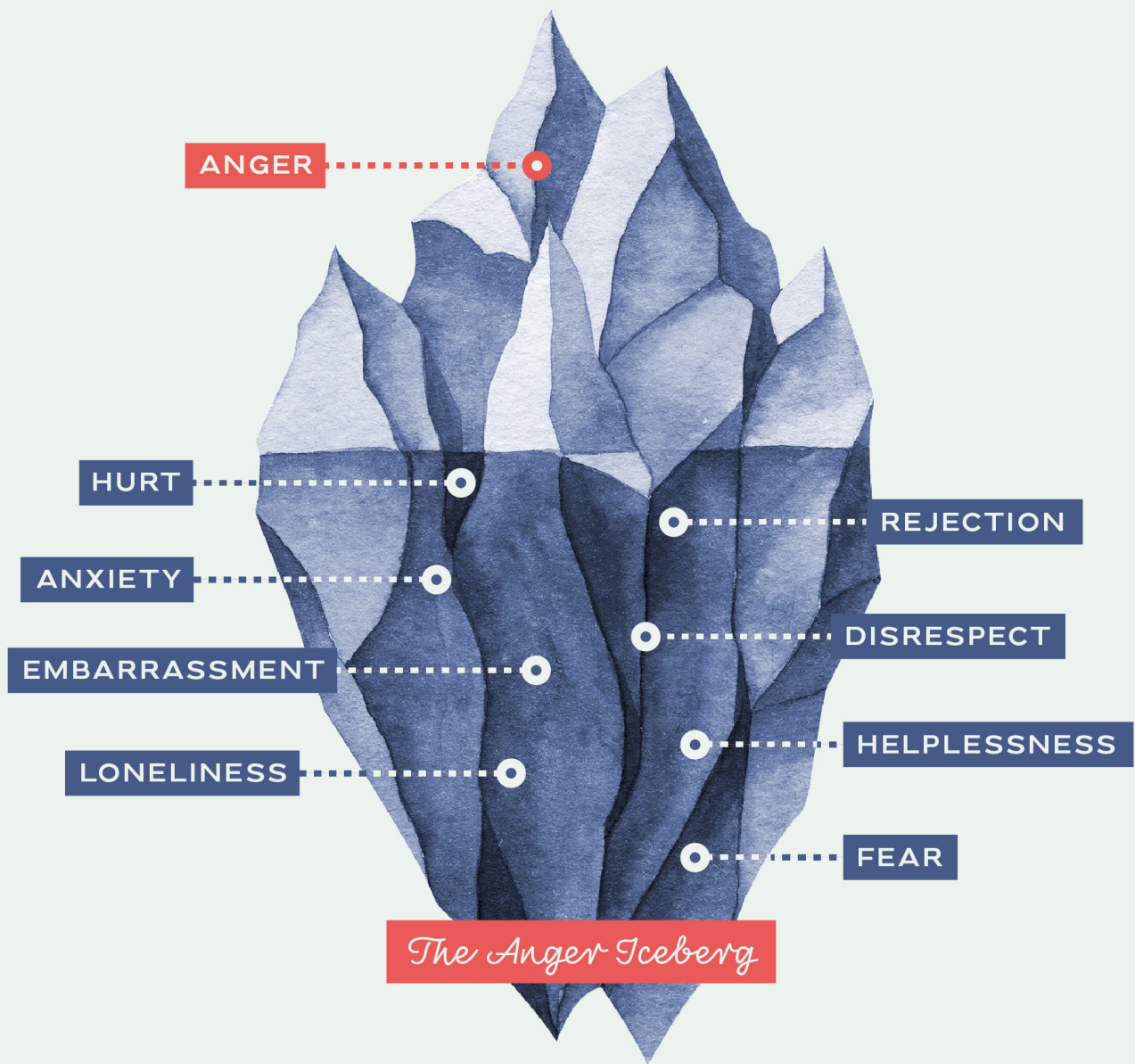


Image created by Equimundo and Healthy Teen Network.

EXAMPLE

Your partner breaks up with you. You feel angry. But what other emotions could be beneath the surface? **Sadness, hurt, loneliness, loss of control**

**YOUR FRIEND
SPREADS A FALSE
RUMOR ABOUT YOU.**

You feel angry. But what other emotions could be beneath the surface?

**YOUR PARTNER TELLS
YOU THAT THEY
TESTED POSITIVE
FOR AN STI.**

You feel angry. But what other emotions could be beneath the surface?

**YOUR FRIEND SAYS
THAT THEY'VE
BEEN SEXUALLY
ASSAULTED.**

You feel angry. But what other emotions could be beneath the surface?

**YOUR PARENT OR
GUARDIAN WALKS
IN ON YOU AND YOUR
PARTNER HOOKING UP.**

You feel angry. But what other emotions could be beneath the surface?

**YOU DON'T GET THE
JOB YOU WANTED.**

You feel angry. But what other emotions could be beneath the surface?

**YOUR PARENT OR
GUARDIAN SAYS
YOU CAN'T GO TO A
PARTY THAT ALL YOUR
FRIENDS ARE GOING TO.**

You feel angry. But what other emotions could be beneath the surface?

ACTIVITY 3.4**TIME
REQUIRED**

25 MINUTES

**COMMUNICATING
IN CONFLICT****LEARNING
OBJECTIVES**

By the end of the session, participants will be able to:

- Rehearse a model for creative conflict resolution.
- Recite the four phrases of communicating in conflict and apply them to their lives.

**MATERIALS**

- Flipchart
- Markers
- Timer (e.g., on cell phone)

**KEY MESSAGES**

- When dealing with conflicts, positive confrontation is vital. This means talking and being clear and positive in our communications.
- Conflict isn't always a bad thing. It can be an opportunity to connect and empathize with another person and improve your relationship.
- We do not "win" an argument or conflict by humiliating others, but rather by finding an agreement or resolution favorable to all.

PREPARATION

- Review the activity and be sure you understand the content, teaching methodology, and timing.
- On a flipchart paper, write the following sentence template:

I feel _____
when _____
because _____
I would like _____

PROCEDURE

"I" STATEMENTS



1 **SAY**


In the last activity, we talked about experiences of anger. We discussed some helpful and harmful ways of reacting to anger. Now, we are going to talk about conflict more broadly and name ways you can resolve conflict in your day-to-day lives.

2

In a brainstorming session, **ask** the participants:

a) What is conflict?

Possible answers: It is a serious disagreement that may include fighting, tension, trying to find compromise, argument, disagreement, or not seeing eye to eye. Typically, the connotation of "conflict" is negative.

Note some of the ideas on a flipchart paper.

3

SAY



As you just brainstormed, conflict is a disagreement between people. Conflict, however, is not always bad or harmful. When people disagree, it can actually present an opportunity to connect, learn about a different perspective, and grow more intimate. There are healthy ways to engage in conflict!

4

ASK



a) What words/phrases can you use to help de-escalate, or calm down, a situation

5

SAY



Present the “I” statement model (referring to the flipchart paper) and

One thing that we may find helpful is to use “I” statements like the one on this flipchart paper. You start with expressing what you are feeling. It’s probably best not to say “angry” but instead dig deeper under the surface and communicate that. Next, you’ll give a specific example of when and what made you feel that way. It’s important to say the reason because it might make more sense to the other person in the situation. Finally, you end with a proposal of what you would like to happen. This model is not meant to be prescriptive, but it gives you the pieces of the puzzle for healthy communication.

6

SAY



Here are some examples of what “you” statements could look like. As I read these out one by one, raise your hand and help me change this to an “I” statement format using the flipchart as a guide.

“You always come into my room without knocking.”

Example response: “I feel like my privacy isn’t respected when you come into my space without asking.”

“You don’t care about me or my feelings.”

Example response: “I feel frustrated when my feelings aren’t heard or acknowledged.”

“You ghosted me and never texted me back!”

Example response: “I feel frustrated that I didn’t hear from you. When we make plans I expect we will both follow through on them.”

“You embarrassed me in front of my friends the other day, like you always do.”

Example response: “I felt really embarrassed the other day in front of our friends when this topic came up because...”

“You never tell me how you’re feeling.”

Example response: “I care about you and appreciate when I know how you’re doing.”

(Adapted from: [Relationships Australia New South Wales](#))

7 ASK



a) What are important things to remember when receiving these messages yourself? How can you show the other person you are actively listening to them?

Possible answers: Don't be defensive; don't interrupt; use active listening; be empathetic.

ROLE-PLAYING



**10
Minutes**

1 SAY



We are now going to practice this “I” statement model using the scenarios on the iceberg worksheet. Please get in pairs and choose one of the scenarios on the worksheet. I’ll give you 5 minutes, and then you’ll act them out quickly and try to use the sentences on the flipchart paper.

2

Assign pairs, clarify the directions as needed, and then start a timer for 5 minutes.

3

Call back the participants, and ask for one pair to share their role-play. Each role-play should last about 30 seconds. Ask participants for their reactions.

CLOSING MESSAGES



5 Minutes

1

ASK



a) *Why can conflict sometimes be a good thing in relationships?*

Possible answer: Conflict isn't always a bad thing. It can be an opportunity to connect and empathize with another person and improve your relationship.

b) What's the best way to deal with conflict? What should you avoid?

Possible answers: When dealing with conflicts, positive confrontation is vital. This means talking and being clear and positive in our communications. Using “I” statements can alleviate a lot of blaming and confrontation. We do not “win” an argument or conflict by humiliating others, but rather by finding an agreement or resolution favorable to all.



POST-ACTIVITY FACILITATOR NOTES

(what went well, what could be improved for next time, etc.)...

ACTIVITY 3.5	CLOSING CIRCLE
 TIME REQUIRED 5 MINUTES	 LEARNING OBJECTIVES <i>By the end of the session, participants will be able to:</i> <ul style="list-style-type: none"> • Express their feelings about the session in one word or phrase. • Anonymously submit questions they have about session content or about sexuality in general. • State one thing they appreciated from the session.
 MATERIALS <ul style="list-style-type: none"> • Blank notecards • Pens/pencils • A bag/hat/box 	 KEY MESSAGES <ul style="list-style-type: none"> • Society often puts pressure on people to express certain emotions and repress others. • Young people shouldn't feel ashamed of the emotions that they feel, even if they have difficulty expressing them. • It is natural to feel difficult emotions like pain and anger, but individuals are responsible for acknowledging those emotions without causing harm to themselves or others. • Some people may confuse anger and violence, thinking that they are the same thing and that violence is an acceptable way of expressing anger. • Learning to express difficult emotions in a safe, positive, and constructive manner is better than bottling them up inside. • When dealing with conflicts, positive confrontation is vital. This means talking and being clear and positive in our communications. • Conflict isn't always a bad thing. It can be an opportunity to connect and empathize with another person and improve your relationship. • We do not "win" an argument or conflict by humiliating others, but rather by finding an agreement or resolution favorable to all.

PREPARATION

- Review the activity and be sure you understand the content, teaching methodology, and timing.

PROCEDURE

1

Ask all the participants to stand in a circle.

2

Ask participants to think of how they felt about today's session. Starting with yourself and moving clockwise, ask each individual to say their name, pronouns, and one word or phrase for how they felt about today's session. **You can use the emotions wheel as a guide!**

3

SAY



The challenge for this session is for you to try to take what you learned today about healthy communication and try to resolve a conflict using "I" statements.

4

ASK



a) *Based on the topics we talked about today, can anyone tell me one societal expectation they face based on their gender and how they could step outside of their gender box?*

5

SAY



Today, we learned about the variety of emotions that people can feel and how society sometimes puts expectations on us in terms of which emotions to express or repress. We then jumped into a conversation about anger and how to identify other feelings "below the surface." Finally, we talked about conflict and learned

communication techniques for healthy conflict resolution. During the next session, we will be covering characteristics of healthy and unhealthy relationships and ways that power between people can impact romantic relationships.

6

Pass out two notecards per person, and

SAY

As I've done in past sessions, I'm passing out two notecards.



On one notecard, write down any questions you still have about the content we covered today. Do not write your name on this card. These questions will stay anonymous. We will take an opportunity to answer some of these questions next session.

The second card is to provide any feedback on the session – write one thing you enjoyed about today and one thing you would recommend we change.

7

Collect the notecards, thank the youth for their participation, and remind them of the time and place of the next meeting.

**POST-ACTIVITY FACILITATOR NOTES**

(what went well, what could be improved for next time, etc.)...

SESSION

4

EXPLORING POWER AND RELATIONSHIPS

SESSION AT A GLANCE

ACTIVITY 4.1	Session 3 Review	10 minutes
ACTIVITY 4.2	Defining Healthy and Unhealthy Relationships	30 minutes
SUGGESTED BREAK (15 MINUTES)		
ACTIVITY 4.3	Unpacking Unequal Power and Violence	40 minutes
ACTIVITY 4.4	Setting Boundaries	20 minutes
ACTIVITY 4.5	Closing Circle	5 minutes
TOTAL TIME		120 minutes

ACTIVITY 4.1	SESSION 3 REVIEW
 TIME REQUIRED 10 MINUTES	 LEARNING OBJECTIVES <i>By the end of the session, participants will be able to:</i> <ul style="list-style-type: none"> • Summarize key learnings from the previous session
 MATERIALS <ul style="list-style-type: none"> • Flipchart • Markers • Tape 	 KEY MESSAGES N/A

PREPARATION

- Review the activity and be sure you understand the content, teaching methodology, and timing.
- Review the questions submitted at the end of the last session and draft responses for them.
- On a horizontal flipchart paper, draw two squares side by side and label them “Man Box” and “Woman Box.” Post it on the wall.
- Write the agenda for the session on a flipchart paper and post it on the wall.
 - **Activity 4.2:** Defining Healthy and Unhealthy Relationships
 - **Activity 4.3:** Unpacking Unequal Power and Violence
 - **Activity 4.4:** Setting Boundaries
 - **Activity 4.5:** Closing Circle

PROCEDURE

INTRODUCTION AND RECAP



**5
Minutes**

1

SAY



Welcome to Session 4 of the program. Thank you all for your participation in the last session. It's great to see you all again.

2

ASK



a) *Can anyone remind the group of some strategies that are healthy ways to cool off if you're feeling angry?*

b) *Would anyone like to share how they did on the last session's challenge? Did you find the “I” statements helpful?*

3

Share a personal highlight from the last session that you as the facilitator really enjoyed.

4

Answer any questions that were submitted at the end of Session 3.

WHAT DOES THIS HAVE TO DO WITH THE GENDER BOXES?



5
Minutes

1

SAY

Today, we are going to discuss some characteristics of healthy and unhealthy relationships in our lives, particularly related to unhealthy relationships. We will also discuss how violence can occur in relationships and talk about ways to be empathetic to others.

2

Refer to the agenda flipchart paper and

SAY

Today, we are going to work on four activities:

- **Activity 4.2:** Defining Healthy and Unhealthy Relationships
 - **Activity 4.3:** Unpacking Unequal Power and Violence
 - **Activity 4.4:** Setting Boundaries
 - **Activity 4.5:** Closing Circle
-


3

SAY

Just like last session, we are going to do a rapid Man Box and Woman Box for today's topic. Can you think of any social expectations on how men or women should act in a relationship? Whom should they date? What kind of dating is acceptable? What should they be looking for? How should you treat the other person? I want to mention again that this activity is intentionally prescribing to the gender binary to recognize how society limits


us in these rigid boxes; however, we know that there are many types of genders, sexualities, and relationships.

4 Have the group quickly populate the flipchart paper with the two boxes as fast as they can. Keep the flipchart paper posted on the wall throughout the session.

5 **ASK**  a) How might a gender-nonconforming or trans person be impacted by these boxes in relation to relationships and power?

Possible answers: There are higher rates of interpersonal violence toward gender-nonconforming and trans people – the social power dynamic is skewed against them; people make more assumptions about what their relationships should look like (i.e., on intimacy, sexual activity, non-monogamy/monogamy, etc.) than people make about cis- or heterosexual relationships; partners and society might try to fit them and their relationship in the Man or Woman Box.





b) Generally, for people of all genders, how are some of these expectations in the Man Box and Woman Box harmful or problematic?

6 **SAY**  As we go through today's session, please keep these social expectations in mind. Let's get started with the first activity of the day.



POST-ACTIVITY FACILITATOR NOTES

(what went well, what could be improved for next time, etc.)...

ACTIVITY 4.2	DEFINING HEALTHY AND UNHEALTHY RELATIONSHIPS
 TIME REQUIRED 30 MINUTES	 LEARNING OBJECTIVES <i>By the end of the session, participants will be able to:</i> <ul style="list-style-type: none"> • Name healthy and unhealthy behaviors that exist within relationships. • Name “dealmaker” and “dealbreaker” characteristics that would draw them into a relationship or would require them to not pursue/end a relationship.
 MATERIALS <ul style="list-style-type: none"> • Flipchart paper • Pens/pencils • Markers • Tape • Blank pieces of paper – 3 total • Appendix 9: Relationship Situation Cards – 1 copy • Appendix 10: Relationship Situation Cards: Responses – 1 copy 	 KEY MESSAGES <ul style="list-style-type: none"> • Healthy relationships are based on communication, honesty, equality, respect, and responsibility. Being in a healthy relationship can be a source of support and happiness. • If you find yourself in an unhealthy relationship and want to leave, you can seek support from friends, family, or others to help you leave.

PREPARATION

- Review the activity and be sure you understand the content, teaching methodology, and timing.
- Before the activity, write the following categories in large letters on separate pieces of paper: “Healthy,” “Unhealthy,” and “Depends.” Tape them on different sides of the room, with “Healthy” on one side, “Depends” in the middle, and “Unhealthy” on the other side.
- Print the “Relationship Situation” cards (Appendix 9) and cut them out.
- Print the “Relationship Situation Cards: Responses” resource (Appendix 10) out for your reference.


PROCEDURE


CHARACTERISTICS OF A RELATIONSHIP



5
Minutes

1 On a flipchart paper in front of the group, write “Healthy” on the left side and “Unhealthy” on the right.

2 **SAY**  Today, we are going to talk about healthy and unhealthy relationships. Today's lesson is also applicable to friendships, family, and other relationships as well.

3 **ASK**  a) What are some characteristics of a healthy relationship and warning signs of an unhealthy relationship (friendships, family, romantic relationships, and so on)?

Possible answers for healthy relationships: communication, honesty, equality, respect, and responsibility. Possible answers for unhealthy relationships: lying, poor communication, domination, and mistrust.

On the flipchart paper, write down the ideas that are brainstormed.

4

SAY

Today, we also want to focus on romantic relationships. We realize that not all people are interested in or ready for romantic relationships. If you think back to Session 2, we talked about physical, emotional, and sexual attraction – which can be a wide spectrum for people – ranging from being attracted to a lot of people to no one.

5

ASK

a) When we talk about romantic relationships, let's start with the basics. What are romantic feelings? How do you know if you're attracted to someone?

Possible answers: It can be deep emotional interest and connection with another individual; one of the first signs is that you wish to be intimate with that individual, but that intimacy doesn't need to be of a sexual nature.

b) How are these characteristics of a healthy or unhealthy romantic relationship similar to those of relationships with friends and family? How are these characteristics different?

c) Why is it important to be able to identify healthy and unhealthy relationships?

6

Place the lists aside and be prepared to revisit them later in the activity.

RELATIONSHIP SCENARIO CARDS

**20
Minutes****1****SAYING**

Now, we will be looking further into what a healthy or unhealthy relationship entails. We will be playing a game in which I will hand out “Relationship Situation” cards, and you will place the card by the category you think fits best: “Healthy,” “Depends,” or “Unhealthy.”

FACILITATOR NOTES

It is important to note that some of the cards may go beyond “unhealthy” and may be more accurately described as reflecting an abusive relationship. Some of those cards are:

- Your partner hits you. (Physical abuse)
- Your partner forces you to have sex when you don’t want to. (Sexual abuse)
- You pressure your partner to not use any form of birth control when you are having sex. (Emotional/sexual abuse)

While different types of violence will be covered later in the session, it might be helpful to point out these abusive characteristics and to name how harmful these are.

2

Mix up the “Relationship Situation” cards (Appendix 9), and hand out one card to each participant, as well as a piece of tape.

3

Tell the participants to read their card.

4

Point to the signs around the room and tell them to place their card by the category they think fits best: “Healthy,” “Depends,” or “Unhealthy.” Clarify the directions as needed.

5

After all the “Relationship Situation” cards have been placed, ask what they think about the placements. Review each situation one by one, allowing time for discussion. Use Appendix 10 as a guide for how to respond to each card.

Allow participants to really discuss the nuance of each scenario, not just hand down a verdict of “healthy” or “unhealthy” right away. At all relevant points, mention how power plays a role in the situation.

If participants don’t agree, remind them of the qualities of a healthy relationship (communication, respect, equality, responsibility, and honesty) brainstormed earlier.

Ask them if the situation shows these qualities. Allow participants to change their mind and move their card into the appropriate column.

Important: For cards that are “depends,” have the participants explain a few situations where this could be healthy and a few situations where this could be unhealthy. Explore the nuance.

CLOSING MESSAGES



**5
Minutes**

1

ASK



a) *What are some of the red flags to look out for in a relationship? And what can we do to avoid, or get out of, these types of situations?*

Possible answer: Red flags could include lying, poor communication, domination, mistrust, and others. To avoid these, it’s helpful to get to know the person a little before committing too quickly. If you find yourself in an unhealthy relationship and want to leave, you can seek support from friends, family, or others to help you leave.



POST-ACTIVITY FACILITATOR NOTES

(what went well, what could be improved for next time, etc.)...

APPENDIX 9 RELATIONSHIP SITUATION CARDS

1 The only important thing in the relationship is sex.	2 You spend some time by yourself without your partner.	3 You have fun and can be yourself around your friends and family.
4 Your partner is still close to their ex.	5 You talk about how to protect against an unplanned pregnancy and STIs.	6 You make your partner feel guilty for not wanting to have a baby with you.
7 You usually make every decision in the relationship.	8 You always comment on how your partner looks.	9 You stay in the relationship because it is better than being alone.
10 You are in control of yourself and able to make your own decisions.	11 You and your friend talk about problems when they arise.	12 You argue or fight occasionally.
13 Your partner forces you to have sex when you don't want to.	14 Alcohol and drugs play a major role in your relationship.	15 Your partner hits you.
16 You and your partner share your social media and phone passwords with each other.	17 You give your partner the silent treatment because you feel jealous they looked at someone else.	18 You have a friend spy on your partner.
19 You pressure your partner to not use any form of birth control when you are having sex.	20 You see your friends less because you spend all of your time with your partner.	21 You follow through on your promises to your family.

APPENDIX 10

RELATIONSHIP SITUATION CARDS: RESPONSES**1. THE ONLY IMPORTANT THING IN THE RELATIONSHIP IS SEX.**

UNHEALTHY: Although sex or physical desire can be a part of a relationship, it should only be one piece of the larger puzzle of what makes that relationship work – along with things like enjoying time spent together, having similar interests and values, and affirming communication. **Some relationships may be more sexual and that's OK; what is important is that both parties are on the same page and communicating well about their boundaries and what they are hoping and expecting.**

2. YOU SPEND SOME TIME BY YOURSELF WITHOUT YOUR PARTNER.

HEALTHY: Alone time is important for you to continue to grow as an individual and do things that you enjoy doing. Establishing a balance of time spent with and apart from your partner should not be seen as an issue, but rather should be celebrated as an opportunity to express autonomy.

3. YOU HAVE FUN AND CAN BE YOURSELF AROUND YOUR FRIENDS AND FAMILY.

HEALTHY: Having fun and being yourself is key to a healthy relationship. If you are feeling like you have to act like someone else for them to like you, that is a red flag. Although relationships may not always involve having “fun,” finding joy, pleasure, or laughter when you're with someone is a positive sign.

4. YOUR PARTNER IS STILL CLOSE TO THEIR EX.

DEPENDS: This may be a tricky one and really comes down to the level of trust you and your partner have established. Nevertheless, it's always key to have conversations about your comfort level in situations like this and make sure you're both on the same page with boundaries if they are set.

5. YOU TALK ABOUT HOW TO PROTECT AGAINST AN UNPLANNED PREGNANCY AND STIS.

HEALTHY: **Having conversations about ways to protect yourselves is important and a sign of a healthy relationship. Exploring contraceptive strategies together, making sure you're both on the same page, and keeping each other accountable will keep you both safe and healthy.**

6. YOU MAKE YOUR PARTNER FEEL GUILTY FOR NOT WANTING TO HAVE A BABY WITH YOU..

UNHEALTHY: Having a child is a big deal for both people involved, so it is important for both people to be clear about if and when they are ready. Manipulative behaviors to try to convince your partner of anything is not healthy.

7. YOU USUALLY MAKE EVERY DECISION IN THE RELATIONSHIP.

UNHEALTHY: Sometimes, in a relationship, there are differences between who likes to make decisions and who doesn't. But for a healthy relationship, it's critical that no one feels in any way coerced or forced. It's important to strike a balance that accounts for partners' personalities but remains healthy.

8. YOU ALWAYS COMMENT ON HOW YOUR PARTNER LOOKS.

DEPENDS: First off, it depends on what you're saying about their looks. If it is negative, judgmental, or shaming, that would be considered unhealthy. And even if it's positive things that make them feel good, it's important to comment on the non-physical aspects of your partner that you like, too.

9. YOU STAY IN THE RELATIONSHIP BECAUSE IT IS BETTER THAN BEING ALONE.

UNHEALTHY: In general, healthy relationships should be a source of affirmation, safety, and joy. Therefore, if you're not really feeling invested in the other person but letting on that you are, that's not healthy or respectful to them.

10. YOU ARE IN CONTROL OF YOURSELF AND ABLE TO MAKE YOUR OWN DECISIONS.

HEALTHY: Exercising your autonomy and making decisions for yourself is a healthy part of a relationship. By doing so, you establish boundaries and a direction for your future.

11. YOU AND YOUR FRIEND TALK ABOUT PROBLEMS WHEN THEY ARISE.

HEALTHY: Communication is key in any relationship – with friends, family, and romantic partners. No matter how small the problems, discussing them with the other person as they arise can help avoid larger conflicts down the road.

12. YOU ARGUE OR FIGHT OCCASIONALLY.

DEPENDS: This one depends on the type of argument or fight, as well as the frequency. Disagreement and fights are a normal part of relationships, and it's healthy as long as they don't happen too frequently and they end in peaceful resolutions. But if you are fighting about the same thing over and over, that might be unhealthy. Additionally, if the arguments or fights get violent or manipulative, that's unhealthy.

13. YOUR PARTNER FORCES YOU TO HAVE SEX WHEN YOU DON'T WANT TO.

UNHEALTHY: Coercive sexual behavior without the express consent of all partners is rape. Being able to express your boundaries and desires, as well as accept someone else's boundaries and desires, is healthy.

14. ALCOHOL AND DRUGS PLAY A MAJOR ROLE IN YOUR RELATIONSHIP.

UNHEALTHY: You should be able to spend time around your partner without the influence of alcohol and/or drugs. Dependence on alcohol or drugs to make you more comfortable is problematic in a relationship.

15. YOUR PARTNER HITS YOU.

UNHEALTHY: A relationship in which you are experiencing physical or psychological violence is not okay. You should seek guidance on how to remove yourself from that situation. You deserve to be happy and safe in a relationship.

16. YOU AND YOUR PARTNER SHARE YOUR SOCIAL MEDIA AND PHONE PASSWORDS WITH EACH OTHER.

DEPENDS: This can be seen as an example of trust in a relationship, but if this is the case, it's important that it is mutually shared and consensual. However, it's a slippery slope to infringing on your privacy and encouraging possibly controlling behaviors.

17. YOU GIVE YOUR PARTNER THE SILENT TREATMENT BECAUSE YOU FEEL JEALOUS THEY LOOKED AT SOMEONE ELSE.

UNHEALTHY: Prolonged silent treatment is an unhealthy way to express your dissatisfaction with your partner. It is normal to take a moment to process your thoughts and be silent, but once you've collected them, communication and using "I" statements is key for a healthy relationship

18. YOU HAVE A FRIEND SPY ON YOUR PARTNER.

UNHEALTHY: This is an example of controlling behavior. In a healthy relationship, there should be a level of trust within the relationship that you wouldn't feel the need to spy on your partner.

19. YOU PRESSURE YOUR PARTNER TO NOT USE ANY FORM OF BIRTH CONTROL WHEN YOU ARE HAVING SEX.





UNHEALTHY: Although sex or physical desire can be a part of a relationship, it should only be one piece of the larger puzzle of what makes that relationship work – along with things like enjoying time spent together, having similar interests and values, and affirming communication. Some relationships may be more sexual and that's OK; what is important is that both parties are on the same page and communicating well about their boundaries and what they are hoping and expecting.

20. YOU SEE YOUR FRIENDS LESS BECAUSE YOU SPEND ALL OF YOUR TIME WITH YOUR PARTNER.

DEPENDS: This depends on a few factors, including whose choice it is. At the beginning of relationships, it's natural to spend more time getting to know your partner, and that may result in less time for your friends. But if that persists, or it's not your choice to see your friends less, this could be unhealthy. It's healthy to continue to have a social life outside of your relationship – it allows you to express independence and autonomy, and it recognizes that someone's identity is not just tied to their relationship.

21. YOU FOLLOW THROUGH ON YOUR PROMISES WITH YOUR FAMILY.

HEALTHY: Dependability and accountability are key in any healthy relationship – with family, friends, and romantic partners. Following through on what you say builds trust.

ACTIVITY 4.3	UNPACKING UNEQUAL POWER AND VIOLENCE
 <p>TIME REQUIRED 40 MINUTES</p>	 <p>LEARNING OBJECTIVES</p> <p><i>By the end of the session, participants will be able to:</i></p> <ul style="list-style-type: none"> • Identify ways that power can exist in relationships. • Identify potential negative consequences that result from unequal power in relationships. • Discuss ways to mitigate power imbalances in a relationship.
 <p>MATERIALS</p> <ul style="list-style-type: none"> • Paper • Pens/pencils • Flipchart • Appendix 11: Relationship Role-Plays – 1 copy 	 <p>KEY MESSAGES</p> <ul style="list-style-type: none"> • Because of our many identities, power can always play a role in interpersonal relationships. In unhealthy relationships, there may be an imbalance in power, with one person exerting force or control over another. On the other hand, healthy relationships require communicating about and sharing equal power.

PREPARATION

- Review the activity and be sure you understand the content, teaching methodology, and timing.
- Print one copy of “Relationship Role-Plays” (Appendix 11) and cut on the dotted lines.
- Write a list on a flipchart paper with the following:
 - **Using peer pressure**
 - **Threatening**
 - **Controlling**
 - **Coercing**
 - **Using social status**
 - **Blaming**
 - **Isolating**
 - **Intimidating**
 - **Minimizing**

PROCEDURE

EXPLORING POWER



**10
Minutes**

1

SAY



Now that we just talked about what constitutes a healthy relationship and an unhealthy relationship, we want to spend some time talking about how power can show up in our relationships.

2

ASK



a) What does “power” mean to you?

Answer: Power can have a lot of meanings. Oftentimes, when we think of power, we have a negative association because too often we have seen power used to harm someone else. However, power is not innately bad or harmful. It is how power is used that determines whether it helps or harms.

b) Can anyone give me an example of when power is used in a relationship over someone else in an unhealthy way?

Answer: Using peer pressure, coercing, isolating, threatening, using social status, intimidating, controlling, blaming, or minimizing. *Refer to the flipchart you prepared.

FACILITATOR NOTES

When we talk about abuse, violence, and hurting people, we tend to only think of physical aggression, but it is important to think about other forms of violence. It is also helpful to have participants recognize acts of violence they perpetrate because we often think others are violent but never ourselves.

You can use the facilitator resource provided with this session (“Rooting Out Violence”) as a reference to understand how violence is caused and some of the driving factors and consequences of violence.

ROLE-PLAYS



**25
Minutes**

1 **SAY**



Shortly, you will be assigned a group of four people. Your group will get a card with two characters on it, as well as a personal characteristic or attribute each character has.

With your group, read your notecard and think about which person in that relationship has more power and which has less.

Your group will perform two 1-minute skits about the situation listed on the card. The first skit will show a scenario where power was used **OVER** someone and based on the form of violence indicated on your card (labeled “method”). The second skit will show the same situation, but this time, the characters will use the “I” statement communication techniques from Session 3.

This skit will be performed for the whole group.

- 2 Assign groups and distribute “Relationship Role-Plays” (Appendix 11), with one role-play per group. Ask participants to read their role-play and give them 10 minutes to craft the two skits. Clarify the directions as needed.

3 Invite each group to perform their two skits. Before they perform, the facilitator should read the scenario and the relevant information on the card.

4 Then, based on how much time you have left in the activity, select three to five of the scenarios. For each,

ASK



a) *How does gender or other identities affect power in the scenario?*

b) *What are some other examples of how this type (or “method”) of violence could be used against someone?*

5 Ask participants to return to their seats.

6

SAY



As we learned before, relationships often have power imbalances. These imbalances do not always mean a relationship is unhealthy, but they do require communication and intentionality to share power together.

CLOSING MESSAGES



**5
Minutes**

1

ASK



a) *How can unequal power lead to violence in a relationship?*

Possible answer: When one person is using power over another person in a relationship, this can cause emotional or physical harm. Equality in power is a quality of a healthy relationship because each person has the ability to do what makes them happy.

b) What are some of the methods by which people can use violence to harm others?

Possible answers: Methods include using peer pressure, isolating, coercing, threatening, using social status, intimidation, controlling, blaming, and minimizing. Types of violence include verbal, physical, sexual, and emotional violence and neglect.

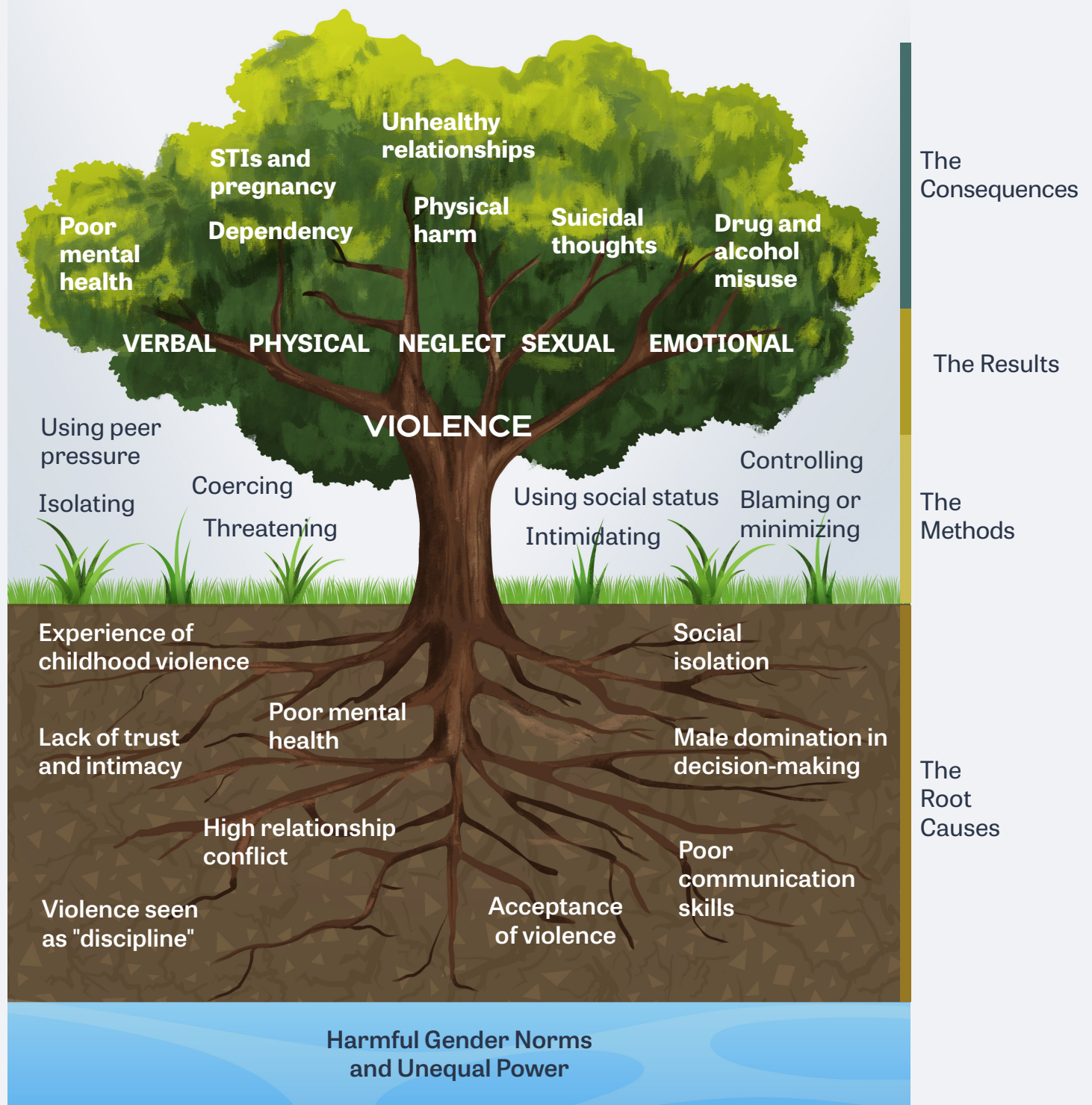


POST-ACTIVITY FACILITATOR NOTES

(what went well, what could be improved for next time, etc.)...

FACILITATOR RESOURCE

ROOTING OUT VIOLENCE



The "Individual and Interpersonal Risk Factors" section of the diagram above was sourced from: Prevention Collaborative. (2021). Brief 2: Understanding the causes of violence against women. https://prevention-collaborative.org/wp-content/uploads/2021/08/Prevention-Collaborative_2020_Understanding-Causes-of-VAW.pdf

APPENDIX 11 RELATIONSHIP ROLE-PLAYS

Rosa (they/them): Queer Kamal (he/him): Straight	Kaylyn (she/her): Comes from a wealthy family Abigail (she/her): Comes from a poor family	Michelle (she/they): Popular (high social status) Miguel (he/him): Not popular (low social status)
<p>Situation: These two characters are talking about boundaries in their open relationship (a relationship in which you can date other people).</p> <p>Method: Peer pressure</p> <p>Directions: Look at these two characters and, based on the identities listed above, discuss who might have more power and who might have less power in their relationship.</p> <p>Skit 1: In your group of four, create a skit based on the situation in which one character uses peer pressure on the other person. Create a 1-minute skit to show this situation.</p> <p>Skit 2: Using the same situation, create another 1-minute skit showing what it might look like if the characters used “I” statement communication in this situation.</p>	<p>Situation: These two characters are talking about planning a romantic date night.</p> <p>Method: Minimize</p> <p>Directions: Look at these two characters and, based on the identities listed above, discuss who might have more power and who might have less power in their relationship.</p> <p>Skit 1: In your group of four, create a skit based on the situation in which one character minimizes the other person’s feelings or views. Create a 1-minute skit to show this situation.</p> <p>Skit 2: Using the same situation, create another 1-minute skit showing what it might look like if the characters used “I” statement communication in this situation.</p>	<p>Situation: These two characters are talking about whether they want to keep their relationship private or public.</p> <p>Method: Threats</p> <p>Directions: Look at these two characters and, based on the identities listed above, discuss who might have more power and who might have less power in their relationship.</p> <p>Skit 1: In your group of four, create a skit based on the situation in which one character uses threats against the other person. Create a 1-minute skit to show this situation.</p> <p>Skit 2: Using the same situation, create another 1-minute skit showing what it might look like if the characters used “I” statement communication in this situation.</p>

Jasmine (she/her): 18 years old
Justice (he/him): 25 years old

Situation:

These two characters are discussing how much time they want to spend with each other in their relationship.

Method: Isolation/exclusion

Directions: Look at these two characters and, based on the identities listed above, discuss who might have more power and who might have less power in their relationship.

Skit 1:

In your group of four, create a skit based on the situation in which one character isolates or excludes the other person. Create a 1-minute skit to show this situation.

Skit 2:

Using the same situation, create another 1-minute skit showing what it might look like if the characters used “I” statement communication in this situation.

Caleb (he/him): Has previous sexual experience
Jordan (they/them): Doesn't have any sexual experience

Situation:

These two characters are talking about having sex for the first time and whether to use condoms.

Method: Coercion

Directions: Look at these two characters and, based on the identities listed above, discuss who might have more power and who might have less power in their relationship.

Skit 1:

In your group of four, create a skit based on the situation in which one character uses coercion on the other person. Create a 1-minute skit to show this situation.

Skit 2:

Using the same situation, create another 1-minute skit showing what it might look like if the characters used “I” statement communication in this situation.

Ricardo (he/them): Large physical body
Destiny (she/her): Small physical body

Situation:

These two characters are arguing about how serious their relationship is.

Method: Intimidation





Directions: Look at these two characters and, based on the identities listed above, discuss who might have more power and who might have less power in their relationship.

Skit 1:

In your group of four, create a skit based on the situation in which one character uses intimidation on the other person. Create a 1-minute skit to show this situation.

Skit 2:

Using the same situation, create another 1-minute skit showing what it might look like if the characters used “I” statement communication in this situation.

ACTIVITY 4.4	SETTING BOUNDARIES
 TIME REQUIRED 20 MINUTES	 LEARNING OBJECTIVES <i>By the end of the session, participants will be able to:</i> <ul style="list-style-type: none"> • Describe what a boundary is. • Describe ways they can set boundaries in a kind and assertive manner.
 MATERIALS <ul style="list-style-type: none"> • Appendix 12: Boundary Scenarios – 1 copy • Flipchart paper • Markers 	 KEY MESSAGES <ul style="list-style-type: none"> • Boundaries are the invisible lines we set between ourselves and others as a way to protect ourselves, take care of ourselves, and honor what we need or believe. This is a broad topic that can apply to basically anyone and anything. • You won't always be able to know your boundaries ahead of a situation, but it's important to vocalize your feelings as soon as you feel uncomfortable. • Everyone has boundaries, and so it's important that you don't feel shame or guilt in vocalizing them. Someone who cares about you will also care about your boundaries, too, and respect them.

PREPARATION

- Review the activity and be sure you understand the content, teaching methodology, and timing.
- Print out one copy of “Boundary Scenarios” (Appendix 12) and cut along the dotted lines.

PROCEDURE

BOUNDARY SCENARIOS



**18
Minutes**

1

ASK



a) *We are going to spend some time talking about boundaries, both physical and emotional. What is a boundary?*

Answer: Boundaries are the invisible lines we set between ourselves and others as a way to protect ourselves, take care of ourselves, and honor what we need or believe. Boundaries often move and change over time or in different situations.

Naming and honoring our boundaries take time and effort. First, we need to examine our own limits, and second, we need to know how to communicate them directly to others. When we practice this regularly, it actually helps prevent miscommunication, misunderstanding, and/or resentment. Boundaries can – and should – be set with anyone that you have relationships with.

b) *What is one boundary you might set in a romantic or sexual relationship?*

Possible categories: Physical, sexual, time, technology, material


2

SAY



Now, we are going to look at some different situations and talk about how you could go about setting healthy boundaries with those around you.

3 Split the participants into four groups. Hand out one of the “Boundary Scenarios” (Appendix 12) to each of the groups.


4 **SAY**  *In your groups, I want you to read the scenario and take 5 minutes to discuss how you would go about setting this boundary. What steps would you take, and what would you say? After the 5 minutes, we will come together to discuss.*

5 Clarify the directions as needed.

6 After 5 minutes, give each of the groups 2 minutes to present their answer and open for a short discussion.

CLOSING MESSAGES



1 **ASK**  **a)** *What are boundaries, and why are boundaries important in relationships?*

Possible answer: Boundaries are the invisible lines we set between ourselves and others as a way to protect ourselves, take care of ourselves, and honor what we need or believe. Boundaries often move and change over time or in different situations. This is normal.



POST-ACTIVITY FACILITATOR NOTES

(what went well, what could be improved for next time, etc.)...

APPENDIX 12**BOUNDARY SCENARIOS**

Your new boyfriend wants to hang out for the third time this week, but you just want some time to relax and spend time with your friends.

- *How can you go about setting a clear boundary? What are some steps, and what would you say? What could you do if they keep pushing?*

You missed several days of school due to a medical condition. When you get back, your teacher asks what happened. You feel this information is personal and do not want to share.





- *How can you go about setting a clear boundary? What are some steps, and what would you say? What could you do if they keep pushing?*

You and your friend are out shopping, and you try on a dress. You don't like what it looks like...at all. Your friend quickly takes a picture and posts it on their story.

- *How can you go about setting a clear boundary? What are some steps, and what would you say? What could you do if they keep pushing?*

You and your partner have been having sex without a condom recently. You decide that might not be a good idea given what you learned in the last session. You want to start using a condom but don't know if they're going to be okay with doing so.

- *How can you go about setting a clear boundary? What are some steps, and what would you say? What could you do if they keep pushing?*

ACTIVITY 4.5	CLOSING CIRCLE
 TIME REQUIRED 5 MINUTES	 LEARNING OBJECTIVES <p>By the end of the session, participants will be able to:</p> <ul style="list-style-type: none"> • Express one thing that describes a healthy relationship. • Anonymously submit questions they have about session content or about sexuality in general. • State one thing they appreciated from the session.
 MATERIALS <ul style="list-style-type: none"> • Blank notecards • Pens/pencils • A bag/hat/box 	 KEY MESSAGES <ul style="list-style-type: none"> • Healthy relationships are based on communication, honesty, equality, respect, and responsibility. Being in a healthy relationship can be a source of support and happiness. • If you find yourself in an unhealthy relationship and want to leave, you can seek support from friends, family, or others to help you leave. • Because of our many identities, power can always play a role in interpersonal relationships. In unhealthy relationships, there may be an imbalance in power, with one person exerting force or control over another. On the other hand, healthy relationships require communicating about and sharing equal power. • Boundaries are a broad topic that can apply to basically anyone and anything. • You won't always be able to know your boundaries ahead of a situation, but it's important to vocalize your feelings as soon as you feel uncomfortable. • Everyone has boundaries, and so it's important that you don't feel shame or guilt in vocalizing them. Someone who cares about you will also care about your boundaries, too, and respect them.

PREPARATION

- Review the activity and be sure you understand the content, teaching methodology, and timing.

PROCEDURE

1

Ask all the participants to stand in a circle.

2

Ask the participants to think of one word or phrase to describe a healthy relationship. Starting with yourself and moving clockwise, ask each individual to say their names, pronouns, and one word or phrase that describes a healthy relationship!

3

SAY



The challenge for this session is to go on Instagram and visit the Many Ways of Being page. There will be a few stories and posts before the next session to comment on. Share your relationship dealbreakers and dealmakers with us before the next session. If you don't have an Instagram, you can share your relationship dealbreakers and dealmakers with us in the next session.

4


ASK




a) *Based on the topics we talked about today, can anyone tell me one societal expectation they face based on their gender and how they could step outside of their gender box?*


5

When each person has finished, thank them all for attending and for their full engagement and participation.

6 **SAY**  Today, we learned about relationships – both healthy and unhealthy. We started off with a game to determine what constitutes a healthy or unhealthy relationship and learned that sometimes, it just depends. We then talked about how people could use power over, or with, others in a relationship and that power imbalances can lead to violent or coercive behaviors. During the next session, we will be using what we discussed today to examine media and the messages we receive about sex and sexuality, as well as how to be thoughtful consumers of media.

7 Pass out two notecards per person, and

SAY  As I've done in past sessions, I'm passing out two notecards.

 On one notecard, write down any questions you still have about the content we covered today. Do not write your name on this card. These questions will stay anonymous. We will take an opportunity to answer some of these questions next session.

The second card is to provide any feedback on the session – write one thing you enjoyed about today and one thing you would recommend we change.

8 Collect the notecards, thank the youth for their participation, and remind them of the time and place of the next meeting.



POST-ACTIVITY FACILITATOR NOTES

(what went well, what could be improved for next time, etc.)...

SESSION

5

SEX AND SEXUALITY IN MEDIA TODAY

SESSION AT A GLANCE

ACTIVITY 5.1	Session 4 Review	10 minutes
ACTIVITY 5.2	Exploring Pleasure	20minutes
ACTIVITY 5.3	Media & Us	40 minutes
SUGGESTED BREAK (15 MINUTES)		
ACTIVITY 5.4	Sexually Explicit Media	30 minutes
ACTIVITY 5.6	Closing Circle	5 minutes
TOTAL TIME		120 minutes

ACTIVITY 5.1	SESSION 4 REVIEW
 TIME REQUIRED 10 MINUTES	 LEARNING OBJECTIVES <i>By the end of the session, participants will be able to:</i> <ul style="list-style-type: none">• Summarize key learnings from the previous session
 MATERIALS <ul style="list-style-type: none">• Flipchart• Markers• Tape	 KEY MESSAGES N/A

PREPARATION

- Review the activity and be sure you understand the content, teaching methodology, and timing.
- Review the questions submitted at the end of the last session and draft responses for them.
- On a flipchart paper, split the sheet into three rows: “Men,” “Women,” and “Gender-Fluid People.” For each column, list the following topics: “Relationships and Sex,” “Their Body,” and “Violence and Power.” Post it on the wall.

	Relationships and Sex	Their Body	Violence and Power
Men			
Women			
Gender-Fluid People			

- Write the agenda for the session on a flipchart paper and post it on the wall.
 - **Activity 5.2:** Exploring Pleasure
 - **Activity 5.3:** Media & Us
 - **Activity 5.4:** Sexually Explicit Media
 - **Activity 5.5:** Closing Circle

PROCEDURE

INTRODUCTION AND RECAP



**5
Minutes**

1

SAY



Welcome to Session 5 of the program. Thank you all for your participation in the last session. It's great to see you all again.

2

ASK

a) Last session, we went over how power shows up in relationships. What are a few ways that power can be used in negative ways in a relationship?

b) Anyone want to share a dealmaker (green flag) or dealbreaker (red flag) for you in a relationship?

3

Share a personal highlight from the last session that you as the facilitator really enjoyed.

4

Answer any questions that were submitted at the end of Session 4.

WHAT DOES THIS HAVE TO DO WITH THE GENDER BOXES?



**5
Minutes**

1

Explain the topic and agenda for today's session by

SAYING

Today, we are going to discuss how media and society as a whole influence the ways in which we think about our bodies, sex, and sexuality. We **will have some time to talk about TV and commercials, social media, and pornography.**

Toward the end of today's session, we will talk about how media influences our understanding of sex, relationships, and our identities.

2

Refer to the agenda flipchart paper and

SAY

Today, we are going to work on three activities:

- **Activity 5.2:** Exploring Pleasure
- **Activity 5.3:** Media & Us
- **Activity 5.4:** Sexually Explicit Media
- **Activity 5.5:** Closing Circle

3

SAY



*Instead of doing the standard Man Box and Woman Box for today's topic, I want to talk about the kinds of messages that we receive **from** social media. I've written three topics on a flipchart paper – "Violence and Power," "Relationships and Sex," and "Their Body" – for men, women, and gender-fluid people. I'd like for you to come up with any messages you can think of that social media reinforces for men, women, and nonbinary people in these three categories. We will take 30 seconds per box.*

4

Give the participants 30 seconds to call out answers for each of the six boxes, and write their answers on the flipchart paper. Keep the flipchart paper posted on the wall throughout the session.

5

ASK



a) *How are some of these messages in the boxes harmful or problematic?*

6

SAY



As we go through today's session, please keep these messages in mind. Let's get started with the first activity of the day.



POST-ACTIVITY FACILITATOR NOTES

(what went well, what could be improved for next time, etc.)...

ACTIVITY 5.2

TIME
REQUIRED

20 MINUTES

EXPLORING
PLEASURELEARNING
OBJECTIVES

By the end of the session, participants will be able to:

- Define the term “sexual pleasure” and state its importance in relation to knowing oneself and setting boundaries, healthy relationships, and consent.



MATERIALS

- Flipchart
- Markers
- Green and red cards/papers
- Paper
- Pens



KEY MESSAGES

- It's important for people to explore what brings them pleasure and be comfortable communicating that with others.
- Despite the taboo around it, masturbation is normal for people to do. Unless it becomes an addiction or is done in public, it doesn't have any health risks.
- Seeking and experiencing pleasure is part of being human – it is hardwired into our brains!
- Everyone has the right to experience pleasure and fulfillment.
- Giving and receiving pleasure is not just a sexual activity; it is part of consent, healthy relationships, and communication.

PREPARATION

- Review the activity and be sure you understand the content, teaching methodology, and timing.
- Cut out a red card and a green card for each participant.

FACILITATOR NOTES

It is important that this activity be facilitated in an open way where participants feel comfortable. It is okay if the participants laugh or joke about these issues. In fact, joking is one of the ways that people may use to “defend” themselves or express anxiety, particularly when faced with new information. If comments become disrespectful, remind them of the shared group agreements.

PROCEDURE

FOUNDATIONS OF PLEASURE


**15
Minutes****1**

Pass out pieces of paper and pens and


SAY

Today, we are going to start off with a quick exercise to get us thinking about the pleasure – in other words, what we like or feels good to us. On your paper, I want you to write down three things that make you feel good in your body. It might be helpful to think about your senses – what smells, touch, or sounds feel good to you? What soothes you, makes you feel energized, or brings you calmness? After you’re done writing, please place your index card into the question box. (Provide a few examples, such as taking a warm shower, sleeping in on the weekends, or playing my favorite music before bed.)

2 After participants write down their items and place them in the question box, read the items aloud in front of the group.

3 **SAY**  Thanks for sharing. As you just demonstrated, we all have things in life that we like or prefer. We like or prefer these things because they make us feel good! Seeking and experiencing pleasure is a part of being human – it is even hardwired into our brains! Pleasure comes in many forms, and it comes from many sources. No two people and their experiences of pleasure are the same! Some people love the taste of olives; some don't. Some people are soothed by the sound of rock music, and others aren't. These preferences can even change over time. Figuring out our personal likes and dislikes or what feels good and what doesn't is something that takes time, experience, and staying curious.

The same applies to sexual pleasure. The primary reason people engage in sexual activity is so they experience pleasure. People can have a diverse set of desires and experience sexual pleasure in many different ways. And you're the only one who can determine what brings you pleasure and what doesn't. People can experience sexual pleasure by themselves (masturbation, fantasy, and body affirmations) or with others (kissing, touching, sexting, using protection, and more). Engaging in any sexual behavior, whether alone or with others, should feel pleasurable!

4 **ASK**  a) When talking about sexual things, why is knowing what you like and don't like important?

Possible answers: It lets you explore and get to know another part of yourself; it helps you communicate that to other people and ultimately feel more satisfied in your interactions with them; it helps you draw boundaries and keep yourself healthy and safe.

b) What can people do to explore their own sexual pleasure?

Possible answers: masturbate, watch pornography, read erotic young adult novels, look up information about different types of sex, talk to their partner about things they could do together

c) How do people figure out what they like and what they don't like?

Possible answers: They try something; they ask friends, partners, or trusted adults; they look on the internet for trusted resources (Appendix 21).

5

SAY



We want to spend some time discussing masturbation because we know this can **be a** topic on young people's minds, and we also know that there are a lot of myths out there.

Just so we are all clear, **masturbation** is the act of touching or rubbing your own body in order to give yourself sexual pleasure. This can result in an **orgasm** or **cumming**. And just so we are clear about that, an orgasm is when you feel an intense, **pleasurable sensation that results in a release of sexual tension and sometimes sexual fluids**.

6

Hand out the green and red cards to each participant and explain the activity by

SAYING



Now, we are going to try and debunk some myths that you might have heard about pleasure. I'm going to read some statements, and if you think it's a fact, raise your green card, and if you think it's a myth, raise your red card.

a) People can experience pleasure without being sexually active.

Answer: FACT! Pleasure doesn't have to be sexual. For example, it can include mindfulness, relaxation, and the activities you wrote down earlier. Even **sexual pleasure doesn't necessarily require being sexually active; it could mean watching or reading something erotic, for example**.

b) People of all gender identities and sexual orientations can masturbate.

Answer: FACT! **People of all ages, genders, abilities, sexualities, ethnicities, cultures, religions, and relationship statuses have a right to experience pleasure and explore it through self-pleasure.**

c) Our brains are the biggest sex organ in our bodies.

Answer: FACT! We rarely think of our brains as a sex organ, but it's true. So often, what we are thinking in our minds can influence our experiences with pleasure.

d) Practicing body positivity is a key ingredient to experiencing pleasure.

Answer: FACT! Many of us are taught to be ashamed or embarrassed about our bodies. But despite what we've been told, there are many ways to be beautiful. Everyone's body is unique – they vary in size, shape, color, and smell. To improve your body image, talk to yourself like someone you love and filter out any social media that makes you feel bad about yourself.

e) Being curious and wanting to touch our bodies is normal and starts at a young age.

Answer: FACT! Masturbation is a normal childhood habit wherein young children discover their genitalia and the feelings of pleasure that arise from this activity.

f) Practicing safer sex can be a form of pleasure.

Answer: FACT! Feeling safe and protected brings a lot of people pleasure and eliminates some of the worry or nervousness about the risk of pregnancy or STIs. As we mentioned earlier, your brain controls a lot of your ability to experience pleasure. Peace of mind is key in that equation.

g) Sometimes, exploring sexual pleasure can include experiences of discomfort or pain.

Answer: FACT! There could be lots of reasons for experiences of pain or discomfort during sexual activity. If something hurts or doesn't feel good, it can help to take a break and try something new. There are lots of options – using lube or a sex toy, doing things slower or faster, or switching your position. There's no

rush; take the time you need to figure it out, but if nothing seems to be helping, you can always check in with a health professional for guidance or resources.

h) Masturbation is good for you and has health benefits.

Answer: FACT! Masturbation actually has many health benefits – like improving concentration and sleep and relieving stress and headaches as the body releases endorphins – but if it disrupts your daily life, you may need to see a doctor.

7

SAY



Thanks for playing this game. I hope we will all walk away with the understanding that masturbation is normal and that it's one of the methods that people use to figure out what brings them sexual pleasure – which is ultimately helpful for them to know if and when they have a partner.

8

Before they hand back their cards, have them write down one question about pleasure or self-pleasure that they want to have answered at the beginning of the next class. Be sure to tell them that these will be anonymous so they shouldn't write their names on them. Collect the cards and place them aside for later.

CLOSING MESSAGES



**5
Minutes**

1

ASK



a) Can anyone remind me why it's important to start thinking about sexual pleasure and exploring your likes and dislikes?

Possible answers: It lets you explore and get to know another part of yourself; it helps you communicate that to other people and ultimately feel more satisfied in your interactions with them; it helps you draw boundaries and keep yourself healthy and safe.




b) What are some gendered expectations around pleasure that restrict some people from experiencing it? How are they wrong and harmful?

Possible answers: Women should focus on “pleasing” the man instead of mutual pleasure; cisgender men are the only ones that feel pleasure during sex in a heterosexual relationship; women don’t masturbate; women shouldn’t be “too sexual.”



POST-ACTIVITY FACILITATOR NOTES

(what went well, what could be improved for next time, etc.)..

ACTIVITY 5.3	MEDIA & US
 <p>TIME REQUIRED 40 MINUTES</p>	 <p>LEARNING OBJECTIVES</p> <p><i>By the end of the session, participants will be able to:</i></p> <ul style="list-style-type: none"> • Name, analyze, and evaluate the media youth consume, whether consciously, unconsciously, consensually, or nonconsensually, as well as the messages they receive from these media about sex, sexuality, relationships, and consent. • List three examples of how the media inaccurately or incompletely depicts sex, sexuality, and identity. • Explain how these distorted depictions can influence sexual risk behaviors.
 <p>MATERIALS</p> <ul style="list-style-type: none"> • Flipchart • Markers • Computer/projector/ access to Wi-Fi to play YouTube videos • Timer (e.g., on cell phone) • Tape 	 <p>KEY MESSAGES</p> <ul style="list-style-type: none"> • Media is full of messages that influence how we think and act. We need to be careful of the content that we absorb and be critical about what it is telling us about how to live our lives. There's often a difference between what the media depicts and the reality of relationships, intimacy, and consent.

PREPARATION

- Review the activity and be sure you understand the content, teaching methodology, and timing.
- Write two columns on one flipchart paper – “Positive” and “Negative” – and post the paper.
- Prepare to show two videos: this Carl's Jr. Super Bowl commercial (<https://www.youtube.com/watch?v=WIUvQkW4B1k>) and this “New AXE Effect” ad (<https://www.youtube.com/watch?v=dr4TGR0pW1c>).
- Make five flipchart papers with one Instagram handle on the top of each (possible handles [please choose a variety of handles that reflect the demographics of the participants]: @lilnasx, @blackgirlmagic, @durex_usa, @evyan.whitney, @sadgirlsclub, @couplesnote, @Cosmopolitan, @daquan) and then two columns underneath (“Positive” and “Negative”).

FACILITATOR NOTES

It is important that this activity be facilitated in an open way where participants feel comfortable. It is okay if the participants laugh or joke about these issues. In fact, joking is one of the ways that people may use to “defend” themselves or express anxiety, particularly when faced with new information. If comments become disrespectful, remind them of the shared group agreements.

PROCEDURE

THE NOT-SO-HIDDEN MESSAGES OF ADVERTISING



**10
Minutes**

1

SAY




In this activity, we are going to talk about different forms of media and how they can influence the way we think about sex, sexuality, consent, body image, intimacy, and more.

For this next activity, we will be focusing on two forms of media – TV advertisements and social media. Before we do, I want to emphasize that media is always sending us messages about how we should act and what we should like, which then influences our behaviors.

We are going to do an exercise in which we watch examples of media and we have to determine the messages that they are portraying to us. We will apply these questions to a TV advertisement and then to social media accounts.

2 Point to the posted flipchart paper with two columns: “Positive” and “Negative”.

3 **SAY**  *In a minute, we are going to view a Carl's Jr. Super Bowl commercial from 2015. As you're watching the ad, please think of any messages this is sending us.*

4 Project/play the [Carl's Jr. Super Bowl commercial](#). After the commercial is finished, return to the flipchart paper and ask for positive and negative messages that they saw in the ad.

Possible probes: How did it portray beauty standards? How much of the ad was about what it was selling? What type of woman was represented – and who wasn't represented? What did the ad say about sex and lust?

5 Project/play the ["New Axe Effect"](#) advertisement. After the commercial is finished, go over the negative and positive messages displayed in the ad.

Possible probes: How did it portray beauty standards? How much of the ad was about what it was selling? What type of woman was represented – and who wasn't represented? What did the ad say about attraction and self-love?

6

SAY

Now, you may have a lot more thoughts about this topic, especially after seeing these videos. Let's remember these thoughts and come back to them after the next exercise and the discussion to follow.

SOCIAL MEDIA AND EXPECTATIONS

**15
Minutes**

1

Hang the five flipchart papers with an Instagram handle and two columns ("Positive" and "Negative") around the room.

2

SAY

Now, we are going to switch gears a little bit and talk about social media and its influence on sex, sexuality, relationships, and our sense of self. I'm going to put you into small groups for the next activity. In your small groups, I want you to go around to the different flipchart papers and visit the handle. You're then going to write any messages you see from their posts – positive and negative. After 2 minutes, you will go to the next one and add anything you don't see already on the paper.

FACILITATOR NOTES

If participants don't have a phone or social media, pair them with another participant who does. There is a large risk with this activity that participants will become distracted on their phones. It's best to go around and observe them in their groups and talk with them about what they are seeing.

3

Clarify the directions as needed. Group the participants and assign them a starting place. Set a timer for 2 minutes, having participants complete the first paper, and repeat until everyone has seen all five accounts.

DISCUSSION

**10
Minutes****1****ASK**

- a) What feelings arose for you as you were scrolling?
- b) What messages does social media send us about how men, women, and nonbinary people think about sex or sexual desire?
- c) How can social media reflect double standards between men and women? How does this play into and reinforce the ways that we think about “manhood” or “womanhood”?
- d) What accounts can you relate to? Which ones don't you feel seen by?
- e) What are some ways that social media creates unrealistic expectations for young people in terms of what sex and relationships should look like?

CLOSING MESSAGES





**5
Minutes****1****ASK**

- a) What were the main takeaways from this activity?

Possible answers: Media is full of messages that influence the way we think and act. We need to be careful of the content that we absorb and be critical about what it is telling us about how to live our lives. There's often a difference between what the media depicts and the reality of relationships, intimacy, and consent.

**POST-ACTIVITY FACILITATOR NOTES**

(what went well, what could be improved for next time, etc.)...

ACTIVITY 5.4	SEXUALLY EXPLICIT MEDIA
 <p>TIME REQUIRED 30 MINUTES</p>	 <p>LEARNING OBJECTIVES</p> <p><i>By the end of the session, participants will be able to:</i></p> <ul style="list-style-type: none"> • Explain the differences between fantasy and reality. • Identify the implications of sexually explicit media on romantic/sexual relationships. • Identify the reasons young people might sext, plus the risks and potential consequences of sexting.
 <p>MATERIALS</p> <ul style="list-style-type: none"> • Appendix 13: Questions About Porn – 1 copy • Appendix 14: Andres' Story – 1 copy • Appendix 15: Safer Sexting Checklist – 1 per person • Timer (e.g., on cell phone) 	 <p>KEY MESSAGES</p> <ul style="list-style-type: none"> • Porn is printed material, pictures, or videos that explicitly describe or display sexual body parts or sexual activities. Pornography can be a source for exploration or curiosity, but it is not sexuality education. • Pornography does not realistically show consent, bodies, protection, representation, or intimacy. Sexually explicit content generally makes violence seem normal and generally reinforces men's power over women, which can be unhealthy and dangerous in real life.

PREPARATION

- Review the activity and be sure you understand the content, teaching methodology, and timing.
- Print one copy of “Questions About Porn” (Appendix 13) and cut out the questions regarding the messages porn conveys.
- Print one copy of “Andres’ Story” (Appendix 14) for someone to read during the session.
- Print enough copies of the “Safer Sexting Checklist” (Appendix 15) for all participants to have one.

PROCEDURE

INTRODUCTION

1

SAY



Now we are going to switch to talking about two other forms of sexually explicit media – pornography and sexting.

It could be uncomfortable for some of us to discuss these topics openly, but it is important to our learning. As always, it's critical that we are respectful of everyone's experience and opinions. Please be sure to follow the group agreements we created.

PORNOGRAPHY



1 Minute

1

ASK



a) *If we are going to talk about porn, let's define it. Can anyone give me the definition of porn?*

Answers: Porn is printed material, pictures, or videos that explicitly describe or display sexual body parts or sexual activities. Pornography is created for adults, not for youth under 18, and the purpose is to stimulate sexual arousal.

FACILITATOR NOTES

There may be a few misconceptions about porn that are important to clarify as you create a shared definition within the group.

b) What are some **of the reasons young people might watch or be curious about porn?**

Possible answers: Sexual arousal, learning about the “how to” of sex, learning more about what they like or what other people might like, looking for content that might better represent their identities or desires that they don’t see in other places (like seeing a gay sexual relationship).

c) What shouldn’t porn be used for?

Possible answers: The problem with porn is that it was created to **entertain and arouse**, not to **educate**. The content intends to create a fantasy, not represent reality. In the same way you don’t learn **how** to drive by watching video games or “Fast & Furious” movies, you also don’t learn the nuances and intimacy of sex by watching porn.

2

SAY



Now that we know what pornography is, what it can be useful for, and what it’s not good for, we are going to read some characteristics of porn. Remember, just like other forms of media we’ve already discussed today, porn also has strong messages that influence the way we see relationships and sex.

Please get into pairs. I’m going to hand out slips of paper that I want you to discuss. As a pair, you are going to identify why this is not realistic and what harmful messages this could be sending.

3

Hand out one of the “Questions About Porn” (Appendix 13) to each pair and give the participants 5 minutes to brainstorm. Clarify the directions as needed, and set a timer for 5 minutes.

4

ASK



The participants to share what they discussed:

a) Porn tends to show large penises, big breasts, and no body hair. Why is this unrealistic or harmful? What message does this send about body image?

Possible answer: This is unrealistic because everyone has different body shapes and sizes, and porn usually doesn’t show the variety of what different penises, breasts, and vaginas look

like. Porn generally sends a message that all men should have big penises and women should have perfectly shaped breasts. This can be harmful to someone's self-esteem and self-confidence in sex if they buy into this myth. We naturally compare ourselves to one another, so it's not great that most people we see in porn embody one type of person – it makes it seem like that's how everyone is or should be. It also shapes our expectations about the people we have sex with and may lead to unrealistic expectations.

b) *Porn generally does not show the cast members asking for or receiving consent to engage in sexual activities or show joint decision-making and power-sharing about what happens or doesn't happen. Why is this harmful? What message does this send about consent or boundaries?*

Possible answer: There is usually no consent expressed in porn, which makes it seem like that is an acceptable way to have sex. However, this is not something that should be copied. Consent, or asking the other person if the action that you want to do is okay, is ALWAYS important. We will learn in a later session that sex without consent is rape. Setting boundaries and deciding together what you want and don't want are really important for both people to be able to enjoy themselves. If this is not done, it can cause power imbalances and may lead to people not enjoying sex because they don't have a say in how it happens.

c) *Porn videos may use titles to describe performers of color (Black, Asian, Latina, etc.) that are racist and that perpetuate harmful stereotypes. Why is this harmful? What message does this send about race, racism, and power?*

Possible answer: When porn uses people of color to play out fantasies or fetishes, this sends a message that this group of people is only desirable because of their stereotypical body (e.g., small body for Asian women, big butt for Black women, big penis for Black men). This can encourage more sexual harassment in real life against this group because of how they are portrayed in porn. Usually, performers of color are paired with white people – particularly Black men and white women, and white men and Asian women. These porn scenes usually display an unequal amount of power between the performers and generally objectify people of color.

- d) Porn does not show the use of contraceptives or condoms and does not show STI testing. Why is this harmful? What messages does this send about protection and safer sex practices?

Possible answer: By not using condoms, porn conveys the message that it's acceptable and preferred to not use a condom while having sex – the actors are considered the pros, after all. In reality, most porn actors are tested for STIs before filming, but they never mention this and it's unknown to the audience. The lack of safer sex methods shown in porn makes it look like unprotected sex doesn't put you at risk of STIs and unwanted pregnancy, but we know that isn't true.

- e) Much of porn is created and filmed from a male perspective. Why is this harmful? What message does this send about gender roles and power?

Possible answers: Sexual actions in porn tend to be male-dominated, and there is a big focus on the man feeling satisfied and finishing (cumming/ejaculating). In some porn, power is displayed in the form of violence, whether it's slapping, hitting, tying someone up, or being verbally dominant. Although some people might like that, it's not for everyone, so you shouldn't assume with your partner. **Generally, a porn video ends when the man finishes, but in reality, it's important that both people enjoy themselves and feel pleasure.** If people follow what porn tells us about gender roles and power, that can result in some really unpleasant sex for women in heterosexual relationships.

5

Hand out “Andres’ Story” (Appendix 14) to one participant and ask them to read the scenario.

4

ASK



- a) Thinking back to the scenario we just read, what happened and what went wrong?
- b) How does this relate to the conversation we had earlier about pleasure and intimacy?

Possible answers: Andres was acting in ways that brought only himself pleasure and didn't care about asking his partner what might bring them pleasure. Being "in the Man Box" and feeling the pressure to perform made him rush through exploring what pleasure meant to him and his partner.

c) What parts of a consensual sexual experience did Andres miss by just watching porn to inform his behavior?

Possible answers: Unrealistic and harmful expectations, no foreplay, no explicit consent or consideration of his partner's feelings or wants, no protection, use of nonconsensual aggression/violence, and assuming what he watched in porn would be pleasurable to him and his partner.

d) When the story said, "But something's missing," what do you think it was referring to? What could he have done differently?

Possible answers: The missing part of this experience was that his partner was not enjoying themselves and they weren't feeling pleasure together. Andres should have communicated ahead of time what he was interested in trying in order to see if his partner was on board. Together, they should have also talked about what they like and don't like so they could explore their sexualities together. At the end of the day, Andres should have paid more attention to his partner, his partner's body, and mutual pleasure during that moment.

SEXTING



**10
Minutes**

1

SAY



Now that we talked more about pornography, let's talk about how sexually explicit media can show up in our relationships and how we communicate online.

2

ASK



a) How do people communicate online?

Possible answers: Video chat, text, DM, call, send pictures and videos of themselves.

b) What are some pros and cons of communicating online rather than face to face?

Possible pros: Can share/communicate any time of day, even when apart; feel more comfortable sharing something they normally wouldn't in person. **Possible cons:** Limited space for "you time," could be more misunderstandings because it's harder to understand tone, body language, etc.

c) How might self-disclosing something online be riskier than doing so face to face?

Possible answer: Sharing online is riskier because someone now has a record of what you shared. Someone could copy, paste, forward, alter, tag, or share this information.

3

ASK



a) Can anyone tell me what sexting is?

Answer: Sexting is digitally sending or sharing sexual images and/or texts. These can be nude or semi-nude images or just explicit texts. Typically, sexting occurs through text messages, but it can include emails, DMs, Snapchat selfies, and even TikTok messages.

b) What are some reasons why someone might sext?

Possible answers: It's a long-distance relationship, and they want to be intimate; they want to be turned on or turn someone else on; they save pictures for later; it's foreplay.

4

SAY



Because of the world we live in, so much communication happens digitally. Having hard conversations with a partner over the phone, texting about boundaries or consent, and even sending flirty messages are all normal parts of building intimacy in our digital age. That said, it is important to think about the risk involved in sexting or sending explicit content.

5

ASK



And write down answers on a flipchart paper:

a) What are some of those risks?

Possible answers: Someone who wasn't intended to see the message might get hold of it; once it's on the internet, it doesn't go away; it's illegal for people who are underage to send/receive sexts.

6

SAY



One important note to keep in mind is the legality of sexting. In many places, including DC, sexting involving minors – people under 18 years old – can result in charges related to child pornography. In some places, teens are now on a list of registered sex offenders.

When people under the age of 18 sext, they put both the recipient and themselves at risk. Even if someone were to receive an unsolicited sext, that person could still face charges for having child pornography.

As is true for all sexual interactions, there are ways to reduce risk.

7

Break the group into two. Ask them to write ideas on blank flipchart papers for 5 minutes in response to the following question:

a) What are some ways that you could reduce your risks while sexting?

8

Clarify the directions as needed, and set the timer for 5 minutes.

9

Have both groups present what they came up with and discuss any differing ideas.

10

Hand out the “Safer Sexting Checklist” (Appendix 15).

11

SAY

We've also come up with a list of ways to reduce risk while sexting. Take a few minutes to review this document, and let me know if you have any thoughts. You can add anything that you all came up with to the bottom and take this home.

CLOSING MESSAGES

**4
Minutes**

1

ASK

a) Can anyone remind me what we had agreed porn is? What is its use, and what shouldn't it be used for?

Answers: Porn is printed material, pictures, or videos that explicitly describe or display sexual body parts or sexual activities. Pornography can be a source for exploration or curiosity, but it is not sexuality education.

b) What are some harmful messages porn often portrays?

Possible answers: Pornography does not realistically show consent, bodies, protection, representation, or intimacy. Sexually explicit content generally makes violence seem normal and generally reinforces men's power over women, which can be unhealthy and dangerous in real life.

**POST-ACTIVITY FACILITATOR NOTES**

(what went well, what could be improved for next time, etc.)...

APPENDIX 13**QUESTIONS ABOUT PORN**

Porn tends to show large penises, big breasts, and no body hair. Why is this unrealistic or harmful? What message does this send about body image?

Porn generally does not show the cast members asking for or receiving consent to engage in sexual activities or show joint decision-making and power-sharing about what happens or doesn't happen. Why is this harmful? What message does this send about consent or boundaries?

Porn videos may use titles to describe performers of color (Black, Asian, Latina, etc.) that are racist and that perpetuate harmful stereotypes. Why is this harmful? What message does this send about race, racism, and power?

Porn does not show the use of contraceptives or condoms and does not show STI testing. Why is this harmful? What messages does this send about protection and safer sex practices?

Much of porn is created and filmed from a male perspective. Why is this harmful? What message does this send about gender roles and power?

APPENDIX 14**ANDRES' STORY**

Andres (he/him) is getting more serious with his partner, and they are talking about having sex for the first time. Andres has never had sex before; however, his partner has. Andres is excited to explore things that bring them both pleasure. But he's also nervous and feels a lot of pressure to perform. He feels pressure to know what to do because he's a man. He knows that he will be expected to take control in the situation. He's seen porn and thinks he can get some answers from watching more.

Andres and his partner are hanging out, and they start hooking up. Andres thinks back to what he saw in the videos he watched. He skips out on the foreplay and doesn't put on a condom. He tries to mimic some of the actions he's seen when watching porn, including getting aggressive. In the moment, he can tell he's aroused and experiencing sexual pleasure, but something's missing...

Afterward, Andres asks, "How great was that?!" His partner is visibly reserved and has shut down. They respond, "I really don't know what to say, Andres. That wasn't what I was hoping for."

APPENDIX 15**SAFER SEXTING CHECKLIST**

This checklist items were created by Sarah Hyde, youth services coordinator and Team Stronger Than You Think, for [SAVE \(Safe Alternatives to Violent Environments\)](#).

Here are some things to consider about safer sexting. Fill in the blanks if you have more ideas to add to your checklist!

• Check in with yourself:

- ☐ Do I want to send/receive sexts? Why?
- ☐ What is my plan to protect myself and my partner from the risks?

• Check in with your partner:

- ☐ Do you want to receive or send sexts? Why?
- ☐ What is your plan to protect both of us from the risks?

• Share your individual boundaries and make some agreements together:

- ☐ What is off limits? Think through your yes's, no's, and maybes.
- ☐ What app will we use?
- ☐ Do we delete or keep the photos? Is screenshotting okay?
- ☐ _____

• Get and give consent!

- ☐ Remember that consent is ongoing – anyone can change their mind at any time.
- ☐ Agree to stop if someone is no longer having fun or feeling safe.

• Turn off message previews.

- ☐ iPhone: Settings > Notifications > Messages > Show Previews > Never
- ☐ Android: Settings > Apps > Messages > Notifications > Uncheck Boxes

• Make sure your devices are password-protected.**• If you agree to delete images, you must also clear your trash can file.****• Stick to the boundaries you agreed to.****• Don't show your face or recognizable body markings.**

ACTIVITY 5.5

TIME
REQUIRED

5 MINUTES

CLOSING
CIRCLE

LEARNING OBJECTIVES

By the end of the session, participants will be able to:

- Express their feelings about the session in one word or phrase.
- Anonymously submit questions they have about session content or about sexuality in general.
- State one thing they appreciated from the session.



MATERIALS

- Blank notecards
- Pens/pencils
- A bag/hat/box
- Flipchart
- Markers



KEY MESSAGES

- It's important for people to explore what brings them pleasure and be comfortable communicating that with others.
- Despite the taboo around it, masturbation is normal for people to do. Unless it becomes an addiction or is done in public, it doesn't have any health risks.
- Seeking and experiencing pleasure is part of being human – it is hardwired into our brains!
- Everyone has the right to experience pleasure and fulfillment.
- Giving and receiving pleasure is not just a sexual activity; it is part of consent, healthy relationships, and communication.
- Media is full of messages that influence the way we think and act. We need to be careful of the content that we absorb and be critical about what it is telling us about how to live our lives. There's often a difference between what the media depicts and the reality of relationships, intimacy, and consent.
- Porn is printed material, pictures, or videos that explicitly describe or display sexual body parts or sexual activities. Pornography can be a source for exploration or curiosity, but it is not sexuality education.
- Pornography does not realistically show consent, bodies, protection, representation, or intimacy. Sexually explicit content generally makes violence seem normal and generally reinforces men's power over women, which can be unhealthy and dangerous in real life.

PREPARATION

- Review the activity and be sure you understand the content, teaching methodology, and timing.
- Write the following TikTok handles on a flipchart paper and post it in the room: [@shoncoopermd](#), [@askdoctort](#), [@dr.allison.rogers](#), [@txshay](#), [@dr.staci.t](#), [@nicolealiciamd](#), [@yes.tess](#), [@alirodmd](#), [@adriannashardey](#), [@drjenniferlincoln](#). You can also follow [@plannedparenthood](#) or [@bedsider](#).

PROCEDURE

1

Ask all the participants to stand in a circle.

2

Ask participants to think of how they felt about today's session. Starting with yourself and moving clockwise, ask each individual to say their names, pronouns, and one word or phrase about how they felt about today's session. You can use the emotion wheel as a guide!

3



SAY

The challenge for this session is for you to find and follow a new social media account that has content related to sex, relationships, and similar topics. Here are some profiles we recommend looking at: [@shoncoopermd](#), [@askdoctort](#), [@dr.allison.rogers](#), [@txshay](#), [@dr.staci.t](#), [@nicolealiciamd](#), [@yes.tess](#), [@alirodmd](#), [@adriannashardey](#), and [@drjenniferlincoln](#). You can also follow [@plannedparenthood](#) or [@bedsider](#). If you don't have social media, it can be a YouTube channel that has relatable and factual content. We will talk about it in the beginning of the next session.

4

ASK

a) *Based on the topics we talked about today, can anyone tell me one societal expectation they face based on their gender and how they could step outside of their gender box?*

5

When each person has finished, thank them all for attending and for their full engagement and participation.

6

SAY

Today, we learned about how media influences the way we might think about sexuality and sex. We talked about social media, pornography, and sexting as it relates to how we can be healthy and happy in relationships. During the next session, we will be covering a lot of topics related to our sexual lives – including communication, consent, sexually transmitted infections, and condoms.

7

Pass out two notecards per person, and

SAY

As I've done in past sessions, I'm passing out two notecards.

On one notecard, write down any questions you still have about the content we covered today. Do not write your name on this card. These questions will stay anonymous. We will take an opportunity to answer some of these questions next session.

The second card is to provide any feedback on the session – write one thing you enjoyed about today and one thing you would recommend we change.

8

Collect the notecards, thank the youth for their participation, and remind them of the time and place of the next meeting.



POST-ACTIVITY FACILITATOR NOTES

(what went well, what could be improved for next time, etc.)...

SESSION



SESSION AT A GLANCE

ACTIVITY 6.1	Session 5 Review	10 minutes
ACTIVITY 6.2	Establishing Consent	30 minutes
ACTIVITY 6.3	Get in the Know: Sexually Transmitted Infections	35 minutes
SUGGESTED BREAK (10 MINUTES)		
ACTIVITY 6.4	Using Condoms Correctly	30 minutes
ACTIVITY 6.5	Closing Circle	5 minutes
TOTAL TIME		120 minutes

ACTIVITY 6.1	SESSION 5 REVIEW
 TIME REQUIRED 10 MINUTES	 LEARNING OBJECTIVES <i>By the end of the session, participants will be able to:</i> <ul style="list-style-type: none">• Summarize key learnings from the previous session
 MATERIALS <ul style="list-style-type: none">• Flipchart• Markers• Tape	 KEY MESSAGES N/A

PREPARATION

- Review the activity and be sure you understand the content, teaching methodology, and timing.
- Review the questions submitted at the end of the last session and draft responses for them.
- On a horizontal flipchart paper, draw two squares side by side and label them “Man Box” and “Woman Box.” Post it on the wall.
- Write the agenda for the session on a flipchart paper and post it on the wall.
 - **Activity 6.2:** Establishing Consent
 - **Activity 6.3:** Get in the Know: Sexually Transmitted Infections
 - **Activity 6.4:** Using Condoms Correctly
 - **Activity 6.5:** Closing Circle

PROCEDURE

INTRODUCTION AND RECAP



5
Minutes

1

SAY



Welcome to Session 6 of the program. Thank you all for your participation in the last session. It's great to see you all again.

2

ASK



a) *Can anyone tell me some of the most common social media messages we talked about last session regarding sex, relationships, and body image?*


b) *Can someone share the new social media account (related to sex, relationships, etc.) they started following since last session? What do you like about the content?*


3 Share a personal highlight from the last session that you as the facilitator really enjoyed.

4 Answer any questions that were submitted at the end of Session 5.


WHAT DOES THIS HAVE TO DO WITH THE GENDER BOXES?

 **5
Minutes**

1 **SAY**  Today, we are going to discuss a lot of topics related to our sexual lives – including communication, consent, sexually transmitted infections, and condoms. We know you might already know some of this stuff, but it's important information to review, and there are always new things to learn. Today is going to be all about keeping ourselves healthy and safe. We also know that these topics can be difficult at times to talk about, so please remember the group agreements and feel free to step out if you need to.

2 **SAY**  Refer to the agenda flipchart paper and Today, we are going to work on four activities:

- **Activity 6.2:** Establishing Consent
- **Activity 6.3:** Get in the Know: Sexually Transmitted Infections
- **Activity 6.4:** Using Condoms Correctly
- **Activity 6.5:** Closing Circle

3 **SAY**  We are going to do a rapid Man Box and Woman Box for today's topic. Can you think of any social expectations of men or women when it comes to using condoms, testing for STIs, and talking about having sex? What does society say about a guy when he uses condoms? Who should bring the condom? What would you think if a girl had an STI? Would you think the same thing about a guy?

4 Have the group quickly populate the flipchart paper with the two boxes as fast as they can. Keep the flipchart paper posted on the wall throughout the session.

5

ASK



a) *How might gender-nonconforming people be impacted by these boxes in relation to STIs and consent?*

Possible answers: They may be misgendered at the clinic when going in for an STI test (could be as severe as medical malpractice); they may experience gender dysphoria when discussing their sexual experience and relationships with others; they may feel pressure to engage in sexual activities based on their sex (roles and expectations); people might assume they are more sexually active than their peers (hypersexualizing and objectification); people might have less respect for gender-nonconforming people's boundaries for consent.

b) *Generally, for people of all genders, how are some of these expectations in the Man Box and Woman Box harmful or problematic?*

6

SAY



As we go through today's session, please keep these social expectations in mind. Let's get started with the first activity of the day.

**POST-ACTIVITY FACILITATOR NOTES**

(what went well, what could be improved for next time, etc.)...

ACTIVITY 6.2**TIME
REQUIRED**

30 MINUTES

**ESTABLISHING
CONSENT****LEARNING OBJECTIVES**

By the end of the session, participants will be able to:

- Identify the importance of establishing consent.
- Ask for sexual consent and clarify sexual consent when not sure.
- Respond to a partner's response to sexual consent.

**MATERIALS**

- Sticky notes
- Flipchart paper
- Markers
- Pens/pencils
- Notecards with scenarios
- Tape

**KEY MESSAGES**

- Consent is established when your partner says “yes” when you ask. The best way to know that you have your partner's consent is to talk about it! Ongoing conversation about what a partner is comfortable or uncomfortable doing is an important vehicle for consent. While we have all heard that “no” means “no,” we should be open to listening to the silent or unspoken ways that our partners may be communicating that they do not want or feel comfortable engaging in some act.
- Sex without consent is considered rape and is a criminal act that could result in going to jail. More than that, having sex without consent can cause psychological, emotional, and physical harm to your partner. Not only will it not be enjoyable, but it will also affect future experiences.

PREPARATION

- Review the activity and be sure you understand the content, teaching methodology, and timing.
- Label one flipchart paper “Consent is...” and one “Consent isn’t...”
- Prepare notecards with the following written on them (alternatively, copy and paste the statements into a new document; then, print a copy and cut out each statement):
 - ...assumed
 - ...when both your words and body language tell someone that you are interested in a sexual activity
 - ...required by all people involved in the sexual activity
 - ...able to be taken back at any time
 - ...necessary even if you’re in a committed relationship
 - ...only able to be given if all partners are 16 years old or above*
(*Applicable to DC law)
 - ...agreeing to each sexual activity before it happens
 - ...given freely without pressure
 - ...something that comes down to caring for yourself and others and communicating
 - ...possible when someone is under the influence of drugs and/or alcohol
 - ...only asked once
 - ...only for penetrative sex
 - ...automatically given until someone says “no” or “stop”
 - ...automatically given because someone gets turned on (like an erection or getting wet)
 - ...repeatedly asking someone until a “yes” is eventually given
 - ...implied by what clothing someone is or isn’t wearing
- Write these three titles on separate flipchart papers and post them on the wall next to each other:

Asking for Consent

Checking In During

Checking In After

PROCEDURE**INTRODUCTION****1 Minute****1****SAY**

In this session, we will talk about asking for and receiving consent as a consistent practice in healthy relationships. We will also talk about some of the consequences of not establishing consent in a sexual relationship. If that content is upsetting, we encourage you to take care of yourself. You can step out of the room during the session, and you can talk with us after the session. We are here to support you. One thing you should know is that we are mandatory reporters, so if you disclose an experience of violence by a caregiver or parent, we are required to involve others to ensure you have the support you need.

DEFINING SEXUAL CONSENT**10 Minutes****1****SAY**

We are going to start off this activity by defining what consent is – and what it is not. I've put some “criteria” on notecards I'm going to pass out. I want you to quickly decide as a group which ones are myth and which ones are fact and post them on the corresponding flipchart paper.

2

Hang up the flipchart papers labeled “Consent is...” and “Consent isn't...” Pass out the notecards and lay out the tape.

3

Clarify the directions as needed and then give the participants 2 minutes to decide which statements go on each flipchart paper.

4

Review their answers and correct any mistakes with an explanation.

Consent IS...	Consent ISN'T...
...when both your words and body language tell someone that you are interested in a sexual activity	...possible when someone is under the influence of drugs and/or alcohol
...required by all people involved in the sexual activity	...assumed
...able to be taken back at any time	...only asked once
...necessary even if you're in a committed relationship	...only for penetrative sex
...only able to be given if all partners are 16 years old or above* *Applicable to DC law	...automatically given until someone says "no" or "stop"
...agreeing to each sexual activity before it happens	...automatically given because someone gets turned on (like an erection or getting wet)
...given freely without pressure	...repeatedly asking someone until a "yes" is eventually given
...something that comes down to caring for yourself and others and communicating	...implied by what clothing someone is or isn't wearing

5

SAY



To summarize, sexual consent means everyone involved must: 1) want to be there; 2) want to be doing what they are doing; and 3) have to care that the other people involved want those things, too. Remember, having sex without consent is rape.

6

Ask if the group has any questions about the definition of sexual consent.

ASKING FOR CONSENT AND CHECKING IN



10
Minutes

1

SAY



We often think of sexual consent as something that “happens in the moment” but asking for, clarifying, giving, and receiving (or not receiving) consent is an ongoing process that starts before ever being intimate, during intimacy, and afterward.

When you break it down, this process is all about communication. It’s speaking what you want and need, AND it’s listening to and respecting what the other person wants and needs. Let’s see some examples of what that looks like.

2

Hang up the pieces of flipchart on different parts of the room that say “Asking for Consent,” “Checking In During,” and “Checking In After.”

3

ASK



a) Why is it important to “check in” and see how the other person is feeling during and after being intimate? What is the purpose?

Answer: Checking in during and after intimacy establishes healthy relationships and communication between partners. Checking in during intimacy is important because it should be enjoyable and feel good for everyone involved. You check in during intimacy because it’s important to make sure everyone is still okay with what is going on. Remember that consent can be taken back at any time. Checking in after intimacy is also important to talk about what you enjoyed and would like to keep doing or if there is anything you want to try differently in the future.

b) How could asking for or giving consent be fun?

Answer: It shows the confidence to ask and check in, as well as the trust and vulnerability to say what you are okay with, what you want to do, and what you like or don’t like. It also shows both people are enjoying themselves and builds comfort and lets you explore.

c) What should you do if someone does not give consent or changes their mind during an intimate moment?

Answer: You stop and can discuss an alternative that would make you both feel comfortable and satisfied. It can be painful to experience rejection, but it is critical to respect the other person's decision. Consent, communication, and shared enjoyment/pleasure are all components of a healthy relationship.

4 Read the following statements and have the participants move to the corresponding sign they think best applies to the statement – whether it is an example of asking for consent, checking in during, or checking in after. If there is disagreement, you can probe for participants' rationale for choosing what they did, but there are generally no right or wrong answers for this activity.

Statement	Answer
"I am enjoying this. Are you?"	Checking In During
"Do you want to do... X?"	Asking for Consent, Checking In During
"Is this still turning you on?"	Checking In During
"How was that for you?"	Checking In After/During
"It turns me on when we ... X ... How do you feel about that?"	Asking for Consent, Checking In During/ After
"What would you like to do differently next time?"	Checking In After
"Are you good with this?"	Asking for Consent/Checking In During
"Will you do ... X ... to me?"	Asking for Consent/Checking In During
"Do you want me to?"	Asking for Consent/Checking In During

5



Now that you have made these lists of ways to check in with a partner to ask for consent, it is important to acknowledge a partner's response (both in their words and their body language) and to respect their response, whatever that may be.

We understand that in the moment, asking for consent can be a bit awkward and it takes practice, but it's important to make sure you and your partner are respecting each other and your boundaries. The more you practice, the more natural it'll get.

QUESTION OF THE DAY



5
Minutes

1

ASK



a) Knowing if consent is established might not always be as clear as the examples in this activity. What are some situations you've heard about that that might be a gray area?

Possible answers: People have had to be convinced, were drunk, changed their mind midway, were uncertain about it, said yes but weren't enthusiastic, or consented to one act but not another. (Feel free to read and talk about the full scenarios, here: <https://info.umkc.edu/rise/does-this-count-sexual-assault-scenarios>).

FACILITATOR NOTES

If additional time allows, consider asking these questions:

- How can coercion show up in texting or social media? Do you think it's easier or harder to draw boundaries over social media and why?
- Do you think there are different expectations, based on gender, about who has the right to vocalize their desires or needs in a sexual experience? Why, and what can we do to make it a safer experience for everyone?
- Why might a young person feel fearful about expressing their needs or desires? How are these fears influenced by gender norms?
- Why is it important to ask for, give, clarify, and accept consent?
- How can confirming consent make sex more fun or enjoyable?
- Why is it important for people to accept "no" for an answer? How can someone respond if they get a "no"?

CLOSING MESSAGES



1 ASK ?

a) *Can anyone tell me how I'd know if my partner gives me consent?*

Answer: They say “yes” when you ask. The best way to know that you have your partner’s consent is to talk about it! Ongoing conversation about what a partner is comfortable or uncomfortable doing is an important vehicle for consent. While we have all heard that “no” means “no,” also be open to listening to the silent or unspoken ways that your partner may be communicating that they do not want or feel comfortable engaging in some act.

b) *What are some consequences of having sex without consent?*

Answer: Sex without consent is considered rape and is a criminal act that could result in going to jail. More than that, having sex without consent can cause psychological, emotional, and physical harm to your partner. Not only will it not be enjoyable, but it will also affect future experiences.

**POST-ACTIVITY FACILITATOR NOTES**

(what went well, what could be improved for next time, etc.)...

ACTIVITY 6.3**TIME REQUIRED**

35 MINUTES

GET IN THE KNOW: SEXUALLY TRANSMITTED INFECTIONS**LEARNING OBJECTIVES**

By the end of the session, participants will be able to:

- Describe common sexually transmitted infections, including symptoms associated with them.
- List at least three safer sex practices.
- Communicate assertively and effectively with a partner about STIs, testing, and treatment.

**MATERIALS**

- Flipchart
- Markers
- Blank pieces of paper – 2 total
- Tape
- Appendix 16: Myth vs. Fact: STI Edition (Answers) – 1 per person
- STD brochure (Advocates for Youth) – 1 per person
- Appendix 17: Communicating About STIs With My Partner – 1 copy per 2 participants
- Timer (e.g., on cell phone)

**KEY MESSAGES**

- Sex that involves exchanging bodily fluids (such as vaginal fluids or semen) can put someone at risk of passing on or contracting an STI.
- The safest way to avoid getting an STI is to not have sex. Using a condom correctly, and every time you have sex, can reduce your risk for transmitting or contracting an STI.
- If you are having sex, you should get tested regularly for STIs. If you've done anything that puts you at risk of infection, getting tested allows you to get the treatment you may need.

PREPARATION

- Review the activity and be sure you understand the content, teaching methodology, and timing.
- Print copies of “Myth vs. Fact: STI Edition (Answers)” (Appendix 16) for all participants.
- Print one copy of “Communicating About STIs With My Partner” (Appendix 17) per two participants.
- Using the blank paper, create one sign that says “True” and one that says “False.” Tape the signs to opposite walls.
- Print copies of this STD brochure for all participants: <https://advocatesforyouth.org/wp-content/uploads/storage/advfy/documents/std-brochure.pdf>

PROCEDURE

STI BASICS



10
Minutes

1

SAY



Most of you know that one of the risks of having vaginal, oral, or anal sex – and of some skin-to-skin genital contact – is transmitting a sexually transmitted infection, or STI. People also use the term sexually transmitted disease, or STD, and these terms mean more or less the same thing.

2

ASK



- a) When you think of STIs, what comes to mind?
- b) What words do we tend to associate with someone with an STI?

Probe: Why could those words be a misrepresentation of them as a person?

3 SAY



You do not need to know everything about STIs because there is a lot to know.

Of everything we are going to talk about today, two things are most important.

Number 1: Different sexual activities have different amounts of risk. Some sexual activities have a high risk of STI or HIV transmission, while others have low or no risk.

There are ways to reduce the risk of STI/HIV transmission, including 1) being abstinent (not having sex); 2) using a condom correctly each time someone has sex; and 3) getting tested and knowing your status for STIs so you don't spread them to someone else. Additionally, vaccinations can protect you from some STIs.

4 ASK



a) Can anyone name **an activity that puts a person at risk of an STI?**

Possible answers: Penis-in-vagina sexual intercourse, oral sex, anal sex, sharing needles, kissing*.

b) Can anyone name a **sexual activity that DOES NOT put a person at risk of an STI?**

Possible answers: Massage, cuddling, touching with hands, mutual masturbation, sexting.

* Although kissing is considered to be low risk compared to intercourse and oral sex, it's possible for kissing to transmit CMV, herpes, and syphilis. And for HIV, "very rarely, transmission has occurred if both partners have sores or bleeding gums" ([U.S. Centers for Disease Control and Prevention](#)).

5 SAY



Number 2: STIs are common, especially among young people. Additionally, the most common symptom of an STI is no symptom at all, meaning many people might not know they are infected. It is important that people learn and communicate about STI prevention with sexual partners, get tested frequently, and get treated if they get a positive result. If STIs go unnoticed or untreated, that can lead to bigger problems.

6

ASK



a) What are some consequences you have heard about, especially if you leave them untreated?

Possible answers: Infertility, cancers, transmitting to others, sickness and death, irritating rashes, or pain when urinating.

7

SAY



One other quick note is that you may hear me use the terms “people with penises” and “people with vaginas” today and in other conversations about bodies and sexual health.

8

ASK



a) Can anyone guess why I would use those terms instead of the terms “men” and “women”?

Answer: As we discussed in our session on gender, not everyone who has a penis is a man and not everyone who has a vagina is a woman. Medical concerns for those body parts, however, can be similar across gender, so it's more inclusive of everyone if we refer to different sexes that way – i.e., person with a penis, person with a vagina.

TRUE OR FALSE



10
Minutes

1

SAY



Now, we are going to play a game to learn a little bit more about STIs. I would like for all of you to stand up and come to the middle of the room. I am going to read a statement aloud and you will need to move to the side of the room – toward the “True” sign or the “False” sign depending on if you think the statement is true or false. If you are not sure of the answer, you can stay in the middle of the room.

2 Using Appendix 16 (“Myth vs. Fact: STI Edition [Answers]”), call out each statement and have the youth move to the sign they think applies. After each of the statements, summarize the information on the answer sheet.

3 At the end of the game,
SAY *Thank you all for playing the game.*



Obviously, these questions are only a small portion of all the information about STIs. We encourage you to ask any other questions you may have at the end of the session on the notecards or look up information online.

A resource we recommend is [Planned Parenthood](#). They also have an anonymous chatbot called “[Roo](#).” You can ask Roo any health, relationship, or sex questions, and Roo will send you resources. Another place for digestible and very useful videos is [AMAZE.org](#). We’ve included these websites in Appendix 16, which I’ll hand out now.


Over the next two weeks, you’ll hear me say a lot that it’s important to get tested for STIs. To do that, you have to know where to go. We at LAYC offer free testing, and next session, you’ll get a handout with some other clinics that offer youth-friendly testing.

4 Hand out Appendix 16 with the responses to the true or false statements for them to take home.

COMMUNICATING ABOUT STIS



**12
Minutes**

1 **SAY**  *Knowing about STIs and how to prevent them is important. And part of safer sex practices includes talking about STIs with your sexual partner(s).*

2

ASK



a) Why do you think communicating about STIs is so important?

Possible answers:

- Could make you and/or a partner feel safer.
- Could improve intimacy/bring you closer.
- Talking about it makes it more likely that you would actually use protection or get tested.
- So everyone is on the same page and is consenting to engage in sexual activities under the same understanding/with the same information.
- So that if a person has an STI, they have the opportunity to disclose that information to their partner.

b) What are some double standards, based on gender, about STIs?

Possible answer: Women are usually more stigmatized if they test positive for an STI – “They sleep around...”

c) Why do you think it can be challenging to talk about STIs or testing with a partner?

Possible answer: Could cause feelings of shame or embarrassment.

3

SAY



When it comes to communicating about STIs, there are a few topics to think about: 1) how you are going to practice safer sex together; 2) getting tested; and 3) disclosing positive results.

We are going to go through three scenarios, and in pairs, you are going to answer the question: “How will you bring it up?”

4

Have participants pair up and pass out Appendix 17 (“Communicating About STIs With My Partner”) to each pair.

5 Ask each pair to discuss the three scenarios and come up with a plan for how they would approach each topic with their partner. Clarify the directions as needed and set the timer for 5 minutes.

6 After 5 minutes, crowdsource some answers for each of the three scenarios:

a) You just got on birth control. Your partner says that it's great he doesn't have to use condoms anymore. You disagree. How do you bring it up?

Possible answer: "Hey, I know you feel safer now that I'm on birth control, but I still feel like it's really important to use condoms because they protect us from STIs, and it would make me feel more at ease knowing we have two forms of protection against pregnancy."

b) You're hooking up with someone and think you might be about to have some kind of sex soon. They don't say anything about having been tested. How do you bring it up?

Possible answer: "Hey, I just want you to know that I just got tested for STIs and I'm negative. Before we go any further, it would make me feel safe and more comfortable if you could also share your status with me, too. If you haven't been tested recently, we could even go together."

c) You just found out you have chlamydia (treatable with antibiotics). How do you bring it up with a partner?

Possible answer: "Hey, just want to share some news with you because I want to be upfront with you. I know it's not fun to learn, but I just tested positive for chlamydia. I was able to get on antibiotics and the infection should be cured soon. I wanted to make sure you knew so you can keep yourself safe and get tested and treated as well."

7

Hand out the [Advocates for Youth brochure](#) for youth to take home.

NOTE: Make sure to point out that if safety is a concern when a person is disclosing their positive STI status to their partner, instead of doing so in person, it is totally okay to call or text instead. There are also apps/services that can anonymize the disclosure, if they are really worried, or they can always ask a medical provider for help.

CLOSING MESSAGES

**3
Minutes****1****ASK**

a) What are some ways that you could contract an STI?

Answer: Sex that involves the exchange of bodily fluids, such as vaginal fluids or semen, can put someone at risk of passing on or contracting an STI.

b) How can you avoid the risks of contracting an STI?

Answer: The safest way to avoid getting an STI is to not have sex. Using a condom correctly, and every time you have sex, can reduce your risk for transmitting or contracting an STI. If you are having sex, you should get tested regularly for STIs. If you've done anything that puts you at risk of infection, getting tested allows you to get the treatment you may need.



POST-ACTIVITY FACILITATOR NOTES

(what went well, what could be improved for next time, etc.)...

APPENDIX 16**MYTH VS. FACT: STI EDITION (ANSWERS)**

Question	Myth or Fact?	Notes
1 People who get sexually transmitted infections (STIs) have a lot of sexual partners.	MYTH	All it takes is one infected partner. Anyone who has unprotected sex could get an STI.
2 People who take birth control pills are protected from both pregnancy and STIs.	MYTH	<p>Birth control pills DO NOT protect against STIs. They are a hormonal method that reduces the risk of an unintended pregnancy. The pill is not a barrier that protects against fluid exchange. Fluid exchange and skin-to-skin contact are what put people at risk of contracting STIs.</p> <p>Birth control is not a method to protect yourself from STIs. Instead, you can do this by 1) abstaining from (not having) sex altogether, or 2) using a barrier method (condoms). You can protect others from getting STIs by doing 1 or 2, and also by getting tested and sharing your status with any new partner.</p>
3 The three main types of STIs are viruses, bacteria, and parasites.	FACT	There are three main types of STIs: viruses (like HIV), bacteria (like chlamydia), and parasites (like pubic lice/crabs). Usually, a single dose of antibiotics can cure many sexually transmitted bacterial and parasitic infections. Viral STIs cannot be cured, but you can manage symptoms with medications.
4 Condoms are the most effective protection against the spread of STIs.	MYTH	Abstinence from sexual intercourse is the only way to be 100 percent protected from STIs and to be 100 percent sure to not spread an STI. Condoms are the next-best prevention method.

Question	Myth or Fact?	Notes
<p>5 HIV can be spread through sexual contact, sharing needles, and sometimes from a mom to a baby during birth or breastfeeding.</p>	<p>FACT</p>	<p>The important thing to take away is that HIV is like other STIs in that it can be spread by sexual contact where fluids are exchanged, but there is also the risk of contracting HIV through sharing needles when using drugs, as well as from mother-to-child transmission during birth or breastfeeding.</p> <p>HIV cannot be spread by normal activities like sharing food/drinks and is very rarely spread by deep, open-mouth kissing, especially if both partners have sores or bleeding gums.</p> <p>Protecting yourself from HIV is similar to other STIs, with the addition of not sharing needles with other people.</p> <p>There is also a daily medicine called PrEP (pre-exposure prophylaxis) that can be taken when people are at high risk for HIV and want to lower their chances of getting infected. PrEP can stop HIV from taking hold and spreading throughout the body. It does a good job protecting against HIV if taken as directed, but it does not work well if it is not taken the right way. You can find out more from Planned Parenthood on its page about PrEP (https://www.plannedparenthood.org/learn/stds-hiv-safer-sex/hiv-aids/prep).</p>
<p>6 Someone infected with chlamydia usually has noticeable symptoms.</p>	<p>MYTH</p>	<p>Most people infected with chlamydia show no symptoms (the same is true for gonorrhea). If left untreated, chlamydia and gonorrhea can cause long-term complications (infertility and pelvic inflammatory disease and painful or tender swelling near the penis).</p> <p>People with symptoms may notice:</p> <ul style="list-style-type: none"> • In people with vaginas and/or cervixes: pain or dull ache in cervix, pain when urinating or during intercourse, vaginal bleeding between periods, abnormal vaginal discharge • In people with penises and/or testicles: urethral discharge, pain when urinating, swelling in one or both testicles

Question	Myth or Fact?	Notes
7 A person infected with herpes can infect a partner during anal, oral, or vaginal sex, even if they don't have any visible lesions.	FACT	<p>Transmission is possible in the absence of lesions. In fact, transmission most commonly occurs from contact with an infected partner who does not have visible lesions and who may not know that they are infected.</p> <p>The most contagious time is at the beginning of an outbreak, during “shedding,” when the infected person feels pain or a tingling, burning, itchy sensation but has not yet developed visible lesions.</p> <p>The least contagious period is when the infection is dormant and there are no visible lesions.</p> <p>Important: Although herpes cannot be cured, for many people, outbreaks do become fewer and less intense over time. There are also medications that can be taken to help control outbreaks so that people who have been infected with herpes can still have active sexual partnerships, as long as they clearly communicate their status to their partners.</p>
8 Most of the time, bacterial STIs can be cured with antibiotics.	FACT	<p>Most STIs are caused by bacteria or viruses. Bacterial STIs, like gonorrhea, can usually be cured with antibiotics. Viral STIs cannot be cured, although they sometimes do go into remission (almost like they go into hiding, meaning they are still present but you have no symptoms); antiviral drugs may help some people keep them in remission. Viral STIs include HIV, HPV, and herpes.</p>
9 STIs are annoying, but they don't pose any long-term health consequences.	MYTH	<p>Generally, there are long-term health consequences for untreated STIs. Depending on the STI, these can include chronic pain, not being able to have children, weakened immune system, or in severe cases, death.</p>
10 Communicating your STI status to a partner is a sign of a healthy relationship.	FACT	<p>If you test positive for an STI, it is important to communicate that to partners you are currently sexually active with or any previous partners who may be at risk. While it may feel uncomfortable, it is important so that they can also get tested, get treated, and prevent any of their other partners from getting infected. It's the responsible thing to do if you chose to have sex.</p>

Question	Myth or Fact?	Notes
11 HPV is the only STI that is preventable by vaccine.	MYTH	<p>It's true: HPV is preventable by vaccine. But it's not the only one. Hepatitis A and B are also preventable by vaccine.</p> <p>The HPV vaccine is recommended for all people at ages 11 to 12 (or as early as 9 years old). If you didn't get it around that age, there's still a chance to protect yourself now. It's important to get your HPV vaccine to protect yourself and others from genital warts and cervical cancer. HPV is the most common STI out there.</p> <p>Hepatitis A and Hepatitis B vaccines are recommended for sexually active people. You can get them at any age, so you may have already gotten one when you were younger. You should ask a parent or guardian about your vaccination status and see if you're eligible.</p>
12 All STIs have at least some signs and symptoms that will be noticeable.	MYTH	Some STIs have symptoms, like discharge, sores, itching, or pain in the genitals, but most STIs don't have symptoms. Because of this, it is even more important to get tested regularly if you are sexually active.

FOR ADDITIONAL INFORMATION
AND RESOURCES, VISIT:

- https://www.cdc.gov/std/healthcomm/fact_sheets.htm
- <https://www.plannedparenthood.org/learn/stds-hiv-safer-sex>
- <https://www.plannedparenthood.org/learn/roo-sexual-health-chatbot>
- <https://amaze.org/>
- <https://smartsexresource.com/sexually-transmitted-infections/sti-basics/know-your-chances/>

APPENDIX 17**COMMUNICATING ABOUT STIS WITH MY PARTNER**

a) You just got on birth control. Your partner says that it's great he doesn't have to use condoms anymore. You disagree. How do you bring it up?

b) You're hooking up with someone and think you might be about to have some kind of sex soon. They don't say anything about having been tested. How do you bring it up?

c) You just found out you have chlamydia (treatable with antibiotics). How do you bring it up with a partner?

ACTIVITY 6.4**TIME REQUIRED**

30 MINUTES

**USING CONDOMS
CORRECTLY****LEARNING OBJECTIVES**

By the end of the session, participants will be able to:

- List the 12 steps for using an external condom correctly.
- Demonstrate the correct use of an external condom on a model.
- Express greater comfort in using a condom.

**MATERIALS**

- Flipchart
- Markers
- Tape
- Wooden penis models – 1 per participant
- External condoms – 1 per participant
- Internal condom
- Vaginal model
- Dental dam
- Scissors
- Paper towels
- Appendix 18: External Condom Use Steps – 1 copy for each group of 2–3 participants
- Appendix 19: External Condom Use Steps: Answer Key – 1 per person

**KEY MESSAGES**

- Consistent and correct use of a condom every time you have sex reduces, though does not eliminate, the risk of STI/HIV transmission.
- Consistent and correct use of a condom, combined with another reliable form of birth control, reduces, though does not completely eliminate, the risk of an unintended pregnancy.

PREPARATION

- Review the activity and be sure you understand the content, teaching methodology, and timing.
- Collect supplies.
- Print and cut out “External Condom Use Steps” (Appendix 18) so there is one copy of the steps for each group of two or three.
- Print one copy of “External Condom Use Steps: Answer Key” (Appendix 19) per person.
- Review (and print if helpful) “How to Use a Dental Dam as a Barrier for Oral Sex”: <https://www.cdc.gov/condomeffectiveness/docs/dental-dam-info-sheet-508.pdf>

PROCEDURE

BENEFITS OF A CONDOM



1

ASK
?

a) What are some benefits of using condoms?

Write down their responses on a flipchart paper. If not mentioned, include the following:

- Decrease risk of sexually transmitted infections (STIs).
- Decrease risk of pregnancy.
- Don't require an appointment at a clinic.
- Are affordable and accessible.
- Are easy to use.
- External condoms are the only method of contraceptives for bodies with a penis, besides abstinence and vasectomy.
- Decrease stress/worry about STIs and pregnancy and may make sex more enjoyable.

2

SAY



Just as you shared in the brainstorm, there are a lot of benefits to condoms! This next activity is going to be dedicated to learning how to use condoms correctly.

There are two main types of condoms, internal (for inside a vagina or anus) and external (to go over a penis or sex toy). We will learn about how to use external and internal condoms, as well as dental dams that can be used during oral sex.

STEPS TO USING AN EXTERNAL CONDOM



7 Minutes

1

SAY



We are going to split you up into teams and see who knows the steps of how to put on a condom. I'll hand out a set of cards with steps on them. Your job is to place the cards in the order of the correct steps of condom use. The first group to complete the task with the correct order wins.

2

Split the participants into groups of two to three people each.

3

Distribute a set of the "External Condom Use Steps" (Appendix 18) to each group. Shuffle them to ensure they are in a random order.

4

Give the groups up to 5 minutes to place their cards in the correct order. Allow them to debate the order with one another until they reach a consensus within their group.

As groups finish, go over and check to confirm they have the steps in the correct order. If they do, they can wait patiently for the other groups; if not, they should continue working to get the correct order.

5

Hand out a copy of "External Condom Use Steps: Answer Key" (Appendix 19) to each participant. Read these steps aloud and allow participants to compare their placement of the steps with the order of the steps on the worksheet. Also tell them that there are instructions for an internal condom as well.

EXTERNAL CONDOM DEMONSTRATION AND PRACTICE

**10
Minutes****1****SAY**

Now that you know the proper steps to use a condom, it is your turn to practice. In a moment, I will pass out a condom and a wooden penis demonstrator to each participant. In order, I will read each step aloud, and you will follow along using your condom and demonstrator. I will be demonstrating it to you as well. It is important to respect each other's privacy, so I ask each of you not to take photos or record during this. These are latex condoms, so if anyone has an allergy, please let me know as I hand them out and I will give you a non-latex condom.

2

Hand out a condom and demonstrator to each participant, and read each step aloud and have them practice. If you have limited demonstrators, you can also split the room in half and each facilitator could demonstrate for the youth.

FACILITATOR NOTES

If you do not have access to demonstrators for the participants, you can have them roll the condom over their hand.

IMPORTANT: Be sure youth do not have their phones out during this section.

3

As you demonstrate, talk through the following steps:

- a) Talk with your partner about using condoms. Communicate how you will use protection and where you will get it. Regardless of age or gender, young people have the right to access condoms. Condoms are pretty accessible and inexpensive (sometimes, they are free). Condoms can be found at a gas station, grocery store, pharmacy, clinic, and some community centers.
- b) Pick up or purchase condoms and lube. External condoms come in different sizes, textures, and even flavors. Some have lubrication on them, and some don't. If not, it is recommended to use water-based lubricant with latex condoms – don't use anything with oil because oil can damage latex condoms.

- c) Once you have condoms, store them in a cool, dry place.
- d) Check the expiration date and make sure the package isn't damaged. Use a new condom every time you have sex and during the whole time you have sex.
- e) Place the condom nearby and make it easily accessible.
- f) Open the package carefully. Do not rip the condom, and make sure there are no tears or defects.
- g) Pinch the tip, and in the air, unroll the condom a little. If it's easy to do, it's facing the right way. If you have put the condom on the wrong way, throw it out and get a new one.
- h) Keep pinching the tip and roll the condom on, down to the base of an erect penis.
- i) Insert the penis into the mouth, vagina, or anus.
- j) After ejaculation, hold the condom at the base of the penis, and then withdraw the penis from the partner's body.
- k) Take the condom off before the penis gets soft, making sure that semen doesn't spill out.
- l) Wrap the condom in a tissue and throw it away. Never use it twice.

(If time allows, you can have the participants do it again without reading the steps or demonstrating yourself.)

4

Distribute a set of the “External Condom Use Steps” (Appendix 18) to each group. Shuffle them to ensure they are in a random order.

5

Demonstrate the application of an internal condom with a model by

SAYING Now, we are going to demonstrate the use of an internal condom, which can be used for vaginal or anal sex to protect you against STIs and pregnancy, just like an external condom. To use an internal condom, you:



1. Open the package carefully. Do not rip the condom, and make sure there are no tears or defects.

2. Squeeze the ring located inside the closed end of the internal condom together between the thumb and middle finger and insert into the body opening (vagina or anus).
3. Push the condom up into the body, leaving the outer ring (open end) outside the body.
4. During penetration, make sure insertion occurs inside the condom – not between the ring and the body opening. The outer ring should remain outside the body, not pushed into the opening.
5. To remove, twist the outer ring and gently pull the condom out of the body. When removing the condom from the vagina or anus, avoid contact between the condom/body and the partner.
6. Throw the condom away in the trash after use (each condom can only be used once).

6

SAY



There is a third “barrier method” in addition to the external and internal condoms called a dental dam or oral barrier. This is used when having oral sex (touching a penis, vagina, or anus with the mouth). This only protects you against STI transmission, as oral sex doesn’t put you at risk of pregnancy. You can use an actual dental dam if you have access to one, or you can just roll out a non-lubricated condom, cut the tip and bottom off, cut it lengthwise, and then stretch it out.

7

Demonstrate the proper use of a dental dam (with your hands or over a picture of a vulva). If you don’t have access to a dental dam, cut a condom with scissors and demonstrate. Afterward, ask if they have any questions.

8

SAY



When they have completed the practice, ask participants to come together.

As we end this activity, there are a few other points related to condoms that we want to mention:

- a) You shouldn’t use an internal and external condom at the same time – choose one or the other.

- b)** Most condoms are made from latex. Some people have allergies to latex and, therefore, need non-latex condoms.
- c)** Condoms can break during sex. But by using a condom correctly, you can reduce the likelihood of condom breakage.
- d)** Lubricant, or lube, can be used to reduce friction or irritation during sex. It's important that you don't use oil-based lubricants (like Vaseline or coconut oil) on latex or non-latex condoms, but instead use water-based or silicone-based lubricants that you can find in most places you pick up your condoms.

9

ASK



a) How do you know if a condom has broken?

Answer: You should be able to feel or see if the condom breaks; however, if you're unsure if a condom broke during sex, you can try to fill it with water from a sink and see if any comes out. This is not done BEFORE sex. It is done AFTER sex.

b) What should you do if you find out the condom broke?

Answer: If a condom breaks or a condom wasn't used and you or your partner is at risk of pregnancy, the "morning-after pill," or emergency contraception, is available. The morning-after pill should be taken as soon as possible after unprotected sex since it is more effective the sooner it is taken. You technically have up to five days after unprotected sex to take it, but it works much better if you take it in the first three days (72 hours). It can be purchased over the counter without a prescription at drugstores. However, some Planned Parenthood locations or other youth-friendly sexual health providers are able to provide emergency contraception for free or very inexpensively. It's always worth calling to ask. It's important to consult with a provider or ask a pharmacist to determine which emergency contraception option is the most effective option for you. This is important because depending on your weight, some options might not work as well as others.

FACILITATOR
NOTES

If the participants want more information about weight limits and emergency contraception, here's a little more information:

- Emergency contraception methods may have different effectiveness levels depending on weight.
- Studies have shown that the effectiveness of some emergency contraception decreases with heavier body weights, particularly above 165 pounds.
- No matter how much you weigh, getting certain IUDs as emergency contraception works within 120 hours (five days) of having unprotected sex.
- Bottom line: It's important to consult a healthcare provider to see what option might be right for you.

QUESTION OF THE DAY7
Minutes1 ASK
?

a) Thinking back to power in relationships, who in a sexual experience usually has the power when deciding if or when to use a condom? Why do you think that is? How can power be shared?

Possible answer: Generally, men or people with penises wield more power in this situation, but there are also other identities (age, social status, sexual experience, etc.) that can affect the power dynamic. These would also be present in situations where both partners have penises.

FACILITATOR
NOTES

If you have additional time, consider asking the following:

- Are there any steps that you think could be challenging? Which ones? Are there steps you need more clarity on?
- Do you think most people who use condoms follow all these steps? Why or why not?

- What are common excuses people might use to get out of using a condom? What are some responses you could give to those excuses?
- How does condom use connect to our previous conversation about sexual consent?

CLOSING MESSAGES



1

SAY

a) Can anyone summarize for us what the benefits of using a condom consistently and correctly are?

Answer: Consistent and correct use of a condom every time you have sex reduces, though does not eliminate, the risk of STI/HIV transmission. Consistent and correct use of a condom, combined with another reliable form of birth control, reduces, though does not completely eliminate, the risk of an unintended pregnancy.

**POST-ACTIVITY FACILITATOR NOTES**

(what went well, what could be improved for next time, etc.)...

APPENDIX 18**EXTERNAL CONDOM USE STEPS**

<i>Talk with your partner about using condoms.</i>	<i>Pinch the tip, and in the air, unroll the condom a little. If it's easy to do, it's facing the right way.</i>
<i>Pick up or purchase condoms and lube.</i>	<i>Keep pinching the tip and roll the condom on, down to the base of an erect penis.</i>
<i>Store the condoms in a cool, dry place.</i>	<i>Insert the penis into the mouth, vagina, or anus.</i>
<i>Check the expiration date and make sure the package isn't damaged. Use a new condom every time, the whole time.</i>	<i>After ejaculation, hold the condom at the base of the penis, and then withdraw the penis from the partner's body.</i>
<i>Place the condom nearby and make it easily accessible.</i>	<i>Take the condom off before the penis gets soft, making sure that semen doesn't spill out.</i>
<i>Open the package carefully. Do not rip the condom, and make sure there are no tears or defects.</i>	<i>Wrap the condom in a tissue and throw it away. Never use it twice.</i>

APPENDIX 19**EXTERNAL
CONDOM USE STEPS**

- 1** Talk with your partner about using condoms.
- 2** Pick up or purchase condoms and lube.
- 3** Store the condoms in a cool, dry place.
- 4** Check the expiration date and make sure the package isn't damaged. Use a new condom every time, the whole time.
- 5** Place the condom nearby and make it easily accessible.
- 6** Open the package carefully. Do not rip the condom, and make sure there are no tears or defects.
- 7** Pinch the tip, and in the air, unroll the condom a little. If it's easy to do, it's facing the right way.
- 8** Keep pinching the tip and roll the condom on, down to the base of an erect penis.
- 9** Insert the penis into the mouth, vagina, or anus.
- 10** After ejaculation, hold the condom at the base of the penis, and then withdraw the penis from the partner's body.
- 11** Take the condom off before the penis gets soft, making sure that semen doesn't spill out.
- 12** Wrap the condom in a tissue and throw it away. Never use it twice.

**INTERNAL
CONDOM USE STEPS**

- 1** Talk with your partner about using condoms.
- 2** Pick up or purchase condoms and lube.
- 3** Store the condoms in a cool, dry place.
- 4** Check the expiration date and make sure the package isn't damaged. Use a new condom every time, the whole time.
- 5** Place the condom nearby and make it easily accessible.
- 6** Open the package carefully. Do not rip the condom, and make sure there are no tears or defects.
- 7** Squeeze the ring located inside the closed end of the internal condom together between the thumb and middle finger and insert into the body opening (vagina/anus).
- 8** Push condom up into the body, leaving the outer ring (open end) outside the body.
- 9** During penetration, make sure insertion occurs inside the condom – not between the ring and the body opening. The outer ring should remain outside the body, not pushed into the opening.
- 10** To remove, twist the outer ring and gently pull the condom out of the body.
- 11** When removing the condom from the vagina/anus, avoid contact between the condom/body and the partner.
- 12** Throw the condom away in the trash after use (each condom can only be used once).

ACTIVITY 6.5**TIME
REQUIRED**

5 MINUTES

**MATERIALS**

- Blank notecards
- Pens/pencils
- A bag/hat/box

CLOSING CIRCLE**LEARNING OBJECTIVES**

By the end of the session, participants will be able to:

- Anonymously submit questions they have about session content or about sexuality in general.
- State one thing they appreciated from the session and one thing they think could be changed.

**KEY MESSAGES**

- Consent is established when your partner says “yes” when you ask. The best way to know that you have your partner’s consent is to talk about it! Ongoing conversation about what a partner is comfortable or uncomfortable doing is an important vehicle for consent. While we have all heard that “no” means “no,” be open to listening to the silent or unspoken ways that your partner may be communicating that they do not want or feel comfortable engaging in some act.
- Sex without consent is considered rape and is a criminal act that could result in going to jail. More than that, having sex without consent can cause psychological, emotional, and physical harm to your partner. Not only will it not be enjoyable, but it will also affect future experiences.
- Sex that involves the exchange of bodily fluids (such as vaginal fluids or semen) can put someone at risk of passing on or contracting an STI.
- The safest way to avoid getting an STI is to not have sex. Using a condom correctly, and every time you have sex, can reduce your risk of transmitting or contracting an STI. If you are having sex, you should get tested regularly for STIs. If you’ve done anything that puts you at risk of infection, getting tested allows you to get the treatment you may need.
- Consistent and correct use of a condom every time you have sex reduces, though does not eliminate, the risk of STI/HIV transmission and unintended pregnancy.

PREPARATION

- Review the activity and be sure you understand the content, teaching methodology, and timing.
-

PROCEDURE

INTRODUCTION

1

Ask all of the participants to stand in a circle.

2

Ask participants to come up with one message they would share with a friend about consent. Go around the room until all participants have shared.

3

SAY



The challenge for this session is for you to explain to a friend what consent looks like in practice and how to know you've established consent in your relationships. We will talk about those discussions in the beginning of the next session.

4

ASK



a) *Based on the topics we talked about today, can anyone tell me one societal expectation they face based on their gender and how they could step outside of their gender box?*

5

When each person has finished, thank them all for attending and for their full engagement and participation.

6**SAY**

Today, we learned some really important information about how to keep yourself and others safe from STIs. We also talked about the importance of consent and how to give and receive it. Lastly, we practiced how to put on a condom. Throughout today, we talked about the importance of discussing these topics with your partner. As you'll remember, communication is key to a healthy relationship. During the next session, we will be covering how to access health services, contraceptive methods, and how to help reduce your sexual risk.

7

Pass out two notecards per person,

SAY

As I've done in past sessions, I'm passing out two notecards.

On one notecard, write down any questions you still have about the content we covered today. Do not write your name on this card. These questions will stay anonymous. We will take an opportunity to answer some of these questions next session.

The second card is to provide any feedback on the session – write one thing you enjoyed about today and one thing you would recommend we change.

8

Collect the notecards, thank the youth for their participation, and remind them of the time and place of the next meeting.

**POST-ACTIVITY FACILITATOR NOTES**

(what went well, what could be improved for next time, etc.)...

SESSION

7

CONTRACEPTIVES AND SEEKING SERVICES

SESSION AT A GLANCE

ACTIVITY 7.1	Session 6 Review	10 minutes
ACTIVITY 7.2	Get in the Know: Contraceptives	35 minutes
SUGGESTED BREAK (10 MINUTES)		
ACTIVITY 7.3	Visiting a Clinic	35 minutes
ACTIVITY 7.4	Risk-Rating in Sexual Situations	25 minutes
ACTIVITY 7.5	Closing Circle	5 minutes
TOTAL TIME		120 minutes

ACTIVITY 7.1	SESSION 6 REVIEW
 TIME REQUIRED 10 MINUTES	 LEARNING OBJECTIVES <p><i>By the end of the session, participants will be able to:</i></p> <ul style="list-style-type: none"> • Summarize key learnings from the previous session.
 MATERIALS <ul style="list-style-type: none"> • Flipchart • Markers • Tape 	 KEY MESSAGES N/A

PREPARATION

- Review the activity and be sure you understand the content, teaching methodology, and timing.
- Review the questions submitted at the end of the last session and draft responses for them.
- On a horizontal flipchart paper, draw two squares side by side and label them “Man Box” and “Woman Box.” Post it on the wall.
- Write the agenda for the session on a flipchart paper and post it on the wall.
 - **Activity 7.2:** Get in the Know: Contraceptives
 - **Activity 7.3:** Visiting a Clinic
 - **Activity 7.4:** Risk-Rating in Sexual Situations
 - **Activity 7.5:** Closing Circle

PROCEDURE

INTRODUCTION AND RECAP



**5
Minutes**

1

SAY



Welcome to Session 7 of the program. Thank you all for your participation in the last session. It's great to see you all again.

2

ASK



a) *Last session, we talked a lot about STIs. Can anyone share a fact they remember from that session?*

b) *Who would like to share any takeaways from your conversation with a friend about consent? Did you find anything hard about explaining what consent was?*

3 Share a personal highlight from the last session that you as the facilitator really enjoyed.

4 Answer any questions that were submitted at the end of Session 6.

WHAT DOES THIS HAVE TO DO WITH THE GENDER BOXES?



**5
Minutes**

1 Explain the topic and agenda for today's session by

SAYING *Today is our second-to-last session together. We are going to use this time to talk about birth control methods and how to go about visiting a clinic and advocating for yourself.*



At the end of today's session, we will do a review game to see how much you've remembered from the previous sessions on reducing your risk levels for STIs and unwanted pregnancy.

2 Refer to the agenda flipchart paper and

SAY *Today, we are going to work on four activities:*



- **Activity 7.2:** *Get in the Know: Contraceptives*
- **Activity 7.3:** *Visiting a Clinic*
- **Activity 7.4:** *Risk-Rating in Sexual Situations*
- **Activity 7.5:** *Closing Circle*

3 **SAY** *We are going to do one last rapid Man Box and Woman Box for today's topic. Can you think of any social expectations of men or women when it comes to using birth control? What opinions might you have about someone who takes contraceptives? Do men or women generally go to the doctor more? Why is that?*



4 Have the group quickly populate the flipchart paper with the two boxes as fast as they can. Keep the flipchart paper posted on the wall throughout the session.

5

ASK



- a) How might a gender-nonconforming person be impacted by gender norms in relation to contraception and healthcare services?

Possible answers: Healthcare is not always inclusive of everyone; they might face discrimination or ignorance based on gender; they might experience gender dysphoria from a medical visit and accessing contraceptives.

- b) Generally, for people of all genders, how are some of these expectations in the Man Box and Woman Box harmful or problematic?

6

SAY



As we go through today's session, please keep these social expectations in mind. Let's get started with the first activity of the day.



POST-ACTIVITY FACILITATOR NOTES

(what went well, what could be improved for next time, etc.)...

ACTIVITY 7.2

TIME
REQUIRED

35 MINUTES

GET IN THE KNOW:
CONTRACEPTIVES

LEARNING OBJECTIVES

By the end of the session, participants will be able to:

- Identify nine contraceptive methods and explain how they work.
- Identify two ways to communicate with a partner about contraceptive use.
- Explain the benefits of dual protection to reduce the risk of STIs and unplanned pregnancy.



MATERIALS

- Contraceptive kit (example [here](#))
- Paper
- Pens/pencils
- Appendix 20: Types of Contraceptive Methods – 1 per person
- Appendix 21: Where Can I Go for More Information? – 1 per person



KEY MESSAGES

- It's important to separate facts from misconceptions. Sites like Planned Parenthood and Bedsider can provide accurate, helpful information. Also, the DC Health and Wellness Center, Latin American Youth Center, and your doctor can help talk through the option that might be the most appropriate for you.
- There are many different options for birth control, and not all birth control is the same. Some are more effective than others, some feel better in our bodies than others, some are hormonal, and others are not. Also, not all birth control prevents both unintended pregnancies and STIs (including HIV/AIDS), so it is best to combine condoms and one other form of birth control.

PREPARATION

- Review the activity and be sure you understand the content, teaching methodology, and timing.
- Collect supplies.
- Print “Types of Contraceptive Methods” (Appendix 20) for all participants.
- Print “Where Can I Go for More Information?” (Appendix 21) for all participants.
- Place all contraceptive methods on a table so they can see and interact with them.

FACILITATOR NOTES

If feasible, it is recommended to have a healthcare provider attend this session.

We realize that Many Ways of Being facilitators are probably not healthcare providers – and that’s okay! It’s important that you don’t provide answers to participant questions you don’t know with certainty. Never feel bad saying, “I don’t know.” Have the [Bedsider](#) and [Planned Parenthood](#) websites ready so you can research in the moment (or ask a participant to research a question that you don’t know the answer to). Make sure to do as much research as you can ahead of time. Doing so will help you be more comfortable and confident in discussing this material.

If they’re available, bring samples of different contraceptive methods to the session. While the young people will be doing research on each method, it is important for you to be knowledgeable about the full spectrum of options, as well as where young people can seek out contraception services.

PROCEDURE

INTRODUCTION TO CONTRACEPTIVES

3
Minutes

1

SAY



Today, we are going to discuss different forms of contraceptives.

2

ASK



a) Can anyone tell me what a contraceptive is? What it's used for?

Answer: Contraceptives, otherwise known as birth control, can be used to prevent pregnancy. Some forms are used by people with penises, and some are used by people with uteruses. Beyond protecting yourself from unplanned pregnancy, research shows, the benefits of hormonal birth control may include more regular and lighter periods, fewer menstrual cramps, less acne, and a lower risk of some cancers and ovarian cysts.

b) What are some types of contraceptives you've heard about?

Possible answers: Abstinence, birth control pills, shot, patch, ring, emergency contraception, condoms (external or internal), IUD, or implant.

3

SAY



Some quick things before we get started today:

When the term "sex" is used in this activity, it will be referring to "penis-in-vagina" sex. Other forms of sex will be specified (like oral sex and anal sex) as they come up.

We recognize that not all young people are having sex or having sex that would result in a pregnancy. Even so, having this information for yourselves, a partner, or a peer is helpful. It's also important to remember that birth control isn't just for cisgender women – it's for anyone with a uterus who may be at risk of a pregnancy, regardless of their gender.

EXPLORING TYPES OF CONTRACEPTIVES

**15
Minutes****1****SAY**

Now, I'm going to ask you to come over and look at the different types of contraceptives we have to show you. There are four main types of contraceptive methods: abstinence, long-acting reversible methods, shorter-acting methods, and barrier methods.

2

Allow the participants to see and touch the contraceptives for a few minutes.

3

Divide the participants into pairs. Assign one birth control method to each pair from the following list. As you assign the pairs, hand out Appendices 20 and 21 ("Types of Contraceptive Methods" and "Where Can I Go for More Information?"), as well as any relevant samples for their assigned method. If there are only a few groups, it is important to assign one long-acting reversible contraceptive and one short-term contraceptive at least.

- **Abstinence**
- **Pills**
- **Patch**
- **Shot**
- **Ring**
- **Emergency contraception**
- **External condom**
- **Internal condom**
- **IUD**
- **Implant**

FACILITATOR NOTES

If samples of contraceptives are not available to you, pictures are great, too. If virtual, *Bedsider* is a great resource that includes visuals of each method.

If it comes up, you can acknowledge that there are additional methods that exist but that are not assigned because they are less effective.

Most known to them might be withdrawal ("pulling out") – the act of withdrawing a penis before ejaculation. Using the withdrawal method for birth control requires self-control. Sperm can enter the vagina if withdrawal isn't properly timed or if pre-ejaculatory fluid contains sperm. The withdrawal method also doesn't offer protection from sexually transmitted infections.

4

Explain the activity by

**SAYING**

Take a look at the “Types of Contraceptive Methods” handout. As a pair, you will have 10 minutes to do some research on your group's contraceptive method, and then you'll present back a 30- to 60-second message about that type of method. You will present what you found out about your contraceptive to the group in your own creative way. Your goal is to include as much useful information as you can find on the handout and from other websites using your phones.

5

Give groups two resources to go to that have trusted, youth-friendly information about contraceptives:

- a) Planned Parenthood: <https://www.plannedparenthood.org/learn/birth-control>
- b) Bedsider: <https://www.bedsider.org/birth-control>
- c) Examples of TikToks about contraceptives:
<https://www.tiktok.com/@txshay/video/6896266862821215494>
<https://www.healthyteennetwork.org/news/sex-ed-on-tiktok/>

6

**SAY**

As we close this activity, I want to mention one thing about using “double protection.” You might hear this term, and what it means is that you use one method from the short- or long-term methods AND a barrier method (condoms). You cannot use a short-term method and a long-term method at the same time. If you are sexually active, remember that condoms are the only method that protects you from STIs AND pregnancy – so it's important to continue using them even if you're also using a short- or long-term contraceptive method. That's double protection.

7

After 10 minutes, invite each group to present on their contraceptive method for 30 to 60 seconds each. Make sure to correct any incorrect information that may be shared in the presentations.

FACILITATOR
NOTES

If the groups do not choose options that fall into all four categories of contraception, make sure to mention any methods that were left out: 1) abstinence, 2) shorter-term methods, 3) barrier methods, and 4) long-acting reversible contraceptive methods. Leave space for any questions that might arise.

**COMMUNICATING ABOUT
CONTRACEPTIVES****10
Minutes****1****SAY**

Now that we have covered the basics of contraception, let's talk about how to discuss it in relationships.

2**ASK**

a) Let's brainstorm – what might partners talk about as it relates to contraceptives? (Write the responses on a flipchart paper so you can refer back to the answers.)

Possible answers:

- Whether someone is using contraceptives, and if so, what kind.
- If someone isn't using them but wants to.
- How to access contraceptives.
- If someone is using contraceptives but is having intolerable side effects and plans to switch methods.
- How to share responsibilities – setting reminders, etc.
- What to do if it doesn't work.

3**SAY**

Great ideas. As we just covered, it is really important for people to communicate with their partners about contraceptives. Importantly, some people have experienced contraceptive

coercion – that is, the pressure to use a certain type of method or pressure to refrain from using a method at all. This pressure can come from a partner, and sometimes even a medical provider. It is critical that the person using contraceptives has the bodily autonomy to use a method that is right for them. Partners and medical providers can be sources of support, but should never force you to have or use one.

4

Based on the list the group creates, take one to three examples. Present the example back to everyone and ask a few volunteers to act the examples out quickly as a role-play in front of the group:

- How would they feel having this conversation?
- Where would this conversation happen?
- What would they say?
- How would they want a partner to respond?

QUESTION OF THE DAY



5
Minutes

1

ASK



a) How can people who are not at risk of a pregnancy (e.g., males, people with penises) take on shared responsibility, with the consent of their partner, when it comes to birth control?

Possible answers: if they are taking birth control pills, reminding them to take a pill at their scheduled time; wearing condoms consistently and correctly; taking initiative in having these conversations; joining them during clinic/pharmacy visits; doing research about available methods; being supportive and empathetic of possible side effects and knowing that what works for each person may be different.

FACILITATOR
NOTES

If you have additional time, consider asking the following:

- What is one new thing you learned in this activity? How can this information help you in your daily life?
- Who tends to think about birth control more? Why do you think this is?
- Where do young people get information about sex and birth control? Is this information usually reliable? What did you think about the resources we used today?
- When do people who are thinking about having sex talk about birth control, if at all? In a relationship? When are they just hooking up?
- Which methods do young people have the most access to? The least access? What do you know about the most commonly used methods among youth in your community?

CLOSING MESSAGES**2
Minutes****1****ASK**

a) Do all birth control methods work the same?

Answer: No. There are many different options for birth control, and not all birth control is the same. Some methods are more effective than others, some feel better in our bodies than others, some are hormonal, and others are not. Also, not all birth control prevents both unintended pregnancies and STIs such as HIV/AIDS, so it is best to combine condoms and one other form of birth control.

b) Where can you go for more information about contraceptives?

Answer: It's important to separate facts from misconceptions. Sites like Planned Parenthood and Bedsider can provide accurate,

helpful information. Also, the DC Health and Wellness Center, Latin American Youth Center, and your doctor can help talk through the option that might be the most appropriate for you.



POST-ACTIVITY FACILITATOR NOTES

(what went well, what could be improved for next time, etc.)...

APPENDIX 20**TYPES OF CONTRACEPTIVE METHODS****THE INFORMATION BELOW WAS SOURCED FROM THE FOLLOWING WEBSITES:**

- <https://www.bedsider.org/birth-control>
- <https://www.plannedparenthood.org/learn/birth-control>
- <https://www.reproductiveaccess.org/wp-content/uploads/2014/06/2020-09-contraceptive-choices.pdf>

Group 1: ABSTINENCE

“Abstinence means different things to different people. For most people, abstinence means not having sex with anyone. Sometimes people use abstinence as birth control to prevent pregnancy. Abstinence prevents pregnancy by keeping semen away from the vagina, so the sperm cells in the semen can't get to an egg and cause pregnancy. If you're abstinent 100% of the time, pregnancy can't happen” ([Planned Parenthood](#)).

But being abstinent doesn't necessarily mean that you can't be sexual or intimate with your partner(s) – there is also something called outercourse. “Using outercourse as birth control means you do some sexual activities, but you don't have vaginal sex (penis-in-vagina) or get any semen (cum) in the vagina. This way, the sperm cells in semen can't get to an egg and cause pregnancy. Some outercourse examples include kissing, massage, masturbating, using sex toys on each other, dry humping (grinding), and talking about your fantasies” ([Planned Parenthood](#)).



Just remember, some outercourse activities still put you at risk of some STIs. Although activities like anal or oral sex can effectively prevent pregnancy, they still do pose a risk for STI transmission if not using a condom.

Group 2: SHORTER-ACTING METHODS

(cannot be combined with long-acting reversible contraceptive [LARC] methods)

**Oral
Contraception/
The Birth Control
Pill**

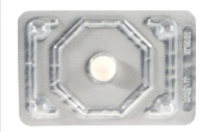

- **What is it?** Also called “the pill,” oral contraception is a hormonal method of birth control.
- **How do you get it?** See a healthcare provider for a prescription or get it through an online service.
- **How often do you take it?** It is taken at the same time every single day.
- **How does it work?** It uses one or two hormones – estrogen and progestin, or just progestin – to keep the ovaries from releasing an egg. It also causes changes in the uterus and cervix to keep sperm from joining with the egg.

	<ul style="list-style-type: none"> • What are possible side effects? Most common are sore breasts, nausea, spotting, and decreased sex drive. • What are the chances of getting pregnant with typical use of this method? 7% – 9%. (Sources: Bedsider and Planned Parenthood) • Does it protect against STIs? No.
<p>The Patch</p> 	<ul style="list-style-type: none"> • What is it? A beige, square patch that can be put on your body (arm, abdomen, buttocks, or upper body). • How do you get it? Visit a healthcare provider for a prescription. • How often do you take it? The patch works on a four-week cycle. A new patch is put on each week for three weeks (being thrown out that week). During the fourth week, no patch is worn to have a period. • How does it work? You stick the patch on your skin, and it releases hormones in the bloodstream that prevent your ovaries from releasing eggs. The hormones also thicken your cervical mucus, which helps to block sperm from getting to the egg in the first place. • What are possible side effects? Nausea, irregular bleeding, sore breasts. • What are the chances of getting pregnant with typical use of this method? 7% – 9%. (Sources: Bedsider and Planned Parenthood) • Does it protect against STIs? No.
<p>The Shot</p> 	<ul style="list-style-type: none"> • What is it? A shot (commonly known as Depo-Provera or the depo shot).. • How do you get it? Visit a healthcare provider to get the shots administered. • How often do you take it? One shot is given every three months in the buttocks or arm. • How does it work? The shot contains progestin, a hormone that prevents your ovaries from releasing eggs. It also thickens your cervical mucus, which helps block sperm from getting to the egg in the first place. • What are possible side effects? Most common are irregular bleeding and increased appetite that can lead to weight gain. • What are the chances of getting pregnant with typical use of this method? 4% – 6%. (Sources: Bedsider and Planned Parenthood) • Does it protect against STIs? No.
<p>The Ring</p> 	<ul style="list-style-type: none"> • What is it? It is a small, flexible ring that you insert into your vagina (ANNOVERA or NuvaRing are the two brands). • How do you get it? You need to visit a healthcare provider for a prescription. • How often do you take it? There are two kinds: monthly (NuvaRing) or yearly (ANNOVERA). In both cases, the procedure is the same: Once you

insert the ring, leave it in for three weeks (21 days). Take it out for the fourth week (that means that you'll leave it out for seven days). After seven days, put the ring back in again (in the case of ANNOVERA, the same one; with NuvaRing, a new one).

- **How does it work?** The ring works by giving off hormones that prevent your ovaries from releasing eggs. The hormones also thicken your cervical mucus, which helps to block sperm from getting to the egg in the first place. It contains estrogen.
- **What are possible side effects?** It can make monthly bleeding more regular and less painful, may cause spotting the first few months, and can increase vaginal discharge.
- **What are the chances of getting pregnant with typical use of this method?** 7% – 9%. (Sources: [Bedsider](#) and [Planned Parenthood](#))
- **Does it protect against STIs?** No.

Emergency Contraception



- **What is it?** Emergency contraception (EC) can stop a pregnancy before it starts. This is commonly called the “morning-after pill.” There are four types of EC to choose from, and they all work up to five days (or 120 hours) after unprotected sex. But use it sooner rather than later to reduce the possibility of getting pregnant.
- **How do you get it?** Depending on the type, you may or may not need a prescription from a healthcare provider. It's important to consult with a provider or ask a pharmacist to determine which EC option is the most effective option for you. Each pill has different weight limits, and many may not work as effectively if you weigh more than 155 pounds; if you weigh 195-plus pounds, EC pills may not work for you at all. For more information about the right EC for you, take this quiz on [Planned Parenthood's website](#).
- **How often do you take it?** The number and dose of pills depend on the brand.
- **How does it work?** EC blocks the hormones a body would need to start a pregnancy. EC pills prevent pregnancy by preventing or delaying ovulation, and they do not induce an abortion.
- **What are possible side effects?** EC pills can cause an upset stomach and vomiting.
- **What are the chances of getting pregnant with typical use of this method?** EC provides the possibility of prevention after the fact. There are four types of EC to choose from, and they all work up to five days (or 120 hours) after unprotected sex. But use it sooner rather than later to reduce the possibility of getting pregnant. Given the various factors that determine its effectiveness, there is a 0% – 42% chance of getting pregnant. (Sources: [Bedsider](#) and [Reproductive Access](#))
- **Does it protect against STIs?** No.

Group 3: BARRIER METHODS

(can be combined with long-acting reversible contraceptive [LARC] methods and shorter-acting methods)

A condom acts as a barrier or wall to keep blood, semen, and vaginal fluids from passing from one person to the other during sex. These fluids can carry HIV and other sexually transmitted infections. If no condom is used, the infection can pass from the infected partner to the uninfected partner.

External Condom

- **What is it?** Latex or polyurethane sheath-shaped barrier that slips over the penis.
- **How do you get it?** Grocery stores, pharmacies, and health clinics.
- **How often do you take it?** Use one every time you are having sex.
- **How does it work?** They are designed to keep the sperm from joining with the egg.
- **What are possible side effects?** Usually none (unless someone has a latex allergy).
- **What are the chances of getting pregnant with typical use of this method?** 13% – 15%. Using a condom with another reliable form of birth control – also known as the “dual method” – is the second-best protection from unintended pregnancy and STIs (abstinence is the first!). It is much better than using one method alone. (Sources: [Bedsider](#) and [Planned Parenthood](#))
- **Does it protect against STIs?** Yes.

Internal Condom

- **What is it?** A thin pouch that is worn inside the vagina or anus, forming a barrier (in the case of the vagina, to keep the sperm from joining the egg).
- **How do you get it?** You need to consult a healthcare provider (in person or online) for a prescription and fill it at a pharmacy. You can also get it without a prescription on the FC2 website, <https://fc2.us.com/>. The third way to get it is from nonprofit organizations, clinics, or health departments.
- **How often do you take it?** Use one every time you are having sex.
- **How does it work?** Internal condoms work the same way that external condoms do. They keep sperm inside the condom and out of a vagina or anus. The internal condom is packaged with a lubricant. It can be inserted up to eight hours before sexual intercourse.
- **What are possible side effects?** Usually none.
- **What are the chances of getting pregnant with typical use of this method?** 21%. (Sources: [Bedsider](#) and [Planned Parenthood](#))
- **Does it protect against STIs?** Yes.

Group 4: **LONG**-ACTING REVERSIBLE CONTRACEPTIVE (LARC) METHODS

(cannot be combined with shorter-acting methods)

Intrauterine Device (IUD)



- **What is it?** A small, T-shaped plastic device that is inserted into the uterus by a healthcare provider. There are two types of IUDs: hormonal and copper. If inserted soon enough, copper IUDs are also a form of emergency contraception.
- **How do you get it?** Visit a healthcare provider to have the IUD inserted, a process that usually takes less than five minutes.
- **How often do you take it?** Once inserted, you don't need to do anything more. Hormonal IUDs should be replaced every three to five years depending on the brand. The copper IUD is replaced every ten years.
- **How does it work?** Hormonal IUDs release a tiny amount of hormones inside the uterus over a long time, which thickens your cervical mucus to keep sperm from reaching the uterus. Copper IUDs act as a barrier, and properties of the copper make it difficult for the sperm to reach the egg.
- **What are possible side effects?** Increased bleeding and cramping.
- **What are the chances of getting pregnant with typical use of this method?** Less than 1%. (Sources: [Bedsider](#) and [Planned Parenthood](#))
- **Does it protect against STIs?** No.

Implantable Rod (Implant)



- **What is it?** The implant is a small plastic rod about the size of a matchstick that is placed under the skin of the upper arm. It is also called by its brand name, NEXPLANON..
- **How do you get it?** Visit a healthcare provider to get it inserted.
- **How often do you take it?** The implant is a long-acting form of birth control because it stays in the body for up to three years.
- **How does it work?** It uses the hormone progestin to cause changes in the cervix that can stop sperm from joining with the egg. It may also stop the ovaries from releasing eggs.
- **What are possible side effects?** Irregular bleeding is the most common side effect of the implant.
- **What are the chances of getting pregnant with typical use of this method?** Less than 1%. (Sources: [Bedsider](#) and [Planned Parenthood](#))
- **Does it protect against STIs?** No.

SOURCE Bedsider: <https://www.bedsider.org/birth-control>

APPENDIX 21

WHERE CAN I GO FOR MORE INFORMATION?

Resource (listed in alphabetical order)	How to Access It	Topics
AMAZE	https://amaze.org/	Videos on all types of human experiences, such as puberty, sexual feelings, sexual orientation, gender identity, and STIs.
Bedsider's "Birth Control" Section	https://www.bedsider.org/methods	Information about birth control, with an emphasis on hormonal birth control.
IOTAS (It's OK To Ask Someone)	(text line) 412-424-6827	Free, confidential text line for youth to ask any question related to sex, relationships, bodies, etc.
It Gets Better	https://itgetsbetter.org/	Community for youth who identify as LGBTQIA+ to hear stories from and connect with people who also identify as LGBTQIA+.
Know Your IX	https://www.knowyourix.org/	Information and tools to end sexual and dating violence in schools.
love is respect	www.loveisrespect.org	Information on healthy relationships.
Planned Parenthood	https://www.plannedparenthood.org/	Information about sexual health, including puberty, sexual orientation, birth control, and STIs.
Scarleteen	http://www.scarleteen.com/	Blog-style website answering questions about relationships and sexuality.
Sex, Etc.	https://sexetc.org/	Network for teens designed and written by teens on topics related to sex, bodies, abuse, STDs, etc.
The Trevor Project	https://www.thetrevorproject.org	Support center for LGBTQIA+ youth and allies providing information and people to talk to.
TikTok	@shoncoopermd, @askdoctort, @dr.allison. rodgers, @txshay, @dr.staci.t, @nicolealiciamd, @yes.tess, @alirodmd, @adriannashardey, @drjenniferlincoln	There are several professionals on TikTok who are youth-friendly and have helpful, medically accurate sexual and reproductive health information to share!

ACTIVITY 7.3

**TIME
REQUIRED**

35 MINUTES

**VISITING
A CLINIC****LEARNING
OBJECTIVES**

By the end of the session, participants will be able to:

- List three patient rights that they should expect the provider to uphold at the clinic.
- Advocate for their rights if a provider is infringing on them.

**MATERIALS**

- Appendix 22: Know Your Rights: Washington, DC – 1 per participant
- Appendix 23: Youth-Friendly Health Services in DC – 1 per participant
- Appendix 24: Tips and Tricks for Visiting the Clinic – 1 per participant
- Appendix 25: Clinic Scenarios: Advocating for Your Rights – 1 copy

**KEY MESSAGES**

- You have healthcare rights as a patient and an adolescent, and it's really important that you feel comfortable going to seek services.
- In DC, if you are aged 12 or older, you can access a clinic for STI- and pregnancy-related matters without your parents' consent.
- Going to the clinic for sexual and reproductive health services can be intimidating and overwhelming at first, but knowing your rights as a patient will help you navigate these experiences.

PREPARATION

- Review the activity and be sure you understand the content, teaching methodology, and timing.
- **Important:** This session was created for the context of Washington, DC, with the most up-to-date information available at the time of the curriculum's development (March 2022). It is important that you confirm updated laws and contextualize this information for your participants. Two useful resources for up-to-date information are <https://www.guttmacher.org/state-policy/explore/overview-minors-consent-law> and <https://umhs-adolescenthealth.org/improving-care/health-center-materials/health-rights-posters/> for state-by-state guidance. If you are unsure, you can contact your local Planned Parenthood or clinic.
- Print out Appendices 22, 23, and 24 (one per participant) and one copy of Appendix 25.

PROCEDURE

KNOW YOUR RIGHTS



9
Minutes

1

ASK



a) As a **minor, can you access STI services without parental permission?**

Answer: Yes! Each state is different, but in Washington, DC, young people ages 12 and over don't need parental consent to seek out sexual and reproductive services.

2

SAY



In this activity, we are going to talk about when and how to seek sexual and reproductive healthcare and what your rights are when it comes to seeing a doctor. You might be familiar with some of these rights, and others not as much.

Many teens do not know that they have the right to access sexual healthcare services, such as birth control and STI testing, at doctors' offices or health centers in their communities. Accessing these services can help you focus more on having fun and the things that are important to you.

3

ASK



a) What types of sexual and reproductive health services could young people visit the clinic for?

4

SAY



Each region has its own clear guidelines about what kinds of medical and social services you need a parent's permission for. That permission is called parental consent. In DC, anyone under 18 is considered a minor.

In DC, all minors who are ages 12 and over can get the following services WITHOUT a parent's permission:

- **Contraceptive services**
- **STI or HIV services**
- **Prenatal care**
- **Putting their child up for adoption**
- **Medical care for their child**
- **Abortion services**
- **Outpatient counseling for alcohol and drug abuse**
- **Outpatient mental health services**

5

Distribute “Know Your Rights: Washington, DC” (Appendix 22), “Youth-Friendly Health Services in DC” (Appendix 23), and “Tips and Tricks for Visiting the Clinic” (Appendix 24). Give the participants two or three minutes to review the handouts on their own.

6

ASK



a) Looking at “Know Your Rights: Washington, DC,” did you know about all of these rights, or did you learn about some new ones? Which ones?

7

Refer to Appendices 23 and 24 (“Youth-Friendly Health Services in DC” and “Tips and Tricks for Visiting the Clinic”) and

SAY



There are great doctors and other healthcare providers in our community that can help you stay healthy and be in control of your life and your future. We are going to take a moment to talk

about which services you can get and where in our community you can get them.

When you go to a high-quality, teen-friendly provider, you should expect that the services to be confidential (they will not tell someone that you came for a visit), that the services will be at low or no cost, that the staff will be friendly and welcoming, and that all youth are welcome, regardless of what their sexual experiences and behaviors are.

For LGBTQIA+ youth, you may feel concerned about how you will be treated by a provider. Many of these teen-friendly providers are specifically trained to be supportive, competent, and non-discriminatory when it comes to matters of sexual orientation and gender identity.

ADVOCATING FOR YOUR RIGHTS



25
Minutes

1

SAY



Although a lot of people have great experiences at the clinic, there is always the possibility that you will need to advocate for your rights. In this next exercise, we are going to test your knowledge and see how prepared we are to stand up for ourselves!

2

ASK



a) What are some ways that young people like yourselves could be mistreated in a healthcare setting?

Possible answers: Not being taken seriously, being judged for sexual activity, asking for parental consent, being treated as less important than adult patients.


b) Can anyone tell me what you think medical racism is and how that might impact people of color when they access healthcare? How might this impact the way people of color feel about going to the doctor?

Answer: Unfortunately, people of color continue to face discrimination within the healthcare system – this is referred to

as “medical racism.” This has a long history in the United States and is still around today. This can show up in the way doctors, nurses, and other providers treat people of color differently or in the quality of services that they are offered. This is not everyone’s experience, but it has created valid trust issues with the healthcare system. We hope that by providing information, you will be better equipped to make informed decisions about sexual and reproductive health and to navigate our less-than-perfect medical system.

3 Split the participants into three groups, with a minimum of two people in each group.

4 Pass out one page of Appendix 25 (“Clinic Scenarios: Advocating for Your Rights”) to the three groups. Each group should have only one scenario.

5 **SAY**  *I just handed out some scenarios. Please read the scenario at the top of your paper. For now, **you’ll need to ONLY fill out the blank column titled “First Round” (in blue). Every group will fill out this column on their papers.** You will have 4 minutes to complete this assignment.*

6 After the 4 minutes, they should pass the paper to another group so that every group has a different scenario than they originally had. **Every group will ONLY fill out the blank column titled “Second Round” (in yellow).** Give them 4 minutes to do that.

7 After the 4 minutes, they should pass the paper to another group so that every group has a scenario they haven’t seen before. **Now, every group will ONLY fill out the blank column titled “Third Round” (in orange).** Give them 4 minutes to do that.

8

Ask them to present the scenario and the answers from the other groups. Then, open it up for discussion to see if anyone has other ideas of how to approach the scenario.

9

ASK



a) What feelings came up during that activity for you?

b) Do you think visits to the clinic are the same for people of all genders? Why or why not?

Possible answer: Trans youth or nonbinary youth may feel like they don't want to explain themselves to someone who doesn't "get it"; men don't want to be seen as weak for going to the doctor.

c) What are some power dynamics that are involved in a clinic visit? How would you approach a disagreement with a provider?

CLOSING MESSAGES

**1 Minute**

1

ASK



a) What are some of the medical patient rights that you have as a minor in DC?

Answer: You have healthcare rights as a patient and an adolescent! You are allowed to advocate for your rights when you seek healthcare services. These rights include accessing many services without parental consent, being treated with respect, being able to talk to your provider alone, having confidentiality with your provider, having all the options of care explained to you, and being able to review your health records.

b) What should you do if you're feeling uncomfortable during a clinic visit?

Possible answers: Stand up for yourself and voice your discomfort; ask to see another provider; continue to push for what you want; know your rights and communicate them.

**POST-ACTIVITY FACILITATOR NOTES**

(what went well, what could be improved for next time, etc.)...

APPENDIX 22

WHERE CAN I GO FOR MORE INFORMATION?

(Sourced from the [Adolescent Health Initiative](#), University of Michigan)

WASHINGTON, DC

ADOLESCENT
HEALTH INITIATIVE

TEENS, PRIVACY, AND HEALTH: WHAT YOU NEED TO KNOW

1. You have the right to be treated with respect regardless of race, skin color, place where you were born, religion, sex, age, sexual orientation, gender identity, gender expression, ability, immigration status, financial status, health status or parental status.
2. At this health center, you have the right to talk to your provider alone, without your parent or guardian in the room. We may encourage you to share what we talk about with a parent/legal guardian or a trusted adult.
3. You have the right for private information you share with our health center staff to remain confidential and not be shared without your permission (giving consent) except for in the cases listed below:
 - You tell us or we suspect that an adult is hurting you or someone sexually abused you.
 - You tell us that you want to hurt yourself.
 - You tell us you want to hurt someone else.
4. According to DC law, you have the right to the following services without the permission of a parent or legal guardian:
 - Birth control information and contraceptives
 - Diagnosis or treatment of a mental or emotional condition
 - Prevention, diagnosis, or treatment of sexually transmitted diseases
 - Prevention, diagnosis, or treatment of substance abuse, including drug or alcohol abuse
 - Pregnancy or its lawful termination
5. You have the right to have your options for care explained to you.
6. You have the right to review your health center records.

If you have questions about your rights or feel you have been mistreated, please inform the health center staff.

*Some insurance plans may mail information about your visit to your house.
Talk to your provider if you are using your family's insurance and want confidential care.*

APPENDIX 23

YOUTH-FRIENDLY HEALTH SERVICES IN DC**DC HEALTH**

<https://dchealth.dc.gov/dc-health-and-wellness-center>

DC Health and Wellness Center (Ward 5)
77 P St. NE
Washington, DC 20002
(202) 741-7692

LATIN AMERICAN YOUTH CENTER (LAYC)

<https://www.layc-dc.org/sexual-health>

LAYC's Kaplan Building (Ward 1)
1419 Columbia Road NW
Washington, DC 20009
(202) 319-2252

CLÍNICA DEL PUEBLO

<https://www.lcdp.org/>

LCDP – 15th Street (Ward 1)
2831 15th St. NW
Washington, DC 20009
(202) 462-4788

La Casa Community Health Action
Center (Ward 1)
3166 Mt. Pleasant St. NW
Washington, DC 20010
(202) 507-4800

LCDP – Hyattsville
2970 Belcrest Center Dr., 301
Hyattsville, MD 20782
(240) 714-5247

WHITMAN-WALKER HEALTH

<https://www.whitman-walker.org/youth-services/>

<https://www.whitman-walker.org/all-locations>

Max Robinson Center (Ward 8)
2301 Martin Luther King Jr. Ave. SE
Washington, DC 20020

Whitman-Walker at 1525 (Ward 2)
1525 14th St. NW
Washington, DC 20005

Whitman-Walker at LIZ (Ward 2)
1377 R St. NW, Suite 200
Washington, DC 20009
(202) 745-7000

UNITY HEALTH CARE TEEN CLINICS

<https://www.unityhealthcare.org/services/teen-services>

Brentwood Health Center (Ward 5)
1251-B Saratoga Ave. NE
Washington, DC 20018

Parkside Health Center (Ward 7)
765 Kenilworth Terrace NE
Washington, DC 20019

East of the River Health Center (Ward 7)
123 45th St. NE
Washington, DC 20019
(202) 469-4699

APPENDIX 24**TIPS AND TRICKS FOR VISITING THE CLINIC****The BEFORE**

- Call to make an appointment and get information about what to expect. You can ask:
 - What sexual and reproductive health services do you offer?
 - How much do they cost? Will my insurance cover the service? If I don't have insurance, will I need to pay?
 - What is involved in a visit?
 - How long will it take?
 - Do I need an appointment?
 - Do I need parental permission?
 - Is it confidential?
 - Can I bring a friend?
 - What do I need to bring?
 - Can I have a [fill in identity] doctor?
 - How do I get there?
- Find out if you have insurance (private insurance through your parents/guardians, Medicaid, TRICARE, or none)
- Make a plan to get to the clinic.
- Think about (and write down) what types of questions you want to ask the healthcare provider and what services you're going to access.
- When you make your appointment, make sure to write down the date and time. Put the information somewhere to help you remember – like in a planner or your phone's calendar. If you need to keep your appointment private, you can put it down as something like “go to the gym,” if you remember what it really means.*

The DURING

- Show up early for your first appointment so you have time to do paperwork.*
- Bring a photo ID, your social security number, and any insurance information, if you have them. If you don't have any of these, don't worry!*
- Be respectful to staff and know that they should always be respectful to you. Clinic staff should ask about and respect your pronouns, gender identity, and chosen name. Healthcare staff should never put you down, judge you, or force you to do anything that you do not want to do. If any of these things happen to you, you can make a report by speaking with the clinic manager. You can also go to another clinic.*
- Be truthful! The healthcare provider can't help you to the best of their ability if they don't know what you're going through. Their job is to provide you with the care you need for the specific need you have.
- If you don't know the answer to something, it is completely acceptable to say, “I don't know” or, “I'll have to get back to you about that.” This goes for insurance information, family medical history, or anything else!
- Be sure to introduce yourself with your names (and pronouns if you want).
- If you don't feel comfortable with the healthcare provider, it's your right to have someone else take care of you.

- If you don't understand or have questions about something, ask! It's important that you understand all the information, including the risk and benefits of different options. Remember, you also don't need to make any decisions about anything at the moment or even that day. Take your time to think about it if you need to.

The AFTER

- If you were prescribed something, go to the pharmacy to pick it up and follow the directions.
- Monitor yourself and don't hesitate to call the healthcare provider with questions about the treatment or any new symptoms. You can also schedule another visit.
- If new information was presented during the visit, go home and do some research online to make sure you understand.

The tips with an asterisk were sourced from Teen Source. (n.d.). Tips for visiting a clinic!

<https://www.teensource.org/hookup/tips-visiting-clinic>

APPENDIX 25

CLINIC SCENARIOS: ADVOCATING FOR YOUR RIGHTS**SCENARIO 1**

Tyrone has started to be sexually active with his partner and decides it's a good idea to have an STI screening and test. In the room, the doctor asks if Tyrone is sexually active, to which he responds, **"Yes, but me and my partner always use a condom."** The doctor tells Tyrone that he **"is not high enough risk for an STI test."** Tyrone wants to keep himself and his partner safe and healthy, and he's frustrated by the doctor's response.

ROUND 1

Are any of the patient's rights being violated? If so, which one(s)?

ROUND 2

What could Tyrone say in this situation to advocate for himself?

ROUND 3

How could the provider have approached this differently?

SCENARIO 2

Alexis goes to a clinic because she's heard about different contraceptive methods and wants to see what method would be best for her. During the consultation, the doctor only tells her about two methods – an implant and an IUD. She knows there are more options and asks the doctor to tell her about those. The doctor simply tells Alexis that **they aren't "good options."** Alexis tries to ask more questions about different options but keeps getting shut down. The doctor says that **she would need parental consent for any methods and asks her to come back with a parent or guardian.** She is confused.

ROUND 1

Are any of the patient's rights being violated? If so, which one(s)?

ROUND 2

What could Alexis say in this situation to advocate for herself?

ROUND 3

How could the provider have approached this differently?

SCENARIO 3

Jessie (she/them) is a 15-year-old who has known for as long as they can remember that their sex assigned at birth (male) didn't fit their gender identity (girl). After doing some research online about options for transgender youth, she decides to go to the clinic to talk with someone about gender-affirming hormone therapy to start their physical transition to a woman. In the consultation, the provider is condescending and dismissive to Jessie, telling them, ***"This is just a phase, and you'll get over it soon,"*** and, ***"This isn't the way God intended people to be."*** The doctor consistently misgenders Jessie throughout the visit, calling them ***"he."*** Jessie feels invalidated.

ROUND 1

Are any of the patient's rights being violated? If so, which one(s)?

ROUND 2

What could Jessie say in this situation to advocate for herself?

ROUND 3

How could the provider have approached this differently?

ACTIVITY 7.4**TIME
REQUIRED**

25 MINUTES

**RISK-RATING IN SEXUAL
SITUATIONS****LEARNING
OBJECTIVES**

By the end of the session, participants will be able to:

- Determine the risk of pregnancy, STIs, and violence in relation to different sexual behaviors.
- Identify ways to reduce risk in relationships and sexual behaviors.

**MATERIALS**

- Appendix 26: Rating Risks
– 1 copy

**KEY MESSAGES**

- Risks are a natural part of living life, especially when you are sexually active or in a relationship. But there are a lot of ways that you can reduce the risks of pregnancy, STIs, and unequal power dynamics, including safer sex practices and open and honest communication. It's important that you and your partner take steps to stay healthy and happy.

PREPARATION

- Review the activity and be sure you understand the content, teaching methodology, and timing.
- Print one copy of “Rating Risks” (Appendix 26).
- Open the Kahoot link (<https://create.kahoot.it/details/6e8bd807-e2d8-479b-8db0-203b96e7ab36>) and have it ready for participants to join. If you are new to Kahoot, you can visit this “Getting Started Guide”: <https://kahoot.com/library/getting-started-guide/>

RATING RISK GAME



24
Minutes

1

SAY



Now, we are going to transition to an activity that summarizes a lot of the previous sessions in terms of risk.

2

ASK



a) When we talk about risk in a sex education program, what's the first thing that comes to mind?

Possible answer: Preventing unplanned pregnancy and STIs.

3

SAY



As you just brainstormed, unplanned pregnancy and STIs are potential risks of engaging in sexual activity.

FACILITATOR NOTES

If you do not have the resources to operate and project the Kahoot, this activity can be modified by grouping the participants into small teams and quizzing them with questions from Appendix 26 trivia-style.

4 Project the Kahoot on a screen so it is large enough for the participants to see. Have Appendix 26 handy for your reference for the next activity.

5 Explain the next activity by

SAYING



In this game, we are going to assess a list of behaviors and determine if they are “high risk,” “medium risk,” “low risk,” or “no risk.” There are two different types of risk we are going to assess: risk for pregnancy and risk for STI transmission.

I’d like for you all to take out your phones and log into Kahoot.it. Type in the pin code that is shown on my screen to log into this quiz. You can enter your real name or a fake name and then click start. If you don’t have a phone, please pair up with your neighbor and play together.

Each question will have a risk type and a behavior: for example, risk of pregnancy from anal sex without a condom. The type of risk is pregnancy, and the behavior is anal sex without a condom. You should decide whether you think the risk level is high, medium, low, or none, and select the corresponding button. We will see at the end who gets the most points. Let’s get started.

**FACILITATOR
NOTES**



If you encounter questions regarding the risk levels for specific STIs’ transmission, visit:

<https://smartsexresource.com/sexually-transmitted-infections/sti-basics/know-your-chances/>

6 Go through the questions on the Kahoot and review each answer to the statement to confirm understanding before moving to the next one.

7 After finishing the quiz,

SAY



Thanks for playing the game. I hope that was fun. In addition to the two risk types we talked about (pregnancy and STI transmission), there can be some social and emotional risks

that come with the experience of being intimate with another person. These can include unequal power dynamics that may lead to intimation, pressure, shaming, and using social status. As we went over in the activity about sexual consent, it's important to remember that experiencing sexual assault and coercion is never the survivor's fault.

8

ASK



a) What are some sexual or relationship situations in which there is a power imbalance or a risk of violence? Think back to Session 3.

Possible answers: Becoming involved in a sexual situation while really drunk/high; sexting someone without their permission; dating someone who always pays for everything; not asking for consent (with consent including checking in during sex); needing to know where the other person always is.

CLOSING MESSAGES



1

Minute

1

ASK



a) What are some ways to reduce the risk of STIs and unplanned pregnancy?

Answer: Risks are a natural thing in life, especially when you are sexually active or in a relationship. But there are a lot of ways that you can help to reduce the risk of pregnancy and STIs, including using contraceptives, getting tested, and communicating. It's important that you and your partner take steps that are right for you.

**POST-ACTIVITY FACILITATOR NOTES**

(what went well, what could be improved for next time, etc.)...

APPENDIX 26 RATING RISKS

FACILITATOR NOTES

For each of the statements below, ask the three following questions to the youth.

1. Why do you think it's a certain risk level? (None, low, medium, or high)
2. What would make this behavior a higher risk?
3. What could be done to lower the risk level?

Statement	Risk Level for PREGNANCY	Risk Level for STI TRANSMISSION
Example: Vaginal sex without a condom or other forms of contraception	High	High
1. Anal sex with a condom	None	Medium
2. Becoming involved in a sexual situation while really drunk/high	High	High
3. Sexting someone without their permission	None	None
4. Performing oral sex on a vulva (outer part of the female genitalia) without a barrier	None	Medium
5. Dating someone who always pays for everything	None	None
6. Use of the pull-out method as your only form of contraception	High	High
7. Condom breaks during vaginal sex (penis in vagina)	High	High
8. You forget to get tested for STIs between your sexual partners	None	High
9. Using a sex toy with yourself only or self-masturbation	None	None
10. Taking emergency contraception often when you forget to use condoms	Medium	High
11. Vaginal sex without a condom where long-lasting hormonal birth control (an IUD or implant) is being used	Low	High

ACTIVITY 7.5

**TIME
REQUIRED**

5 MINUTES

CLOSING CIRCLE

**LEARNING OBJECTIVES**

By the end of the session, participants will be able to:

- Anonymously submit questions they have about session content or about sexuality in general.
- State one thing they appreciated from the session and one thing they think could be changed.

**MATERIALS**

- Blank notecards
- Pens/pencils
- A bag/hat/box

**KEY MESSAGES**

- It's important to separate facts from misconceptions. Sites like Planned Parenthood and Bedsider can provide accurate, helpful information. Also, the DC Health and Wellness Center, Latin American Youth Center, and your doctor can help talk through the options.
- There are many options for birth control, and not all birth control is the same. Some are more effective than others, some feel better in our bodies than others, some are hormonal, and others are not. Also, not all birth control prevents both unintended pregnancy and STIs (including HIV/AIDS), so it is best to combine condoms and one other form of birth control.
- You have healthcare rights as a patient and an adolescent, and it's really important that you feel comfortable going to seek services.
- In DC, if you are aged 12 or older, you are able to access a clinic for STI- and pregnancy-related matters without your parents' consent.
- Going to the clinic for sexual and reproductive health services can be intimidating and overwhelming at first, but knowing your rights as a patient will help you.
- Risks are a natural part of living life, especially when you are sexually active or in a relationship. But there are a lot of ways that you can reduce the risk of pregnancy, STIs, and violence, including safer sex practices and open and honest communication. It's important that you and your partner take steps to stay healthy and happy.

PREPARATION

- Review the activity and be sure you understand the content, teaching methodology, and timing.

PROCEDURE

1

Ask all the participants to stand in a circle.

2

Ask participants to share one phrase or sentence they can use to advocate for themselves in a clinical setting. Start with one person and go around the circle until everyone has said one phrase or sentence.

3

When each person has finished, thank them all for attending and for their full engagement and participation.

4

SAY



The challenge for this session is to think of a question you still have related to sexuality, relationships, STIs, condom use, or contraceptives. Visit one or more of the websites on the “Where Can I Go For More Information” handout to find the answer to your question. We will talk about what you found in the beginning of the next session.

5

ASK



a) Based on the topics we talked about today, can anyone tell me one societal expectation they face based on their gender and how they could step outside of their gender box?

6

SAY

Today, we learned about different methods of contraceptives and how to protect yourself from unplanned pregnancy. We also talked about accessing sexual and reproductive health services and the rights you have as young people. Lastly, we talked about levels of risk and ways that you could reduce your risk for unplanned pregnancy, STIs, and violence in relationships. The next session will be our last one! We will be discussing where to go from here and some of your personal plans to incorporate the lessons you learned in Many Ways of Being into your own lives. We will also be taking a post-program evaluation, like the survey in the first session.

7

Pass out two notecards per person, and

SAY

As I've done in past sessions, I'm passing out two notecards.

On one notecard, write down any questions you still have about the content we covered today. Do not write your name on this card. These questions will stay anonymous. We will take an opportunity to answer some of these questions next session.

The second card is to provide any feedback on the session – write one thing you enjoyed about today and one thing you would recommend we change.

8

Collect the notecards, thank the youth for their participation, and remind them of the time and place of the next meeting

**POST-ACTIVITY FACILITATOR NOTES**

(what went well, what could be improved for next time, etc.)...





SESSION

8

THE JOURNEY AHEAD

SESSION AT A GLANCE


ACTIVITY 8.1	MWB Curriculum Review	10 minutes
ACTIVITY 8.2	<i>Circles of Influence</i> (Optional)	40 minutes
ACTIVITY 8.3	Preparing for My Journey Ahead	35 minutes
SUGGESTED BREAK (15 MINUTES)		
ACTIVITY 8.4	Post-Program Evaluation	40 minutes
ACTIVITY 8.5	End-of-Program Celebration!	20 minutes
TOTAL TIME		120 minutes


ACTIVITY 8.1	MANY WAYS OF BEING CURRICULUM REVIEW
 TIME REQUIRED 10 MINUTES	 LEARNING OBJECTIVES <i>By the end of the session, participants will be able to:</i> <ul style="list-style-type: none"> • State one key message from each of the seven previous sessions. • Describe one application of the material covered in the <i>Many Ways of Being</i> curriculum in their daily lives.
 MATERIALS <ul style="list-style-type: none"> • Flipchart • Markers • Tape • Appendix 27: Let's Reflect – 1 copy 	 KEY MESSAGES N/A

PREPARATION


- Ensure you've communicated with a representative from the implementation and evaluation teams team that you've reached Session 8.
 - Review the activity and be sure you understand the content, teaching methodology, and timing.
 - Review the questions submitted at the end of the last session and draft responses for them.
 - Review the key messages from the past seven sessions and be prepared to speak to the lessons of each session.
 - Print one copy of "Let's Reflect" (Appendix 27) and cut it along the dotted line.
 - Write the agenda for the session on flipchart paper and post it on the wall.
- **Activity 8.2:** Circles of Influence (Don't write if you are not facilitating this optional session.)
 - **Activity 8.3:** Preparing for My Journey Ahead
 - **Activity 8.4:** Post-Program Evaluation
 - **Activity 8.5:** End-of-Program Celebration!

PROCEDURE

1 **SAY**  Welcome to Session 8 of the program, our last session. Thank you for your participation in the last session. Does anyone want to share the question and what you found out using the resource guide from the last session?

2 **SAY**  We are going to use this time to review the key learnings from the previous seven sessions. Please split yourselves into two groups.


3 After participants form two groups, distribute half of Appendix 27 to each group, and give them 5 minutes to discuss the questions. The facilitator should go around to the groups and facilitate the conversations with probes and prompting questions.

4 **ASK**  a) *Going through each session you talked about, what do you remember as key takeaways, topics covered, and desired behaviors you plan to take home with you?*

Go through Sessions 1 through 7 one by one with the participants.

- **Session 1:** Group agreements, “Where Do You Stand?” activity
 - **Session 2:** Gender, sex assigned at birth, sexual orientation, social expectations, intersectionality
 - **Session 3:** Emotions, communication, dealing with conflict
 - **Session 4:** Relationships, power, violence
 - **Session 5:** Media, social media, sexting, pornography
 - **Session 6:** Consent, STIs, condoms
 - **Session 7:** Contraceptives, clinic visits, risk reduction
-

5 Answer any questions that were submitted at the end of Session 7.

6 **SAY**  *Today is our last session together. We are going to take the first half of the session to talk about a personal action plan, and more generally, how your actions influence others.*

If you remember, we took a survey during the first session of you all joining us. We are going to repeat that survey today to see what you have learned from this program. At the end of the session, we are going to save some time for a celebration of completing Many Ways of Being!

7 Refer to the flipchart paper and

SAY



Today, we are going to work on [three/four] activities and then have a celebration!

- **Activity 8.2:** *Circles of Influence [Don't include if not facilitating this.]*
- **Activity 8.3:** *Preparing for My Journey Ahead*
- **Activity 8.4:** *Post-Program Evaluation*
- **Activity 8.5:** *End-of-Program Celebration*



POST-ACTIVITY FACILITATOR NOTES

(what went well, what could be improved for next time, etc.)...

APPENDIX 27 LET'S REFLECT

GROUP 1: Even Sessions

In Session 2	We talked about gender and identity. What are some things you remember about gender, sex assigned at birth, and sexual orientation?
In Session 4	We went over how power shows up in relationships and ways people could use power over others in the form of violence, as well as ways people can use their power to be allies with others. What are a few ways that power can be used over others?
In Session 6	We discussed STIs and staying safe while being sexually active. What is one way you can protect yourself from an STI?

In general, I'm interested to know: What did you learn that was most useful to your own lives? Have you felt prepared to practice any of the skills or apply any of the knowledge you learned?

GROUP 2: Odd Sessions

In Session 3	We talked about communication and the range of emotions people feel. Are there communication techniques that you have used since that session that have worked for you
In Session 5	We discussed media consumption and its influence on our relationships. What were some of the negative messages and themes you remember from social media or advertisements we looked at?
In Session 7	We talked about the range of contraceptives available to you and how to discuss these topics with your partner. Does anyone remember what some of the contraceptive methods were? What benefits do contraceptives provide?

In general, I'm interested to know: What did you learn that was most useful to your own lives? Have you felt prepared to practice any of the skills or apply any of the knowledge you learned?

ACTIVITY 8.2

CIRCLES OF INFLUENCE (Optional in place of Activity 8.4: Post-Program Evaluation)



TIME REQUIRED

40 MINUTES



LEARNING OBJECTIVES

By the end of the session, participants will be able to:

- Articulate how others' thoughts, beliefs, and actions influence their own and vice versa.



MATERIALS

- Masking tape
- Character name tags
- Appendix 28: Character Statements – 1 copy
- Tape

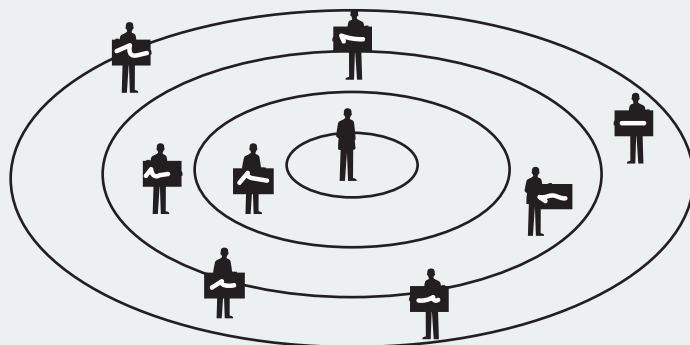


KEY MESSAGES

- Our actions can have positive and negative impacts on others. People are influenced not only by their personal relationships but also by others in the community and in society.
- What we do or don't do, say or don't say can have an impact on others. Actions speak louder than words. You can talk all you'd like about the right thing to do, but actions are what matter.
- It is up to everyone in the community to create a supportive environment for new behaviors and attitudes.

PREPARATION

- Ensure you've communicated with a representative from the implementation and Evaluation teams team that you've reached Session 8.
- Review the activity and be sure you understand the content, teaching methodology, and timing.
- Using the masking tape, tape four concentric circles to the floor, as shown in the drawing. Label the circles from smallest to largest: individual, relationship, community, and society
- Prepare name tags for each of the character names and pronouns provided in Appendix 28 ("Character Statements").
- Photocopy and cut out the Character Statements in Appendix 28. Fold each statement set in half so no one can read them, and attach each one to the corresponding name tag.



PROCEDURE

1

SAY

In this next exercise, we will explore how the thoughts, beliefs, and actions of others create community norms (or community "rules") and how these norms influence behaviors in the community.

If you can think back to Session 2, you'll remember that social norms are shared beliefs, written rules, and unwritten rules within a given group about how people are expected to be and behave that influence their behavior. Norms can and do change over time.

2

Have the participants take one pile (consisting of a name tag and a folded piece of paper) and a piece of tape.

3

SAY



Please tape the name tags to your chests. You can read your folded piece of paper, but only to yourself.

4

SAY



Can I please have the people who have chosen the characters "Jordan" and "Jessica" stand inside the smallest, innermost circle?

5

Ask the rest of the participants to read out their roles.

6

SAY



As you'll see, there are four circles on the floor. Note that one circle is labeled as "individual," one "relationship," one "community," and one "society."

7

Ask the group to decide which circle their character would fit in – individual, relationship, community, or society. Have them talk with each other if they don't know where they should go or are confused.

8

Have participants take their place in the circles.

9

SAY



These individuals are named Jordan and Jessica. Jessica and Jordan, please introduce yourselves to the group by each reading Sentence 1 on your piece of paper.

10

SAY



I will ask a participant to introduce themselves and to read only Sentence 1 on their paper aloud to Jordan and Jessica. They are the main characters in this exercise.

This participant will then tap another participant, who will do the same, until all participants have had a turn.

11

Ensure there are no questions. Start the exercise by randomly choosing one of the participants to go first.

12

Once everyone has had a turn, conduct a short debrief using the following questions (make sure participants remain in position):

- a) Which circle do you think has the most influence on Jordan and Jessica? Why?
- b) Do any of the circles have no influence on Jordan and Jessica? Why or why not?
- c) What impact could the messages they receive have on their sexual or romantic relationships?
- d) What does this exercise tell us about the social rules or expectations in our community?
- e) What does this mean for how we understand the world and how we act?

13

Summarize key messages by

SAYING



- *Everyone is influenced by many factors, including people. Often, we do not even realize how we are being influenced.*
- *People are usually influenced the most by the people who are the nearest to them. They influence us in everyday life.*
- *Even community members who are not as close to us as friends and family influence how we think and act.*
- *Broader societal influences like the media and national laws also affect individuals, even if this isn't as direct or immediate.*
- *Around all of us are circles of influence: family and friends, community members, and society.*

14

SAY



Now, you will continue the exercise. We will skip Jordan and Jessica this time until the end. Whoever went after them the first time can read their second sentence aloud. You can then tap one person on the shoulder to read their sentence.

15

Continue until everyone has gone except Jordan and Jessica.

16

Once everyone else has read Sentence 2 aloud, ask Jordan and Jessica to read theirs.

17

Debrief the game by

ASKING

a) What happened when more people were convinced of the benefits of engaging in preventing unplanned pregnancies?



18

ASK



a) What effects can your thoughts and behaviors have on the people around you?

Possible answers: Our actions can have positive and negative impacts on others. People are influenced not only by their relationships but also by others in the community and in society. We should think about how our behavior can influence others. What we do or don't do, say or don't say can have an impact on others. Actions speak louder than words. You can talk all you'd like about the right thing to do, but actions are what matter. It is up to everyone in the community to create a supportive environment for new behaviors and attitudes.



(what went well, what could be improved for next time, etc.)...

APPENDIX 28

CHARACTER STATEMENTS

JESSICA [she/her]

- 1 My name is Jessica. I am dating Jordan. Recently, Jordan and I had unprotected vaginal sex. I'm worried because it's been a few weeks and I haven't had a period. I don't know who to talk to about this, and I feel scared.
- 2 My name is Jessica. Jordan and I talk to one another about protection, boundaries, and what we both like and don't like. I know I can be open with him about our relationship because we have built trust and we know a healthy relationship takes two.

JORDAN [he/they]

- 1 My name is Jordan, and I'm Jessica's boyfriend. We recently had unprotected sex. It doesn't bother me because I've done this before, and if I pull out, everything will be fine.
- 2 My name is Jordan. After going to *Many Ways of Being* and talking with my group, I believe I have a responsibility to take an active role in preventing pregnancy and protecting ourselves from STIs. Jessica and I went to the local clinic together to find out our different options for birth control and STI testing. We now have open conversations about this and all parts of our relationship.

JORDAN'S FATHER [he/him]

- 1 I am Jordan's father. I was raised being told that women control when and how to have babies and that men don't really have a say in matters of pregnancy, birth control, and all that stuff.
- 2 I am Jordan's father. I believe anyone in a relationship, regardless of gender or sexual orientation, deserves open and honest communication around their health – especially when it comes to if, when, or whether to have kids. As a man, I know how important it is for me to set an example for Jordan.

JORDAN'S FRIEND [she/her]

- 1 I am a friend of Jordan. We hang out a lot. Me and my girlfriend don't need to worry about pregnancy, so I've never spent time learning about what puts people at risk of it. When he asks me questions, I don't know what to tell him.
- 2 I am a friend of Jordan. He's like a little brother to me. When we talk, I check in to make sure he's still taking an active role in his relationship. I respect that he goes to the clinic with Jessica, and they talk about protection, pleasure, and how to keep themselves healthy. In fact, he's convinced me to do the same with my girlfriend.

JESSICA'S FRIEND [she/her]

- 1 I am a friend of Jessica. She and I discuss everything together. My relationship is similar to hers – my boyfriend decides whether or not to wear a condom, and that is it.
- 2 I am a friend of Jessica. My partner and I make decisions about protection together. Since my partner is HIV-positive, I'm on PrEP, and talking about protection has become a natural part of our conversations.

JESSICA'S AUNT [she/her]

- 1 I am Jessica's aunt. I believe if we talk to our kids about having sex, it will encourage them to have sex. We should only be teaching them about abstinence, as far as I'm concerned. Sex is something for married people to do.
- 2 I am Jessica's aunt. I believe that while our kids should wait until they are ready to have sex, it is important to have conversations early about avoiding unplanned pregnancies and preventing STIs so they have the tools they need to protect themselves.

JORDAN'S CLASSMATE [he/they]

- 1 I am Jordan's classmate. We sit next to each other in class and talk from time to time. He says that using a condom is stupid, but I say nothing. It isn't my business.
- 2 I am Jordan's classmate. One time, he mentioned that he felt uncomfortable finding condoms. Since the clinic is on my way to school, I stop and get him some from time to time. It's important that we all look out for each other.

PASTOR [he/him]

- 1 I am a pastor. I say to not have sex until you are married. No exceptions.
- 2 I am a pastor. I attended a training on health and gender, and I talk to the youth who come to my church about going to get tested, wearing a condom, and getting information about birth control.

PHARMACIST [she/her]

- 1 I am a pharmacist. You come to pick up your prescriptions from me, but what you do outside of this pharmacy isn't my business.
- 2 I am a pharmacist. I have brochures and pamphlets available to give you more information about different types of birth control and their effectiveness, and I inform you that emergency contraception is available without a prescription. I answer questions that you may have, and I suggest you go to the local clinic for more information if you need it.

TEACHER [she/her]

- 1 I am a teacher. I teach health class. Every year, I teach the same thing. I mostly focus my attention on the girls because they're the ones who are going to get pregnant. I don't care if the boys listen as long as I fulfill my requirements.
- 2 I am a teacher. Recently, I attended trainings on how to provide comprehensive sexuality education to students. I learned about everything from LGBTQIA+ inclusivity to how all genders have a role in talking about healthy relationships. I am now finding ways to incorporate messages about gender equality and joint responsibility into my school lessons. Before those trainings, I didn't realize that everyone has their specific needs and desires based on their identities.

YOUTH CENTER WORKER [they/them]

- 1 I am a program director at a youth center. The center works with youth to promote health. Most of the time, it's only girls who come in with questions about preventing unplanned pregnancy because they care more than the boys do.
- 2 I am a program director at a youth center. The center sees the importance of working with youth of all genders to promote joint decision-making on protection, building healthy relationships, and more. We now hold *Many Ways of Being* sessions to help encourage young people to take an active role in both their and their partners' health.

HEALTHCARE PROVIDER [he/him]

- 1 I am a healthcare provider. I provide information and assistance, but I don't bring anything up or ask questions about their sex lives unless the youth do.
- 2 I am a healthcare provider. We organized a small workshop among healthcare providers to learn more about how to make young people of all genders feel safe in clinics and want to ask questions.

JESSICA'S DOCTOR [she/her]

- 1 I am Jessica's doctor. I see her at her clinic visits but have never met her boyfriend. Boys do not usually come to this type of place.
- 2 I am Jessica's doctor. I encourage Jordan to come to the clinic with Jessica – or alone – to find out more information, and I encourage him to get tested for STIs and stay healthy.

JORDAN'S COACH [he/him]

- 1 I am Jordan's coach. We are close, and I talk to him about school. I don't talk about his personal life unless it impacts his performance on the court.
- 2 I am Jordan's coach. I've begun to realize that people's personal life affects the way they play – it's all connected in mental and physical health. Now, I make sure my players know they can come to me for any concerns they have, whether it's about the game or not.

EMPLOYEE AT DEPARTMENT OF HEALTH [she/they]

- 1 I am an employee of the Department of Health. I decide which services are available at the health centers in my city. We've heard that we need to work with men on sexual health and education, but that would just mean more guidelines and more work for our already overburdened staff.
- 2 I am an employee of the Department of Health. We know that we need to work with youth of all genders. We created a youth council to help inform our sexual health services and to ensure they are youth-centered and inclusive. We also decided to implement longer hours at the clinic to make sure to fit youth's schedules and use pronouns to make sure they feel seen.

CITY COUNCIL MEMBER [he/him]

1 I am a city council member. I work with my fellow council members to decide where funding needs to go. There are too many more important things that need to be taken care of, and we just don't have the resources to make young men care about pregnancy prevention.

2 I am a city council member. I realize that it is important to make sure everyone has all the information and access to the services they need. I am working with my fellow council members to make sure that there is enough funding for organizations, clinics, and schools to have the resources they need to engage and support young people.

ACTIVITY 8.3	PREPARING FOR MY JOURNEY AHEAD
 TIME REQUIRED 35 MINUTES	 LEARNING OBJECTIVES <p><i>By the end of the session, participants will be able to:</i></p> <ul style="list-style-type: none"> • Identify challenges they may experience as they attempt to adopt the healthy behaviors discussed during <i>Many Ways of Being</i>, and articulate ways to overcome those challenges. • Create a plan for behaviors that will help them be a healthier, more equitable member of their community.
 MATERIALS <ul style="list-style-type: none"> • Appendix 29: My Personal Health Plan – 1 per person 	 KEY MESSAGES <ul style="list-style-type: none"> • We will all face challenges in practicing what we have learned here at <i>Many Ways of Being</i>. But it's important that we can keep each other accountable and lean on each other for support. • Change in small doses is possible – try to integrate your personal health plan into your daily routine.

PREPARATION

- Review the activity and be sure you understand the content, teaching methodology, and timing.
 - Print “My Personal Health Plan” (Appendix 29) for all participants.
-

PROCEDURE

1

SAY



Let's talk about some of the challenges you're having or foresee having in the next year.

I want you to think about some hard decisions you may have to make in the near future. Think back to the lessons of this program and how you'll be able to approach these challenges with solutions that keep yourself and those around you healthy and safe.

2

Hand out Appendix 29 (“My Personal Health Plan”) and

SAY



Today, we are going to create a personal health plan for ourselves.

This activity will help us take what we have learned over the past seven sessions and make practical changes to our lives.

As you fill this plan out, please keep in mind the lessons we've discussed and try to tie the action items to particular lessons in the program. This plan can be kept private, or you can share it with a friend or family member to help you stay accountable to it.

3

Invite the participants to fill out Appendix 29 individually for 5 minutes.

4 Break the participants into groups of three to four people each and have each participant answer the following questions:

- a) What is one challenge that you foresee experiencing within the next year as it pertains to what we've talked about throughout *Many Ways of Being*?
- b) What are some actions or steps you propose to overcome that challenge?

Their group should collectively provide some advice to the participant.

5 Come back as one group and see if anyone would like to share their challenge and any advice they found helpful.

6 **ASK** a) *Why is it important to stop and think about what you'd like to change moving forward?*



Answer: We will all face challenges in practicing what we have learned here at *Many Ways of Being*. But it's important that we can keep each other accountable and lean on each other for support. When we stop and think about some of the challenges ahead, we can crowdsource solutions and plan for them instead of being caught off guard. Change in small doses is possible – try to integrate your personal health plan into your daily routine.



POST-ACTIVITY FACILITATOR NOTES

(what went well, what could be improved for next time, etc.)...

APPENDIX 29

MY PERSONAL HEALTH PLAN

My Name: Today's Date:

Two things I will **continue** to do/**start** doing to prioritize my sexual and reproductive health...

1.

2.

Two things I will **stop** doing that hurt my sexual and reproductive health...

1.

2.

Two **support people** who can help encourage me in reaching these goals...

1.

2.





These **goals** will benefit me because...

.....

.....

.....

Signature:

ACTIVITY 8.4	POST-PROGRAM EVALUATION
 TIME REQUIRED 40 MINUTES	 LEARNING OBJECTIVES <i>By the end of the session, participants will be able to:</i> <ul style="list-style-type: none">• Articulate their attitudes and beliefs in the post-program evaluation survey.
 MATERIALS <ul style="list-style-type: none">• Paper evaluations<ul style="list-style-type: none">– 1 per person• Pens – 1 per person	 KEY MESSAGES N/A

PREPARATION


- Ensure you've communicated with a representative from the implementation and evaluation team that you've reached Session 8.

PROCEDURE

Evaluation team will administer the post-program evaluation.

NOTE: Procedure written for the evaluation team representative

1 Welcome participants to the space and introduce yourself (name, pronouns, and organization).

2 **SAY**  Shortly, we are going to hand out a post-program survey. You might remember this from your first session. Remember that this is not a test, there are no right or wrong answers, and it won't even ask for your name. This survey will just help us understand how well this program is working and will help us make improvements for the next group of participants. If you don't understand the meaning of something or want help reading the questions, please let us know.

3 Give each participant a post-program survey form and a pen. Give youth 30 minutes to complete the evaluation. Collect the survey and thank the participants.

ACTIVITY 8.5	END-OF-PROGRAM CELEBRATION!
 TIME REQUIRED 35 MINUTES	 LEARNING OBJECTIVES N/A
 MATERIALS <ul style="list-style-type: none">• Food/beverages (if budget allows!)	 KEY MESSAGES <ul style="list-style-type: none">• You are valued and respected, and we are thankful that you joined the <i>Many Ways of Being</i> program!• Your health and wellness matter to us.

PREPARATION

- Order/prepare/organize a potluck of food and beverages that can be enjoyed by the participants!
-

PROCEDURE

- 1 If there was any food or drinks brought in, let the participants enjoy the rest of the session amongst themselves.
-

2

SAY



Thank you for your participation in Many Ways of Being!

ANNEX A: Sample Energizers

SPAGHETTI

1. Split young people into two to three groups with about five to ten people each. Each group should form a tight circle, with everyone sticking their hands into the center.
2. Instruct everyone to, with one hand, grab the hand of another person. Then, using the other hand, they should grab the hand of someone different. Explain that the object of the game is to get untangled without letting go. By climbing, crawling, and wriggling around, young people can create one large open circle or, sometimes, two unconnected ones.
3. Have participants begin untangling themselves. If they are totally stuck, you can tell groups they can choose to undo one link and then reconnect once that person has turned around, seeing if that works.

(This energizer is fun and creates a nice physical bond among young people. It also subtly communicates ideas of working together to accomplish a task.)

SHRINKING ICEBERG

1. Split young people into two groups of five to eight people each.
2. Put two blankets or several sheets of newspaper on the floor. Ask each group to stand on one blanket or newspapered area.
3. Explain that this is an iceberg that is melting, reducing in size by half every month. The objective is to see which full team can stay on the iceberg longer.
4. Ask the teams to get off their blanket and fold it in half (or remove half the paper). Have the teams try to fit everyone back on the blanket/paper.

5. Repeat Step 4 until one team cannot fit everyone on the iceberg. Each time, see how the teams find ways to support each other to allow everyone to stay on. The team that keeps everyone on the iceberg for the most rounds wins.
-

HOT PEPPER

1. Gather the young people in a circle. Toss a ball (or another tossable object) gently to a participant. Young people should continue gently tossing the ball, saying “Hot” when they catch it.
 2. As the ball is being tossed around, randomly call out, “Pepper!” The person holding the ball when “Pepper!” is called is removed from the circle.
 3. Have participants keep tossing the ball until only one person is left.
-

THE RAINSTORM

1. Ask the young people to stand in a circle with their eyes closed.
2. Say that a rainstorm is approaching.
3. Ask everyone to rub their palms against their pant legs.
4. Then, ask them to lightly pat their thighs with their fingertips.
5. Ask them to do it harder. Then, ask them to pat their hands against their thighs.
6. Have them start slapping their hands faster and faster against their thighs.
7. After a while, go back to lighter slapping, then patting, etc., to reverse the entire order until it is quiet again and the storm has passed.

(This is a physical but calming exercise that can be used as a closer.)

I'M GOING TO THE STORE...

1. Create a circle of chairs in the center of the room. Have enough chairs so that only one person does not have one.
 2. Have one person stand in the center of the circle and the others be seated. The standing person should start the game by saying, "I'm going to the store, and I'm taking my friend who..." and choosing a trait that some of the people seated have. For example, "I'm going to the store, and I'm taking my friend who has a red shirt on." All the participants with a red shirt on should get up and race to another chair, including the person in the center, leaving the remaining person without a chair to stand in the middle of the circle.
 3. The next person in the center repeats the phrase with a new trait. The rule is that young people **MUST** get up and move to another chair if the trait applies to them. They cannot move to the chair next to them.
 4. Repeat several times.
-

STOMP PATTERN

1. Teach the young people a three-count stomp pattern and do it together. (**For example:** stomp-stomp-clap, stomp-stomp-clap.)
2. Then, teach the young people a four-count stomp pattern. (**For example:** stomp-stomp-stomp-clap, stomp-stomp-stomp-clap.)
3. Divide the young people in half. Have one group do the first pattern and the other do the second pattern at the same time.
4. If there is a bit more time, you can have individuals create their own patterns for the group to imitate.

ANNEX B:

Techniques for Asking Questions

In *Many Ways of Being*, the sessions contain a lot of questions for participants to answer – some have shorter answers, and others are longer discussions. It is important that facilitators deviate from the “group answer” methods whereby they just ask the large group to answer a question. Participants have different comfort levels speaking in front of large groups and may feel bored by always answering the questions in the same format. These are 14 interactive and engaging methods for facilitators to elicit answers from their participants.

NO TECH NEEDED

1. Gallery Walls

Write the large-group discussion questions on different flipchart papers and place them around the room. Have participants write responses on sticky notes and place them on the papers. Then, they can walk around and look at others' responses. They can also like (or +1) other people's comments.

2. Sticky Notes

Have participants write down their answers on a sticky note and anonymously stick it on a flipchart paper. Then, you as the facilitator can find similarities and trends from the group of sticky notes.

3. Speed Dating (creating two concentric circles)

Have everyone create two concentric circles so everyone has someone to talk to. Pose a reflection question and then have everyone speak to their partner. After 20 seconds, the people in the inside circle move one seat to the right and discuss that same question (or a new one) with someone new.

4. Crumble and Throw

Have each participant write their answer on a notecard or sticky note and then crumple it up and throw it into the middle of the circle. Either you or other participants can pick them up and read them.

5. Two Facilitators/Two Groups

Break the group in half, and have each facilitator lead the discussion questions with half the group. This may allow quieter folks the space to participate more.

6. Think, Pair, Share

Give the participants 30 seconds to process the question and think about their answer. Then, pair them up and have them share with a partner. Afterward, open it up to a larger discussion for whoever wants to share.

7. Ball Catch

Throw a ball and whoever catches it answers with what they are thinking.

8. Rapid Fire

Split participants into groups of two or three people each and give them 30 seconds to think of as many answers as they can (and write them down).

9. Journal

Give the participants one minute to write down some notes or answers in their own notebooks and then present to the class or share with a partner.

10. Musical Chairs

Have music playing and when you stop the music, say a number. Have the participants get into a group with that number of people, talk about the question, and provide an answer. (A similar game is when you stop the music and have them get into pairs and provide the answers.)

11. Numbers

Have everyone stand in a circle and assign them all numbers. Say two or three numbers at a time. Those participants need to come into the center of the circle and provide an answer as a group. You can also do this with characteristics of the participants (e.g., “anyone wearing blue”).

12. Step Forward/Step Back

(for questions with binary answers, like “yes/no”)

Have the participants line up and ask them to step forward for “yes” or step back for “no” (or any binary group of answers). The same game can be played with the four corners of the room for questions with four possible answers.

WEB-BASED

13. Mentimeter

Menti allows facilitators to do polls and word clouds in real time using a code for the participants on their mobile phones. <https://www.mentimeter.com/>

14. Kahoot!

This trivia-like website allows facilitators to create quizzes ahead of time and have participants play on their phones. <https://kahoot.com/>

ANNEX C:

Techniques for Clarifying Directions

Given the number of activities within this curriculum and the short time frames, it's important for facilitators to make sure the participants understand the directions given. We've listed five strategies to help participants comprehend the directions better and an additional six tips to keep in mind when you are providing directions or clarifications.

STRATEGIES

1. Ask for someone to rephrase the directions in their own words.
2. Have one group/pair model it first before sending the rest to do the task.
3. Model it yourself and show the group what you are looking for them to do.
4. Write the directions on a flipchart paper or board and refer to them.
5. Rephrase or repeat your directions and ask for clarifying questions.

OTHER TIPS FOR GIVING DIRECTIONS

1. Don't split participants up before you've finished your instructions.
2. Don't give more than three to five steps at a time.
3. Explain the purpose of the task so they understand why they are doing it.
4. Emphasize key parts of the tasks.
5. Use specifics and examples to aid in their understanding.
6. Give very strict time parameters and stick to them. The faster, the better – and show urgency in the task.

MWB MANY WAYS · OF · BEING