

The background of the cover features dark, grainy silhouettes of several people in various dynamic poses, suggesting a social or dance setting. The overall tone is dark and textured.

Promoting Health Among Teens!
**Comprehensive
Abstinence & Safer
Sex Intervention**

SECOND EDITION

**An Evidence-Based Curriculum
Proven Effective in Reducing the Risk
of HIV/STD and Teen Pregnancy**

Loretta Sweet Jemmott, PhD, RN, FAAN
John B. Jemmott, III, PhD
Konstance A. McCaffree, PhD, CSE



Advancing Science
Reducing Risk
Improving Lives

ETR (Education, Training and Research) is a nonprofit organization committed to providing science-based innovative solutions in health and education designed to achieve transformative change in individuals, families and communities. We invite health professionals, educators and consumers to learn more about our high-quality programs, publications and applied research, evaluation and professional development services by contacting us at 100 Enterprise Way, Suite G300, Scotts Valley, CA 95066, 1-800-321-4407, www.etr.org.

© 2016 Second Edition. All rights reserved.

Published by ETR Associates, 100 Enterprise Way, Suite G300, Scotts Valley, CA 95066-3248.

Printed in the United States of America.

10 9 8 7 6 5 4 3 2 1

Title NO. A481-16

ISBN 978-1-56071-940-3

This curriculum was developed, pilot-tested, implemented, and evaluated in a study funded in part by grant R01 MH062049 from the National Institute of Mental Health (NIMH).

051616

ETR Associates End User License Agreement

PLEASE READ THIS AGREEMENT CAREFULLY. THIS END USER LICENSE AGREEMENT ("AGREEMENT") IS BETWEEN EDUCATION TRAINING AND RESEARCH ASSOCIATES, INC. (THE "COMPANY") AND THE PERSON/ORGANIZATION WHO PURCHASES / OPENS THIS PACKAGE OR USES THE MATERIAL WHICH ACCOMPANIES THIS AGREEMENT (THE "USER"). THIS AGREEMENT GIVES A USER THE RIGHT TO ACCESS AND USE THE COMPANY'S PRODUCTS AND SERVICES ("PRODUCTS") LICENSED FROM THE COMPANY PURSUANT TO A LICENSE AGREEMENT, CONTRACT, SALES OR PURCHASE ORDER, INVOICE OR CREDIT CARD PURCHASE ("LICENSE CONTRACT"). THE COMPANY IS WILLING TO GRANT A USER THE RIGHT TO ACCESS AND USE THE COMPANY'S PRODUCTS ONLY IF THE USER ACCEPTS ALL OF THE TERMS OF THIS AGREEMENT, AND PAYS OR HAS PAID THE COMPANY THE FULL PRICE (TO INCLUDE ALL APPLICABLE TAXES AND FEES) PURSUANT TO THE LICENSE CONTRACT. BY PURCHASING THE PRODUCTS AND AGREEING BY SIGNATURE, BY USE OF PRODUCTS OR BY "CLICK THROUGH" THE USER ACKNOWLEDGES THAT USER HAS READ THIS AGREEMENT, UNDERSTANDS IT, AND AGREES TO BE BOUND BY IT. IF THE USER DOES NOT AGREE TO ALL OF THE TERMS IN THIS AGREEMENT, THE USER SHOULD NOT ACCESS OR OTHERWISE UTILIZE THE PRODUCTS BECAUSE NO LICENSE SHALL HAVE BEEN GRANTED THERETO.

1. LICENSE. In consideration of the payment of the amount agreed to in the License Agreement Contract for the right to use Company's Products, and the User's adherence to all provisions of this Agreement, the Company grants the User a personal, non-exclusive, non-transferable license to access and use the Company's Products covered hereunder for educational purposes described in the License Agreement Contract in the United States of America, its territories and possessions.

2. RESTRICTIONS. User may not use, copy, modify or transfer the Products to others, in whole or in part, except as expressly provided in this Agreement. User may not create a derivative work based on the Products. The Products contain trade secrets and method patents of the Company, and the User may not reverse engineer, disassemble, decompile, adapt, modify or translate the Products, or otherwise attempt to derive its source code or the source code through which the Products is accessed, or authorize any third-party to do any of the foregoing. The license granted hereunder is personal to the User, and any attempt by the User to transfer any of the rights, duties or obligations hereunder shall terminate this Agreement and be void. The User may not rent, lease, loan, resell, or distribute the Products or any part thereof in any way including, but not limited to, making the Products available to others via shared access to a single computer, a computer network, or by mobile device, digitally or by sharing access information, which includes the User's Username and Password.

3. OWNERSHIP. The Company's Products are the property of the Company, and subject to applicable patent, copyright, trade secrets, trademarks and other proprietary rights. The Products are licensed, not sold, to the User for use only under the terms of this Agreement, and the Company reserves all rights not expressly granted to the User.

4. TERM. This Agreement and license granted herein will terminate at the end of 7 years from the date of purchase.

5. TERMINATION. This Agreement will terminate immediately if the User breaches any term of this Agreement. Further, in the event of a termination or expiration of any agreement between the Company and a third-party content provider or licensor of all or a part of the Products, the User's right to access and use the Products may also terminate or expire without prior notice to User.

6. CONTENT MAINTAINED BY THE COMPANY. User acknowledges and understands that: (a) the Company may, from time to time, elect to update the Products, but the Company does not warrant or guarantee that any Products or other information accessed through the Company's website(s) will be updated at any time during the term of this Agreement; and (b) the Company does not recommend, warrant or guarantee the use or performance of any third-party product or service described in the Products or elsewhere in the Company's website(s), nor is the Company responsible for malfunction of such products or services due to errors in the Products, the User's negligence or otherwise. User agrees to seek additional information on any third-party product or service from the respective third party.

7. WARRANTY DISCLAIMER. EXCEPT AS EXPRESSLY PROVIDED HEREIN, THE COMPANY'S PRODUCTS ARE PROVIDED "AS IS" AND THE COMPANY MAKES NO REPRESENTATIONS OR WARRANTIES. THE COMPANY EXPRESSLY DISCLAIMS ALL WARRANTIES, EXPRESS OR IMPLIED, OF ANY KIND, FOR THE PRODUCTS AND ANY OTHER MATERIAL PROVIDED TO USER BY THE COMPANY, INCLUDING, WITHOUT LIMITATION, THE IMPLIED WARRANTIES OF MERCHANTABILITY, FITNESS FOR A PARTICULAR PURPOSE, AND NON-INFRINGEMENT OF THIRD PARTY RIGHTS. THE COMPANY DOES NOT WARRANT THAT THE PRODUCTS ARE ERROR-FREE, THAT THEIR OPERATION WILL BE UNINTERRUPTED, OR THAT PRODUCTS WILL MEET ANY PARTICULAR USER REQUIREMENTS. WITHOUT LIMITING THE GENERALITY OF THE FOREGOING, THE COMPANY MAKES NO WARRANTY, AND PROVIDES NO ASSURANCE, THAT THE PRODUCTS WILL MEET CERTIFICATION REQUIREMENTS OF ANY REGULATORY AUTHORITY OR OTHER ASSOCIATION LICENSING AGENCY, WITHIN OR OUTSIDE OF THE UNITED STATES.

8. LIMITATION OF LIABILITY. Except as specifically provided herein, neither the Company, its affiliates, agents, authors, or licensors, if any, shall be liable for any claim, demand or action arising out of, or relating to, the User's use of the Products or the Company's performance of (or failure to perform) any obligation under this Agreement or for special, incidental or consequential damages, including, without limitation, damages due to lost revenues or profits, business interruption, or other damages caused by User's inability to use the Products, even if the Company, its affiliates, agents, or licensors have been advised of the possibility of such loss or damages, and whether or not such loss or damages is or are foreseeable.

9. EXPORT LAW. The Company's Products are subject to U.S. export control laws and may be subject to export or import regulations in other countries. Unless in compliance with applicable law and specifically authorized in writing by the Company prior to any Product access, the User shall not export the Products under any circumstances whatsoever. In any case, the User will indemnify and hold the Company harmless from any and all claims, losses, liabilities, damages, fines, penalties, costs and expenses (including reasonable attorneys' fees) arising from, or relating to, any breach by the User of the User's obligations under this section.

10. GOVERNING LAW, JURISDICTION AND VENUE. This Agreement shall for all purposes be governed by and interpreted in accordance with the laws of the State of California as those laws are applied to contracts entered into, and to be performed entirely in California. Any legal suit, action or proceeding arising out of, or relating to this Agreement, shall be commenced in a federal court in California or in state court in California, and each party hereto irrevocably submits to the personal and exclusive jurisdiction and venue of any such court in any such suit, action or proceeding and waives any right which it may have to transfer or change the venue of any such suit, action or proceeding, except that in connection with any suit, action or proceeding commenced in a state court, each party retains the right to remove such suit, action or proceeding to federal court to the extent permissible. The United Nations Convention on Contracts for the International Sale of Goods is specifically excluded from application to this Agreement.

11. ATTORNEY FEES. If any legal action or proceeding is brought for the enforcement of this Agreement or arises from the alleged breach, dispute, default or misrepresentation in connection with any of the provisions of this Agreement, the prevailing party or parties shall be entitled to recover reasonable attorneys' fees and other costs incurred as a result of such legal action or proceeding.

12. WAIVER. No failure to enforce any term of this Agreement shall constitute a waiver of such term in the future unless such waiver so provides by its terms.

13. ASSIGNMENT. Neither this Agreement nor any of the User's rights or obligations hereunder may be assigned by the User in whole or in part without the prior written approval of the Company. Any other attempted assignment shall be null and void.

14. SEVERABILITY. If any part of this Agreement is for any reason found to be invalid, illegal or unenforceable, the validity, legality and enforceability of the remaining provisions of this Agreement shall not be affected and same shall remain in effect.

15. COMPLETE AGREEMENT. This Agreement is the complete and exclusive statement of the agreement between the Company and the User with respect to its subject matter, and supersedes and voids any proposal or prior agreement, oral or written, and any other communications between the parties in relation to its subject matter. No waiver, alteration or modification of this Agreement shall be valid unless made in writing and signed by a corporate officer of the Company.

TABLE OF CONTENTS

Acknowledgments	vii
FACILITATOR'S GUIDE	
Introduction	1
Overview of the Curriculum	3
• Curriculum Components and Format	8
• Theoretical Framework	10
• Unique Features of the Curriculum	12
• Evaluation of the Curriculum	13
• Behavioral Findings	15
Facilitator Information	16
• Curriculum Teaching Strategies	16
• General Tips for Preparing to Implement the Curriculum	24
CURRICULUM	
Module 1: Getting To Know You and Steps to Making Your Dreams Come True	33
Module 2: Puberty and Adolescent Sexuality	63
Module 3: The Consequences of Sex: HIV Infection	91
Module 4: A Plan to Reduce the Consequences of Sex	107
Module 5: The Consequences of Sex: STD Infection	129
Module 6: The Consequences of Sex: Pregnancy	155
Module 7: STD/HIV Vulnerability	179
Module 8: Risky Sexual Behavior and Content Review	195

Module 9: Sexual Responsibility: Abstinence Skills	213
Module 10: Sexual Responsibility: Condom Use Skills	237
Module 11: Enhancing Sexual Responsibility Skills	255
Module 12: Roleplays: Refusal and Negotiation Skills	283

APPENDIXES

Appendix A: Additional Activities	339
• Additional Roleplay Situations/Safer Sex	340
• HIV/STD Jeopardy	345
• HIV/STD Survivor	353
• Healthy Relationships	361
Appendix B: Supplemental Background Information	367
• Information About HIV	368
• Sexually Transmitted Diseases (STD)	376
• Contraceptive Methods	387
• Drugs and Their Effect on Sexual Responsibility	399
Appendix C: Group Management Problems and Strategies	409
Appendix D: Supporting a Trauma-Informed Approach to Sexuality Education	415
Appendix E: FAQ/Glossary	419

ACKNOWLEDGMENTS

Promoting Health Among Teens! Comprehensive Abstinence & Safer Sex Intervention was developed by Dr. Loretta Sweet Jemmott and evaluated by Dr. John Jemmott, III, with the assistance of Dr. Geoffrey T. Fong. These researchers and evaluators are committed to ensuring that young people have long, healthy and productive lives. They designed and evaluated Promoting Health Among Teens! Comprehensive Abstinence and Safer Sex Intervention in the hopes of touching the lives of young people and reducing their health risks.

Promoting Health Among Teens! Comprehensive Abstinence and Safer Sex Intervention was developed, pilot-tested, implemented and evaluated in a study funded by the grant R01 MH062049 from the National Institute of Mental Health (NIMH). This study was designed to identify the most effective ways to reduce the health risks of middle-school and high-school-age inner-city youth.

The authors gratefully acknowledge the contributions of Sonya Combs, MS; Nicole Heweitt, PhD; Janet Hsu, BA; Gladys Thomas, MSW, MBA; and Dalena White, MBA, and the statistical advice of Thomas Ten Have, PhD, MPH.

The authors gratefully acknowledge the contributions to this research of Dr. Leonard W. Johnson, Medical Director of the Spruce Medical Center and Education Program, who facilitated the logistical implementation of the research project; Greer D. Wilson, EdD, Director of Greer & Company, who designed and implemented the facilitator's leadership training component of the study; and Gladys L. Thomas, who coordinated the project.

The authors sincerely appreciate the work of Monique Howard, EdD, MPH; Melda Grant, MEd; and Rhonda Wise, BA, who assisted the authors in the preparation of the curriculum for the research project by reviewing curricula material, typing the curricula, and training the facilitators. The authors acknowledge with deep appreciation the work of Monique Howard, EdD, MPH, who created and adapted various activities within the curriculum and tailored them to be appropriate for the population.

Special gratitude is extended to all of the educators, master trainers, facilitators, research assistants, project assistants and clinicians who assisted with or participated in the research on which this curriculum is based.

Finally, a special thank you to all of the young people who participated in the project and whose lives we had the opportunity to touch.

ABOUT THE DEVELOPERS

Loretta Sweet Jemmott, PhD, RN, FAAN, is a Professor and Director of the Center for Urban Health Research at the University of Pennsylvania's School of Nursing. She is also the co-chair of the Behavior and Social Science Core of Penn's Center for AIDS Research. Dr. Jemmott holds a bachelor's and master's degree in nursing, and a PhD in education, specializing in human sexuality education. For over 25 years, she has designed curricula and implemented various programs for adolescents to reduce STD and pregnancy risk behaviors. Since 1987, she has conducted a series of National Institute of Health-funded randomized controlled trials to develop and evaluate theory-based, developmentally appropriate, behavioral interventions aimed at increasing abstinence and safer sex behaviors among inner-city minority youth in various clinics, schools and community settings. She has published over 56 peer-reviewed articles, books and chapters on this topic. Recognized nationally and internationally as a leader in HIV prevention research with adolescents, she has also been involved in international dissemination activities, including the dissemination, tailoring and training of educators on evidenced-based HIV risk reduction curricula for implementation across the country and around the world, including Jamaica, Mexico, Puerto Rico, Botswana and South Africa. Dr. Jemmott has received numerous prestigious awards for significant contributions to the profession of nursing and education, to the field of HIV prevention research and to the community. Such awards include the Congressional Merit Award and election into the Institute of Medicine, an honor accorded to very few nurses. She is also a Fellow in the American Academy of Nursing. She has served on the National Institute for Nursing Research's Advisory Council, the New Jersey Governor's AIDS Advisory Board, where she co-chaired the Education and Prevention Committee, and the Public Policy Committee for the American Foundation for AIDS Research.

John B. Jemmott, III, PhD, received his PhD in social psychology from the Department of Psychology and Social Relations, Harvard University. After serving as a psychology professor at Princeton University for 18 years, he joined the faculty of the University of Pennsylvania, where he is currently the Kenneth B. Clark Professor of Communication Research in the Annenberg School for Communication and Director of the Center for Health Behavior and Communication in the Annenberg Public Policy Center. Throughout his career, Dr. Jemmott has conducted research on the psychological aspects of physical health. Since 1987, his research has centered on HIV sexual risk reduction among adolescents. Recognized nationally and internationally as a leader in HIV prevention research with adolescents, he has published over 60 articles and book chapters and has received numerous grants from the National Institutes of Health to support his research. Dr. Jemmott has served as a consultant on several research

review committees, including the Behavioral Medicine Study Section, the AIDS and Immunology Research Review Committee and the Office of AIDS Research Advisory Council of the National Institutes of Health. Dr. Jemmott is an elected member of the Academy of Behavioral Medicine Research and the Society of Experimental Social Psychology, and a Fellow of the American Psychological Association and the Society for Behavioral Medicine.

Konstance McCaffree, PhD, CSE, is an associate adjunct professor at Widener University in the Center For Education's Program in Human Sexuality. She is a certified sexuality educator and has been a classroom teacher in the public schools for over 30 years. Dr. McCaffree has taught human sexuality to both elementary and secondary students. Dr. McCaffree served on the Board of Directors of the Sexuality Information and Education Council of the United States (SIECUS) and the Society for the Scientific Study of Sexuality (SSSS) and is active in the American Association of Sexuality Educators Counselors and Therapists (AASECT), serving as the Chair of the Sexuality Education Certification Committee, which establishes standards in sexuality education. Dr. McCaffree conducts workshops nationally and internationally to assist educators and health professionals with their facilitation of sexuality education. In recent years, she has developed curricula and implemented training programs in South Africa, Zambia, Nigeria and the Philippines. She has also been involved with various research projects developing curricula aimed at reducing the risk of HIV/AIDS, sexually transmitted infections, unplanned pregnancy and other health and social problems among teenagers and adults.



Facilitator's Guide

INTRODUCTION

The ***Promoting Health Among Teens! Comprehensive Abstinence and Safer Sex Intervention*** is designed to give young adolescents the tools they need to reduce their risk of pregnancy, HIV and other STDs. The goal is to increase their knowledge and perception of their personal vulnerability, develop positive attitudes toward abstinence and safer sex and build the negotiation skills and confidence needed to abstain from unsafe sexual intercourse and other sexual behaviors that put them at risk, as well as provide the skills and confidence necessary to use condoms willingly and effectively.

It isn't easy to motivate people to modify their sexual behavior, even when that behavior puts them at risk. Hence, the model of human behavior used to understand sexual risk behavior in ***Promoting Health Among Teens! Comprehensive Abstinence and Safer Sex Intervention*** draws upon social learning theories, and the interventions proposed for changing that behavior reflect a cognitive-based approach. This curriculum has also been informed by data gathered through numerous focus groups as well as the developers' extensive experience working with young people.

In order to encourage young people to adopt less risky behaviors, they must be provided with the following crucial tools:

- ▶ The information they need to understand the issues.
- ▶ The cognitive skills that will allow them to examine their beliefs about personal risks and their consequences and to analyze the behaviors or situations that increase their risk of pregnancy, HIV and other STDs.
- ▶ The intrapersonal (within self) skills to understand and manage their feelings and thoughts.
- ▶ The interpersonal (between self and others) skills to define and exercise behaviors that reduce personal risk.
- ▶ A sense of self-efficacy or the confidence required to allow them to make safer decisions about their sexual choices.
- ▶ The motivation to apply these skills to their everyday lives.

The ***Promoting Health Among Teens! Comprehensive Abstinence and Safer Sex Intervention*** curriculum that follows consists of three sections. The first is a Facilitator's Guide that includes information about facilitating the curriculum, the theory behind it, and the evaluation of the curriculum with behavioral findings. It also covers curriculum teaching strategies and the format of the intervention modules, including information about group agreements and training strategies, such as brainstorming, roleplaying and interactive games and activities. The second is the ***Promoting Health Among Teens! Comprehensive Abstinence and Safer Sex Intervention*** curriculum itself. The final section, the appendixes, includes optional activities that can be included in the curriculum's implementation, additional information about common STDs, contraceptive methods and drugs, guidelines for managing problem behaviors, answers to commonly asked questions and a glossary.

This curriculum is intended to reduce the incidence of vaginal, anal, and oral sex among young adolescents and help them make a difference in their lives by making proud and responsible choices about their sexual behavior. The facilitator's ability to deliver the information and conduct the exercises contained in this manual will determine the success of the curriculum, so please take the time to carefully read and understand the basic principles, key elements and content of each session. Our collective efforts can accomplish this goal and have a meaningful impact on the lives of our nation's young people.



OVERVIEW OF THE CURRICULUM

Promoting Health Among Teens! Comprehensive Abstinence and Safer Sex Intervention is an twelve-module curriculum designed to empower young adolescents to change their behavior in ways that will reduce their risk of becoming infected with HIV or other STDs, and significantly decrease their chances of being involved in unintended pregnancies. This curriculum advocates postponing sexual activity and emphasizes that abstinence is the only way to completely eliminate the risk for unplanned pregnancy, HIV and other STDs. However, realizing that abstinence is not the path that many young people choose, the curriculum also encourages the practice of safer sex and condom use. It addresses the underlying attitudes and beliefs that many teens have about condoms, provides information and exercises to teach them how to use condoms correctly and gives them the confidence they need to choose and negotiate safer sex practices.

Note: Throughout this curriculum the importance of effective and consistent use of latex condoms is mentioned as an important strategy for reducing the risk of STD transmission. The facilitator should note that some individuals may have a latex allergy or develop awareness of a latex allergy in the future. It is appropriate to consistently remind participants that polyurethane and polyisoprene condoms are an effective alternative to latex condoms if allergies are present. All are significantly more effective than animal skin condoms, such as lambskin, which are not considered to be an effective barrier for most STDs.

The ***Promoting Health Among Teens! Comprehensive Abstinence and Safer Sex Intervention*** curriculum was designed to be used with smaller groups ranging from six to twelve participants, but can be implemented with larger numbers as well if more time is built into each session. It is appropriate for various community settings, including schools and youth agencies. The curriculum has 12 hours of content, divided into twelve 1-hour modules. It can be implemented in the 3-day format (four modules each day), or 12-day format (one module each day). The homework assignments/reviews at the end of Modules 4 and 8 were designed to occur at breaks in the 3-day format.

Curriculum Objectives

At the completion of the *Promoting Health Among Teens! Comprehensive Abstinence and Safer Sex Intervention* curriculum youth will have:

- ▶ Increased knowledge about prevention of HIV, other STDs and pregnancy.
- ▶ More positive attitudes/beliefs about abstinence.
- ▶ More positive attitudes/beliefs about condom use.
- ▶ Increased confidence in their ability to negotiate abstinence.
- ▶ Increased confidence in their ability to negotiate safer sex and to use latex or polyurethane/polyisoprene condoms correctly.
- ▶ Increased negotiation skills.
- ▶ Improved condom use skills.
- ▶ Stronger intentions to abstain from sex, or to use condoms if they have sex.
- ▶ A lower incidence of HIV/STD risk-associated sexual behavior.
- ▶ A stronger sense of pride and responsibility in making a difference in their lives.

Content Outline

The *Promoting Health Among Teens! Comprehensive Abstinence and Safer Sex Intervention* curriculum has four major components. The first component focuses on goals and dreams and their relationship to adolescent sexual behavior. The second component emphasizes knowledge, including the causes, transmission and prevention of HIV, other STDs and pregnancy. The third component focuses on beliefs and attitudes about abstinence, safer sex, condom use, HIV, STDs and pregnancy. The fourth component stresses skills and self-efficacy, including negotiation, refusal and condom use skills. It also provides time for practice, reinforcement and support.

The Modules

- ▶ Module 1: Getting To Know You and Steps to Making Your Dreams Come True
- ▶ Module 2: Puberty and Adolescent Sexuality
- ▶ Module 3: The Consequences of Sex: HIV Infection
- ▶ Module 4: A Plan to Reduce the Consequences of Sex
- ▶ Module 5: The Consequences of Sex: STD Infection
- ▶ Module 6: The Consequences of Sex: Pregnancy

- ▶ Module 7: STD/HIV Vulnerability
- ▶ Module 8: Risky Sexual Behavior and Content Review
- ▶ Module 9: Sexual Responsibility: Abstinence Skills
- ▶ Module 10: Sexual Responsibility: Condom Use Skills
- ▶ Module 11: Enhancing Sexual Responsibility Skills
- ▶ Module 12: Roleplays: Refusal and Negotiation Skills

Types of Activities

The *Promoting Health Among Teens! Comprehensive Abstinence and Safer Sex Intervention* curriculum includes a series of fun and interactive learning experiences designed to increase participation and help young adolescents understand the risk behaviors that can lead to pregnancy, HIV and other STDs. Activities are designed to help youth feel comfortable practicing abstinence, safer sex and condom use; address their concerns about practicing abstinence and safer sex; and build their condom use skills as well as their ability to comfortably negotiate abstinence or safer sex practices.

The activities involve viewing DVDs, playing games, brainstorming, roleplaying, engaging in skill-building exercises and small-group discussions designed to build group cohesion and enhance the learning experience. Each activity is brief, and many require the participants to get up out of their chairs and interact with one another. This maintains their interest and attention in a way that lectures or lengthy group discussions do not.

Below is a description of the types of activities proposed, as well as their underlying philosophies and goals.

- ▶ The goals and dreams activity encourages the adolescents to consider their goals for the future and to think about how participating in sexual behavior at their current age might affect the attainment of these goals. It makes clear that the safest strategy for preventing pregnancy, HIV and other STDs is abstaining from sex.
- ▶ DVDs are used to depict adolescents in various situations. These DVDs evoke feelings, thoughts, attitudes, beliefs and stereotypes about HIV and other STDs, pregnancy, sexual involvement, abstinence and HIV/STD prevention skills that are then discussed in a group setting.
- ▶ The roleplay scenarios are designed to provide participants with the confidence and skills necessary to negotiate abstinence and/or condom use. They also

recommend a variety of ways in which the prevention skills learned in this program can be implemented in the participants' lives.

- ▶ The entire curriculum incorporates the Be Proud! Be Responsible! theme that is designed to encourage the participants to be proud of themselves, their families, and their communities, and to behave responsibly by abstaining from sex or practicing safer sex.

Training

It is highly recommended that educators who plan to teach *Promoting Health Among Teens! Comprehensive Abstinence and Safer Sex Intervention* receive research-based professional development to prepare them to effectively implement the curriculum with fidelity for the intended target group. ETR provides research-based Training of Educators (TOE) that employs the key components required for quality implementation, including learner engagement, modeling, skills practice and follow-up support. Onsite and regional TOE on *Promoting Health Among Teens! Comprehensive Abstinence and Safer Sex Intervention* is available through ETR's Professional Learning Services. For more information, please visit www.etr.org/ebi/training-ta/types-of-services.

Adapting This Program for Your Population

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

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

It is also acceptable to add time to the modules when needed to ensure that all the relevant content can be covered. Lengthening sessions can allow more time for review

of previous lessons, discussion, questions, roleplay practice, personalization, DVD viewing and other activities. This adaptation may increase effectiveness.

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

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

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

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

Curriculum Components and Format

Each module included in the *Promoting Health Among Teens! Comprehensive Abstinence and Safer Sex Intervention* curriculum contains different activities.

Reduced images of handouts, facilitator materials and posters are included at the end of each module. The first pages of each module explain the following information.

Goals

A set of statements that give the facilitator a reference point for what participants will learn from the module.

Learning Objectives

A set of measurable objectives designed to help the facilitator "spot-evaluate" the extent to which a given activity has been successfully completed by the participants.

Strategies/Methods

A list of methods included in the module to achieve the objectives and goals. For example, these may include DVDs, mini-lectures, brainstorming and roleplaying.

Materials Needed

A list of equipment and materials needed for the module and for each specific activity.

Instructional Time

The amount of time allotted to each activity in the module (e.g., Lecture—10 minutes; Small-Group Exercise—15 minutes). Facilitators should conduct each activity in the time allotted. Facilitators may wish to add time to some of the modules, if possible, to allow for further discussion of DVDs and other activities, or to extend and reinforce the skills practice.

Rationale for Each Activity

The rationale for each activity is listed on the first page of the activity. It explains how and why the activity is helpful to participants' learning. All materials and exercises contained in the module are designed to help participants achieve these stated purposes.

Activities


Instructions for implementing each activity are fully described. For example, in the case of a roleplay exercise, each character receives a description of his or her circumstances and concerns. These exercises are designed to build prevention skills and are an essential part of the program.

Procedures

The procedures for each activity are numbered and include all the steps necessary to implement the activity. Whenever the facilitator is to say a specific instruction or mini-lecture aloud, the material appears in a box.

For example, the procedure would look like this:

1. Introduce the activity by saying,

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

Although it is not necessary to say verbatim what appears in the box, facilitators should be sure that the content and tone are conveyed. Some facilitators find that memorizing the material works best for them. Your group will probably be more attentive if they do not think the facilitator is reading to them.

Facilitator Notes

Facilitator notes give tips to facilitators about implementing the activity. These notes appear at different points in the curriculum where background information or special teaching suggestions are provided. They are contained within a special shaded box, as in the following example.

FACILITATOR'S NOTE

Be sure to post the group agreements on the wall at all times. The group agreements should be posted throughout all the sessions of the program.

Mini-Lecture Notes

Where mini-lectures appear in the curriculum, the lecture notes provide the key ideas to be presented; however, it is assumed that the facilitator will possess a workable knowledge of the concepts being taught.

Summary Statements

Each activity and module ends with a brief statement from the facilitator about the key take-away messages for participants.

Handouts / Student Workbooks

Handouts provided for participants include worksheets for small-group work and roleplay materials. These can be copied beforehand and distributed during each activity, or participants can be given Student Workbooks during the first session. The workbook contains all the needed handouts and worksheets for the curriculum activities.

Theoretical Framework

Research shows that curricula are most effective if they are based on a sound theoretical framework. The *Promoting Health Among Teens! Comprehensive Abstinence and Safer Sex Intervention* draws upon three theories: the social cognitive theory, the theory of reasoned action, and its extension, the theory of planned behavior. These theories have been shown to be of great value in understanding a wide range of health-related behaviors.

There are two major concepts included in these theories: (1) self-efficacy or perceived behavioral control beliefs, which are defined as people's confidence in their ability to take part in the behavior, e.g., abstain from sex; and (2) outcome expectancies or behavioral beliefs, which are beliefs about the consequences of the behavior. Experience shows that all of the beliefs below are critically important to change behavior. The *Promoting Health Among Teens! Comprehensive Abstinence and Safer Sex Intervention* curriculum addresses each of the principles, usually in more than one activity.

Below is a description of the two types of self-efficacy or perceived behavioral control beliefs emphasized in the *Promoting Health Among Teens! Comprehensive Abstinence and Safer Sex Intervention*.

Practicing abstinence and/or safer sex is easy: “I can do it”

Many young people find it difficult to abstain from sex and/or practice safer sex because of peer pressure, partner pressure and their perception of how others think of them. Therefore, they are less likely to practice abstinence and/or safer sex or negotiate abstinence or condom use with their partners. In Module 2, youth learn about peer pressure to have sex and, in Modules 11 and 12, they learn how to negotiate abstinence and condom use with their partners.

Getting your partner to cooperate in practicing abstinence and/or safer sex is easy: “I can do it”

Practicing abstinence and/or safer sex within a relationship is not something participants can do by themselves. They need the cooperation of a partner. Unfortunately, many participants’ partners may not be willing. For example, attempts to negotiate abstinence may be interpreted as rejection or lack of physical attraction, and attempts to negotiate condom use may be interpreted as mistrust or a belief that a partner is infected. Be sensitive to participants’ desires to maintain their partners’ interest and avoid conflict.

At the same time, participants need opportunities to practice responding to their partners’ objections tactfully and effectively. In Module 12, youth are taught negotiation skills that they can practice through roleplays and other interactive exercises.

Below is a description of the four types of outcome expectancies or behavioral beliefs emphasized in the *Promoting Health Among Teens! Comprehensive Abstinence and Safer Sex Intervention* curriculum.

Goals and Dreams Beliefs

The belief that sexual involvement at a young age could have a negative impact on one’s goals and dreams for the future, including education and a career. In Module 1, the participants engage in the Goals and Dreams Timeline activity and discuss obstacles to their goals and dreams, including the potentially negative consequences of sex. This belief is incorporated throughout the curriculum.

Prevention Beliefs

The belief that practicing abstinence can eliminate the risk of pregnancy, HIV and other STDs, and the belief that using condoms can reduce the risk. These beliefs are incorporated throughout the curriculum.

Partner-Reaction Beliefs

The belief that one's partner would not approve of abstinence and/or condom use and react negatively. This might prevent a person from practicing abstinence and/or using condoms. In Modules 9, 10, 11 and 12, participants learn how to get out of situations that increase the risk of HIV, other STDs or pregnancy; how to set physical limits; and the negotiation and refusal skills necessary to communicate with their partners about abstinence and/or condom use.

Personal Vulnerability to HIV/STD and Pregnancy Beliefs

Before young people can change their behavior, they must have a reason or source or motivation to do so. Unless adolescents see how they can personally benefit from doing something differently (for example, practicing abstinence and/or safer sex), no amount of skill will be enough to produce change. Many young people do not believe that pregnancy, HIV and other STDs could really happen to them. One goal of *Promoting Health Among Teens! Comprehensive Abstinence and Safer Sex Intervention*, then, is to increase participants' belief that "pregnancy or HIV/STD could happen to me." This is addressed throughout the curriculum, but more specifically in Module 7.

Unique Features of the Curriculum

The *Promoting Health Among Teens! Comprehensive Abstinence and Safer Sex Intervention* has a unique approach that has proven to be successful with adolescents. Three major themes serve as the foundation for this curriculum and its implementation.

The Community and Family Approach

A key component of the approach is the strong emphasis on family and community. The importance of protecting one's family and community is used as a motive to change individual behavior. This strategy differs from the traditional approach of HIV prevention, which focused more on protecting oneself as the motive to change risky behavior. The Be Proud! Be Responsible! theme encourages young people to be proud of themselves and to abstain from sex as a way to prevent sexually transmitted diseases and pregnancy, not only for their own sake, but for the sake of their families and communities as well.

The Role of Sexual Responsibility and Accountability

Learning to be sexually responsible and accountable is something that adolescents need to be taught. The *Promoting Health Among Teens! Comprehensive Abstinence and Safer Sex Intervention* curriculum teaches participants to make responsible decisions regarding their sexual behavior, urges them to respect themselves and others, and stresses the importance of developing a positive self-image. They learn that being responsible by abstaining from sex or using condoms can contribute to reaching their goals and dreams.

The Role of Pride and Making a Difference Through Choosing Abstinence or Safer Sex

Adolescence can be a difficult period of development. Young people are often faced with confusion, mixed emotions and uncertainty. They are bombarded with sexual messages from various sources, including the media, popular music and their peer group. They are often pressured to be sexually active. They struggle with issues of self-esteem, self-respect and self-pride. Because of this, it is extremely important that they learn to feel good about themselves and their decision to abstain from sex or practice safer sex. The *Promoting Health Among Teens! Comprehensive Abstinence and Safer Sex Intervention* illustrates that abstaining and/or practicing safer sex can actually lead teens to develop a sense of pride, self-confidence and self-respect. The roleplay exercises and other skill-building activities reinforce the many positive benefits, both psychological and physical, of practicing abstinence and/or safer sex.

Evaluation of the Curriculum

Evaluation is a critical component of the *Promoting Health Among Teens! Comprehensive Abstinence and Safer Sex Intervention* program. Many health promotion programs have been implemented in schools, churches, clinics, community-based organizations and other venues, but unfortunately, very few of them include formal evaluation components. Through rigorous research methods, the developers have explored whether or not the interventions designed in this curriculum actually result in the desired outcomes. For example, they set out to determine whether adolescents who participated in the *Promoting Health Among Teens! Comprehensive Abstinence and Safer Sex Intervention* did indeed develop more positive outcome expectancies regarding abstinence and safer sex, and whether such effects were evident up to 24 months after the intervention. Following is a description of the study and its results.

In the research study, the 12-hour curriculum was implemented in a small group setting with African-American students in grades 6 and 7 on two Saturdays in four different urban public schools. In this random control trial, 662 African-American participants between the ages of 10 and 15, mean age 12.2 years, were stratified by gender and age and randomly assigned to receive one of five curricula: an 8-hour abstinence-only intervention, an 8-hour safer sex-only intervention, an 8- or 12-hour combined abstinence and safer sex intervention, or an 8-hour health-promotion curriculum (which served as the control group). The adolescents received the curriculum in small groups of six to eight. The facilitators were African-American and Puerto Rican adults (mean age 43.1 years); 61.2% had a master's degree and 38.8% had a bachelor's degree.

The participants completed questionnaires before, immediately after and 3, 6, 12, 18 and 24 months after the intervention. Of the original 662 participants, 98% attended at least one of the follow-ups, 95.6% attended the 3-month, 96.1% attended the 6-month, 90.3% attended the 12-month, 87.2% attended the 18-month, and 84.4% attended the 24-month follow-up. The primary outcome for the 12-hour combined abstinence and safer sex intervention was self-report of ever having sexual intercourse by the 24-month follow-up. Secondary outcomes were other self-reported sexual behaviors in the previous 3 months, such as sexual intercourse, multiple partners, unprotected intercourse and consistent condom use.

- ▶ The 12-hour combined abstinence and safer-sex intervention significantly reduced reports of having multiple partners compared with the control group. Participants who received the 12-hour combined abstinence and safer-sex intervention were less likely to report having multiple sex partners in all follow-up sessions than the control group.
- ▶ The 12-hour combined abstinence and safer-sex intervention significantly reduced the incidence of recent sexual intercourse compared with the health control group.

Behavioral Findings

The participants who received the *Promoting Health Among Teens! Comprehensive Abstinence and Safer Sex Intervention* reported:

- ▶ A reduction in the incidence of multiple sexual partners compared with the control group.
- ▶ A significant reduction in the incidence of recent sexual intercourse at the 24-month follow-up.
- ▶ *Promoting Health Among Teens! Comprehensive Abstinence and Safer Sex Intervention* was especially effective with sexually experienced adolescents. For instance, among participants who were sexually experienced at baseline, those in the 12-hour combined abstinence and safer sex intervention reported less sexual intercourse in the previous 3 months at the 6-, 12-, 18- and 24-month follow-up than the control group. In addition, they reported less unprotected sex at all five follow-up sessions than the control group.

Other Significant Findings:

The adolescents who received the *Promoting Health Among Teens! Comprehensive Abstinence and Safer Sex Intervention* scored higher in condom use knowledge; believed more strongly that condoms can prevent pregnancy, HIV and other STDs; believed more strongly that using condoms will not interfere with sexual enjoyment; expressed greater confidence that they could have condoms available when needed; and reported greater confidence that they could exercise sufficient impulse control to use condoms and greater self-efficacy for using condoms than did those in the control group.

FACILITATOR INFORMATION

Curriculum Teaching Strategies

Promoting Health Among Teens! Comprehensive Abstinence and Safer Sex Intervention uses several strategies to facilitate behavioral change. Each strategy is defined below and its use in the curriculum is described.

STRATEGY 1: Setting the Environment: The Group Agreements

Module 1 is designed to create a safe, nurturing, non-threatening environment for participants, stimulate their interest in the group, and provide them with more detailed information about the program. The group agreements that will govern participation in the group should be developed during Module 1. This presentation should permit and encourage discussion designed to give members a sense of participation in the group's decision making. That is, members should be encouraged to accept and live by the standards they agree upon and seek to alter those they wish to change. This is also a good time to provide reassurance to group members about concerns they may have about confidentiality, embarrassment and fear of active participation.

Steps to Creating Group Agreements

- ▶ Brainstorm possible agreements.

For example:

- Respect each other's opinions.
 - One person speaks at a time.
 - No name-calling.
 - Confidentiality.
 - Begin and end on time.
- ▶ Clarify and discuss.
 - ▶ Eliminate any agreements not agreed upon by all.
 - ▶ Come to a group consensus on all agreements.

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

General Tips for Improving Group Cohesion and Performance

The following tips can help build group cohesion:

- ▶ Frequently reward positive behavior (i.e., during demonstrations or exercises).
- ▶ Be supportive.
- ▶ Give compliments.
- ▶ Be non-judgmental.
- ▶ Respect participants' feelings and boundaries.
- ▶ Model appropriate assertive behavior.
- ▶ Be firm when necessary.
- ▶ Demonstrate concepts and give examples when possible.
- ▶ Keep the language simple.
- ▶ Encourage group members to share their experiences at their own pace.
- ▶ Build on strengths.
- ▶ Listen.
- ▶ Let the group members react, think and analyze.
- ▶ Be flexible.
- ▶ Be patient with the process and try different approaches until you find one that works.
- ▶ Clearly convey your expectations for how group members treat each other and how they participate.
- ▶ Encourage participation through reinforcement, teaching communication skills, modeling sensitive material and being supportive, respectful and inclusive regardless of the group members' opinions and beliefs.
- ▶ Demonstrate acceptance and respect for all participants, regardless of personal characteristics, including race, cultural background, religion, social class, sexual orientation and gender identity.

STRATEGY 2: Brainstorming

Brainstorming is a technique used to rapidly generate as many ideas as possible, within a given (usually brief) period of time, about a particular question, topic or problem.

For example: Important Concerns of Youth

Participants are encouraged to spontaneously express their thoughts and reactions (and the facilitator usually records each idea). No evaluation or criticism of ideas is allowed during this part of brainstorming. Participants simply say whatever comes to mind.

For example:

- ▶ Family
- ▶ Friends
- ▶ Money
- ▶ Having sex, or not
- ▶ Clothes
- ▶ School
- ▶ Relationships
- ▶ Peer pressure
- ▶ Pregnancy
- ▶ Violence
- ▶ Drug use
- ▶ Getting a job
- ▶ Popularity
- ▶ Music
- ▶ HIV/AIDS and other STDs

The facilitator may ask probing questions to elicit certain types of ideas or information.

Once a list has been generated, the group then discusses, evaluates and/or processes each idea (giving neither credit nor blame to the person who suggested it).

For example: Ask the group “why” each item is an important concern to youth, or how each item impacts their lives.

If the task requires it, the group may then choose to prioritize, categorize or select the best idea(s).

For example:

- ▶ “On which of these things can you have a positive impact? How?”
- ▶ “Which of these things would be healthier to avoid or prevent? How?”
- ▶ “Which five items do you think represent the most important concerns of youth? Why?”

For our purposes, brainstorming will be primarily used as a method for:

- ▶ Assessing the knowledge of the group members—How much do they already know?
- ▶ Introducing new information at a level appropriate to the group—Bridging.
- ▶ Stimulating discussion—Asking probing questions.
- ▶ Processing information—Clarifying and reinforcing the main points or objectives.

Positive Characteristics About Brainstorming:

- ▶ Permits facilitator to assess group dynamics: Who are the active members? How does the group respond?
- ▶ Builds group cohesion.
- ▶ Permits everyone to learn from the information that is generated.
- ▶ Permits the opportunity to assess knowledge and skills of the group.

Principles of Brainstorming:

- ▶ Try to get out as many ideas as possible.
- ▶ Say anything that comes to mind.
- ▶ DON'T EVALUATE IDEAS; a later time can be set aside for evaluation.
- ▶ DON'T DISCUSS SUGGESTIONS; a later time can be set aside for discussion.
- ▶ Allow repetition.
- ▶ Encourage everyone's participation.
- ▶ Encourage building on other ideas.
- ▶ Allow periods of silence.

STRATEGY 3: Interactive Activities and Competitive Games

Interactive activities and competitive games give the participants the opportunity to practice what they have learned. One of the best strategies for teaching young people is to use fun, interactive and competitive activities, and many such activities are included in this curriculum.

Games and activities are a good strategy for teaching content. Games often promote rich discussion as participants work hard to earn their points. Because games can promote competition, remind participants of the group agreements prior to the game.

Facilitators – remember to read the rules prior to teaching the game, and make adaptations as necessary.

STRATEGY 4: Processing a DVD or Game

The practice of processing after an activity allows participants to reflect upon what they learned/experienced. Processing also allows the facilitator to draw out the key points of the activity. The most common way to process is to ask a series of questions or make a series of statements.

For example:

- ▶ Ask questions designed to elicit discussion.

General Reactions

- What did you think of the DVD?
 - What is your response to the activity?
 - How do you think Pat felt when...?
- ▶ Encourage all participants to contribute. In some groups, there are a few participants who may be less willing to volunteer during the discussion. The following techniques may be used to encourage all participants to contribute.

Personal Reactions

- How did you feel about...?
- Describe what you saw.
- What will you do as a result of...?

Sentence Stems

- Ask each participant to complete a phrase such as, “The most important thing I learned was...” Move quickly around the room. Give participants the right to pass.

“I” Statements

- I learned that...
- I was pleased that...
- I felt that...
- I was disappointed that...

STRATEGY 5: Working in Small Groups

Discussion Guidelines

- ▶ Set up simple guidelines that encourage each person to participate.
- ▶ Be clear about the purpose of the small-group work.
- ▶ Use cooperative groups whenever possible to help participants develop positive interpersonal skills while working toward a common goal.
- ▶ Set definite time limits.
- ▶ Plan ahead for how you will assign participants to groups and how you will assign roles within groups.
- ▶ The room and seating should facilitate discussion within the group as much as possible without disturbing other groups.
- ▶ You need not remove yourself from the discussion; however, you should encourage group members to rely on each other for problem solving and decision making.
- ▶ Remind participants when time is about to run out. Use a chime, train whistle, music or some other clear sound to bring people back to the large group.
- ▶ Set clear norms, emphasizing that everyone’s opinion is valuable, and that the group is working toward an atmosphere of trust.
- ▶ Determine the goal of the discussion, and periodically remind the group of that goal.
- ▶ Encourage participants to become good listeners.
- ▶ Allow plenty of time for responses.
- ▶ Redirect conversation if one participant tries to dominate.

- ▶ Try to engage the more quiet participants by making longer eye contact or asking for their contribution.

STRATEGY 6: Roleplaying/Practice

This method of acting out imaginary situations allows participants to practice using a new skill. It provides an opportunity for participants to take risks with new ways of behaving in a safe situation without fear of failure, and to see how their peers will react to their behavior.

Steps

- ▶ Select roleplayers or ask for volunteers.
- ▶ Set the scene. Describe the situation carefully, but briefly.
- ▶ Give brief, clear instructions.
- ▶ Start the action.
- ▶ End the situation if it becomes stalemated or repetitive.
- ▶ Leave time to discuss (see Processing):
 - What happened.
 - Why it turned out the way it did.
 - Whether it turned out as desired.
 - Who would have had to do what to make it turn out differently.

Tips for Making Roleplays Successful

- ▶ Set and follow norms or ground rules for group behavior.
- ▶ See yourself as the director of a movie.
- ▶ Make every effort to allow participants to volunteer. Urge everyone to participate.
- ▶ Set the scene.
- ▶ Rehearse.
- ▶ Record to ensure transfer.
- ▶ Start with low-risk situations and move to high-risk situations. It may be beneficial to begin with scripted roleplays and then move to unscripted roleplays.
- ▶ Give continuous positive reinforcement.

Practice

Practice combines elements of roleplay and small-group work. Practice of specific skill steps is crucial for learning to occur. It should be a structured process.

Roleplay practice and learning may be enhanced if facilitators:

- ▶ Give participants a choice on whether or not to participate.
- ▶ Encourage participants to improvise during roleplays to make them more their own.
- ▶ Reinforce participants for using the specific skill.
- ▶ Give participants a specific role:
 - Roleplayer
 - Observer
- ▶ Develop structured methods for observing and providing feedback.
- ▶ Teach participants how to give feedback that focuses on the behavior, not the individual.
- ▶ Provide feedback on the skill-users' posture, tone, speech, eye contact and ability to follow the steps of the skill.

Whenever participants take on a role, particularly if it is “negative” in some way, it is important to “de-role” them, so elements of the role do not remain in the group’s perception of the person. For example, at the end of the roleplay, say, “you are no longer in this role.”

Handouts / Student Workbooks

Handouts provided for participants include worksheets for small-group work and roleplay materials. These can be copied beforehand and distributed during each activity, or participants can be given Student Workbooks during the first session. The workbook contains all the needed handouts and worksheets for the curriculum activities.

General Tips for Preparing to Implement the Curriculum

- ▶ Review the curriculum manual ahead of time.
- ▶ Review the format of the manual, which consists of goals, objectives, preparation, materials and a detailed outline of what the facilitator should say and do for each activity.
- ▶ Become familiar with all activities, DVDs and curriculum materials.
- ▶ Make sure you have all the necessary equipment and materials.
- ▶ Review the supplemental background information provided in Appendix B about HIV, other STDs, contraceptive methods and effects of alcohol and other drugs.
- ▶ Learn about local resources such as health departments and family planning clinics.
- ▶ Know the policies of school districts and community agencies in regard to implementing new programs, discussing issues of sexuality and gaining parental support and permission.

Materials

The *Promoting Health Among Teens! Comprehensive Abstinence and Safer Sex Intervention* uses the following materials at various points in the curriculum. Use this checklist to prepare for teaching. Some of the items will need to be prepared prior to beginning the sessions; others can be developed as part of the process.

MATERIALS NEEDED (NOT INCLUDED IN IMPLEMENTATION KIT)

- Pencils/pens (enough for each participant)
- Name tags
- Markers
- Masking tape
- Newsprint
- Monitor and DVD player
- Blank sticky notes (1" x 3")
- Prepared "Abstinence Necessities" slips

Stickers (for completed *PHAT! Homework Assignments*)
Pre-labeled index cards (1 labeled D, 2 labeled A, 2 labeled C, 3–5 labeled U for a group of 8–10)
Condoms (one per participant or pair, plus demonstration condoms)
Penis models
Water-based lubricant
Small paper bag
Roll of paper towels
Garbage bag
Blank index cards
8.5" x 11" plain paper
Envelopes

Pre-Labeled Newsprint:

Group Agreements
Promoting Health Among Teens! Be Proud! Be Responsible!
Why Some Teens Have Sex
Consequences of Sex
Goals (written on left side of newsprint)
Barriers
Solutions
Easy
Obstacles
STD
Symptoms
How Do People Get STDs?
Reasons to Avoid STDs
Contraceptives
Benefits of Sex/Abstinence
Abstinence Jeans (Draw a pair of jeans on a piece of newsprint and label it "Abstinence Jeans.")
Pros
Cons
Ways to Make Condom Use Easy and More Fun
Excuses Sexual Partners Give

MATERIALS INCLUDED IN IMPLEMENTATION KIT

Cards

HIV Risk Behavior cards

The Hard Way character cards (Kenrick, Miguel, Renee, Mom, Dad and Koko)

Condom Line-Up cards

Risky Sexual Situations cards

Posters

Promoting Health Among Teens!

Goals and Dreams Timeline

Male Reproductive Anatomy

Female Reproductive Anatomy

Anatomy Key Words

How Do People Express Their Sexual Feelings?

HIV/AIDS Frame

Key Words

Risk Continuum signs

STOP, THINK and ACT

STD

Birth Control Choices

Steps for Using a Condom

Agree/Disagree signs

Expressing Physical Affection signs (1–8)

STOP

Observer Checklist

Roleplay Guidelines

Negotiation and Refusal Skills Charts (1A, 1B, 2, 3, 4)

My Choice

TREO (optional)

Handouts or Student Workbook Pages

Goals and Dreams Timeline

Male Reproductive Anatomy

Female Reproductive Anatomy

Peer Pressure

Jess and Dylan Case Study

Myths and Facts
First Homework Assignment
Calling Koko Callers 1–6
Second Homework Assignment
Nat Next Door
Trying to Slow Down (Ineffective and Effective Versions)
Who Is Being Responsible?
After the Party (Ineffective and Effective Versions)
At a Party (Scripted and Unscripted Versions)
Shawn and Robin roleplay
Kerry and Micah roleplay
Observer Checklist
Roleplays (A–H)
Glossary

DVDs

The Subject Is Puberty — Change Is Normal (Safer Sex Version)
The Subject Is HIV (Safer Sex Version)
The Subject Is STDs (Safer Sex Version)
Tanisha & Shay (Safer Sex Version)
Nicole's Choice
The Hard Way
Wrap It Up: Condom Negotiation and Condom Use Animation

Background Reading

For more information on this program and other evidence-based Jemmott curricula and research, see the following articles.

Jemmott, J. B., III, Jemmott, L. S., and Fong, G. T. (2010). Efficacy of a theory-based abstinence-only intervention over 24 Months: A randomized controlled trial with young adolescents. *Archives of Pediatrics and Adolescent Medicine*, 164 (2): 152–159.

Jemmott, J. B., III, Jemmott, L. S., Fong, G. T., and Morales, K. H. (2010). Effectiveness of an HIV/STD risk-reduction intervention for adolescents when implemented by community-based organizations: A cluster-randomized controlled trial. *American Journal of Public Health*, 100 (4): 720–726.

Jemmott, J. B., III, Fry, D., and Jemmott, L. S. (2009) Abstinence interventions. In A. O’Leary (Ed.), *Beyond Condoms*. New York: Plenum.

Jemmott, J. B., III, and Jemmott, L. S. (2008). Helping adolescents reduce their risk of AIDS. In M. Chesney (Ed.), *Health Psychology and HIV Disease*. New York: Plenum.

Jemmott, L. S., Jemmott, J. B., III, and O’Leary, A. (2007). Effects of sexual risk behavior and STD rate of brief HIV/STD prevention interventions for African American women in primary care settings: Effects on sexual risk behavior and STD incidence. *American Journal of Public Health*, 97: 1034–1040.

Villarruel, A. M., Jemmott, J. B., III, Jemmott, L. S. (2006). A randomized controlled trial testing an HIV prevention intervention for Latino youth. *Archives of Pediatric Adolescent Medicine*, 160: 772–777.

Jemmott, J. B., III, Jemmott, L. S., Braverman, P. K., and Fong, G. T. (2005). HIV/STD risk reduction interventions for African and Latino adolescent girls at an adolescent medicine clinic: A randomized controlled trial. *Archives of Pediatric Adolescent Medicine*, 15: 440–449.

Jemmott, J. B., and Jemmott, L. S. (2001). HIV Risk-Reduction Behavioral interventions with heterosexual adolescents, *AIDS*, 14 (suppl 2): S40–S52.

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

Jemmott, J. B., III, and Jemmott, L. (1999). Reducing HIV risk associated sexual behaviors among African American adolescents: Testing the generalizability of intervention effects. *Journal of Community Psychology*, 27: 161–187.

Jemmott, J. B., III, Jemmott, L. S., and Fong, G. (1998). Abstinence and safer sex HIV risk-reduction interventions for African-American adolescents: A randomized control trial. *Journal of American Medical Association*, 279: 1529–1536.

Jemmott, J. B., III, Jemmott, L. S., and Hacker, C. (1992). Predicting intentions to use condoms among African American adolescents: The theory of planned behavior as a model of HIV risk associated behavior. *Journal of Ethnicity and Disease*, 2: 371–380.

Jemmott, J. B., III, Jemmott, L. S., Spears, H., Hewitt, N., and Cruz-Collins, M. (1992). Self-efficacy, hedonistic expectancies and condom-use intentions among inner-city black adolescent women: A social cognitive approach to AIDS risk behavior. *Journal of Adolescent Health*, 13: 512–519.

Jemmott, J. B., III, Jemmott, L. S., and Fong, G. (1992). Reductions in HIV risk-associated sexual behaviors among black male adolescents: Effects of an AIDS prevention intervention. *American Journal of Public Health*, 82: 372–377.

Jemmott, J. B., III, and Jemmott, L. S. (2000). HIV behavioral interventions for adolescents community settings. In J. L. Peterson and R. J. DiClemente (Eds.), *Handbook of HIV Prevention*. New York: Plenum.

Jemmott, J. B., III, and Jemmott, L. S. (1994). Interventions for adolescents in community settings.” In R. DiClemente and J. Peterson (Eds.), *Preventing AIDS: Theory and Practice of Behavioral Interventions*. New York: Plenum.

1

MODULE

Promoting Health Among Teens!

**Comprehensive
Abstinence & Safer
Sex Intervention**

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

GOALS

The goals of this module are to:

- ▶ Provide participants with an overview of the program.
- ▶ Increase participants' personal investment in participating in the program.
- ▶ Introduce group members to each other.
- ▶ Establish group agreements.
- ▶ Build group cohesion, comfort and feelings of safety and trust.
- ▶ Increase participants' confidence about making proud and responsible decisions to protect themselves and their community from unplanned pregnancy, HIV and other STDs.

LEARNING OBJECTIVES

After completing this module, participants will be able to:

- ▶ Identify several agreements for group participation that will facilitate discussion and learning.
- ▶ Identify what it means to be proud and responsible.
- ▶ Describe the benefits of proud and responsible behavior.
- ▶ Identify at least two reasons why teens have sex, the consequences of sex and strategies for reducing those consequences.
- ▶ Describe at least one goal they wish to achieve in the future.
- ▶ Identify a barrier to achieving their personal goals.

STRATEGIES/METHODS

- ▶ Mini-Lecture
- ▶ Brainstorming
- ▶ Talking Circle Exercise
- ▶ *Goals and Dreams Timeline* Exercise
- ▶ Group Discussion

MATERIALS NEEDED

- ▶ Pencils/pens
- ▶ Markers
- ▶ Masking tape
- ▶ Name tags
- ▶ Posters:
 - *Promoting Health Among Teens!*
 - *Goals and Dreams Timeline*
- ▶ *Goals and Dreams Timeline* handouts or student workbooks
- ▶ Pre-labeled newsprint:
 - *Promoting Health Among Teens! Be Proud! Be Responsible!*
 - *Group Agreements*
 - *Why Some Teens Have Sex*
 - *Consequences of Sex*
 - *Goals* (written on left side of newsprint)

PREPARATION NEEDED

1. Before the program begins, label all of the newsprint charts as listed under Materials.
2. Hang the posters and pre-labeled newsprint charts in the order they will be used. Fold and tape the charts so the titles remain covered by the bottom half of the sheet until you use them.

INSTRUCTIONAL TIME

- ▶ 60 minutes

ACTIVITY

TIME NEEDED

A. WELCOME AND PROGRAM OVERVIEW	5
B. TALKING CIRCLE.....	10
C. CREATING GROUP AGREEMENTS	5
D. PROMOTING HEALTH AMONG TEENS! BE PROUD! BE RESPONSIBLE! BRAINSTORM.....	5
E. BRAINSTORMING ABOUT TEENS AND SEX	10
F. GOALS AND DREAMS TIMELINE	15
G. BRAINSTORMING OBSTACLES TO YOUR GOALS AND DREAMS. .	10

A

WELCOME AND PROGRAM OVERVIEW

PREPARING FOR THE ACTIVITY

RATIONALE

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

5

MINUTES

MATERIALS NEEDED


- ▶ *Promoting Health Among Teens!* poster
- ▶ Name tags
- ▶ Markers

PROCEDURE

FACILITATOR'S NOTE

Have the name tags and markers ready. As participants arrive, give them a name tag and a marker. Tell them to write their first name on the name tag and put it on. You should already have your name tag on before you begin this procedure.

1. Welcome the participants and introduce yourself.
2. Present the purpose and format of the program by saying,

 This program is called "Promoting Health Among Teens!"

In this program we will talk about sexually transmitted diseases, including HIV, abstinence and safer sex. Although STDs can be prevented, many young people don't take precautions because they don't believe they are at risk of getting an STD. Anyone can get an STD, including HIV, from having unprotected sexual intercourse with a partner who is infected.


(continued)

(continued)

Unplanned pregnancies can be prevented too. Many teen parents have been able to create successful lives for themselves and their children, especially when they have the support of some caring adults. However, they have to work a lot harder to do so. It's easier to reach your goals if you postpone having a child, or, if you're already a parent, postpone having another child.

Do you think young people should be worried about unplanned pregnancy, HIV and other STDs?

3. Pause to allow participants to answer. Then say,

 The people who designed this program care about the lives of young people. They want you to have the knowledge and skills to protect yourselves and others against unplanned pregnancy, HIV and other STDs.


To make the program interesting and fun, it includes DVDs, exercises and games that I hope you will enjoy. Although the information is serious and important, I hope we can learn together and have a good time.

Other young people who've participated in a program similar to this have said they had a good time, learned a lot and would recommend it to their friends. I hope you will like it too.

Are there any questions?

4. Answer any questions the participants have about the purpose or format of the program.

5. Summarize by saying,

 In this program you will learn information about puberty and preventing HIV, other STDs and pregnancy. You will learn that the surest way to protect yourself from getting an STD or experiencing an unplanned pregnancy is *abstinence* or choosing not to have sex. You will learn how to reduce your risk, if you choose to have sex, by practicing safer sex and using a latex or polyurethane/polyisoprene condom every time. We will talk a lot about abstinence and safer sex later and learn ways to make them work for you. There will also be two homework assignments so that you can share what you've learned with your family and friends to help keep everyone safe. Now that you have some idea of what to expect, let's get started.

FACILITATOR'S NOTE

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

B**TALKING CIRCLE****PREPARING FOR THE ACTIVITY****RATIONALE**

Opening and closing each day with the Talking Circle encourages participants to feel like important contributors to the group and gives them an opportunity to express their thoughts and feelings.

10**MINUTES****MATERIALS NEEDED**

- ▶ None


PROCEDURE

1. Have the participants sit in a circle format.

FACILITATOR'S NOTE

It is important to designate a space or a particular way of sitting that is unique to the Talking Circle. Have the participants sit on the floor, have them move their chairs very close to each other, or set aside a special area of the room to accomplish this.

2. Explain the Talking Circle by saying,

 The Talking Circle is a communication tool specific to American Indian people. It's been used for generations to bring people together to teach, learn, listen and share with each other and to help groups discuss important issues.

We will use the Talking Circle to introduce ourselves and get to know a little about each other and to talk about what we learned.

(continued)

(continued)

Each person will have a chance to speak. When you are finished speaking, the person sitting on your left will speak next.

If you're not ready when we come to you, you may pass and we will come back to you later. Let's try the Talking Circle by using it to introduce ourselves. I will speak first and when it is your turn please share your name, your age, the school you attend, your grade, preferred pronouns and something else you'd like us to know about you. For instance you might tell us about a hobby or favorite activity. Also tell us why you are here today.

3. **Model the Talking Circle by beginning with yourself:**

 My name is _____ and I am _____.
(age)

I attend(ed) _____.
(high school, college or university)


When referring to me, please use the pronouns _____ or _____.

One of my favorite things to do is... (share something you enjoy doing).


One thing that makes me proud of myself is...

4. **Ask the person on your left to speak next. Encourage each group member to speak. When the Talking Circle is complete, thank each person for sharing.**

5. **Ask the following question:**

 How many of you already knew each other?

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

 Thanks to all of you for sharing a little about yourselves. During the program, we will get to know more about each other and what is important to each of us. The Talking Circle is now over, but we will use it again later.

FACILITATOR'S NOTE

Asking participants to tell you their preferred personal pronouns is a way of creating a safe space for any transgender or gender nonconforming youth. Model what you want participants to say by giving your own personal pronouns. Some transgender youth might prefer typical pronouns (he/she/his/her/their) or they might request more creative pronouns such as hir or zir. Personal pronouns don't always line up with what observers might expect based on a person's perceived biological sex. The simple act of requesting personal pronouns sends the message that transgender and gender nonconforming youth are welcome and respected in the group.

You can also use alternative sentence stems in the introductions. Here are some ideas:

- One of my favorite TV shows or movies is _____.
- The best movie/book I've ever seen/read is _____.
- An item on my bucket list is _____.

C

CREATING GROUP AGREEMENTS

PREPARING FOR THE ACTIVITY

RATIONALE

Group agreements help participants feel more secure in a group setting, and help facilitators provide structure when discussions become difficult or awkward. Developing guidelines as a group builds group cohesion and increases the likelihood that participants will follow the agreements.

5


MINUTES

MATERIALS NEEDED

- ▶ Pre-labeled newsprint:
 - *Group Agreements*
- ▶ Markers
- ▶ Masking tape

PROCEDURE

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

 We're going to be talking about sexuality—a topic that sometimes can cause people to feel nervous or uncomfortable. What guidelines or agreements could we put in place to help make sure that everyone in the group feels safe, comfortable and able to participate?

2. Have participants brainstorm a list of agreements or guidelines for the group to follow. As the participants offer guidelines, write them on the newsprint titled *Group Agreements*.
3. Make sure the list includes the following suggestions. Be sure to cover confidentiality, right to pass and respecting diversity.

GROUP AGREEMENTS AND GUIDELINE SUGGESTIONS

Confidentiality: When people share private information in this group, it should be kept private. If, for example, someone shares about crying because of hurt feelings, it would be a violation of the group agreements to discuss or joke about this with someone outside the group. We will not talk about any personal information we hear in this group with people outside this group.

There is one exception. If any of you tell me something that might cause you or someone else harm, I will have to tell someone for safety reasons—for example, if you told me you were going to hurt yourself or someone else, or if someone talks about being abused in any way. Please know that it is important to tell and to get help if you or someone else is being harmed. I encourage you to talk to me before or after the session, or to talk with another trusted adult outside of this group.

No put-downs: Show respect for others, even if you disagree with them. If someone says something that you disagree with, it would be a violation of the group agreements to say, “that’s stupid” or “you’re wrong.” Instead, say that you have a different idea and share it. All questions are important. There is no such thing as a “silly question.”

Be supportive of each other: We will be discussing important and sometimes personal information about making choices and risky behaviors. At times you may talk about yourself, your peers and your partners. Everyone in this room is different and has had different experiences. It is important that we respect these differences by not laughing at anyone or making statements that put people down.

Use “I statements”: When we talk about personal subjects, we sometimes make assumptions about how others feel. In this group, it is important to talk about how YOU feel, think or act and not about how you think “all teens” or “all your friends” feel, think or act.

Right to pass: Sometimes when talking about subjects such as sexuality, someone might not want to talk or might have an uncomfortable feeling or memory. If you ever feel like being quiet or not sharing, it’s OK to just listen. If I call on you or someone asks you a question, you can say, “I pass.” Always take care of yourself. All group members have the right not to respond to any question they do not wish to address.

(continued)

(continued)

Step up, step back: If you tend to talk a lot in groups, step back sometimes so others can talk. If you tend to be very quiet, step up and participate a little more so the group can benefit from your ideas.

Dealing with discomfort: Sometimes certain conversations or topics can bring up uncomfortable feelings for people. If anything makes you feel uncomfortable during our sessions, let me know. If you need to step outside for a few minutes, we can arrange that. Also it's OK to distract yourself by doodling or using another strategy that helps you feel comfortable. Please come to me with any issues or concerns you have. If I can't help, I can connect you with people or resources that can help.


Respect diversity: Let's keep in mind that there's diversity in society and in this group. Individuals come from different family backgrounds, different racial and cultural groups, and different living situations. Some young people have already had romantic relationships; others aren't even thinking about it. Some may have had sexual intercourse. Some may have had sex because they chose to; others may have had sex against their will. Some may identify as gay, lesbian, bisexual or straight. Some may identify as male, female or transgender. All of these differences make us unique. Regardless of how you see yourself, your background, previous relationships or experience, each of you has a place in this group. This will be a safe space for everyone.

Other agreements you should include if participants do not mention them:

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

4. Ask participants if they have any other suggestions they would like to add.
5. Once the list is complete, re-read each agreement and ask all group members to nod and say "yes" that they agree to follow that guideline.

6. Summarize this activity by saying,

 You did a great job creating the list! I will post our group agreements each time we meet so we can all see it and remember those guidelines.

I am excited and feel that we can work well together and respect each other by following our group agreements. I look forward to working with all of you.

FACILITATOR'S NOTE

Be sure to post the group agreements throughout all the sessions of the program.

D

PROMOTING HEALTH AMONG TEENS! BE PROUD! BE RESPONSIBLE! BRAINSTORM

PREPARING FOR THE ACTIVITY

RATIONALE

This activity introduces the name of the program, “Promoting Health Among Teens!” The theme of being proud and responsible provides a motivation for engaging in health-protective behavior and for encouraging others to do the same.

5


MINUTES

MATERIALS NEEDED


- ▶ *Promoting Health Among Teens!* poster
- ▶ Pre-labeled newsprint:
 - *Promoting Health Among Teens! Be Proud! Be Responsible!*
- ▶ Markers
- ▶ Masking tape

PROCEDURE

1. Display the poster and unfold the pre-labeled newsprint titled *Promoting Health Among Teens! Be Proud! Be Responsible!*
2. Open the discussion by saying,

 The title of this program is “Promoting Health Among Teens!” and we are going to learn to “be proud” and “be responsible!”

3. Introduce the activity by saying,

 We are going to do some brainstorming. In brainstorming, you just say whatever comes to mind about a particular issue or question. I want you to brainstorm the answers to two questions.

What does it mean to be “proud”?


What does it mean to be “responsible”?

4. Have participants brainstorm answers to these questions and record their ideas on the *Promoting Health Among Teens! Be Proud! Be Responsible!* newsprint.

Make sure their responses include:

- To **Be Proud** is to feel happy and pleased about something you’ve accomplished, to feel that you have lived up to your expectations or behaved according to your own or community values.
- To **Be Responsible** is to be dependable, dedicated, reliable, committed, truthful and trustworthy.

5. Explain that,

 Being proud and responsible means that you value yourself and you believe you are worthy! Each one of you has value. Each one of you is worthy. You have to behave in ways that show you understand your worth.

Proud and responsible behavior also extends into the area of sex. It means you understand that the surest way to protect yourself from unplanned pregnancy and STDs, including HIV, is to be abstinent, which means choosing not to do any sexual behaviors that could cause pregnancy or spread diseases. If you choose to have sex, it means using a latex condom every time to reduce the risk of pregnancy or STDs. People who are allergic to latex can use condoms made of polyurethane or polyisoprene.

It can also mean not using alcohol and other drugs that can affect your decision making. Another proud and responsible behavior is to talk with


(continued)

(continued)

friends, partners and family members about risky behaviors and encourage them to protect themselves.


We know that some young people have been sexually abused, and they didn't get to make a choice. Youth who have survived something like that can use that inner strength in the future and choose not to have sex in order to protect themselves from STDs and unplanned pregnancies. If you are currently in a situation where you don't get to make your own choices about sexual activity, I encourage you to reach out to me or another trusted adult to get help.

6. Then ask,

 What are some other proud and responsible behaviors?

Answers may include:

- doing homework
- doing chores
- coming in at curfew
- listening to parent/guardian/caregiver/siblings
- not using alcohol or other drugs

 What are the benefits of proud and responsible behaviors? What do we gain by being proud and responsible?

Answers may include:


- Feel better about yourself.
- Have healthier relationships.
- Stay out of trouble.
- Accomplish your goals.
- Make people feel proud of you.

- Reduce your risk of pregnancy, HIV and other STDs.
- Have a healthier body.
- Stay in school.
- Feel like you are helping your loved ones and your community.

FACILITATOR'S NOTE

Post the chart with participants' list of words to describe what it means to be proud and responsible. You can refer back to their list throughout the program when encouraging the participants to make proud and responsible choices. Be conscious of the fact that some participants may be sexually active, either voluntarily or as a result of sexual abuse. The intention of this activity is not to imply that young people who have had unsafe sex before cannot feel proud or responsible, or experience the benefits of proud and responsible behavior.

7. Conclude by saying,

 I believe that you can make proud and responsible choices. The proud and responsible thing to do is to abstain from any sexual behavior that could cause pregnancy or diseases or to use condoms. People who engage in responsible behaviors such as abstinence or using condoms can feel proud because they help protect themselves and their friends, families and communities.

E

BRAINSTORMING ABOUT TEENS
AND SEX

PREPARING FOR THE ACTIVITY

RATIONALE

This activity helps participants explore reasons teens have sex and the consequences of sex to help enhance their ability to make decisions about their own personal behaviors. This activity also helps the participants understand the definition of abstinence and how it can help protect them.

10

MINUTES

MATERIALS NEEDED


- ▶ Pre-labeled newsprint:
 - *Why Some Teens Have Sex*
 - *Consequences of Sex*
- ▶ Markers
- ▶ Masking tape

FACILITATOR'S NOTE


As you facilitate this activity and the entire program, keep in mind that for some youth pregnancy and parenting are intentional. The reasons are complex. There may be family, cultural and community influences—in some families, cultures and communities, young parenthood is prized and has been modeled. Some youth place high value on parenthood because they see it as a realistic life option when they don't see options such as post-secondary education and/or a career as viable. Others see a baby as someone who will always love them. While it is impossible to fully address these complex motivations for pregnancy and parenting in this model, the program approaches pregnancy prevention by offering concrete information, positive attitudes and beliefs about abstinence, and many opportunities for skill practice. It is also important to remember that not all adolescent sexual activity is voluntary, and that some youth may have been sexually abused or coerced.

PROCEDURE

1. For this activity, use the pre-labeled sheets of newsprint (folded so the titles are covered by the bottom half of the newsprint). Unfold the newsprint sheets one at a time, as needed.
2. Introduce the activity by saying,

 We are going to do some more **brainstorming**. Remember in brainstorming, you just say whatever comes to mind about a particular issue or question.


3. Unfold the first sheet of newsprint, titled *Why Some Teens Have Sex*, and then ask,

 Why do you think some teens have sexual intercourse?

The responses should include the following:

- To keep a boyfriend/girlfriend/partner or because partner expects it
- To feel more grown up
- To get back at parents
- To fit in—peer pressure
- To express feelings to a partner
- To give support to a partner
- To feel loved or needed
- See it on TV and in the movies
- To brag about it to friends
- Low self-esteem
- Forced
- To have fun

- To be popular
 - To satisfy curiosity
 - Problems at home/living situation
 - Loneliness
 - For pleasure or sexual release
 - To have a baby
4. Write all of the participants' comments on the newsprint. Compliment their good ideas.
 5. Summarize as follows:

 As we can see by your lists, there are many reasons teens have sex. But the consequences of having sexual intercourse at a young age could make it harder to accomplish their hopes and dreams for the future. Let's look at some of the possible consequences of sex.


6. Unfold the next newsprint, *Consequences of Sex*.
7. Have participants brainstorm the consequences of sex, and write all of their comments on the newsprint. Be sure to include pregnancy, HIV and other STDs.

FACILITATOR'S NOTE


Participants may also mention positive consequences of having sex, such as feeling closer to a partner or experiencing pleasure. You can relate these to some of the reasons teens choose to have sex, while also emphasizing that abstinence and/or condom use can help them avoid the consequences that could have a negative impact on their future goals.

8. Compliment the group on how much they know.


9. Then ask,

 How can teens benefit if they decide to protect themselves from potentially negative consequences of sex by practicing abstinence?

10. Point to their lists and say,

 As we can see from your lists, there are a lot of reasons teens have unsafe sex, and there are a lot of consequences to having unsafe sex. The best way to avoid getting pregnant, getting someone pregnant or getting an STD, like HIV, is to practice abstinence. If you decide to have sex, the best thing to do is to use a latex or polyurethane/polyisoprene condom every time.

11. Then say,


 In this program, you will learn about abstinence and safer sex—what they are, how to use them and how to negotiate your sexual decision with a partner. Abstinence may be a new word for some of you, so it is important that you know what it means.

So, what does abstinence mean?


Answer:

- Not having vaginal, oral or anal sex
- Not participating in any sexual behaviors that could transmit STDs

12. Continue by saying,

 This is the definition of abstinence that we are going to use in this program. Abstinence is the only 100 percent effective way to prevent STDs, including HIV, and unplanned pregnancy. When you practice abstinence, you will avoid any negative consequences of sex.

13. Then say,


 During this program, you will hear me use the words “safer sex.”

What does safer sex mean?

Answer:


- Having safer sex means taking steps to protect yourself and your partner from HIV, other STDs and unplanned pregnancy.
- Safer sex means knowing how to use latex condoms and using them every time you have sex.

14. Clarify:

 When you hear me say “use condoms correctly and consistently,” I mean use them right and use them every single time you have vaginal, oral or anal sex.


Practicing safer sex reduces your risk of getting pregnant or getting an STD, such as HIV.

15. Ask the following questions:

 What is the difference between being abstinent and being a virgin?

Answer should include:


- Being a virgin means never having had sex.
- Abstinence means choosing not to have sex. A person who is practicing abstinence could have had sex in the past, but has decided not to have sex now.

 What is the difference between abstinence and safer sex?

Answer should include:


- Abstinence means not having vaginal, oral or anal sex.
- Safer sex means having sex, but using latex condoms and other protection correctly and consistently when you do.

16. Unfold the second sheet of newsprint, titled *Why Some Teens Don't Have Sex*, and then ask,

 Why do you think some teens choose to abstain from sex?


The responses should include the following:

- Want to focus on goals for the future
- Are interested in other things
- Want to wait for marriage
- Don't want to give in to pressure
- Because of spiritual/moral beliefs
- To please parents, guardians or other trusted adults
- To make choices that are right for them
- To feel more grown up


 Do you think it can sometimes be hard to abstain from sex? Why or why not?

Be sure responses include:

- effects of peer pressure
- pressure from a partner
- internal pressure


 What would your friends say if you told them you were practicing abstinence?

Encourage several participants to give answers.

 What would your friends say if you told them you were going to practice safer sex?

Encourage several participants to give answers.

17. Summarize by saying,

 Practicing abstinence or safer sex can reduce your risk of getting HIV or other STDs or having an unplanned pregnancy. There are many consequences of having sex. Yet, there are some proud and responsible strategies for preventing those consequences. Now, let's examine our goals and dreams and see how the consequences of having unprotected sex can have an impact on them.

F

GOALS AND DREAMS TIMELINE

PREPARING FOR THE ACTIVITY

RATIONALE

To achieve their goals, participants need to think about their future and understand that their present behavior will have an impact on what they will be doing 5 and 10 years from now.


15
MINUTES

MATERIALS NEEDED

- ▶ Pencils/pens
- ▶ Markers
- ▶ Masking tape
- ▶ *Goals and Dreams Timeline* poster
- ▶ *Goals and Dreams Timeline* handouts or student workbooks
- ▶ Pre-labeled newsprint:
 - *Goals* (write “Goals” on the left side of the newsprint)

PROCEDURE


1. Display the *Goals and Dreams Timeline* poster.
2. Introduce the exercise by saying,

 Everything and everyone has a past, present and future. This next activity will help you take a closer look at your past, present and future.


FACILITATOR'S NOTE

Record some events from your own life on the *Goals and Dreams Timeline* example. Provide examples for each section. This will help participants understand what you want them to do.


3. Distribute the *Goals and Dreams Timeline* handout or have participants turn to it in their workbooks. Give the following instructions:

 This is a timeline that will help you think about what you have already accomplished in the past year and what you want to accomplish in the future. There are three sections. In the first section, write your age and any things you've already accomplished. This can be anything—big or small—that's meaningful for you. For example, playing for a sports team, getting certain grades, attending a particular social event, joining a club, winning a student election, artistic or musical performance, etc.


4. Allow 1–2 minutes for participants to complete the first task.
5. Then give the following instructions:

 Move on to the second section on your timeline. Imagine yourself 5 years from now. That will be 20___. Write down the age you will be in 5 years. Think of at least one thing you hope to have achieved 5 years from now. Write down at least one goal in this section. You can write more than one goal if you like.


6. Give participants 1–2 minutes to complete the second task.
7. Then give the following instructions:

 Finally, look ahead 5 more years. You are 10 years older than you are now, about 22 or 23 years old. Think of at least 2 things you hope to have achieved 10 years from now. Write your answers in the third column of your timeline (10 years from now to the year ____).

8. Allow 1–2 minutes for participants to complete their timelines.
9. Then encourage each participant to share with the group one goal from each section, by going around the room and asking,

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

10. Ask participants to choose one of their goals and to write it on the back of their timeline. Next to that goal, have them write two things they must do to achieve it.
11. While they are working on this, unfold the *Goals* newsprint. Circulate and provide support to anyone who seems to be struggling. Some youth need a little extra coaxing or encouragement to identify and voice their goals. Be prepared to provide a few examples, such as going to college, getting trained in a skill, buying a car or starting a business.
12. Have participants share the goals they've chosen and the actions they must take to achieve them. Write these goals on the left side of the *Goals* newsprint, leaving space on the right half for items to be added in the next activity.
13. Compliment participants on their answers.
14. Summarize the activity by saying,

 You can reach your goals with a little planning and organization and by making proud and responsible decisions. Reaching your goals will make you and the people you care about proud. Remember, you are capable of doing whatever you put your mind to.

G

BRAINSTORMING OBSTACLES TO
YOUR GOALS AND DREAMS

PREPARING FOR THE ACTIVITY

RATIONALE

Directing participants' attention to the potential obstacles they may face when pursuing their goals and dreams encourages them to develop strategies to avoid, surmount or reduce those obstacles.


10
MINUTES

MATERIALS NEEDED

- ▶ Pre-labeled newsprint:
 - *Goals* (from the previous activity)
- ▶ Markers
- ▶ Masking tape

PROCEDURE


1. Refer to the *Goals* newsprint from the previous activity, and write "Obstacles" on the right side of the newsprint.
2. Ask participants to brainstorm obstacles to their goals,

 What are some of the things that might prevent you from achieving the goals you listed in the last activity?

Answers should include:


- HIV infection
- other sexually transmitted diseases
- pregnancy

3. Write their responses on the right side of the newsprint under “Obstacles” with a different colored marker.
4. Ask the following questions:

 How can we avoid these obstacles?

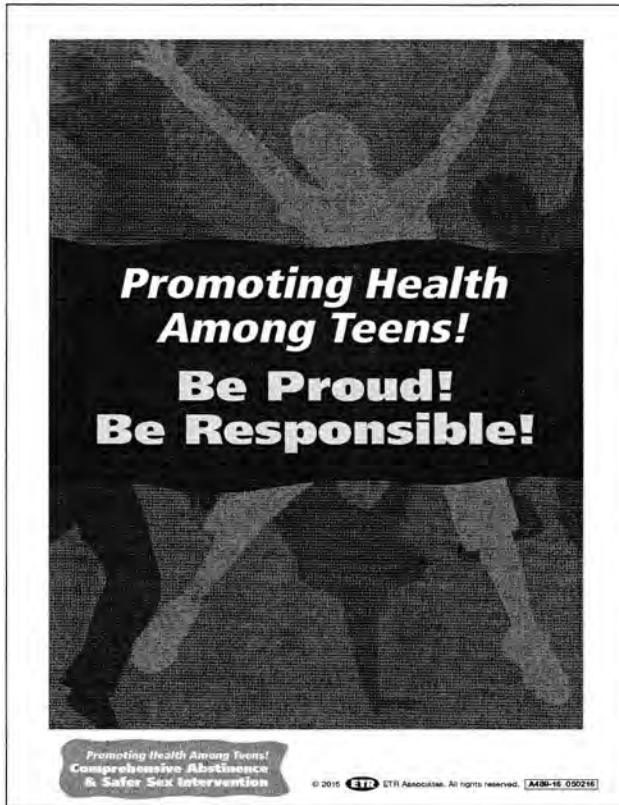
For example, what can you do to make sure you don't get pregnant or get someone pregnant?

5. With the entire group participating, review EACH obstacle and discuss ways to avoid, overcome or reduce it. If there are any teen parents in the group, ask them to discuss ways they have been able to manage the additional responsibility of raising a child and still accomplish their goals.
6. Summarize by saying,

 I'm impressed with your goals. For the rest of the program we will be looking at ways to overcome obstacles so that you can reach your goals.

Proud and responsible choices that can help you reach your goals include practicing abstinence or using condoms if you decide to have sex. Avoiding risky behavior can make a big difference.

You're worthy of all the good things you imagine for your future. Each time we meet you'll gain knowledge, beliefs and skills to empower you.



Poster

GOALS AND DREAMS TIMELINE

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

Birthday: _____

THIS YEAR I AM AGE _____. HERE ARE SOME THINGS I'VE ALREADY ACCOMPLISHED:
1. _____
2. _____
IN FIVE YEARS I WILL BE AGE _____. HERE IS AT LEAST ONE GOAL OR DREAM I WOULD LIKE TO ACHIEVE BY THIS AGE:
1. _____
2. _____
IN TEN YEARS I WILL BE AGE _____. HERE IS AT LEAST ONE GOAL OR DREAM I WOULD LIKE TO ACHIEVE BY THIS AGE:
1. _____
2. _____

*Promoting Health Among Teens!
Comprehensive Abstinence
& Safer Sex Intervention*

© 2016 **ETR** ETR Associates. All rights reserved. **A430-16 020216**

Poster & Handout/Student Workbook

2

MODULE

Promoting Health Among Teens!

**Comprehensive
Abstinence & Safer
Sex Intervention**

PUBERTY AND ADOLESCENT SEXUALITY

GOALS

The goals of this module are to:

- ▶ Increase participants' knowledge about the physical, emotional and sexual development associated with puberty.
- ▶ Increase participants' awareness of the benefits of abstinence.
- ▶ Identify ways that participants can express themselves sexually without having sex.
- ▶ Increase participants' awareness of the pressures to become involved in sexual activities.
- ▶ Use information about peer pressure to help participants begin to understand the need to practice abstinence or safer sex.

LEARNING OBJECTIVES

After completing this module, participants will be able to:

- ▶ Identify the physical, emotional and sexual development that occurs during puberty.
- ▶ Identify sexual messages from media, peers and parents or other trusted adults.
- ▶ Identify ways to express sexual feelings to a partner without transmitting a disease or creating a pregnancy.
- ▶ Explain how peer pressure affects abstinence or safer sex decision making.
- ▶ Identify the sexual behaviors to avoid when practicing abstinence.

STRATEGIES/METHODS

- ▶ DVD Viewing
- ▶ Group Discussion
- ▶ Brainstorming

MATERIALS NEEDED

- ▶ Pencils/pens
- ▶ Markers
- ▶ Masking tape
- ▶ Newsprint
- ▶ Monitor and DVD player
- ▶ DVD: *The Subject Is Puberty — Change Is Normal* (Abstinence Version)
- ▶ Posters:
 - *Male Reproductive Anatomy*
 - *Female Reproductive Anatomy*
 - *Anatomy Key Words*
 - *How Do People Express Their Sexual Feelings?*
- ▶ Pre-labeled newsprint:
 - *Group Agreements*
- ▶ Handouts or student workbooks:
 - *Male Reproductive Anatomy*
 - *Female Reproductive Anatomy*
 - *Peer Pressure*
- ▶ *Glossary of Terms — Male and Female Anatomy* (included in module)
- ▶ *Male and Female Reproductive Anatomy Answer Keys* (included in module)

PREPARATION NEEDED

1. Label the newsprint chart as listed under Materials.
2. Hang the posters and pre-labeled newsprint in the order they will be used. Fold and tape the charts so the titles remain covered by the bottom half of the sheet until you use them.
3. Make sure *The Subject Is Puberty* DVD is set up and ready to play.

INSTRUCTIONAL TIME

- ▶ 60 minutes

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

ACTIVITY	TIME NEEDED
A. UNDERSTANDING REPRODUCTIVE ANATOMY (DVD AND DISCUSSION)	30
B. UNDERSTANDING MESSAGES ABOUT SEX.	10
C. HOW DO PEOPLE EXPRESS THEMSELVES SEXUALLY WITHOUT HAVING SEX?	10
D. UNDERSTANDING PEER PRESSURE	10

A

UNDERSTANDING REPRODUCTIVE ANATOMY (DVD AND DISCUSSION)

PREPARING FOR THE ACTIVITY

RATIONALE

This activity increases participants' knowledge about male and female reproductive anatomy.

30

MINUTES


MATERIALS NEEDED

- ▶ Masking tape
- ▶ Markers
- ▶ Pencils/pens
- ▶ Monitor and DVD player
- ▶ DVD: *The Subject Is Puberty — Change Is Normal* (Abstinence Version)
- ▶ Pre-labeled newsprint:
 - *Group Agreements*
- ▶ Posters:
 - *Male Reproductive Anatomy*
 - *Female Reproductive Anatomy*
 - *Anatomy Key Words*
 - *How Do People Express Their Sexual Feelings?*
- ▶ Handouts or student workbooks:
 - *Male Reproductive Anatomy*
 - *Female Reproductive Anatomy*
- ▶ *Glossary of Terms — Male and Female Anatomy* (included in module)
- ▶ *Male and Female Reproductive Anatomy Answer Keys* (included in module)

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

PROCEDURE

1. Point out the *Male Reproductive Anatomy*, *Female Reproductive Anatomy* and *Anatomy Key Words* posters. Distribute the two *Reproductive Anatomy* handouts or have participants turn to these in their workbooks.
2. Say,

 In order to understand information about pregnancy, HIV and other STDs, it is important that you know the names and functions of the body parts that we will discuss. These body parts make up the female reproductive anatomy and male reproductive anatomy.


- You will work in two separate teams using your workbooks. One worksheet shows the male reproductive anatomy, and the other worksheet shows the female reproductive anatomy.
- The worksheets are the same as the posters. (*Refer to the Male and Female Reproductive Anatomy posters.*)
- Your team will identify as many parts of the male and female reproductive anatomy as you can in the time allotted.
- Select one person who will write the names of the reproductive anatomy body parts on the worksheet.
- The names of body parts you will use are listed on the *Anatomy Key Words* poster. For example, what is the name of letter A? (*Answer: Pituitary gland*)
- You will have 5 minutes to complete the worksheets.

FACILITATOR'S NOTE


There should be no more than five or six people per team, so if the group size is larger than twelve, separate the group into three or more teams.

3. Divide the group into teams and assign each team a number. Give the teams 5 minutes to complete the worksheets.

4. After 5 minutes, or when the teams are finished, say,

 Great, you did a good job at filling out what you could! In a few minutes, we are going to watch a DVD about puberty. By the end of the video, you should have the answers for any parts of the anatomy you weren't able to identify. Pay close attention, not just to what the parts are called, but also to their functions or what they do.

5. Show *The Subject Is Puberty* DVD, which is 14 minutes long.
6. When the DVD is over, give the teams another minute or so to label the rest of the anatomy parts.
7. Then say,


 We will start with the *Male Reproductive Anatomy*. Beginning with Team 1, what is the correct name for letter A?

FACILITATOR'S NOTE

The *Glossary of Terms* and *Reproductive Anatomy Answer Keys* are located at the end of the activity.

8. Allow Team 1 to answer. Then follow this procedure to complete the activity:
 - Congratulate the team if the answer is correct.
 - Correct the team if the answer is incorrect.
 - Correct misinformation or add more information using the *Glossary of Terms*.
 - Ask the team to name the function of the anatomy part.
 - Move on to the next number and next team. (Example: Ask Team 2 what the correct name for letter B is.)
 - Continue until entire sheet is complete.
 - Repeat the same process for the *Female Reproductive Anatomy* worksheet.

9. Ask the following processing questions:

 Which is easier to identify, the body parts of males or females?

Why?


Why might a person not know all the female parts?

Why might a person not know all the male parts?

What is the difference between semen and sperm?

(Refer to Glossary of Terms—Male Reproductive System.)

10. Summarize the activity by saying,

 It is very important to know your body so that you can take care of it. You will be learning important information about HIV, other STD and pregnancy prevention, so it is important that you know where these body parts are and what they do.

GLOSSARY OF TERMS — MALE REPRODUCTIVE ANATOMY

PITUITARY GLAND is the gland located at the base of the brain that secretes hormones that initiate puberty.

PENIS is the male organ containing three tube-shaped masses of erectile tissue. These tissues fill with blood to cause the penis to become erect/hard. The penis also contains the male urethra, which carries urine and sperm out of the body.

URETHRA is a narrow tube that carries both urine and semen out of the body, but never at the same time. The urethral opening is located at the tip of the penis.

TESTICLES (OR TESTES) are the two round glands located in the scrotum. The testicles make sperm, and also make the male sex hormone testosterone.

SCROTUM is the pouch of skin located behind the penis that contains the testicles. It protects the testicles, and helps control their temperature for sperm production.

FACILITATOR'S NOTE

In addition, you may want to discuss the following terms with participants.

SPERM is the male sex cell. It has a shape similar to a tadpole and is too small to be seen without a microscope. Sperm cells are released from the penis before and during ejaculation, and may survive in the female's fallopian tubes for as long as 7 days. Sperm production sufficient for fertilization is usually reached during the mid-teens.

SEMEN is the fluid emitted from the penis. Semen consists of sperm cells and fluid produced by certain male glands, including the prostate gland.

PROSTATE GLAND is located in the pelvis. This gland secretes a thin, milky white fluid that forms part of semen. The prostate gland fluid helps the movement of sperm.

BLADDER is the organ located in the pelvis that holds urine that is filtered by the kidneys.

ANUS is the opening at the end of the rectum (the end part of the large intestine) through which waste leaves the body.

GLOSSARY OF TERMS — FEMALE REPRODUCTIVE ANATOMY

PITUITARY GLAND is the gland located at the base of the brain that secretes hormones that initiate puberty.

UTERUS is a pear-shaped muscular organ located in the pelvic region. The lining of the uterus is shed during menstruation. A baby develops within the uterus during pregnancy.

OVARIES are the two oval-shaped structures located in the female's pelvis. At birth, the female's ovaries contain 300,000 to 500,000 egg cells. The egg cells mature and are released from the ovaries from puberty through menopause. The ovaries also produce the female sex hormones, estrogen and progesterone.

FALLOPIAN TUBES are the passageways for the egg between the ovaries and the uterus. Fertilization occurs in the fallopian tube.

CERVIX is the mouth of the uterus that protrudes into the uppermost part of the vagina.

VAGINA is the passageway extending from the uterus to the outside of the body. This is the canal through which a baby is born and through which menstrual fluid leaves the body. The vagina receives the penis during vaginal intercourse.

FACILITATOR'S NOTE

In addition, you may want to discuss the following terms with participants.

CLITORIS is the small structure located above the urethral opening at the point where the labia meet. Like the penis, it is composed of erectile tissue that fills with blood when a female is sexually excited.

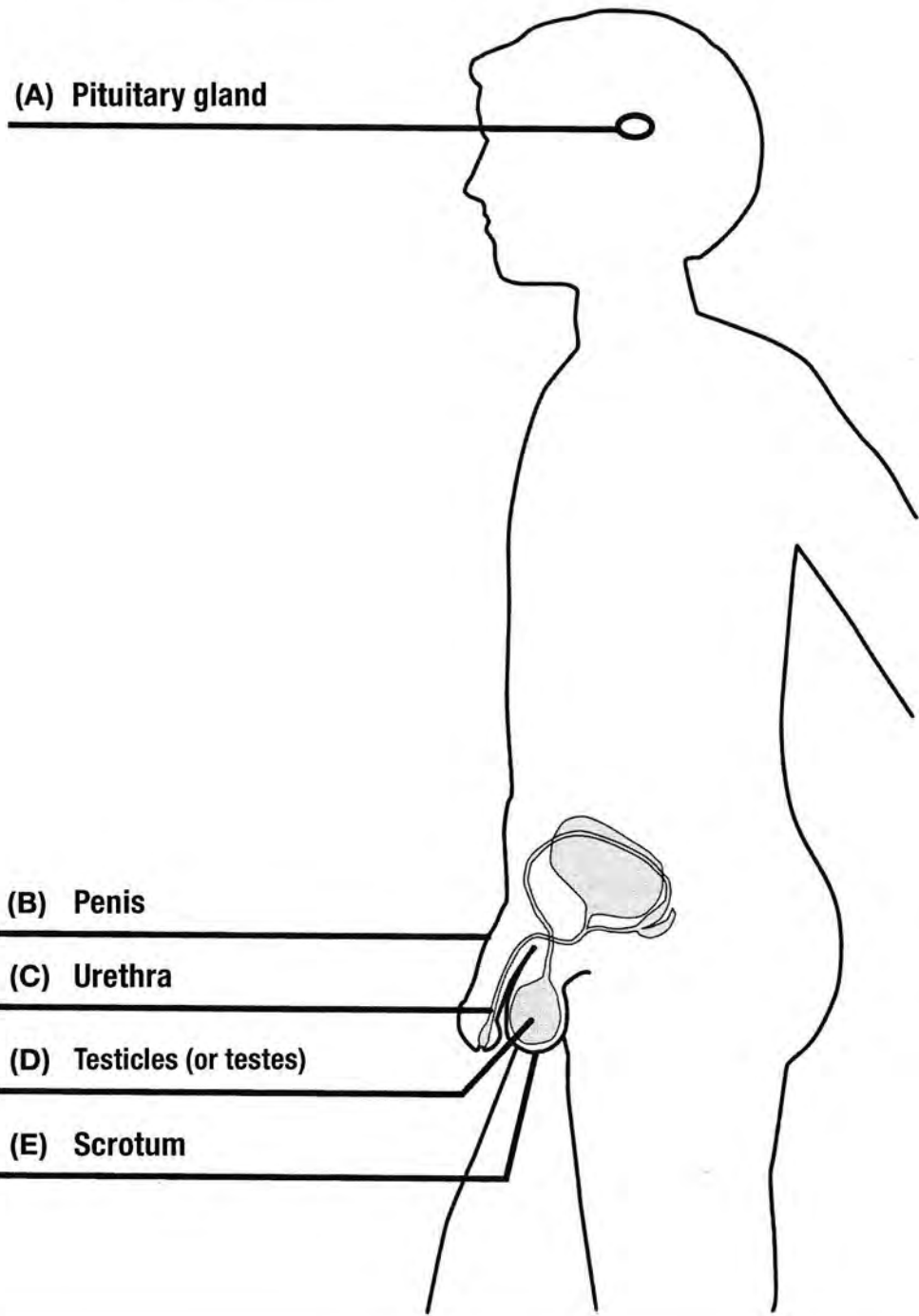
LABIA are the folds of skin that surround the clitoris and vaginal opening.

OVUM (EGG) is the female sex cell. It is about the size of a pinhead. If not fertilized, the egg will dissolve and be absorbed by the body. If more than one egg is released, multiple births may result.

VULVA is the term for the external female genitals, including the clitoris, vaginal opening and labia.

ANUS is the opening at the end of the rectum (the end part of the large intestine) through which waste leaves the body.

Male Reproductive Anatomy



(A) Pituitary gland

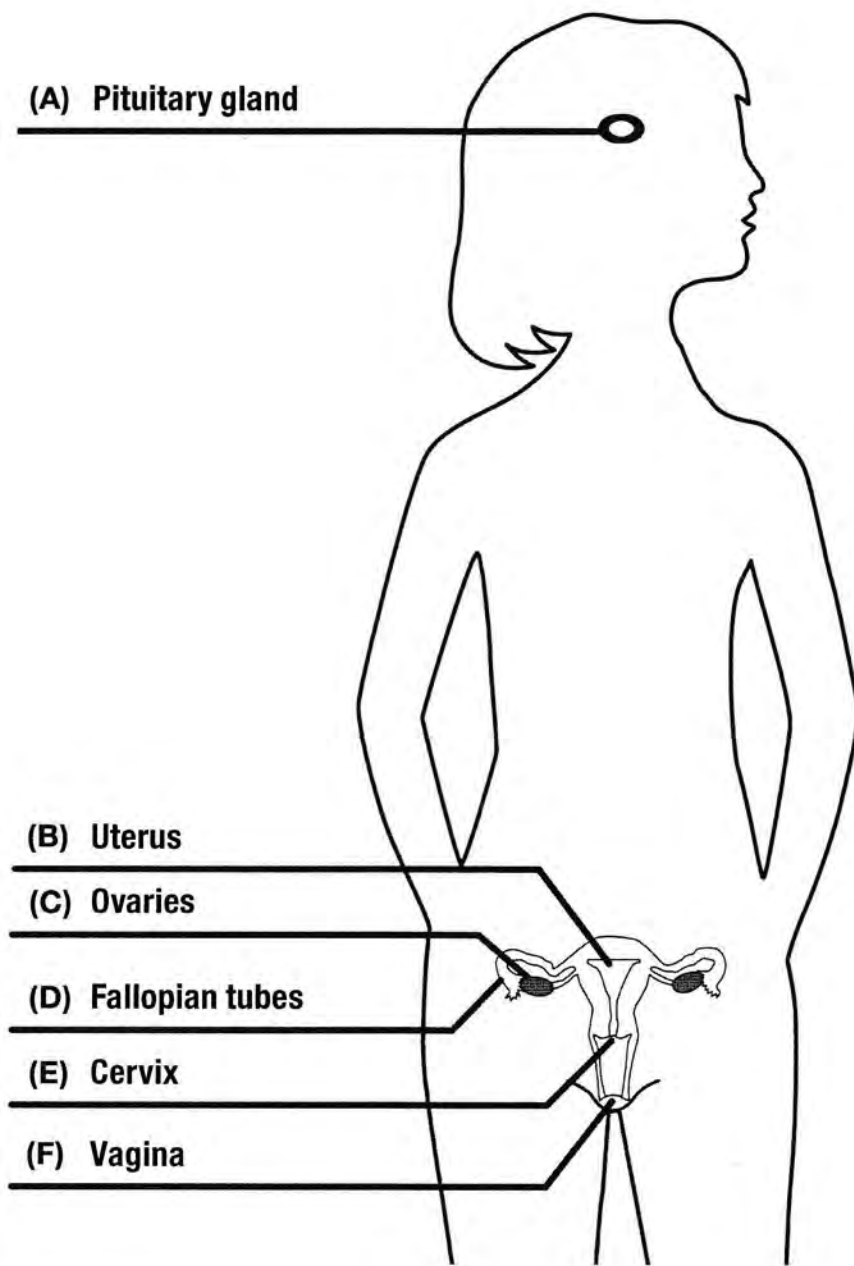
(B) Penis

(C) Urethra

(D) Testicles (or testes)

(E) Scrotum

Female Reproductive Anatomy



B**UNDERSTANDING MESSAGES
ABOUT SEX****PREPARING FOR THE ACTIVITY****RATIONALE**

Understanding the sexual messages that stimulate their natural sexual curiosity will enable participants to direct their curiosity appropriately.

10
MINUTES**MATERIALS NEEDED**

- ▶ None

PROCEDURE

1. Begin this activity by saying,

One reason teens have sex is because of curiosity. Sexual curiosity in teenagers is normal. In fact, your curiosity may increase as you get older. There are sexual messages all around you that can increase your curiosity. Let's look at some of those messages.

2. Ask participants to brainstorm all the places they hear or learn about sex. There is no need to record the answers.

Answers may include:

- School
- Friends/peers
- Parents/guardians/other trusted adults
- Church
- Media (TV, movies, music, books, magazines and the Internet)

3. Ask participants to brainstorm what their friends or peers say about sex. There is no need to record the answers.

Answers may include:


- Everyone is doing it.
- Having sex makes you popular.
- It feels good.
- Trust me, I'll protect you.
- If you love me, you'll do it.
- If you don't, someone else will.
- Nobody wants to be a virgin.
- You won't because you're scared.
- Having sex makes you a man/woman.
- Wait until you're older.
- You won't get pregnant.
- You have to if you're horny.

4. Elicit as many responses as possible. Encourage everyone to participate. (Refer to the above list and add any messages that the participants did not mention.)
5. Ask participants to think about the movies they see or the music they listen to. Then brainstorm what messages movies and music send about sex. Be sure to elicit specific messages, not just the name of the movie or song. There is no need to record the answers.

Answers may include:

- Sex is worth the risk.
- Sex is more important than feelings.
- No need to respect relationships.


- It's OK to have multiple partners.
 - No one else is a virgin.
 - Dress, look, smell, act sexy.
 - People should show their bodies.
 - The more, the better.
 - Casual sex is fun.
 - Everyone cheats in relationships.
6. Elicit as many responses as possible. Encourage everyone to participate. Refer to the above list and add any messages that the participants did not mention.
7. Ask the participants,

 Would believing these messages help you achieve your goals and dreams OR are they potential obstacles?

8. Ask participants to brainstorm what messages about sex they get from their parents or other trusted adults.


Answers may include:

- Don't have sex.
 - Wait until you are married to have sex.
 - Sex is not worth the consequences.
9. Ask the participants,

 Has anyone ever heard of "sexting"? What is it?

Answer: When people send sexual messages and pictures using electronic devices such as cell phones, email and social networking sites.

10. Ask,


 Why do people sext?

11. Brainstorm reasons why people sext.

Answers may include:

- They think it's fun and exciting.
- It helps them feel attractive.
- It's a way to initiate sex.
- It's a way to show they're thinking about a partner.
- They think it will get or help keep a partner interested.
- A partner asks them to.
- Their friends do it.

12. Next ask the participants,

 Even though people have reasons for doing it, why is sexting a bad idea?


13. Brainstorm reasons why sexting is dangerous.

Be sure answers include:


- You don't have control over what someone does with your pictures and messages. They could end up all over your school or all over the Internet.
- Sometimes people do mean things with the pictures and messages after a break-up and share them with their friends or online.
- If your pictures are put on the Internet it will be extraordinarily difficult to get them off.

- If your pictures are put on the Internet anyone can see them, including your family.
- There may be legal consequences. It is illegal to distribute a nude photo of a minor, even if that minor is you.


14. Ask participants,

 What if you don't show your face or crop your head out of pictures you send? Would that make it safer?


15. Let participants share their opinions, and then say,

 It's still pretty risky. Many people are very good with technology and can still link the pictures to you through your email address, phone number, username, your computer IP address or even your relationship with the person you sent it to.

16. Then say,

 While sexting can seem like fun, you run the risk of other people seeing your very personal and private pictures and messages. It could hurt your reputation and relationships. There are plenty of other fun and safe ways to make your relationship exciting and keep you and your partner close.


17. Process this activity with the following questions:

 Why do you think young people your age are curious about sex?

Do you think people your age are ready to handle the responsibilities and consequences of sex? Why or why not?

How do all of the messages affect you?

18. Summarize as follows:

 Being curious about sex at your age is natural and normal. However, experimenting with sex as a way to satisfy curiosity can be an unhealthy way for you to learn about sex. It can lead to the consequences we talked about earlier, such as pregnancy and STDs, including HIV, and responsibilities you may not be ready for.

At your age, these are some proud and responsible things to remember:

- It's OK to THINK about sex.
- It's OK to TALK about sex.
- It's OK to DEVELOP feelings and attitudes about sex.

But it's *not* a good idea to have sex until you are prepared to have sex with respect and responsibility. This is why the proud and responsible choice is to abstain from sex, or to have safer sex and correctly use a latex or polyurethane/polyisoprene condom every time.

C

HOW DO PEOPLE EXPRESS THEMSELVES SEXUALLY WITHOUT HAVING SEX?

PREPARING FOR THE ACTIVITY

RATIONALE

Understanding that there are many behaviors that express sexual feelings helps participants choose those that do not result in pregnancy or sexually transmitted disease.

10


MINUTES

MATERIALS NEEDED

- ▶ *How Do People Express Their Sexual Feelings?* poster
- ▶ Masking tape

PROCEDURE

1. Have participants brainstorm the following question. Elicit as many answers as you can.

 With all the messages about sex teens are receiving, what are some of the ways people express their sexual feelings to themselves or other people?

Answers may include:

- talking
- hugging
- holding hands
- kissing
- touching
- saying "I like you"
- dancing
- massage
- masturbation
- caressing
- cuddling
- grinding
- sexual fantasy
- touching each other's genitals
- oral sex
- vaginal sex
- anal sex

FACILITATOR'S NOTE


If participants are hesitant, ask prompting questions such as:

- What things do people do when they care about someone?
- What other words do we use for touching?
- What other things might people do with their mouths?
- What kinds of things can people do with their hands?


Be sure participants understand the definition of vaginal sex, oral sex, anal sex and masturbation:

- Vaginal sex, or vaginal intercourse, means insertion of a penis into a sexual partner's vagina.
- Oral sex, or oral intercourse, means a contact of the mouth or tongue with a sexual partner's genitals.
- Anal sex, or anal intercourse, means insertion of a penis into a sexual partner's anus (rectum or behind).
- Masturbation means massaging, rubbing, stroking or "playing with" one's own genitals or the genitals of another person for sexual stimulation.

2. Call attention to the *How Do People Express Their Sexual Feelings?* poster.
3. Explain the following:

 You can see from these lists that there are a lot of ways for people to express sexual feelings. Some of these ways involve being exposed to blood, semen, vaginal secretions or rectal fluids—the main fluids that can transmit HIV and other STDs. Also, any behavior that introduces semen into the vagina can result in a pregnancy.

4. Then ask,


 Which of these behaviors could result in pregnancy or a sexually transmitted disease?

Be sure to identify ALL behaviors that may involve an exchange of blood, semen, vaginal secretions or rectal fluids, as well as skin-to-skin genital contact or touching.

Answers include:


- vaginal sex
- anal sex
- oral sex
- touching each other's genitals

5. Next ask,

 Why should you avoid these behaviors?

Answer: Any behavior that involves exposure to blood, semen, vaginal secretions or rectal fluids can transmit STDs, including HIV. Some STDs can also be passed by skin-to-skin genital contact or touching. And any behavior that introduces semen into the vagina can result in pregnancy.


6. Ask the participants,

 Which behaviors on the list can people express without having sex?

Answers may include:

- dancing
- hugging
- holding hands
- saying "I like you"
- talking
- massage
- cuddling
- kissing
- sexual fantasy
- grinding

7. Summarize by saying,

 There are a lot of ways to express sexual feelings or show someone you care that will not put you at risk of getting HIV or another STD or experiencing a pregnancy. Remember these ways because you can use them if you decide to practice abstinence. If you decide to have vaginal, oral or anal sex, remember you must use a condom or other protection.

D

UNDERSTANDING PEER PRESSURE

PREPARING FOR THE ACTIVITY

RATIONALE

If participants understand how even subtle pressures from their peers can affect their sexual decision making and behaviors, they will be better equipped to resist those pressures.


10
MINUTES

MATERIALS NEEDED


- ▶ *Peer Pressure* handouts or student workbooks
- ▶ Pencils/pens

PROCEDURE

1. Say,

 In this activity, we will look at attitudes about peer pressure and how peer pressure may influence your decision to practice abstinence or use condoms.


2. Ask,

 Before we start talking about peer pressure, it is important to know what it means.

What is peer pressure?

Answer: When friends or other people around your age try to convince you to think or act in a certain way or to do something you may not want to do.

3. Then say,


 Sometimes our friends pressure us to do things we really don't want to do.

What are some of the things friends might try to get us to do?

Answers may include:


- Smoke or vape
- Cut class
- Skip school
- Drink alcohol
- Have sex

4. Then ask,

 Why would the people being pressured do these things if they really do not want to?

5. Elicit responses from the group.


6. Say,

 Those were good answers. Remember what you said for this next activity. You're going to complete a *Peer Pressure* worksheet now. On this worksheet, there are six statements. I want you to read them and decide if you agree or disagree with them. Then you will write why you agree or disagree in the space below the statement.

I will give you 5 minutes to work on them.

When you are done with all six statements, you will talk about what you wrote with the person sitting next to you. When you are finished talking with your partner, we will talk about your responses as a group.

7. Hand out the *Peer Pressure* worksheets or have students turn to it in their workbooks.
8. Give them 5 minutes to work on the sheets individually.
9. After 5 minutes, say,


 OK, time is up. Now get into pairs and talk about what you wrote on your worksheets.

FACILITATOR'S NOTE


You may have to assign pairs or help participants get into pairs. If you notice some are not able to read well, you may need to read the worksheet out loud.

Walk around monitoring to make sure that participants are writing the reason why they agree or disagree, not just if they agree or disagree.

10. Give pairs 5 minutes to work.
11. After 5 minutes, call time and ask the following questions:

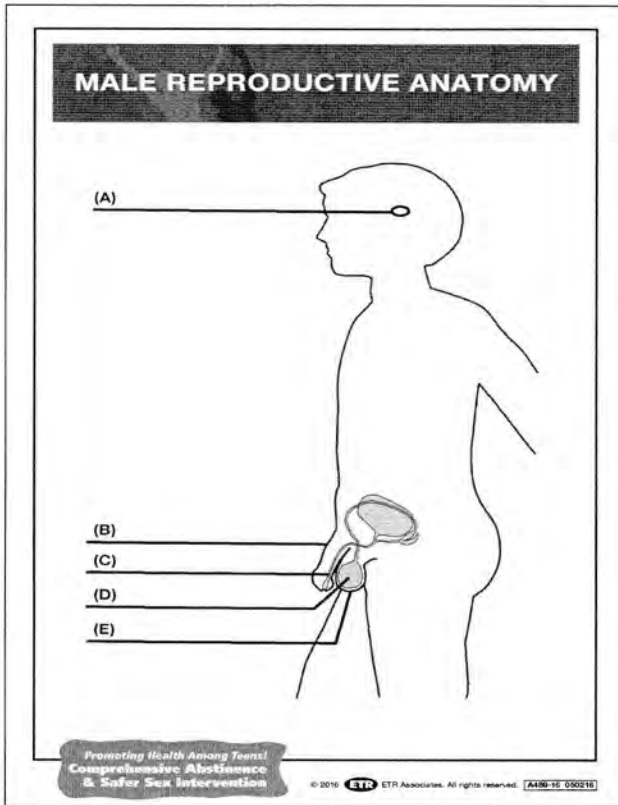
 Which statements did you agree with? Why?
Which statements did you disagree with? Why?
Which of your partner's responses were similar to yours?
Which of your partner's responses were different from yours?
How did that make you feel?
Did you think about changing any of your answers to match your partner's?
Why or why not?

12. Summarize the activity as follows:

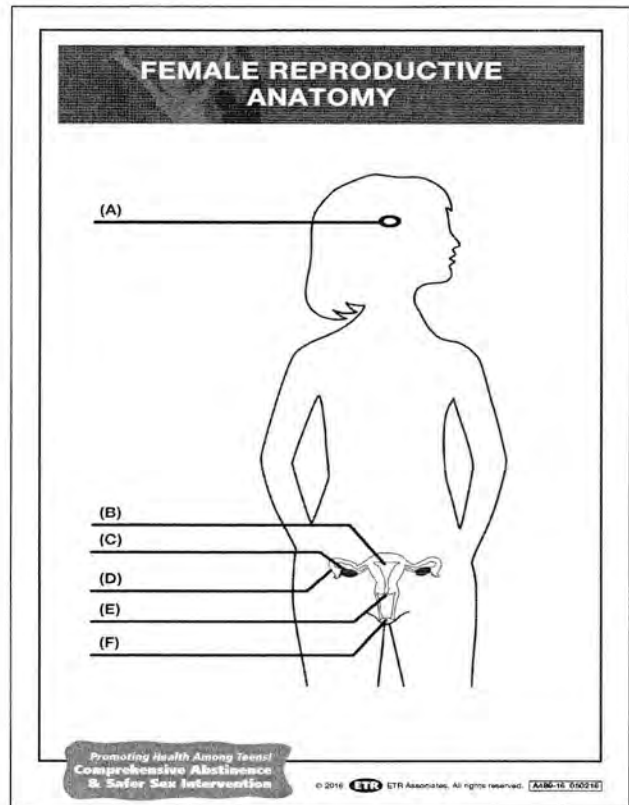
 There are many pressures for young people to have sex. Sometimes the most pressure comes from friends—even your closest friends. It takes hard work to resist peer pressure. However, when you feel proud and responsible, you are able to make decisions for yourself and resist following your peers if they are doing things you have chosen not to do.

The 100 percent effective way to avoid pregnancy or STDs, including HIV, is abstinence. If you decide to have sex, then using latex (or polyurethane/polyisoprene) condoms will reduce your risk.

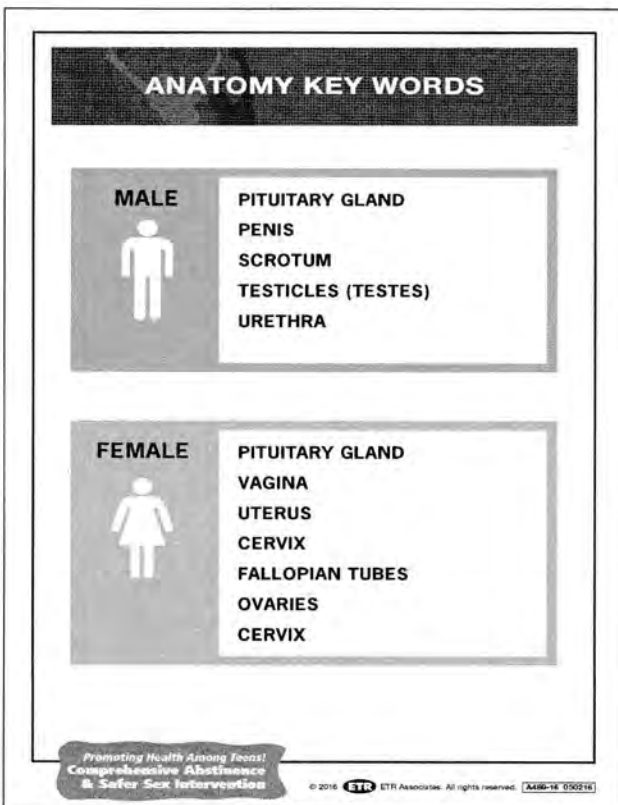
HANDOUTS AND POSTERS FOR FACILITATOR REFERENCE



Poster & Handout/Student Workbook



Poster & Handout/Student Workbook



Poster



Poster

Peer Pressure

INSTRUCTIONS:
Read each statement carefully. Write AGREE if you agree with the statement or DISAGREE if you disagree with the statement. Then write why you agree or disagree in the space below the statement.

1. It's hard to avoid having sex when all your friends are having sex.

2. Teens who have sex are more popular than teens who don't have sex.

3. It is hard to get someone to use a condom.

4. If my friends don't use condoms, then I won't either.

5. It is easy to say "no" to sex when pressured by a partner.

6. My friends will make fun of me if I tell them I don't want to have sex yet.

© ETR Associates

Promoting Health Among Teens! **Comprehensive Abstinence & Safer Sex Intervention** STUDENT WORKBOOK 5

Handout/Student Workbook

3

MODULE

Promoting Health Among Teens!

**Comprehensive
Abstinence & Safer
Sex Intervention**

CONSEQUENCES OF SEX: HIV INFECTION

GOALS

The goals of this module are to:

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

LEARNING OBJECTIVES

After completing this module, participants will be able to:

- ▶ Identify the basic facts about HIV and AIDS.
- ▶ Identify a person's risk of HIV infection as a result of engaging in various sexual and non-sexual behaviors.
- ▶ Acknowledge their perceived risk for HIV infection.
- ▶ Identify how HIV/AIDS is transmitted.
- ▶ Identify which behaviors are high risk, low risk and no risk for contracting HIV.
- ▶ Identify how HIV infection can be prevented.

STRATEGIES/METHODS

- ▶ DVD Viewing
- ▶ Group Discussion
- ▶ Game

MATERIALS NEEDED

- ▶ Pencils/pens
- ▶ Markers
- ▶ Masking tape
- ▶ Newsprint
- ▶ Monitor and DVD player
- ▶ DVD: *The Subject Is HIV* (Safer Sex Version)
- ▶ *AIDS Basketball Questions and Answers* (included in module)
- ▶ Posters:
 - *HIV/AIDS Frame*
 - *Key Words*
 - *Risk Continuum* signs
- ▶ *Risk Behavior* cards

PREPARATION NEEDED

1. Hang the posters in the order they will be used.
2. Make sure *The Subject Is HIV* DVD is set up and ready to play.

INSTRUCTIONAL TIME

- ▶ 60 minutes

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

ACTIVITY

TIME NEEDED

A. DISCUSSING HIV/AIDS	15
B. <i>THE SUBJECT IS HIV</i> DVD AND DISCUSSION	30
C. HIV RISK CONTINUUM	15

A

DISCUSSING HIV/AIDS

PREPARING FOR THE ACTIVITY

RATIONALE

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

15

MINUTES

MATERIALS NEEDED

- ▶ *HIV/AIDS Frame* poster
- ▶ *Key Words* poster

PROCEDURE

1. Post the *HIV/AIDS Frame* and *Key Words* posters.

FACILITATOR'S NOTE

This activity is a discussion using a series of questions. Most youth already have some information about HIV. Invite participants to answer the questions and correct any misinformation. Keep this activity brief as all of the information will be reviewed again in the video *The Subject Is HIV*.

2. Direct participants' attention to the *HIV/AIDS Frame* poster and ask the following questions. Allow participants the opportunity to consider the answers and provide them with correct information when necessary. Discuss their answers thoroughly using the information below.

HIV/AIDS FRAME POSTER—QUESTIONS AND ANSWERS

What is HIV?

- HIV stands for human immunodeficiency virus. It is the virus that causes AIDS (acquired immunodeficiency syndrome). People who have HIV in their bodies are said to have HIV or to be HIV positive.
- HIV damages the body's immune system, which normally protects the body from disease. The immune system becomes weaker until it can no longer fight off different types of infections.
- There is no cure for HIV, but treatments can be started while the person still feels healthy. With these medicines, people with HIV can lead longer and healthier lives than ever before.

What is AIDS?

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

How do people get HIV?

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

What common body fluids can transmit HIV?

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

(continued)

(continued)

How is HIV not transmitted?

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

People can't get HIV from:

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

Who is at risk?

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

People are at risk for HIV if:

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

How can you prevent HIV?

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

How can you reduce your risk of HIV?

- **Use a latex condom each and every time** for vaginal, anal or oral sex. People who are allergic to latex can use polyurethane or polyisoprene condoms.
- **Avoid having multiple or overlapping partners.** The more sex partners a person has, the greater the chances of contracting HIV or another STD.

(continued)

(continued)

- **Discuss HIV with a partner.** Ask about past or present risk behaviors.
- **Get tested for HIV.** Be sure any sex partner has been tested before having sex.
- **Don't use alcohol, marijuana or other drugs** that impair judgment. Being high can lead to unsafe sex or other drug use.

3. Next review the following questions using the *Key Words* poster. Encourage all the participants to respond. Supplement their answers with the information below each question.

KEY WORDS POSTER—QUESTIONS AND ANSWERS

How is AIDS different from HIV?

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

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

What is the immune system?

The immune system is the body's defense against infections and diseases. When the immune system works as it should, white blood cells patrol the body and attack germs, viruses and other organisms that shouldn't be there.

HIV attacks specialized white blood cells called CD4 or T-cells. As the number of properly working CD4 cells decreases, the immune system becomes weaker until it can no longer fight off different types of infections. The most common treatments for HIV limit the ability of the virus to reproduce. They help protect the immune system and improve the chances of staying healthy.

(continued)

(continued)

What is the test for HIV?

The most common type of HIV test looks for HIV antibodies in the body by testing blood or saliva. Antibodies are proteins the body makes in response to a virus. If a person has antibodies for HIV, he or she has HIV and can pass the virus to other people.

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

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

What is the window period?

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

Why is early treatment so important?

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

Why is it important to use latex condoms?


A condom is a sheath that covers the penis and acts as a barrier to keep semen from entering a partner’s vagina, mouth or anus during sex. Most condoms are made of latex (rubber). People who are allergic to latex can use condoms made of polyurethane (plastic) or polyisoprene (synthetic rubber).

(continued)

(continued)

These types of condoms offer protection from HIV. Condoms made of lambskin do not protect against HIV because they have pores that are large enough for the virus to pass through. Most condoms found in the store are latex, but it's important to check to make sure. Be sure to read the labels if you're allergic to latex and use a polyurethane or polyisoprene condom instead.

4. Summarize by saying,

 Now you know the basics about HIV infection. These are the facts that can help you make proud and responsible choices.

B**THE SUBJECT IS HIV
DVD AND DISCUSSION****PREPARING FOR THE ACTIVITY****RATIONALE**

Reinforcing information via a motivating DVD can help reach youth who learn through music or visual programs.


30**MINUTES****MATERIALS NEEDED**

- ▶ Monitor and DVD player
- ▶ DVD: *The Subject Is HIV* (Safer Sex Version)


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

PROCEDURE

1. Introduce the DVD by saying,

 We are going to watch a DVD called *The Subject Is HIV*, which will discuss HIV/AIDS, what it is, how you can get it and how to prevent infection. Afterward, we will discuss the DVD. Pay close attention to the messages about how people can and cannot become infected with HIV.

2. Show the DVD, which is 17 minutes long.
3. At the conclusion of the DVD, ask the participants,

 What were the main messages in the DVD?

Answers should include:

- You can get HIV/AIDS from oral, vaginal or anal sex with an infected partner.
- Mothers can give it to babies before birth.

- You can get HIV from sharing needles with someone who is infected.
- You cannot tell who has HIV by looking.
- There is no cure for HIV.

FACILITATOR'S NOTE


Some statistics have changed since the video was produced. In 2010, youth ages 13 to 24 accounted for an estimated 26% of new HIV infections in the United States. The most recent data on young people and HIV can be found at www.cdc.gov/hiv/group/age/youth/index.html.

4. Allow them to answer the questions.

Their responses should include:

- You can get HIV from oral sex, vaginal sex and anal sex.
- Mothers can give it to babies in their womb.
- You can get HIV from sharing needles.
- You cannot tell who has HIV/AIDS by looking at them.
- You can die from AIDS.

5. Summarize this activity by saying,

 You did a great job answering these questions and remembering the important messages in the DVD.

HIV infection can happen to anyone who engages in risky sexual behaviors. The choice is yours. We want you to make proud and responsible choices.

C

HIV RISK CONTINUUM

PREPARING FOR THE ACTIVITY

RATIONALE

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

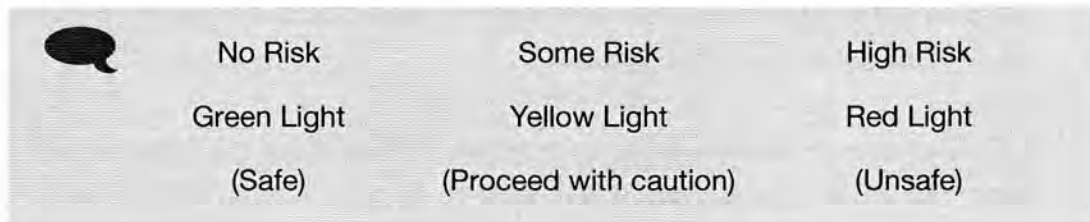
15
MINUTES

MATERIALS NEEDED


- ▶ Risk Continuum signs
- ▶ Risk Behavior cards

PROCEDURE

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



2. Explain the following information:

 HIV and other STDs can be prevented if people do not engage in risky sexual behaviors. Unfortunately, some people do not know how risky some behaviors are. So we are going to play a game where you will have to decide how risky certain behaviors are with respect to HIV infection. You will be given cards containing behaviors. You will have to place each card under the heading that you feel identifies the level of risk for HIV infection the behavior represents.

(continued)

(continued)

High Risk/Red-Light Behaviors involve contact with blood, semen, vaginal secretions or rectal fluids and can transmit HIV.

Some Risk/Yellow-Light Behaviors involve a barrier such as a condom or dental dam (latex sheath or cover), but they are activities during which exchange of blood, semen, vaginal secretions or rectal fluids might create some danger of transmitting HIV.


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

3. Take the *Monogamy* card out of the stack of *Risk Behavior* cards for later discussion.
4. Shuffle the remaining *Risk Behavior* cards and distribute them as evenly as possible among participants.
5. Explain that “sex” in these questions means oral, anal and/or vaginal intercourse.
6. Ask each participant to read one of the *Risk Behavior* cards and decide under which risk level category it should be placed.
7. After each answer, have participants explain why they think the behavior belongs under that particular category. Ask if other group members agree. Use this opportunity to clarify misinformation.
8. Once there is agreement about where the *Risk Behavior* card should be placed, ask the participant to go tape the card under the correct category.

FACILITATOR'S NOTE


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

9. When all of the other cards have been placed under a sign or just before time is up, hold up the *Monogamy* card and ask,

 Where does this card go and why?

10. Elicit responses from the group.


11. Explain,

 This card can be placed under any light because people's definitions of monogamy are not the same. It is important to talk to your partner about your definition of monogamy.

FACILITATOR'S NOTE

People's definition of monogamy varies greatly. For instance, some adolescents may engage in serial monogamy (short-term monogamous relationships one after another), while others really only have one partner and have had sex with only one person. It is important that variations of monogamy are addressed here.

12. Summarize as follows:

 To protect yourself from HIV infection, it is important to know which behaviors are safe and which are risky. You can use the information you have been learning in this program to make proud choices that reduce your risk for HIV infection and help you reach your goals and dreams. Remember, it's not who you are but what you do that puts you at risk for HIV and other STDs. So be proud and responsible and always use latex (or polyurethane/polyisoprene) condoms and/or dental dams if you have any kind of sexual intercourse—oral, anal or vaginal.

RISK BEHAVIORS

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

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

HANDOUTS AND POSTERS FOR FACILITATOR REFERENCE

HIV/AIDS FRAME

What is HIV?

What is AIDS?

How do people get HIV? (3 ways)

What common body fluids can transmit HIV?

How is HIV *not* transmitted?

Who is at risk?

How can you prevent HIV?

How can you reduce your risk of HIV?

*Promoting Health Among Teens!
Comprehensive Abstinence
& Safer Sex Intervention*

© 2016 ETR Associates. All rights reserved. AAIM-TE 020216

Poster

KEY WORDS

HIV:
Human Immunodeficiency Virus

AIDS:
Acquired Immunodeficiency Syndrome

Immune System

HIV Test

Window Period

Treatment

Latex Condoms

*Promoting Health Among Teens!
Comprehensive Abstinence
& Safer Sex Intervention*

© 2016 ETR Associates. All rights reserved. AAIM-TE 020216

Poster

RISK CONTINUUM

HIGH RISK

RED LIGHT

(UNSAFE)

*Promoting Health Among Teens!
Comprehensive Abstinence
& Safer Sex Intervention*

© 2016 ETR Associates. All rights reserved. AAIM-TE 020216

Posters (3 total)

RISK BEHAVIOR CARDS

**VAGINAL SEX
WITHOUT A CONDOM**

*Promoting Health Among Teens!
Comprehensive Abstinence
& Safer Sex Intervention*

© 2016 ETR Associates. All rights reserved. AAIM-TE 020419

Cards (24 total)

4

MODULE

Promoting Health Among Teens!

**Comprehensive
Abstinence & Safer
Sex Intervention**

A PLAN TO REDUCE THE CONSEQUENCES OF SEX

GOALS

The goals of this module are to:

- ▶ Introduce participants to problem-solving steps as a way of thinking through and coping with sexual choices.
- ▶ Encourage participants to discuss the program with their parents or other trusted adults.
- ▶ Review and reinforce the information learned.

LEARNING OBJECTIVES

After completing this module, participants will be able to:

- ▶ State and explain the three steps of problem solving.
- ▶ Explain how making their own decisions makes it more likely they will achieve their goals and dreams.
- ▶ State how using problem-solving steps can help them avoid risky situations.
- ▶ Distinguish myths from facts about HIV.
- ▶ Provide correct answers to review questions on HIV and AIDS.

STRATEGIES/METHODS

- ▶ Problem-Solving Strategies:
STOP, THINK and ACT
- ▶ Case Study
- ▶ Game
- ▶ Homework Assignment
- ▶ Roleplay
- ▶ Sharing Exercise

MATERIALS NEEDED

- ▶ Pencils/pens
- ▶ Markers
- ▶ Masking tape
- ▶ Pre-labeled newsprint:
 - *Barriers*
 - *Solutions*
- ▶ Poster:
 - *STOP, THINK and ACT*
- ▶ Handouts or student workbooks:
 - *Jess and Dylan Case Study*
 - *Myths and Facts*
 - *First Homework Assignment*

PREPARATION NEEDED

1. Label all of the newsprint charts as listed under Materials.
2. Hang the poster and pre-labeled newsprint charts in the order they will be used.
Fold and tape the charts so the titles remain covered by the bottom half of the sheet until you use them.

INSTRUCTIONAL TIME

- ▶ 60 minutes

ACTIVITY

TIME NEEDED

A. STOP, THINK and ACT – INTRODUCTION TO PROBLEM SOLVING.	10
B. JESS AND DYLAN CASE STUDY: PROBLEM SOLVING USING STOP, THINK AND ACT	15
C. MYTHS AND FACTS REVIEW GAME.	10
D. FIRST HOMEWORK ASSIGNMENT	10
E. HOMEWORK ROLEPLAYS	10
F. TALKING CIRCLE.	5

A

STOP, THINK AND ACT – INTRODUCTION
TO PROBLEM SOLVING

PREPARING FOR THE ACTIVITY

RATIONALE

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


10
MINUTES

MATERIALS NEEDED

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

PROCEDURE


1. Display the *STOP, THINK and ACT* poster.
2. Say,

 We have talked about some of the ways teens can show they care about someone, while practicing abstinence and safer sex. Every day, teens have to make decisions about all kinds of things. Sometimes they have to decide how to tell a partner that they want to abstain from sex or practice safer sex.

Often there's not much time to think about what to do or what to say. Without a strategy or plan, the choices people make may not be healthy choices that prevent pregnancy or STDs.

We are going to learn some problem-solving steps to strengthen your choice to abstain from sex or practice safer sex and to help you think about making decisions under pressure. Let's look at those steps.

3. Read the steps out loud to the group, pointing to the poster so participants can read along. Begin with STOP,

 The first step is STOP.


Why might you need to STOP if you were being pressured to have sex?

4. Let the participants provide a few answers.


Answers may include:

- afraid, confused, angry or upset

5. Then say,

 STOPPING is important because it gives you a chance to take a deep breath, calm down and collect yourself.

6. Then move on to THINK,

 The second step is THINK. What might you need to think about?

7. Allow participants to respond. Then say,

 THINKING keeps you, not your emotions, in control of the situation. You don't want to overreact or underreact. Some of the things you want to think about include:

- What is the problem?
- What am I being pressured to do?
- What am I feeling? What is the other person feeling?
- What are my choices?
- What do I want?
- How can I stay in control?


(continued)

(continued)

- What alternatives can I suggest?
- What are the possible consequences?

The important thing is to think things through a bit before acting.


8. Then move on to ACT,

 ACTING on your decision is the last step. Now that you are calm and have thought things through a bit, you can act based on what you know. Evaluate the possible consequences and make the best choice.

Try it out and see how well it works. If your solution does not work well enough, you can try another alternative or ask for help.

Sometimes after taking an action, you realize it wasn't the best choice for you and you would do it differently the next time. That's fine. It's just important to reflect on what happened so you can learn from your experiences.


9. Ask,

 Are there any questions about STOP, THINK and ACT?

What are some things that might get in the way of you using this plan?

10. Wait for participants to respond.

11. Summarize by saying,

 Next we will practice the STOP, THINK and ACT problem-solving steps.

B**JESS AND DYLAN CASE STUDY:
PROBLEM SOLVING USING STOP,
THINK AND ACT****PREPARING FOR THE ACTIVITY****RATIONALE**

Applying the problem-solving steps to a situation will enhance participants' ability to use them.

15

MINUTES

MATERIALS NEEDED


- ▶ *STOP, THINK and ACT* poster
- ▶ *Jess and Dylan Case Study* handouts or student workbooks
- ▶ Pencils/pens

FACILITATOR'S NOTE

The case study has been written to be gender neutral. Jess and Dylan might be a boy and a girl, a girl and a boy, two boys, two girls, or transgender youth.

PROCEDURE

1. Begin this activity by saying,

 When we are being pressured sexually, we often feel confused or upset and may not think clearly about how to deal with the situation. STOP, THINK and ACT can help you abstain from sex. So, we are going to practice using STOP, THINK and ACT.

2. Distribute the *Jess and Dylan Case Study* handout or have participants turn to it in their workbooks.
3. Ask for a volunteer to read the case study and instructions to the group. Encourage the group to read along. If there is no good reader, you should read.

JESS AND DYLAN CASE STUDY

Jess is 3 years younger than Dylan. They've been going out for about a month. Jess really likes being with someone who is older. Dylan is a lot of fun and Jess feels more mature and popular when they're together.

Jess is very smart and would like to be a doctor someday. Jess works hard and has a plan for the future.


Dylan really likes Jess. Lately, Dylan's friends have been talking a lot about sex and keep asking if Dylan and Jess have "done it" yet. Dylan figures it's time and begins to pressure Jess about having sex.

When Dylan asks Jess about having sex, Jess feels unsure about what to say. Jess has actually thought a lot about this and doesn't feel ready for sex yet. Yes, Dylan is sexy and Jess feels turned on. But Jess wants to wait until after high school and maybe even marriage to have sex. Jess does not want to do anything that might interfere with future goals. Jess is also afraid of getting an STD and doesn't want to take any risks.

However, Jess really wants to keep the relationship with Dylan. Jess would be very hurt if Dylan turned to someone else for sex.

Today Jess and Dylan are hanging out at Dylan's house. Dylan's grandparents are out for a few hours. They're sitting on the couch, kissing and messing around. They're both breathing hard and things are getting hot and heavy. What can Jess do to avoid having sexual intercourse?

4. Then say,

 Now we are going use STOP, THINK and ACT to help you decide what Jess should do to keep from having sex. We can also use STOP, THINK and ACT to help Jess talk to Dylan about practicing abstinence or using condoms if Jess decides to have sex in the future.

5. Ask the following questions and elicit responses from the group:

 **STOP**

- What can Jess do to stop?
- Why does Jess need to stop?


THINK

- What is the problem? What is Jess being pressured to do?
- What do you think Jess is feeling?
- What does Jess think Dylan is feeling?
- What are Jess's choices?
- What does Jess really want to do?
- What alternatives can Jess suggest to Dylan?
- What are the possible consequences?

ACT

- What do you think is the best choice for Jess?
- How should Jess act on the choice?
- If this does not work, what should Jess do next?

6. Summarize as follows:

 That's how STOP, THINK and ACT can be used to think through a problem.

You know that having sex can lead to pregnancy, HIV or other STDs, which can get in the way of reaching your goals. Using STOP, THINK and ACT can help you quickly make healthy sexual decisions like abstaining from sex or practicing safer sex to keep you on the path to your goals.

C

MYTHS AND FACTS REVIEW GAME

PREPARING FOR THE ACTIVITY

RATIONALE

Distinguishing between myths and facts about puberty, HIV, abstinence and safer sex provides an opportunity for participants to learn the correct information about these topics.


10
MINUTES

MATERIALS

- ▶ *Myths and Facts* handouts or student workbooks
- ▶ *Myths and Facts Facilitator Key* (included in module)

PROCEDURE


1. Say,

 You have learned a lot of information about HIV, puberty, abstinence, and safer sex. You are going to have a chance to talk to a parent, guardian or other trusted adult about the information you are learning. We will talk more about that when we get to the homework.

For you to do the homework, you will have to know the answers. So, you are going to work with a partner to complete a *Myths and Facts* worksheet. You will have to remember all of the information you've learned to do this.

2. Divide the group into pairs.
3. Distribute the *Myths and Facts* handout or have participants turn to it in their workbooks.

4. Give the following instructions:


 Since there are a lot of myths about HIV, puberty, abstinence and safer sex, it is important to know the facts. Read each statement and together decide whether it is a myth or a fact. If it is a myth, write “M” on the line. If it is a fact, write “F” on the line. Be prepared to explain your answer.

5. Give the pairs 5 minutes to work together.
6. When time is up, go from pair to pair in a round-robin fashion. Read each statement and ask a pair if it is a myth or a fact and why.

FACILITATOR'S NOTE

This activity is important because it is another opportunity to provide accurate information. Use the suggested responses on the Facilitator's Key to enhance the participants' responses.

7. Summarize by saying,

 Good job. I am glad that you remember the information that we went over. Doing the homework with your family shouldn't be a problem. This information is very important because it will help you practice abstinence or safer sex and be successful. Remember, you can make proud and responsible choices!

MYTHS AND FACTS

FACILITATOR COPY

- 1. Puberty starts at a different time for everybody.**
 - ▶ **FACT.** The pituitary gland, which triggers the hormones to begin stimulating growth and change within the body, is programmed differently for each individual.
- 2. Once puberty begins there are few changes in the way a person feels.**
 - ▶ **MYTH.** Changes in feelings are common for many years throughout adolescence. Ups and downs in the way a person feels happen frequently.
- 3. Safer sex means using a condom correctly every time you have sex.**
 - ▶ **FACT.** Safer sex means using latex or polyurethane/polyisoprene condoms correctly and consistently to reduce the risks of STDs and pregnancy.
- 4. A boy will not be able to father a child until after puberty has been completed.**
 - ▶ **MYTH.** The testicles may begin producing sperm any time during puberty. Once sperm begins to mature in the body, a boy can father a child.
- 5. A girl cannot get pregnant until she has her first period.**
 - ▶ **MYTH.** In some cases, ovulation (releasing an egg from the ovaries to the fallopian tubes) can occur before a girl has started to get her period. Whether or not she has started to menstruate is not a good way to tell if she can get pregnant.
- 6. All girls start their periods at the same age.**
 - ▶ **MYTH.** Menstruation begins at different times for different people. You may not start your period at the same time as your friends. It doesn't mean that anything is wrong with you. If you do not start by 18, then see a doctor.
- 7. Having sex with someone who has HIV is the only way of getting it.**
 - ▶ **MYTH.** In addition to vaginal secretions, rectal fluids and semen, which people are exposed to during sex, HIV can be transmitted through blood and breast milk.

8. **AIDS is a medical condition in which the body cannot fight off diseases.**
 - ▶ **FACT.** AIDS attacks the immune system, making it easy to get sick from germs.
9. **If you hug someone with HIV or AIDS, you can get it.**
 - ▶ **MYTH.** A hug cannot harm you because there is no exchange of body fluids.
10. **The fluids HIV is found in and transmitted through are blood, semen, vaginal secretions, rectal fluids and breast milk.**
 - ▶ **FACT.**
11. **There is a bigger chance of getting HIV if you have sex with many people.**
 - ▶ **FACT.**
12. **You can get HIV by sharing a needle with an injection drug user.**
 - ▶ **FACT.** HIV is spread through blood, which makes sharing needles a very high-risk behavior. Not only can sharing needles for drug use put people at risk for HIV, but sharing needles used for tattooing and body piercing can also transmit the virus.
13. **AIDS is caused by a virus.**
 - ▶ **FACT.** AIDS is caused by HIV, the human immunodeficiency virus.
14. **Only certain people get HIV.**
 - ▶ **MYTH.** Anyone who has unsafe sex or shares needles with someone who has HIV is at risk. It's what people do, not who they are that puts them at risk.
15. **Practicing abstinence is the best way to avoid getting an STD.**
 - ▶ **FACT.** Practicing abstinence is 100 percent effective in preventing HIV and other STD transmission.
16. **Abstinence means a person has never had sex.**
 - ▶ **MYTH.** Abstinence means choosing not to having anal, oral or vaginal sex or to participate in any sexual behaviors that could transmit STDs. People who have had sex in the past can practice abstinence by deciding to stop having sex.

D

FIRST HOMEWORK ASSIGNMENT

PREPARING FOR THE ACTIVITY

RATIONALE

This activity encourages participants to go home and engage their parents/guardians in a conversation about abstinence, safer sex, puberty and HIV/AIDs. It also allows participants to think through the assignment and to anticipate and address any problems that may arise during the process.


10
MINUTES

MATERIALS NEEDED

- ▶ *First Homework Assignment*
- ▶ Pre-labeled newsprint:
 - *Barriers*
 - *Solutions*
- ▶ Markers
- ▶ Masking tape

PROCEDURE


1. Introduce this activity by saying,

 We are now going to focus on the homework assignment. As you were told earlier, teaching your family what you learned here is an important part of the program. Teaching your family what you have learned so far will help you remember the information.

Let's review your take-home assignment.


2. Distribute the *First Homework Assignment* to participants or have them turn to it in their workbooks.

3. Say to the group,

 You've already learned all of the information that you will need to do the assignment. Remember, you are supposed to review the assignment with a parent, guardian or another trusted adult. This is a good chance to teach someone in your family the information that you have learned.


4. Read the ENTIRE *First Homework Assignment* out loud to the group.

5. Ask the participants,


 Do you all understand what you need to do? Remember you will need your *Goals and Dreams Timeline* for the assignment.

6. Answer any questions the group has about the assignment.

7. Say,


 Doing the review assignment with an adult is a very important part of the program and I want to make sure that you have all of the information you will need to do it. There may be some things that can get in the way of you doing the assignment. We are going to brainstorm what those things might be.

8. Ask the following question and write participants' responses on the newsprint labeled *Barriers*.

 What are some things that could get in the way of you doing the review assignment with your parent, guardian or another trusted adult?

9. Elicit responses from the group.


10. Say,

 We don't want these barriers to get in the way of you doing the review assignment.

What are some solutions to these barriers?

11. Elicit responses from the group. Write the answers on the newsprint labeled *Solutions*.

12. Summarize by saying,

 Although there may be some things that get in the way of you doing the review assignment, there are also solutions. Remember these solutions because you may have to use them when you do the assignment.

E

HOMEWORK ROLEPLAYS

PREPARING FOR THE ACTIVITY

RATIONALE

This activity is designed to prepare participants to complete the homework assignment. It allows them to consider and anticipate obstacles to the communication process. It also provides them with an opportunity to get comfortable with the idea of talking to their parents or guardians about sex and abstinence by finding comfortable language to use.

10

MINUTES

MATERIALS NEEDED


- ▶ *First Homework Assignment*

PROCEDURE

FACILITATOR'S NOTE

There may be some resistance to this activity. Participants come with their own fears, family dynamics, privacy issues and value systems. Be patient! Ask them to remember why they are here and how this will benefit them. Emphasize that their feelings are natural and to be expected, but they must get beyond any feelings that will keep them from doing the homework.

1. Explain to participants,

 I have just given you the homework assignment and we talked about the barriers you may encounter and solutions to those barriers. I want you to have fun and be relaxed doing the assignment, so I think it is important that we practice what you are going to say.

A roleplay gives you the chance to practice how you will do something. I will need two volunteers for the first part of the roleplay. One will play the


(continued)

(continued)


participant, the other will play the parent or guardian. Here is the scenario:

You have just finished your regular school homework, and now would be a good time to do the first section of the *Promoting Health Among Teens! Homework Assignment*. How will you ask your parent, guardian or another trusted adult to do the assignment with you?


2. Ask for two volunteers. (If you get only one volunteer, you will have to participate and roleplay the role of the parent or guardian.) Have the volunteer(s) roleplay the first section of the assignment.
3. Thank the volunteer(s) and ask the following questions:

 Is this how things may go when you try it at home?
What would you have done differently?
How did the participant in this roleplay overcome the barriers? (If any)


4. Ask for two more volunteers (one to play the participant and one to play the parent/guardian/adult).
5. Say to the participants,

 In this next roleplay, you will ask the adult to do the second section of the take-home assignment. Remember this may be your chance to teach some of the information you've learned.


6. When the volunteers have roleplayed completely the second section of the assignment, thank them and ask the following questions:

 Is this how things may go when you try it at home?
What would you have done differently?
How did the participant in this roleplay overcome the barriers? (If any)


7. Say to the participants,

 In this next roleplay, you will ask the adult to do the third section of the assignment. Remember this may be another chance to teach some of the information you've learned.

8. When the volunteers have roleplayed completely the third section of the assignment, thank them and ask the following questions:

 Is this how things may go when you try it at home?
What would you have done differently?
How did the participant in this roleplay overcome the barriers? (If any)

9. Summarize using the following questions:

 How will this practice session help you finish the assignment with your parent/guardian/trusted adult?

How will you get the adult to do the homework with you?

I hope that the roleplay gave you the chance to see how easy it will be to do the take-home assignment. Remember, doing the assignment shows that you care about your family and want to keep them safe. I wish you the best of luck. Next time we meet we will go over the homework assignment. So remember to bring it with you.

F**TALKING CIRCLE****PREPARING FOR THE ACTIVITY****RATIONALE**

This activity provides closure to the session. It encourages participants to reflect and share how the information they've learned may change their lives for the better.

5**MINUTES****MATERIALS NEEDED**

- ▶ None


FACILITATOR'S NOTE

The Talking Circle presented here can serve as the conclusion for the first session, when the program is taught in a 3-day format with four modules being covered each day. If sufficient time is allowed, it can be used to conclude a module any time there will be a break before facilitator and participants will be together again.

PROCEDURE

1. Have the group place their chairs in a tight circle.
2. Ask the group members if they remember where the Talking Circle ritual comes from. (*American Indians*)
3. Tell participants you will be ending the day with the Talking Circle and that they will each have a turn to speak.
4. Ask participants to share one thing learned that may help reduce the risk for HIV, other STDs and unplanned pregnancy or help them achieve their goals.

5. Conclude by saying,

 Those were good responses. I am very proud of each and every one of you. Thank you for coming, I hope that you enjoyed yourself and learned a lot. Next time we meet, we will talk more about practicing abstinence and other skills that will help you reduce your risk for HIV, other STDs and pregnancy.

Don't forget to do your homework assignment, and be sure you bring it back next time. We will go over it together. Are there any questions?

HANDOUTS AND POSTERS FOR FACILITATOR REFERENCE

STOP, THINK AND ACT PROBLEM-SOLVING STEPS

STOP

- ▶ Stay calm, take a deep breath.
- ▶ Get control of myself.

THINK

- ▶ What is the problem?
- ▶ What am I being pressured to do?
- ▶ What am I feeling? What is the other person feeling?
- ▶ What are my choices?
- ▶ What do I want?
- ▶ How can I stay in control?
- ▶ What alternatives can I suggest?
- ▶ What are the possible consequences?

ACT

- ▶ Evaluate the possible consequences.
- ▶ Make the best choice.
- ▶ How well did it work?
- ▶ Get help, if necessary.
- ▶ Make a new choice.

Promoting Health Among Teens! Comprehensive Abstinence & Safer Sex Intervention

© 2016 ETR Associates. All rights reserved. [A40C-16 050216]

Poster

Jess and Dylan Case Study

Jess is 3 years younger than Dylan. They've been going out for about a month. Jess really likes being with someone who is older. Dylan is a lot of fun and Jess feels more mature and popular when they're together.

Jess is very smart and would like to be a doctor someday. Jess works hard and has a plan for the future.

Dylan really likes Jess. Lately, Dylan's friends have been talking a lot about sex and keep asking if Dylan and Jess have "gone it" yet. Dylan figures it's time and begins to pressure Jess about having sex.

When Dylan asks Jess about having sex, Jess feels unsure about what to say. Jess has actually thought a lot about this and doesn't feel ready for sex yet. Yes, Dylan is sexy and Jess feels turned on. But Jess wants to wait until after high school and maybe even marriage to have sex. Jess does not want to do anything that might interfere with future goals. Jess is also afraid of getting an STD and doesn't want to take any risks.

However, Jess really wants to keep the relationship with Dylan. Jess would be very hurt if Dylan turned to someone else for sex.

Today Jess and Dylan are hanging out at Dylan's house. Dylan's grandparents are out for a few hours. They're sitting on the couch, kissing and messing around. They're both breathing hard and things are getting hot and heavy. What can Jess do to avoid having sexual intercourse?

Promoting Health Among Teens! Comprehensive Abstinence & Safer Sex Intervention STUDENT WORKBOOK 7

Handout/Student Workbook

Myths and Facts

INSTRUCTIONS:
Read each statement and decide if it is a myth or fact and WHY. Write the letter **M** if you think the statement is a **MYTH**, or the letter **F** if you think the statement is a **FACT**, on the line to the left of each statement.

- _____ 1. Puberty starts at a different time for everybody.
- _____ 2. Once puberty begins, there are few changes in the way a person feels.
- _____ 3. Safer sex means using a condom correctly every time you have sex.
- _____ 4. A boy will not be able to father a child until after puberty has been completed.
- _____ 5. A girl cannot get pregnant until she has her first period.
- _____ 6. All girls start their periods at the same age.
- _____ 7. Having sex with someone who has HIV is the only way of getting it.
- _____ 8. AIDS is a medical condition in which the body cannot fight off diseases.
- _____ 9. If you hug someone with HIV or AIDS, you can get it.
- _____ 10. The fluids HIV is found in and transmitted through are blood, semen, vaginal secretions, rectal fluids and breast milk.
- _____ 11. There is a greater chance of getting HIV if you have sex with many people.
- _____ 12. You can't get HIV by sharing a needle with an injection drug user.
- _____ 13. AIDS is caused by a virus.
- _____ 14. Only certain people get HIV.
- _____ 15. Practicing abstinence is the best way to avoid getting an STD.
- _____ 16. Abstinence means a person has never had sex.

Promoting Health Among Teens! Comprehensive Abstinence & Safer Sex Intervention STUDENT WORKBOOK 9

Handout/Student Workbook

PROMOTING HEALTH AMONG TEENS! First Homework Assignment

INSTRUCTIONS:
This take-home assignment is important because it is a chance for you to teach your family the important information that you learn in *Promoting Health Among Teens!* This time you will be the teacher and your parent, guardian or another trusted adult will be the student.

Tips for Success:

- ▶ Explain that this is your first take-home review assignment for *Promoting Health Among Teens!* and you have to work together.
- ▶ Explain that a proud and responsible thing to do is to teach your family the information that you learned during the program.
- ▶ Choose a time that is convenient for both of you and when you are both comfortable and relaxed.
- ▶ Spend about 10-15 minutes on each section.

SECTION 1:
Ask the adult the following questions and write down the answers below each question. You will need your *Goals and Dreams Timeline* that you completed during the group session.

1. What health issues are you concerned about for me today?

2. What are the goals and dreams that you have for me?

Promoting Health Among Teens! Comprehensive Abstinence & Safer Sex Intervention STUDENT WORKBOOK 11

Handout/Student Workbook

5

MODULE

Promoting Health Among Teens!

**Comprehensive
Abstinence & Safer
Sex Intervention**

CONSEQUENCES OF SEX: STD INFECTION

GOALS

The goals of this module are to:

- ▶ Increase participants' knowledge about sexually transmitted diseases.
- ▶ Help participants identify strategies for preventing STDs.
- ▶ Increase participants' perceived vulnerability to STDs.

LEARNING OBJECTIVES

After completing this module, participants will be able to:

- ▶ Identify the signs and symptoms of the most common STDs.
- ▶ Identify how STDs, including HIV, are transmitted.
- ▶ Acknowledge that they might be at risk for contracting an STD.
- ▶ Identify how condoms can reduce the risk for STDs, including HIV, and pregnancy.

STRATEGIES/METHODS

- ▶ Sharing Exercise
- ▶ Brainstorming
- ▶ Group Discussion
- ▶ Transmission Game
- ▶ DVD Viewing

MATERIALS NEEDED

- ▶ Extra copies of the *First Homework Assignment*
- ▶ Completed *First Homework Assignments*
- ▶ Pencils/pens
- ▶ Markers
- ▶ Masking tape
- ▶ Name tags
- ▶ Stickers (to place on completed homework)
- ▶ Pre-labeled index cards (A, U, C, D)
- ▶ Monitor and DVD player
- ▶ DVD: *The Subject Is STDs* (Safer Sex Version)
- ▶ Pre-labeled newsprint:
 - *Easy*
 - *Obstacles*
 - *STD*
 - *Symptoms*
 - *How Do People Get STDs?*
 - *Reasons to Avoid STDs*
- ▶ Poster:
 - *STD*

PREPARATION NEEDED

1. Label all of the newsprint charts as listed under Materials.
2. Hang the poster and pre-labeled newsprint charts in the order they will be used. Fold and tape the charts so the titles remain covered by the bottom half of the sheet until you use them.
3. Make sure *The Subject Is STDs* DVD is set up and ready to play.

INSTRUCTIONAL TIME

- ▶ 60 minutes

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

ACTIVITY

TIME NEEDED

A. WELCOME AND TALKING CIRCLE	5
B. FIRST HOMEWORK ASSIGNMENT REVIEW	15
C. SEXUALLY TRANSMITTED DISEASES BRAINSTORM AND DISCUSSION	25
C. (ALTERNATE) DVD: <i>THE SUBJECT IS STDs</i> (SAFER SEX VERSION)	25
D. DON'T PASS IT ALONG: THE TRANSMISSION GAME	15

A

WELCOME AND TALKING CIRCLE

PREPARING FOR THE ACTIVITY

RATIONALE

This activity welcomes the participants back to the group and provides an opportunity for them to refocus and reinvest in the program.

5

MINUTES

MATERIALS NEEDED


- ▶ Pre-labeled newsprint:
 - *Group Agreements* (from previous session)
- ▶ Masking tape
- ▶ Name tags

FACILITATOR'S NOTE


Use the Talking Circle as a way to welcome participants back if the program is taught in a 3-day format with four modules being covered each day.

PROCEDURE

1. Hang the *Group Agreements* newsprint.
2. Distribute the name tags if participants are not already wearing them.
3. Welcome participants back by saying,

 Welcome back. It is so good to see all of you back here again. I am glad because today we have a lot of fun material to cover. We will begin our session with the Talking Circle.


4. Have participants get into their Talking Circle positions.
5. Explain the Talking Circle by saying,

 As you already know, the Talking Circle is a communication tool specific to American Indian people. It can be used to help groups discuss important issues.


Each person will have a chance to speak. When you are finished speaking, the person on your left will speak next.

When it is your turn to speak, please share one thing you remember from our last session together.

6. Conduct the Talking Circle until all group members have had a chance to share what they remember from the last time.
7. Thank each person for sharing. Compliment the group on how well they remembered the information.
8. End the Talking Circle.
9. Point to the *Group Agreements* and say,


 The Talking Circle has ended. Let's move our chairs to a larger circle. I will reread the group agreements from last time.

10. Read the *Group Agreements*.
11. Then ask the group,

 Is there anything else that you would like to add?

12. Wait for the participants to respond.

13. Summarize by saying,

 Now that we have reviewed our group agreements and have all agreed to follow them, let's start today's activities.

B

FIRST HOMEWORK ASSIGNMENT REVIEW

PREPARING FOR THE ACTIVITY

RATIONALE

Encouraging the participants to identify and share any difficulties they had while talking to their parents/guardians will provide an opportunity for them to review and build confidence and skills to try it again.

15


MINUTES

MATERIALS NEEDED

- ▶ Pre-labeled newsprint:
 - *Easy*
 - *Obstacles*
- ▶ Completed *First Homework Assignments*
- ▶ Extra copies of the *First Homework Assignment*
- ▶ Markers
- ▶ Stickers

PROCEDURE

1. Introduce the activity by saying,

 Let's talk about the *First Homework Assignment*. In the homework, you were supposed to talk to your parents, guardians or other trusted adults about abstinence, safer sex, HIV and puberty.

How many of you had a chance to do the homework?

How many did not get a chance to try the homework?

For those of you who did not, what were the reasons you didn't do the homework?

(continued)


(continued)

For those of you that did, how did your parents/guardians feel about the homework?

How comfortable/uncomfortable were they doing homework with you?

2. Elicit responses from the group.

3. Say,

 Some of you may have had a very easy time doing the homework with your parent or guardian.


What made the homework easy?

4. Write the responses on the newsprint titled *Easy*.

Answers may include:

- They really wanted to learn.
- They took me seriously.
- They were comfortable.

5. Say,

 Some of you may have had a hard time doing the assignment with your parent or guardian.


What made the homework hard?

6. Write the responses on the newsprint titled *Obstacles*. Encourage everyone to contribute.


Answers may include:

- They were too busy.
- They didn't take me seriously.
- I was too embarrassed.
- Too many interruptions.
- No privacy.

7. Ask,


 How did the obstacles make you feel?

8. Review the lists:


 Let's review the two lists. Who would like to volunteer to read the *Easy* list?

9. After the volunteer is finished reading the *Easy* list, ask for a volunteer to read the *Obstacles* list. If no one volunteers, you will have to read the lists.


10. Say,

 I am very proud of you for doing or trying to do the homework. Let's see if we can find solutions to these obstacles so that the next time you talk to your parent or guardian about abstinence, HIV or puberty, it will be a little easier.


11. Ask the following question, and record the answers on the newsprint with a different color marker next to the *Obstacles* list.

 What are some possible solutions to these obstacles?

12. Continue the activity by having each participant answer this question:

 In spite of the obstacles you may or may not have had, do you feel that talking about abstinence, HIV and puberty with your parent, guardian or another trusted adult was worth the time and effort? Why or why not?


13. Review the first section of the homework. Say,

 Now let's review questions on the homework assignment. I have extra copies if anyone has forgotten it. We will start with Section 1.

What answers did the adults you talked with give for the first question?


14. In a round-robin fashion, choose participants to share answers to the questions in Section 1.

15. Continue reviewing the homework. Say,

 Now let's review the correct answers to the questions in the other sections to be sure everyone has the right information.

16. Go through the factual questions in Sections 2 and 3 in the same manner, asking participants for the correct answers. Correct misinformation when necessary.

17. Distribute stickers to everyone who did any part of the homework and say,

 You all did a great job with the homework! Here are your stickers for doing it. I am really proud of you! It can sometimes be hard to teach adults new information, but you did it! Hold on to your homework so that you will have something to review at home.

C

SEXUALLY TRANSMITTED DISEASES
BRAINSTORM AND DISCUSSION

PREPARING FOR THE ACTIVITY

RATIONALE

Providing information about STDs will give participants a firm understanding of the symptoms, modes of transmission and prevention of common STDs. It can increase motivation to avoid infection through abstinence and/or safer sex.

25


MINUTES

MATERIALS NEEDED


- ▶ STD poster
- ▶ Pre-labeled newsprint:
 - STD
 - Symptoms
 - How Do People Get STDs?
 - Reasons to Avoid STDs
- ▶ Markers
- ▶ Masking tape

PROCEDURE


1. Begin this activity by putting the letters S, T and D on newsprint, with enough space to finish each word. (Newsprint can be prepared in advance.)
2. Then say,

 Now we are going to talk about STDs. I just put up three letters and I want you to tell me what they stand for.

3. Once participants respond with the correct answer, write the word beside each letter. Say,

 That's right. STD stands for sexually transmitted disease.

4. Say,

 Next, I want you to brainstorm ALL the STDs you know about or have heard of.

Answers should include:

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

FACILITATOR'S NOTE

If participants use slang terms to name the STDs, determine what disease the person is describing (e.g., clap is slang for gonorrhea).

5. Show the *STD* poster.

6. Say,

 Here is a poster that lists some common STDs. Let's compare our lists. Which ones are missing?

7. Then say,

 STDs fall into three categories:


- **Bacterial (caused by bacteria)**—These STDs are curable. You can take medicine that kills the bacteria. They include chlamydia, gonorrhea and syphilis.
- **Viral (caused by a virus)**—These STDs are not curable. The symptoms can be treated, but the virus stays in the body. They include herpes, HIV, hepatitis B and HPV (human papillomavirus). Notice all the viral STDs start with the letter H.
- **Parasitical (caused by parasites)**—These STDs are curable. They include trichomoniasis and pubic lice.

8. Next have participants brainstorm all the signs and symptoms of STDs, and write the answers on the *Symptoms* newsprint.

The list should include:

- Pain or burning when urinating
- Sores, blisters, bumps, rashes, warts or pimples on or near the genitals or mouth
- Unusual discharge
- from penis or vagina
- Rash or itching in the genital area
- Frequent urination
- **Often there are NO symptoms**

9. Then say,

 As you can see, there are a lot of different STDs with a lot of different signs and symptoms. But in many cases a person can have an STD and not have any symptoms. This means that people may not even know they have an STD. It also means that even if you don't notice any sores, blisters, warts or other signs, a potential partner still may have an STD.

(continued)

(continued)


How do people get STDs?

10. Unfold the newsprint titled *How Do People Get STDs?* and ask the group to answer the question. List answers on the newsprint as the group responds, and then review.

Be sure the answers include:


- Vaginal sex (penis in vagina)
- Oral sex (a person's mouth on another person's genitals)
- Anal sex (penis in anus [rectum, behind])
- Mother to child (during pregnancy, at birth, or through breastfeeding)
- Sharing needles
- Skin-to-skin genital contact (herpes, syphilis, HPV)

11. Ask the question,

 Who can get an STD?

Answer: Anyone who has unprotected sexual intercourse

12. Let the participants answer, and then say,

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

The main way people get STDs is through sexual behaviors—oral, anal and vaginal sex. Some STDs (herpes, syphilis, HPV) can also be spread by skin-


(continued)

* Centers for Disease Control and Prevention. 2014b. Reported STDs in the United States. Available at: <http://www.cdc.gov/std/stats13/std-trends-508.pdf>. Accessed 12/10/15.

(continued)

to-skin genital contact or touching. If you engage in any of these behaviors with a person who has an STD, you are at risk of catching it. Abstinence is the only 100 percent sure way to protect yourself from STD.


13. Then ask,

 How can you reduce your risk of getting an STD?

Answers:

- The 100 percent sure way to prevent getting an STD is to practice abstinence.
- If you decide to have sex, using a condom every time you have vaginal, anal or oral sex will reduce your risk of getting an STD.

14. Then say,

 We know how STDs are passed from one person to another. We know signs and symptoms that can indicate an STD infection. We know some STDs don't have symptoms. We know how to avoid getting an STD. But why would we want to avoid getting an STD?

Let's brainstorm *Reasons to Avoid STDs* by thinking of some of the long-term physical and emotional consequences of getting an STD.


15. Unfold the newsprint titled *Reasons to Avoid STDs*. List the group's responses. Encourage all participants to respond.

Answers should include:

- Increased risk of getting HIV
- Death (syphilis, AIDS)
- Blindness (syphilis)
- Paralysis (syphilis, AIDS)

- Brain damage (syphilis, AIDS)
- Cervical cancer (HPV)
- Genital warts (HPV)
- Pelvic inflammatory disease (gonorrhea, chlamydia)
- Infertility (gonorrhea, chlamydia)
- Ectopic pregnancy (gonorrhea, chlamydia)
- Chronic pelvic pain (from PID)
- Liver disease (hepatitis B)
- Child born with an STD (blindness, brain damage, death)
- Embarrassment
- Odor and discharge
- Loss of relationship

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

 There are four important facts about STDs that I want to emphasize:

1. Anyone can get an STD. Young people ages 15–24 make up half of all new STD cases. You or a partner can have an STD and not know it. Many people with STDs have no symptoms.
2. STDs increase the chance of HIV infection. They sometimes cause blisters or sores on or around the genitals, which can become a point of entry for HIV during sex.
3. STDs can have serious emotional and physical consequences, including possible death in the case of AIDS and syphilis. The consequences for women are especially harsh and include things such as pelvic inflammatory disease, ectopic pregnancy, cervical cancer, infertility, chronic pelvic pain and possible transmission of the STD to her baby. If a person is concerned about having an STD, it is very important to go to a doctor or clinic to get tested and treated.

(continued)

(continued)

4. Some STDs, including HIV, cannot be cured, but all STDs are preventable.

Abstinence—not having sex—is the surest way to prevent STD.

Remember how STDs are transmitted, what can happen if you get infected, reasons to avoid them and how to avoid them. The best way to avoid STDs is to abstain from oral, anal and vaginal sex, and from any kind of skin-to-skin genital contact that can transmit them. If you choose to have sexual intercourse, the proud and responsible thing to do is always use a latex or polyurethane/polyisoprene condom.

C

DVD: THE SUBJECT IS STDS (SAFER SEX VERSION)

PREPARING FOR THE ACTIVITY

RATIONALE

Presenting information about STDs through a DVD can promote further discussion. Seeing how STDs can impact the lives of individuals helps increase prevention planning.

25

MINUTES


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

MATERIALS NEEDED


- ▶ Monitor and DVD player
- ▶ DVD: *The Subject Is STDs* (Safer Sex Version)

PROCEDURE

1. Introduce the DVD by saying,

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

2. Show the DVD, which is 16 minutes long.
3. When the DVD is finished, ask the following questions:

 How do you feel about the coach's advice to Jamal to be direct and honest with Diana?

Do you think it was hard for Jamal to talk to Diana about "slowing down"?

How did the teens react when they found out that they might have been exposed to an STD from their partners?

(continued)


(continued)

How would you feel if a friend told you about having an STD?

How would you feel if you had to tell a partner that you might have been exposed to an STD?

What is the most effective way to prevent getting an STD, including HIV?

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

 There are four important facts about STDs that I want to emphasize:

1. Anyone can get an STD. Young people ages 15–24 make up half of all new STD cases. You or a partner can have an STD and not know it. Many people with STDs have no symptoms.
2. STDs increase the chance of HIV infection. They sometimes cause blisters or sores on or around the genitals, which can become a point of entry for HIV during sex.
3. STDs can have serious emotional and physical consequences, including possible death in the case of AIDS and syphilis. The consequences for women are especially harsh and include things such as pelvic inflammatory disease, ectopic pregnancy, cervical cancer, infertility, chronic pelvic pain, and possible transmission of the STD to her baby. If a person is concerned about having an STD, it is very important to go to a doctor or clinic to get tested and treated.
4. Some STDs, including HIV, cannot be cured but all STDs are preventable. Abstinence—not having sex—is the surest way to prevent STD.

Remember how STDs are transmitted, what can happen if you get infected, reasons to avoid them and how to avoid them. The best way to avoid STDs is to abstain from oral, anal and vaginal sex, and from any kind of skin-to-skin genital contact that can transmit them. If you choose to have sexual intercourse, the proud and responsible thing to do is always use a latex or polyurethane/polyisoprene condom.

D**DON'T PASS IT ALONG:
THE TRANSMISSION GAME****PREPARING FOR THE ACTIVITY****RATIONALE**

Participating in an exercise that highlights how easy it is to get an STD breaks down participants' feelings of invulnerability and invincibility, and can increase their motivation to practice abstinence.

15

MINUTES

MATERIALS NEEDED

- ▶ Lettered index cards (A, U, C and D)
- ▶ Pencils/pens

PROCEDURE

1. Begin the activity by saying,

Earlier, we talked about HIV—how you get it and how you can avoid getting it. Now we will continue to talk about how having unprotected sex can put someone in danger of getting an STD.

Who gets STDs? Don't answer. Just think about it. We are going to do an activity that will help us answer this question.

FACILITATOR'S NOTE

This activity illustrates how easy it is to transmit an STD if people have unprotected intercourse. This is a fun, engaging activity but it can also be sensitive. Some participants may have already had an STD; some might be living with HIV; and others may have family members or friends who are affected by HIV. Make sure no one is stigmatized by the activity.

2. Distribute the lettered cards and pencils so that only one person has a “D,” one or two people have an “A,” one or two people have a “C” and the rest get a “U.” (Keep this approximate ratio if the group numbers are larger or smaller.) DO NOT tell participants what the letters mean at this time.

A = Abstinence

U = Unprotected Sex (oral, anal or vaginal sex)

C = Condom

D = Disease (STD/HIV)

3. Give the following instructions:



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

4. Read each of the following unfinished sentences, following the procedure you just described.



UNFINISHED SENTENCES

- If I had a condom in my pocket or purse, my partner would think...
- I could convince my partner to use a condom if I...


(continued)

(continued)


- You can make using condoms fun by...
- If I asked whether my partner was having sex with other people, the response might be...
- If I asked my partner to use a condom, the response would be...
- People do not like to use condoms because...

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

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

- 
- This has been an exercise involving “verbal intercourse,” but we are going to pretend that each conversation was an act of “sexual intercourse.”
 - Look at your cards. The letters on the cards represent something in this exercise.
 - Will the person with the “D” card please stand? For the purposes of this activity only, you have an STD and anyone whose name is on your card could have the STD too.
 - *(To the person with the “D”):* Read the names on the back of your card. Everyone whose name is read, please stand.

7. After the people whose names were called are standing, say,

- 
- If you have an “A” on your card, it means you insisted on abstinence and did not have sex. You may have done other pleasurable things, including kissing, talking, massage or fantasy. But you refused to engage in sexual intercourse or any type of skin-to-skin genital contact, so you can sit back down.
 - If you have a “C” on your card, that means you correctly used a latex condom to reduce your risk, and so you can sit back down.

(continued)


(continued)

- If you have a “U” on your card, you must remain standing because you had unprotected sex. You took a chance and had vaginal, oral or anal sex, or engaged in genital contact that could transmit STDs, and now you are possibly infected with the STD.

8. Ask those who are still standing to read the names on their cards written after the name of the person with the “D.” Have these people stand up.


Repeat the last steps until all participants with “U” cards are standing.

9. Ask,


 What would happen if the people who are standing continued to have unprotected sex with new partners?

10. Ask those standing to sit down.


11. Ask the person with the “D” card,

 How did it feel to imagine you had been infected with an STD?


12. Ask the people with the “U” cards,

 How did you feel about possibly being infected?

13. Ask the people with the “C” and “A” cards,

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


14. Ask the participants,

 What did you learn from this activity?


Try to elicit the following answers:

- One person can infect many by passing the STD to someone who passes it on to the next person.
- STDs can be spread through unprotected vaginal, oral and anal sex and sometimes through skin-to-skin genital contact.
- People don't have sex with only their partners, but also with everyone that partner has ever had sex with.
- You can't tell just by looking at someone who is infected and who isn't.
- Anyone can get an STD regardless of whether the sex was consensual or forced.
- Practicing abstinence is the surest way to protect yourself from HIV and other STDs.
- Using latex or polyurethane/polyisoprene condoms can reduce your risk of HIV and other STDs.


11. Emphasize the following:

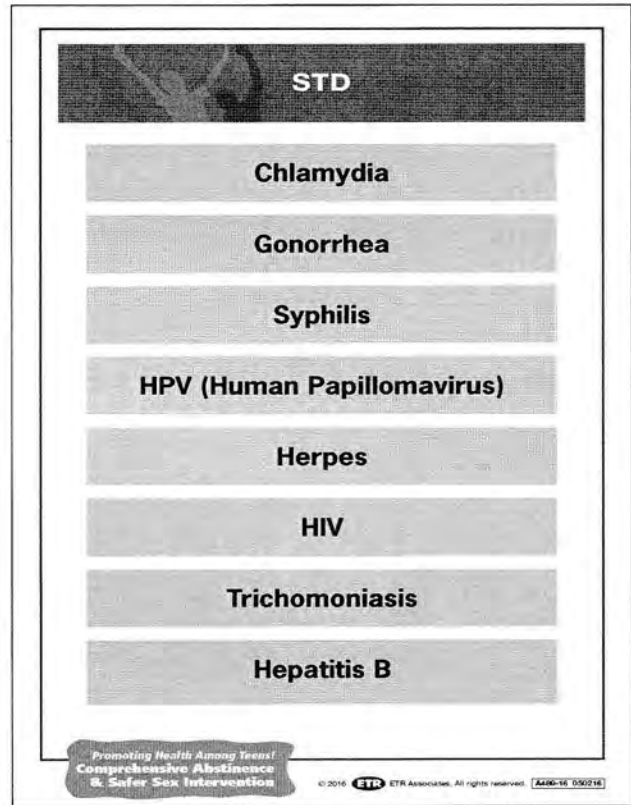
 This was just a game. However, it does highlight how fast and easily an STD can spread. The best ways to avoid infection are to practice abstinence or to use condoms everytime if you choose to have sex.

13. Take the cards back and formally remove the disease from the person with the "D" card to avoid any future stigma by saying,

 This was just a game. So _____ (name of person with "D" card) I will take this card and the disease back from you.

14. Summarize as follows:

 STD infections among young people are real. It's important to understand how practicing abstinence or safer sex in your relationships can help eliminate or reduce your risk. Remember, abstinence is the only 100 percent sure way to keep from getting an STD. But, if you do decide to have sex, using condoms will reduce your risk of HIV and other STDs.



Poster

6

MODULE

Promoting Health Among Teens!

**Comprehensive
Abstinence & Safer
Sex Intervention**

CONSEQUENCES OF SEX: PREGNANCY

GOALS

The goals of this module are to:

- ▶ Increase participants' understanding of pregnancy as a consequence of sex.
- ▶ Increase participants' perception that they are vulnerable to getting pregnant or getting someone pregnant.
- ▶ Increase participants' understanding of the consequences of teen pregnancy.
- ▶ Increase participants' knowledge of various types of contraceptive methods.
- ▶ Clarify participants' attitudes and beliefs about contraception and condom use.

LEARNING OBJECTIVES

After completing this module, participants will be able to:

- ▶ Distinguish myths from facts about pregnancy.
- ▶ Identify specific birth control methods that may be used to prevent pregnancy.
- ▶ Discuss their attitudes toward contraception use.
- ▶ Express positive feelings toward pregnancy prevention.

STRATEGIES/METHODS

- ▶ Game
- ▶ Brainstorm
- ▶ DVD Viewing
- ▶ Group Discussion
- ▶ Contraceptive Method Discussion
- ▶ Forced Choice

MATERIALS NEEDED

- ▶ Pencils/pens
- ▶ Masking tape
- ▶ Markers
- ▶ *Myths and Facts About Pregnancy Statements* (included in module)
- ▶ *Optional*: Monitor and DVD player
- ▶ *Optional*: DVD: *Tanisha & Shay*
- ▶ Pre-labeled newsprint:
 - *Contraceptives*
- ▶ Posters:
 - *Birth Control Choices*
 - *Agree/Disagree*

PREPARATION NEEDED

1. Label all of the newsprint charts as listed under Materials.
2. Hang the posters and pre-labeled newsprint chart in the order they will be used. Fold and tape the chart so the title remains covered by the bottom half of the sheet until you use it.
3. Review the *Myths and Facts About Pregnancy Statements* and get comfortable with the content.
4. Review the information about contraceptive methods in Appendix B.
5. Review and be familiar with current federal and state laws around pregnancy options, including adoption, abortion and safe surrender, so you can provide accurate information during the discussion of the *Tanisha & Shay* DVD, if you decide to extend the session and include it.
6. Gather materials to help teach the birth control information effectively: contraceptive charts, charts of the female reproductive organs, female pelvic models and a birth control kit. Many local health departments and Planned Parenthood affiliates will loan or sell demonstration kits. A local health care provider may also be able to provide samples of prescribed methods, such as oral contraceptives. Free or low-cost condoms may be available from your local department of public health or a clinic.

7. Review how to use an internal/insertive condom. There are several YouTube videos that clearly explain the steps, such as this one from the Female Health Company that manufactures a female condom: www.youtube.com/watch?v=LRZH5ASO-eM. Watch the video prior to the session so you feel comfortable with how the female condom is used. If you have any problems with this link, do an online search for "female condom how to use animated video." If you have Internet access, set up a laptop computer so you can show participants the YouTube video.

INSTRUCTIONAL TIME

- ▶ 60 minutes

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

ACTIVITY	TIME NEEDED
A. MYTHS AND FACTS ABOUT PREGNANCY	10
[B. (OPTIONAL) TANISHA & SHAY DVD]	+25
C. BIRTH CONTROL METHODS DEMONSTRATION	40
D. ATTITUDES ABOUT CONTRACEPTION	10

A

MYTHS AND FACTS ABOUT PREGNANCY

PREPARING FOR THE ACTIVITY

RATIONALE

Distinguishing between myths and facts about pregnancy provides an opportunity for learning the correct information about pregnancy.

10

MINUTES

MATERIALS NEEDED

- ▶ *Myths and Facts About Pregnancy Statements* (included in module)

PROCEDURE

1. Introduce the activity by saying,

Let's take a closer look at what can happen when teens decide to have vaginal intercourse. We're going to play a game designed to help us learn some myths and facts about one of the consequences of sex—pregnancy.

2. Ask the participants to review what a “myth” and a “fact” are. Say,


What is a myth?

What is a fact?

Answers:

- A myth is a statement that is untrue.
- A fact is a statement that is true.


3. Explain the directions:

 I will go around the room and read a statement to each of you.
I want you to tell me if the statement I read is a myth or a fact.
If you don't know, someone else may try to answer.

4. Read the *Myths and Facts About Pregnancy Statements*.

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

6. Summarize by saying,

 Good job! The more you know about the consequences of sex, the better you will be at avoiding them.

MYTHS AND FACTS ABOUT PREGNANCY STATEMENTS

- 1. You can get pregnant by kissing. (MYTH)**
 - ▶ The only way to get pregnant is for sperm cells to enter the vagina and fertilize an egg cell. This usually occurs during vaginal intercourse, but it can also happen if ejaculation occurs near the entrance to the vagina, or if sperm is introduced by hand.
- 2. A boy cannot get a girl pregnant unless he has had a wet dream. (MYTH)**
 - ▶ Even if a boy has never had a wet dream, he may be able to get a girl pregnant. He may have sperm cells in his testicles and be able to ejaculate.
- 3. If a girl misses her period, she is definitely pregnant. (MYTH)**
 - ▶ When girls first start having periods, they often have irregular cycles and may even skip a month from time to time. But, if a girl has had sexual intercourse and she misses a period, she could be pregnant. She should get tested right away, and see a doctor if the pregnancy test is positive.
- 4. You can't get pregnant if you have sex standing up. (MYTH)**
 - ▶ Sperm doesn't care what position you're in. Any time semen comes in contact with the vagina, you can get pregnant. There are no exceptions to that rule.
- 5. You can get pregnant/get someone pregnant the first time you have sexual intercourse. (FACT)**
 - ▶ This is true. It happens every day.
- 6. You can get pregnant from swallowing semen. (MYTH)**
 - ▶ The only way to get pregnant is for sperm cells to enter the vagina, usually during sexual intercourse, and fertilize an egg cell.
- 7. Douching (cleaning the vagina) after intercourse can prevent pregnancy. (MYTH)**
 - ▶ Douching will not prevent pregnancy. In fact, it can even help carry sperm up into the uterus and increase the chances. The vagina keeps itself clean naturally, so douching is not recommended.

8. Withdrawal or pulling the penis out of the vagina before ejaculation is an effective way to avoid pregnancy. (MYTH)

- ▶ It does work in theory, but it is very difficult for many people, especially teens and younger men, to actually pull the penis out before they ejaculate (or come). This is the way many teenage girls get pregnant.

9. Gay and lesbian teens don't need to know how to avoid pregnancy. (MYTH)

- ▶ If gay and lesbian teens engage only in same-sex behaviors, they don't have to worry about pregnancy. However, a lesbian teen can get pregnant if she has sex with a guy. A gay teen guy can get his partner pregnant if he has sex with a female. For many different reasons gay and lesbian teens sometimes engage in penis-in-vagina intercourse and they have to worry about pregnancy if they do.

B

TANISHA & SHAY DVD

PREPARING FOR THE ACTIVITY

RATIONALE

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

25


ADDITIONAL
MINUTES

MATERIALS NEEDED


- ▶ Monitor and DVD player
- ▶ DVD: *Tanisha & Shay*

PROCEDURE

1. Introduce the DVD by saying,

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

2. Show the DVD, which is 18 minutes long.
3. Review the DVD by asking the following questions:

-  • What did this video teach you about teen pregnancy?
- What is your reaction? What do you think happens?
 - Why do you think Tanisha and Shay didn't use birth control?
 - Why hasn't Tanisha told Shay that she is pregnant?
 - What does Tanisha risk losing because of the pregnancy?
 - What does Shay risk losing?

(continued)


(continued)

- What did you think about Tanisha's mom's reaction to the pregnancy?
- Tanisha talked about dropping out of school to work and take care of the baby. What do you think about that?
- Should Shay have to give up his scholarship? Why or why not?
- Were these teens ready to become parents? Why or why not?
- Tanisha's mom says Tanisha owes it to herself to explore all her options. What are Tanisha's options?

Note: Be sure to understand current federal and state laws regarding adoption, abortion and safe surrender in order to provide accurate information to participants.

- How would your life change if you became pregnant or got somebody pregnant? If you became a parent?
- What precautions will you take to keep from getting pregnant or getting somebody pregnant?

4. Summarize by saying,

 As you can see, becoming pregnant or getting someone pregnant can dramatically change your life. Practicing abstinence is the safest and the only 100 percent effective way to avoid pregnancy. Teens who do decide to have sex need to know how to use condoms and other birth control or contraceptive methods to help prevent unplanned pregnancy.

C

BIRTH CONTROL METHODS
DEMONSTRATION

PREPARING FOR THE ACTIVITY

RATIONALE

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

40

MINUTES


(Note: It is important to allow time to cover all of the different methods.)

MATERIALS NEEDED

- ▶ Pre-labeled newsprint:
 - *Contraceptives*
- ▶ *Birth Control Choices* poster
- ▶ Markers

PROCEDURE

1. Introduce this activity by saying,

 We're about to review the various methods of birth control. Let me clarify a couple of things. The purpose of this activity is to present factual information about birth control. I don't assume that you're having sex. There may be many different experiences in this group. Some of you may never have engaged in sexual intercourse and won't any time soon. Others may have had sex, not always by choice. Some might be parents already. Regardless of your background and experience, it's important for all teens to receive factual information about birth control. Being informed about birth control puts you in the driver's seat so you can be in control of when you have children in the future and how close together you have them.


I also understand that personal values about birth control vary. For example, some people don't believe in using birth control because it goes against their religion; other people have no beliefs against it. The bottom line is that most people who have sex need a way to prevent pregnancy and STDs, including HIV. I want you to be able to make informed decisions about protecting yourselves, so we're going to learn about all of the options.

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


Answers should include:

- Abstinence
- IUD
- Implant
- Depo-Provera (the shot)
- Birth control pills, patch and ring
- Male condom (external condom)
- Female condom (internal condom)
- Sponge
- Spermicides

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

 This poster shows some common birth control, or contraceptive, methods. We will discuss them briefly. We won't have time to examine them in detail, but I want you to know what is available when you are ready to use them.

4. Begin your presentation by explaining,

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

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

FACILITATOR'S NOTE

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

ABSTINENCE

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

PRESCRIBED METHODS

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

(continued)

(continued)

IUD

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

Implant

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

Depo-Provera (the shot)

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

(continued)

Birth control pills

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

Birth control patch

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

Vaginal ring

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

(continued)

(continued)

Prescribed methods summary

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

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

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

OVER-THE-COUNTER METHODS

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

Male (external) condom

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

(continued)

* Birgisson, N. E., Zhao, Q., Secura, G. M., Madden, T., Peipert, J. F. (2015). Preventing unintended pregnancy: The contraceptive CHOICE project in review. *Journal of Women's Health* 24 (5): 349–353.

(continued)

Female (internal) condom

- The female condom is a soft, loose-fitting polyurethane (plastic) or nitrile sheath that lines the vagina. Polyurethane is strong and unlikely to rip or tear during use. It is also unlikely to cause allergic reactions.
- The female condom can be inserted right before sex, or up to 8 hours ahead of time.
- These are the steps for using the female condom:
 - » Check the expiration date.
 - » Rub the outside of the package to spread the lubricant onto the condom.
 - » Open carefully by tearing at the notch on the top right of the package.
 - » Note that there are two rings. The thinner outer ring covers the area around the opening of the vagina. The thicker inner ring is used for insertion and to help hold the sheath in place during intercourse.
 - » There are different positions you can use to insert the condom—squat, raise one leg, sit or lie down. Choose a position that feels comfortable.
 - » While holding the condom at the closed end, grasp the flexible inner ring and squeeze it with the thumb and second or middle finger so it becomes long and narrow.
 - » Insert the inner ring into the vagina and use your index finger to push it up into your vagina as far as it will go. It will fit into place right under your cervix. Be sure the sheath is not twisted. Leave the outer ring on the outside of the vagina—about a half inch of the sheath should remain on the outside of your vagina.
 - » You are now ready to guide your partner’s penis into the condom’s opening with your hand to make sure that it enters properly. Be sure that the penis is not entering on the side, between the sheath and the vaginal wall.
 - » To remove the condom, place your finger under the outer ring. Twist it and pull it out. Wrap it in tissue and throw away.
- The female condom can also be used for STD protection during anal sex. Because people of any gender can use these condoms for anal sex, some educators have begun to call them internal or insertive condoms.

(continued)

(continued)

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

Sponge

- The sponge is actually a dual method—it works as a barrier and a spermicide. With clean hands, you wet the sponge with clean water, gently squeeze the sponge until it foams up, fold the sides of the sponge and insert it into the vagina just as you would insert a tampon.
- The sponge can be inserted up to 24 hours before intercourse and must be left in place at least 6 hours after intercourse. This allows for more flexibility and spontaneity with sex. The sponge should not stay in for more than 30 hours.
- The sponge does not protect you from STDs, so you should also use a condom.

Spermicides

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

FACILITATOR'S NOTE

Side Effects and Hormonal Methods


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

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

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

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


6. Process this activity with the questions below:

 How does a teenager decide whether to use birth control and which method to use?

Make sure answers include:

- Talk to parents, a health care provider, doctor, counselor, caregiver, caseworker or partner.
- Ask questions.
- Do lots of thinking.


- Ask themselves questions such as:
 - » Am I ready for parenthood?
 - » Do I want to deal with a pregnancy?
 - » Do I respect myself enough to protect myself?

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

Make sure answers include:

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

7. Summarize this activity by saying,

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

You must use a latex or polyurethane/polyisoprene condom in addition to any other form of contraceptive you choose to use. The condom is the only birth control method that prevents sexually transmitted diseases, including HIV.

Remember, in order to reach your goals and dreams, the proud and responsible thing to do is to use effective methods of protection every time you have sex.

D

ATTITUDES ABOUT CONTRACEPTION

PREPARING FOR THE ACTIVITY

RATIONALE

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

10
MINUTES

MATERIALS NEEDED


- ▶ *Agree/Disagree* signs
- ▶ Masking tape

PROCEDURE

FACILITATOR'S NOTE

The attitude statements reflect negative beliefs that limit a young person's ability to use safer sex strategies effectively. You will begin with the negative statement and, after some discussion, end on a positive note. The goal is to put a positive spin on each attitude and bolster beliefs that will enhance the participants' ability to always choose to be safer.

1. Tape the *Agree* and *Disagree* signs on opposite sides of the room.
2. Introduce the activity by saying,

 We have already learned that there are many methods of birth control or contraception.

Attitudes and beliefs often get in the way of using birth control, especially condoms, even when people know a lot about it. This activity is designed to help you look more closely at your attitudes and beliefs about birth control.

FACILITATOR'S NOTE

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

3. Follow the instructions below:

- Ask participants to stand.
- Read a statement from the *Attitude Statements* below.
- Ask participants to stand under the sign—*Agree* or *Disagree*—that corresponds to how they feel about the statement.
- Ask volunteers to give their reasons for agreeing or disagreeing with the statement. If all participants choose the same position, ask them to guess what reasons people in the opposing position might give.
- After some discussion of the statement, read the information in parentheses after each attitude statement. Promote attitudes that are supportive of birth control use. Remind the group that certain attitudes and beliefs can get in the way of correct use of birth control and condoms.
- Give participants an opportunity to switch sides if they honestly have changed their attitude or belief about the statement.
- Continue with as many statements as time allows.

4. Thank the participants for sharing their attitudes and opinions. Ask them to return to their seats.

ATTITUDE STATEMENTS

1. **Birth control methods are harmful and will mess you up.** (Birth control methods are safe and effective. But an unplanned pregnancy can often make life messy. Teens who learn about birth control can use it correctly and safely.)
2. **It's embarrassing to go into the drugstore and buy condoms.** (If you've decided you're ready to have sexual intercourse, you need to be ready to purchase condoms.)

(continued)

(continued)


3. **Girls who carry condoms are easy/slutty.** (Not only is it not true, girls who carry condoms are actually smart, responsible, proud and safer. The word slut is a demeaning put-down word that is designed to shame girls and reflects a serious double standard in our society. Girls can take control of condom use by using female condoms.)
4. **Female condoms are too much trouble.** (The female or internal condom might seem complicated, but it gets simpler once you understand how it works and know how to use it. It takes a couple of times of practice to feel confident, but once you know how to use it, you can be proud and responsible and have the condom already inserted if you know you're likely to engage in vaginal or anal intercourse.)
5. **It's hard to talk about protection with the person you're having sex with.** (It's easy to discuss birth control and condom use with a partner when your mind is made up and you know why you want to be safer. It's also easier in a healthy relationship based on trust, respect, equality and open communication.)
6. **Using condoms takes the pleasure out of sex.** (Using condoms can be fun and pleasurable if you have the skills to make them that way. We'll discuss those skills later in the program.)
7. **Gay, lesbian and bisexual youth don't need to learn about birth control and safer sex.** (All young people regardless of their sexual orientation [who they find themselves attracted to] need to be informed about sexuality, including information about birth control and condoms. If youth engage in sexual activity with a partner of the same sex, they should use condoms or dental dams to help prevent the spread of HIV and other STDs. Regardless of a person's sexual orientation or sexual identity, anyone who engages in penis-in-vagina sex must use birth control to prevent pregnancy and latex or polyurethane/polyisoprene condoms or other protection to reduce the risk of STDs.)
8. **Men don't need to know as much about birth control as women.** (People of all genders need to know about birth control because it takes a male sperm and a female egg to make a baby. When babies are born, men will have to share responsibility for supporting their children financially. Therefore, men should play an active role in planning when they become fathers. Men who know about birth control and participate in getting and using methods are wise, proud, responsible and supportive partners.)

(continued)

(continued)

9. If you're a teen parent already, it's too late to worry about using birth control. (Teen parents usually understand the realities of parenthood more than other teens. It's never too late to take charge of when you have a baby in the future. Having more than one child as a teenager increases the challenges you have to overcome to reach your goals and dreams.)

5. Summarize as follows:

 People have a lot of ideas and opinions about birth control. Sometimes these ideas and opinions are based on what they've heard from others. Sometimes they are based on myths and misinformation.

It's important to consider how your attitudes and beliefs might be affecting your desire and willingness to reduce your risk of unplanned pregnancy and STDs, including HIV.

It's up to you to think in ways that protect you and increase your chances of accomplishing your goals and having the life you want in the future.

Take the proud and responsible path! Choose not to have sexual intercourse of any type (abstinence) and get the skills to practice the method effectively. Or, if you decide to have sexual intercourse, help protect yourself against unplanned pregnancy and STDs by using an effective method of birth control and condoms every time you have sex.

HANDOUTS AND POSTERS FOR FACILITATOR REFERENCE

BIRTH CONTROL CHOICES

 ABSTINENCE	 IUD
 IMPLANT	 DEPO-PROVERA (THE SHOT)
 BIRTH CONTROL PILLS, PATCH AND RING	 MALE CONDOM AND FEMALE CONDOM
 SPONGE	 SPERMICIDES

*Promoting Health Among Teens!
Comprehensive Abstinence
& Safer Sex Intervention*

© 2016 ETR ETR Associates. All rights reserved. A488-16 050216

Poster

AGREE

*Promoting Health Among Teens!
Comprehensive Abstinence
& Safer Sex Intervention*

© 2016 ETR ETR Associates. All rights reserved. A488-16 050216

Poster

DISAGREE

*Promoting Health Among Teens!
Comprehensive Abstinence
& Safer Sex Intervention*

© 2016 ETR ETR Associates. All rights reserved. A488-16 050216

Poster

7

MODULE

Promoting Health Among Teens!

**Comprehensive
Abstinence & Safer
Sex Intervention**

STD/HIV VULNERABILITY

GOALS

The goals of this module are to:

- ▶ Increase participants' perceived vulnerability to HIV.
- ▶ Confront stereotypes about who becomes infected with HIV and learn more about how people can and cannot become infected.
- ▶ Reinforce knowledge about HIV and AIDS.
- ▶ Weaken negative beliefs and attitudes that foster risky sexual behaviors.

LEARNING OBJECTIVES

After completing this module, participants will be able to:

- ▶ Identify their attitudes toward risky sexual behavior.
- ▶ Problem solve for risky sexual behavior situations.
- ▶ Recall correct information about HIV/AIDS.
- ▶ Advocate and give advice regarding safer sex strategies.

STRATEGIES/METHODS

- ▶ DVD Viewing
- ▶ Group Discussion
- ▶ Problem-Solving Exercises
- ▶ Peer Advising

MATERIALS NEEDED

- ▶ Markers
- ▶ Masking tape
- ▶ Pencils/pens
- ▶ Monitor and DVD player
- ▶ DVD: *The Hard Way*
- ▶ Pre-labeled newsprint:
 - *Kenrick, Miguel, Renee, Mom, Dad and Koko*
- ▶ *The Hard Way* character cards
- ▶ *Calling Koko Caller* handouts or student workbooks

PREPARATION NEEDED

1. Label all of the newsprint charts as listed under Materials.
2. Hang the pre-labeled newsprint charts in the order they will be used. Fold and tape the charts so the titles remain covered by the bottom half of the sheet until you use them.
3. Make sure *The Hard Way* DVD is set up and ready to play.

INSTRUCTIONAL TIME

- ▶ 60 minutes

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

ACTIVITY	TIME NEEDED
A. <i>THE HARD WAY</i> DVD AND DISCUSSION.	30
B. <i>CALLING KOKO</i>	30

A

THE HARD WAY DVD AND DISCUSSION

PREPARING FOR THE ACTIVITY

RATIONALE

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

30

MINUTES


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

MATERIALS NEEDED


- ▶ Monitor and DVD player
- ▶ DVD: *The Hard Way*
- ▶ Pre-labeled newsprint:
 - *Kenrick, Miguel, Renee, Mom, Dad and Koko*
- ▶ Masking tape
- ▶ Markers
- ▶ *The Hard Way* character cards (one card per participant)

PROCEDURE


1. Introduce the video:

 Sexually active young people are at risk for HIV infection. The DVD titled *The Hard Way* is about young people. This DVD discusses what AIDS is, the ways people get HIV and the ways to prevent infection.

2. If you haven't done so already, write the names of the characters on newsprint (*Kenrick, Miguel, Renee, Mom, Dad and Koko*).
3. Divide the group into 6 teams. Hand out a character card to each team. Explain the activity.

 The cards you have just received have the name of one of the main characters in the video. While you watch the DVD, pay close attention to the person on your card. Watch what this person says and how this person thinks and acts. Also, notice anything that changes the person's thinking during the course of the video.

4. Start the DVD, which is 18 minutes long.
5. When the video has ended, plan to spend 10–12 minutes discussing the various characters. Pace yourself. Plan to spend about 2 minutes on each character.
6. Begin the discussion by saying,

 Let's talk about the characters in this film. I would like the group with Kenrick's card to go first.

How would you describe Kenrick?

What behaviors placed Kenrick at risk for HIV? *(Be sure the issue of number of partners gets addressed.)*

Now let's talk about Miguel.

Those of you with Miguel's card, what behaviors placed him at risk? *(Be sure number of partners gets addressed.)*

Why didn't Miguel use condoms?

Now let's talk about Miguel's partner, Renee.

What form of protection does Renee choose to use?

Those of you with Renee's card, why do you think Renee chose to use birth control pills instead of condoms as her form of protection?

Does this make sense? Do you think that using the pill is OK if you are having sex with only one person? Why or why not?

Those of you with the Dad card, what do you think about the way the dad talked to Kenrick?

(continued)

(continued)


Those of you with the Mom card, what do you think about the conversation between Kenrick and his mom?

How is Kenrick's conversation with his dad different from the one with his mom?

What adults have ever talked to you about condoms or safer sex? How do your parents, guardians or other caring adults deal with the issue?

Where would you turn for support and advice about relationships, sex and using protection?

7. Spend the next 10 minutes discussing Koko's message, HIV testing and relationships. Begin the discussion by saying,

 Now let's talk about Koko. What was her message in the video?

What do you think it would be like to get tested?

What would someone gain by getting tested? (What would be the benefits of getting tested?)


Now let's discuss the types of relationships in this film. Kenrick had multiple partners whereas Miguel had a steady girlfriend. How do you negotiate condom use when

- You have more than one partner?
- You have a steady partner?
- You have a new partner?

Which one—with more than one partner, a steady partner or a new partner—is easier or harder, and why?

Now let's talk about friendships and conversations people have with their friends about being safer and using condoms. Do you think that Kenrick and Miguel had talked about using condoms enough? What else could they have said to each other? What would you say to your friends? What would you want your friends to say to you?

8. Summarize the activity by saying,

 The characters in this video had to make decisions about whether to have sexual intercourse and whether to use condoms to protect themselves. What is the most important message you're taking away from the DVD and our discussion?

I hope you're walking away with the message that HIV can still be a risk even in a monogamous relationship.

As you make these decisions in your life, remember that abstinence is the 100 percent surest way to avoid an unplanned pregnancy and sexual transmission of HIV and other STDs. If you choose to have sex, it's important to use condoms correctly and consistently every time. If you've had unprotected sexual intercourse in the past, you can get tested and then use protection correctly in the future. It's the proud and responsible thing to do!

B**CALLING KOKO****PREPARING FOR THE ACTIVITY****RATIONALE**

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

30

MINUTES

MATERIALS NEEDED

- ▶ *Calling Koko Caller* 1–6 handouts or student workbooks
- ▶ Pencils

PROCEDURE**FACILITATOR'S NOTE**

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


1. Introduce this activity by saying,



Based on what you have learned so far, you will give advice to someone who has questions or concerns about HIV, AIDS or condoms. In this activity, you will take the role of Koko, the expert on HIV, AIDS and condoms, who has an HIV Information Hotline for teenagers called Calling Koko. You will provide the solution to the concerns of one of these callers.

2. Divide the participants into pairs or small groups.

3. Distribute the *Calling Koko* handouts or have participants turn to these sheets in their workbooks. Assign a different *Calling Koko Caller* to each pair or group. (Multiple groups will be working on the same caller script.)
4. Explain the following:

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

5. Give the pairs 5 minutes to discuss and write their advice.
6. Have one pair for each caller give their report. One person should read the part of the caller, and the other person should give Koko's advice.
7. Using the following suggested responses, discuss any points that participants do not come up with themselves.

FACILITATOR'S NOTE

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

MAIN POINTS TO COVER

The surest protection is abstinence.

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

Don't share needles or works.

CALLER 1

Koko,

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

– *No-Chance Charlie*

Suggested Response to Caller 1

Every time you engage in a behavior that involves an exchange of body fluids you take a chance of getting HIV. The surest way *NOT* to get HIV (the virus that causes AIDS) is to practice abstinence—choosing not to have sex. If you do decide to have vaginal, oral or anal sex, the best way to reduce your risk of HIV is to use condoms. And don't share needles of any kind with anyone for any reason (whether it's for drug use, tattoos or ear piercing). That's the proud and responsible thing to do.

MAIN POINTS TO COVER

Commitment in a relationship is not always an effective form of protection.

Abstinence is the surest way to protect yourself.

Talk to your partner about abstinence or condoms.

If you decide to have sex, use latex condoms every time.

CALLER 2

Dear Koko,

My girlfriend and I have been going out for a year. We really love each other, and both want to have sex. I trust her, but I'm concerned about HIV. My girlfriend and I are 14 years old, and neither one of us has tattoos, and we don't use drugs. We've been thinking about having sex, but only with each other. Do we have to worry about HIV?

– *Relationship Raymond*

Suggested Response to Caller 2

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

To avoid any possibility of infection, it's best to be abstinent. You have plenty of time to have a sexual relationship when you're older. Talk it over and decide why it might be best to wait.

If you and your girlfriend do decide to start having sex, you should practice safer sex to prevent any future possibility of infection. Deciding to have sex with someone is a big decision and it involves thinking and talking to your partner about using condoms. Using condoms reduces your risk of getting an STD, including HIV.

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

MAIN POINTS TO COVER

Get tested for HIV now, and again in 6 months.

If the test is positive, seek medical help immediately.

Avoid future risk of infection by using a latex condom every time you have vaginal, oral or anal sex.

CALLER 3

Hi Koko,

Five months ago, I had sex with someone for the first time. We didn't use condoms. I didn't really enjoy it, and he never even called me again. Now I have a new boyfriend and he wants me to have sex, too. Is it possible that I might have been exposed to HIV when I did it before? Now, I'm anxious that I might be infected with HIV. What do I tell my boyfriend? What should I do?

– *Anxious Alex*

Suggested Response to Caller 3

Yes, it is possible that you have been exposed to HIV. There is no way of knowing for sure without being tested. The most common type of HIV test looks for HIV antibodies, which may take up to 6 months to show up on the test. You should get tested soon, and then again 6 months later. If both tests are negative, you can feel safe that you did not get infected with HIV from having unprotected sex that time.

It sounds like you wish you had made a different choice 5 months ago. It's OK if you want to choose not to have sex right now. Abstinence is the surest way to protect yourself from HIV and other STD. If you do decide to have sex, be proud and responsible and talk to your boyfriend about condoms. Tell him it is important that you use condoms if you have sex. Let him know that you're really afraid of getting HIV, and what would happen if either of you got infected. If he cares about the relationship, he will understand that being abstinent or using condoms is the right thing to do.

MAIN POINTS TO COVER

Oral sex can transmit STDs, including HIV.

Abstinence is the surest way to protect yourself.

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

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

CALLER 4

It's like this Koko,

I am fifteen years old, and my girlfriend and I have never had vaginal sex. We do other things, though, including oral sex. Before, we just wanted to make sure that she didn't get pregnant. We had never really thought about infections like HIV. But, now I hear that teens my age are getting sexually transmitted diseases. Is oral sex safe? How do we protect ourselves from STDs?

– *Cautious Carmello*

Suggested Response to Caller 4

ALL STDs, including HIV, can be transmitted during oral sex, whether it's performed on a man or a woman. Any woman who performs oral sex on a man should make sure that he is wearing a latex condom. Any man who performs oral sex on a woman should use a dental dam or other latex barrier, such as a non-lubricated condom cut to make a square.

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

MAIN POINTS TO COVER

You can't tell if a person has HIV by looking.

Look for a relationship, *not* a sexual partner.

Abstinence is the surest way to protect yourself.

If you decide to have sex, use a latex condom every time.

CALLER 5

What's up, Koko,

I recently found out that a friend of mine is HIV positive and that she's had the virus for years. She's smart, fun to be around, and has only had sex with two guys her whole life. Now I'm afraid to be with anyone because if someone like her can get HIV, how can I know who's safe and who isn't? If she has HIV, then anyone could! I'm scared to date! What should I do?

– *Distraught Dana*

Suggested Response to Caller 5

You are right to feel cautious about having sex. You can't look at people and tell whether or not they have an STD. Take time to get to know a person as a friend before you decide to have sex.

You can always decide to wait to have sex. If you decided to have sex, your best combination strategy is safer sex and time. Take the time to really get to know your potential partner. Then, use a latex (or polyurethane/polyisoprene) condom correctly and consistently every time if you decide to have vaginal, oral or anal sex.

MAIN POINTS TO COVER

Get tested for pregnancy, STDs and HIV.

Resist peer pressure to drink alcohol or do drugs. Alcohol and drugs affect your decision making, and you may end up doing things that you regret.

Abstinence is the surest way to protect yourself.

Use latex condoms if you decide to have sex.

CALLER 6

Koko,

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

– *Regretful Rihanna*

Suggested Response to Caller 6

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

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

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

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

8

MODULE

Promoting Health Among Teens!

**Comprehensive
Abstinence & Safer
Sex Intervention**

RISKY SEXUAL BEHAVIOR AND CONTENT REVIEW

GOALS

The goals of this module are to:

- ▶ Examine attitudes about HIV and safer sex.
- ▶ Increase participants' understanding of their responsibility for practicing abstinence or safer sex.
- ▶ Reinforce participants' knowledge about HIV and AIDS risk-associated behavior.
- ▶ Encourage participants to discuss the program with their parents or other trusted adults.
- ▶ Review and reinforce the information learned.

LEARNING OBJECTIVES

After completing this module, participants will be able to:

- ▶ State how using problem-solving steps can help avoid risky situations.
- ▶ Explain how making their own decisions makes it more likely they will achieve their goals and dreams.
- ▶ Provide correct answers to review questions on HIV and AIDS.
- ▶ Identify the risk of HIV infection as a result of various sexual and non-sexual behaviors.

STRATEGIES/METHODS

- ▶ DVD Viewing
- ▶ Game
- ▶ Homework Assignment
- ▶ Forced Choice
- ▶ Sharing Exercise

MATERIALS NEEDED

- ▶ Pencils/pens
- ▶ Markers
- ▶ Masking tape
- ▶ Newsprint
- ▶ *AIDS Basketball Questions and Answers* (included in module)
- ▶ Monitor and DVD player
- ▶ DVD: *Nicole's Choice*
- ▶ Handouts or student workbooks:
 - *Second Homework Assignment*
- ▶ Pre-labeled newsprint:
 - *Barriers*
 - *Solutions*
- ▶ Posters:
 - *STOP, THINK and ACT*
 - *Agree/Disagree* signs

PREPARATION NEEDED

1. Label all of the newsprint charts as listed under Materials.
2. Hang the posters and pre-labeled newsprint charts in the order they will be used. Fold and tape the charts so the titles remain covered by the bottom half of the sheet until you use them.
3. Make sure *Nicole's Choice* DVD is set up and ready to play.
4. Review the information about sexually transmitted diseases in Appendix B.

INSTRUCTIONAL TIME

- ▶ 60 minutes

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

ACTIVITY	TIME NEEDED
A. <i>NICOLE'S CHOICE</i> DVD AND DISCUSSION	25
B. WHAT I THINK ABOUT HIV/AIDS AND SAFER SEX	10
C. THE AIDS BASKETBALL GAME	10
D. SECOND HOMEWORK ASSIGNMENT	10
E. TALKING CIRCLE	5



A

NICOLE'S CHOICE DVD AND DISCUSSION

PREPARING FOR THE ACTIVITY

RATIONALE

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

25

MINUTES

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

MATERIALS NEEDED

- ▶ Monitor and DVD player
- ▶ DVD: *Nicole's Choice*
- ▶ *STOP, THINK and ACT* poster

PROCEDURE

1. Introduce the DVD by saying,


Now we will watch a DVD called *Nicole's Choice*. Pay attention. I want you to look at it and think about its messages. I also want you to think about what you would do in Nicole's situation. Check to see if Nicole uses the STOP, THINK and ACT problem-solving steps.

2. Show the DVD *Nicole's Choice*, which is 15 minutes long.
3. At the end, ask the following:


What were some of the messages in the video?

4. Allow participants to answer.

5. Refer to the poster *STOP, THINK and ACT*. Then ask,

 Did Nicole **STOP** and **THINK** when she was with Miguel? How would you have used STOP, THINK and ACT if you were Nicole?

6. After getting some answers from the group, ask,


 What messages about sexual partners did you receive from each person in the video?

- Randy?
- Lynette?
- Nicole?


Answers:

- You expose yourself not only to your partner, but also to all of your partner's partners.
- It is important for both individuals to get tested.
- It is important to use condoms every time you have sex.

7. Then ask the following:

 How would you feel if you had to go to the STD clinic?
Can you get HIV the same way you get other STDs?

8. Summarize as follows:

 Getting an STD can be embarrassing, painful, expensive and sometimes even life threatening. Only you can decide to protect your future and your health. Use a latex condom or dental dam every time you have vaginal, oral or anal sex.

B

WHAT I THINK ABOUT HIV/STD
AND SAFER SEX

PREPARING FOR THE ACTIVITY

RATIONALE

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

10


MINUTES

MATERIALS NEEDED


- ▶ *Agree/Disagree* signs
- ▶ Masking tape

PROCEDURE

1. Tape the *Agree* and *Disagree* signs on opposite sides of the room.
2. Begin this activity by saying,

 Let's look at what you think about HIV/STD and safer sex.

3. Read the following directions:

 I will read some statements and ask, "Agree or disagree"?

After I read each statement, stand under the *Agree* sign if you agree with the statement or stand under the *Disagree* sign if you do not agree with it.


4. Ask participants to stand.
5. Read the *Agree or Disagree Statements* one at a time (included at the end of the activity).

6. After each statement, ask the participants to decide if they agree or disagree with the statement and to stand under the appropriate sign.
7. Then, ask participants on each side to say why they agreed or disagreed with the statement.

FACILITATOR'S NOTE

During the activity, bolster the attitudes supportive of abstinence or condom use, and respond to those unsupportive of abstinence or condom use by using the information provided after each statement.

8. Give the participants a chance to switch after discussion of each statement.
9. Thank the participants for sharing their opinions. Have them return to their seats.
10. Summarize as follows:

 This activity showed us that different people can have different opinions and beliefs. You may have a different opinion about sex, HIV, STDs and condoms than your partner or friends. But the facts about HIV/STD remain the same. Here are some facts we can agree on: HIV is transmitted sexually through blood, semen, vaginal secretions and rectal fluids. Other STDs are also passed through having sex. Whenever you have sex, you must use a latex or polyurethane/polyisoprene condom to reduce the chance of HIV and other STD transmission.

AGREE OR DISAGREE STATEMENTS

- **It is hard to convince a sexual partner to use a condom.** (Even though it might be hard, it is important to do it.)
- **Condoms are effective at preventing HIV infection.** (If you choose to have sexual intercourse, using condoms correctly and consistently is the best way to prevent HIV infection.)
- **Sex can feel good if you use condoms.** (Sex can feel very good with condoms. You can buy a brand that feels natural and use extra lubricant. You'll learn more about this later.)
- **Most people know how to use condoms correctly.** (Many people think they know how but they actually make mistakes or they don't use condoms consistently. Everyone should learn the specific steps, and you will learn them in a few minutes.)
- **If you know your sexual partner very well, you shouldn't have to use a condom.** (Knowing your sexual partner very well does not mean you are safe. You need to use condoms; then you do not have to worry.)
- **If someone looks healthy, you shouldn't have to use a condom.** (Looking at a person never lets you know whether the person has HIV or another STD, so you should always use a latex or polyurethane/polyisoprene condom. Often people with STDs don't have symptoms, and a person with HIV may not have symptoms for many years.)

C

THE AIDS BASKETBALL GAME

PREPARING FOR THE ACTIVITY

RATIONALE

This activity is a way to review and reinforce the information about HIV transmission covered in this program with a fun and high-energy activity.

10


MINUTES

MATERIALS NEEDED


- ▶ Newsprint
- ▶ Markers
- ▶ Masking tape
- ▶ *AIDS Basketball Questions and Answers* (included in module)

PROCEDURE

1. Introduce the next activity by saying,

 We are going to play a game called AIDS Basketball* that will review everything you've learned so far regarding HIV and AIDS.

2. Divide the group into two teams.
3. Start by giving the rules:

-  • Each team will get the chance to answer a question.
- The team member responsible for answering the question will rotate so that each team member gets a turn.

(continued)

* "AIDS Basketball" from *AIDS: What Young Adults Should Know*, 2nd ed., by William L. Yarber. Adapted with permission from the Association for the Advancement of Health Education.

(continued)


- The other team members can help, but the answer must be given within 10 seconds.
- Only correct answers earn points. Correct answers are worth two or three points.
- The team members answering the question can choose whether they want a two- or three-point question.
- If the answer is incorrect or not given in time, I will give the correct answer, and the other team will get a foul shot (a one-point question).
- If someone answers out of turn, the interrupter's team receives a foul. The other team then gets a chance to answer a one-point foul shot question.

4. Keep score (or ask a participant to keep score) on the board or newsprint.
5. Try to get through all the questions, but remember you have only 10 minutes. The game goes quickly and is stimulating.

FACILITATOR'S NOTE

If no one is given a foul shot, use the foul questions in the game for one point each. You may be able to create other situations that result in foul shots being awarded.

6. Use the questions that follow for the game. Correct answers are provided. Correct answers for true and false questions are in parentheses.
7. At the end of the game, total the team scores and declare a winning team.
8. Summarize by saying,

 Wow! What a game! You all remembered a lot of information. Remember to use all the strategies you have learned to make proud and responsible decisions.

AIDS BASKETBALL QUESTIONS AND ANSWERS

TWO-POINT QUESTIONS

- 1. What does AIDS stand for?**
 - ▶ Acquired immunodeficiency syndrome
- 2. What causes AIDS?**
 - ▶ HIV, the human immunodeficiency virus
- 3. Which body system does HIV damage?**
 - ▶ The immune system
- 4. What happens to a person with AIDS that usually does not happen to people with a healthy immune system?**
 - ▶ They get certain rare diseases called opportunistic infections.
- 5. Name three of the body fluids through which HIV is transmitted?**
 - ▶ Semen, vaginal secretions, rectal fluids, blood and breast milk (any 3)
- 6. What are the most common ways HIV is transmitted?**
 - ▶ Unprotected sexual intercourse and exchange of blood with an infected person
- 7. What drug-related behavior allows the exchange of blood?**
 - ▶ Sharing needles or works
- 8. How do most children get infected with HIV?**
 - ▶ From their infected mothers during pregnancy, at birth or through breastfeeding
- 9. (T) or F. Anyone who has unprotected sex or shares needles can get HIV.**
- 10. (T) or F. Anal sex increases your chances of getting HIV.**
- 11. T or (F). There is now a cure for AIDS.**
- 12. (T) or F. Oral sex without using a condom or dental dam increases the chance of getting HIV.**
- 13. T or (F). You can catch HIV like you catch a cold, because HIV can be carried in the air.**

14. (T) or F. Sexual abstinence is the only 100 percent way to prevent pregnancy and sexually transmitted diseases.

THREE-POINT QUESTIONS

15. What are the surest ways to prevent HIV?

- ▶ Sexual abstinence
- ▶ Not sharing needles or works

16. Name three ways HIV is passed.

- ▶ During unprotected sex
- ▶ By sharing needles and syringes
- ▶ From an infected woman to her fetus or newborn child

17. Name three types of sexual practices in which HIV is passed.

- ▶ Anal sex
- ▶ Vaginal sex
- ▶ Oral sex

18. Name two ways to help prevent sexual transmission of HIV.

- ▶ Sexual abstinence
- ▶ Avoid exchange of body fluids (blood, semen, vaginal secretions, rectal fluids) by using latex or polyurethane/polyisoprene condoms

19. T or (F). Abstinence means never having had sex. (False. A person who is practicing abstinence may have had sex in the past, but is choosing not to have sex now.)

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

21. Name three sexual behaviors that do not involve any exposure to body fluids that can carry HIV. (Any 3)

Answers may include:

- Hugging
- Massage
- Touching
- Sexual fantasy
- Grinding
- Romantic talking
- Cuddling

FOUL SHOOTING QUESTIONS (ONE POINT)

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

Stress	<i>no</i>
Dry kissing	<i>no</i>
Sharing needles with someone who is HIV positive	<i>yes</i>
Touching someone who has HIV	<i>no</i>
Using the same fork as someone who is HIV positive	<i>no</i>
Using someone's comb	<i>no</i>
Being around someone with AIDS	<i>no</i>

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

24. T or (F). You cannot get HIV from sex if you have sex with only one person during your whole life.

25. T or (F). People infected with HIV through injecting drugs are not likely to pass the virus to sex partners unless the partner also injects drugs.

D

SECOND HOMEWORK ASSIGNMENT

PREPARING FOR THE ACTIVITY

RATIONALE

This activity encourages participants to go home and engage their parents/guardians in a conversation about abstinence, safer sex, STDs and HIV. It also allows participants to think through the assignment and to anticipate and address any problems that may arise during the process.

10


MINUTES

MATERIALS NEEDED

- ▶ *Second Homework Assignment*
- ▶ Pre-labeled newsprint
 - *Barriers*
 - *Solutions*
- ▶ Markers
- ▶ Making tape


PROCEDURE

1. Introduce the next activity by saying,

 We are almost finished! There is just one last thing, the homework assignment. The homework is important because it gives you a chance to review all of the information that you learned in this program with your parent, guardian or another trusted adult. The first part of the assignment is more *Calling Koko*. You and the adult will need to give advice to two callers. The second part of the assignment is a review of information about abstinence, safer sex and STD. The third part of the assignment is a *Myths and Facts* worksheet.


2. Distribute the *Second Homework Assignment* to participants or have them turn to it in their workbooks.
3. Read the ENTIRE *Second Homework Assignment* to the group. You can ask for volunteers to read some parts.

4. Ask,

 Does everyone understand what you need to do?


5. Answer any questions participants may have.

6. Ask,

 What might be some barriers to doing the assignment?


7. Write participants' responses on the newsprint labeled *Barriers*.

8. Then ask,

 What are some solutions to these barriers?

9. Elicit responses and write them on the newsprint labeled *Solutions*.

10. Summarize by saying,

 Doing the homework is a way to teach your family about what you're learning. Remember these solutions in case any barriers come up.

E

TALKING CIRCLE

PREPARING FOR THE ACTIVITY

RATIONALE

This activity provides closure to the session. It encourages participants to reflect and share how the information they learned may change their lives for the better.

5

MINUTES

MATERIALS NEEDED

- ▶ None


FACILITATOR'S NOTE

The Talking Circle presented here can serve as the conclusion for the second session, when the program is taught in a 3-day format with four modules being covered each day. If sufficient time is allowed, it can be used to conclude a module any time there will be a break before facilitator and participants will be together again.

PROCEDURE

1. Have the group place their chairs in a tight circle.
2. Ask the group members if they remember where the Talking Circle ritual comes from. (*American Indians*)
3. Tell participants you will be ending the day with the Talking Circle and that they will each have a turn to speak.
4. Ask participants to share one thing learned that may help reduce the risk for HIV, other STDs and unplanned pregnancy or help them achieve their goals.

5. Conclude by saying,

 Those were good responses. I am very proud of each and every one of you. Thank you for coming, I hope that you enjoyed yourself and learned a lot. Next time we meet, we will talk more about practicing abstinence and other skills that will help you reduce your risk for HIV, other STDs and pregnancy. Don't forget to do your homework assignment, and be sure you bring it back next time. We will go over it together. Are there any questions?

**STOP, THINK AND ACT
PROBLEM-SOLVING STEPS**

STOP

- ▶ Stay calm, take a deep breath.
- ▶ Get control of myself.

THINK

- ▶ What is the problem?
- ▶ What am I being pressured to do?
- ▶ What am I feeling? What is the other person feeling?
- ▶ What are my choices?
- ▶ What do I want?
- ▶ How can I stay in control?
- ▶ What alternatives can I suggest?
- ▶ What are the possible consequences?

ACT

- ▶ Evaluate the possible consequences.
- ▶ Make the best choice.
- ▶ How well did it work?
- ▶ Get help, if necessary.
- ▶ Make a new choice.

Promoting Health Among Teens! Comprehensive Abstinence & Safer Sex Intervention
© 2016 ETR Associates. All rights reserved. A490-16 020216

Poster

AGREE

Promoting Health Among Teens! Comprehensive Abstinence & Safer Sex Intervention
© 2016 ETR Associates. All rights reserved. A490-16 020216

Poster

DISAGREE

Promoting Health Among Teens! Comprehensive Abstinence & Safer Sex Intervention
© 2016 ETR Associates. All rights reserved. A490-16 020216

Poster

**PROMOTING HEALTH AMONG TEENS!
Second Homework Assignment**

Directions:
This take-home assignment is important because it is a chance for you to teach your family the important information that you learn in *Promoting Health Among Teens!* This time you will be the teacher and your parent, guardian or another trusted adult will be the student.

Tips for Success:

- ▶ Explain that this is your second take-home review assignment for *Promoting Health Among Teens!* and you have to work together.
- ▶ Explain that a proud and responsible thing to do is to teach your family the information that you learned during the program.
- ▶ Choose a time that is convenient for both of you, and when you are both comfortable and relaxed.
- ▶ Spend about 10-15 minutes on each section.

© ETR Associates

Promoting Health Among Teens! Comprehensive Abstinence & Safer Sex Intervention STUDENT WORKBOOK 21

Handout/Student Workbook

9

MODULE

Promoting Health Among Teens!
**Comprehensive
Abstinence & Safer
Sex Intervention**

SEXUAL RESPONSIBILITY: ABSTINENCE SKILLS

GOALS

The goals of this module are to:

- ▶ Increase participants understanding of their responsibility in abstaining from sex.
- ▶ Increase participants' skills to abstain from sex.

LEARNING OBJECTIVES

After completing this module, participants will be able to:

- ▶ Express an increased understanding of their responsibility in abstaining from sex.
- ▶ Identify ways to make abstinence work for them.
- ▶ Identify the benefits of abstinence.
- ▶ Express positive feelings toward abstaining from sex.

STRATEGIES/METHODS

- ▶ Sharing Exercise
- ▶ Group Discussion
- ▶ Brainstorming
- ▶ Case Study
- ▶ Forced Choice
- ▶ Worksheet

MATERIALS NEEDED

- ▶ Extra copies of *Second Homework Assignment*
- ▶ Completed *Second Homework Assignments*
- ▶ Pencils/pens
- ▶ Markers
- ▶ Masking tape
- ▶ Name tags
- ▶ Stickers (for completed homework)
- ▶ Blank sticky notes (1" x 3")
- ▶ Prepared "Abstinence Necessities" slips
- ▶ Pre-labeled newsprint:
 - *Group Agreements*
 - *Easy*
 - *Obstacles*
 - *Abstinence Jeans*
- ▶ Posters
 - *Agree/Disagree signs*
- ▶ Handouts or student workbooks:
 - *Nat Next Door*

PREPARATION NEEDED

1. Label all of the newsprint charts as listed under Materials.
2. Hang the posters and pre-labeled newsprint chart in the order they will be used. Fold and tape the chart so the title remains covered by the bottom half of the sheet until you use it.
3. Prepare the "Abstinence Necessities" slips. (See Activity D.)

INSTRUCTIONAL TIME

- ▶ 60 minutes

ACTIVITY

TIME NEEDED

A. WELCOME AND TALKING CIRCLE	5
B. SECOND HOMEWORK ASSIGNMENT REVIEW	10
C. BENEFITS OF SEX/BENEFITS OF ABSTINENCE	10
D. WHAT YOU NEED TO KNOW TO MAKE ABSTINENCE WORK FOR YOU	15
E. ATTITUDES ABOUT ABSTINENCE	10
F. NAT NEXT DOOR	10

A

WELCOME AND TALKING CIRCLE

PREPARING FOR THE ACTIVITY

RATIONALE

This activity welcomes the participants back to the group and provides an opportunity for them to refocus and reinvest in the program.

5

MINUTES

MATERIALS NEEDED


- ▶ Pre-labeled newsprint:
 - *Group Agreements* (from previous session)
- ▶ Masking tape
- ▶ Name tags

FACILITATOR'S NOTE


Use the Talking Circle as a way to welcome participants back if the program is taught in a 2-day format with four modules being covered each day.

PROCEDURE

1. Hang the *Group Agreements* newsprint.
2. Distribute the name tags if participants are not already wearing them.
3. Welcome participants back by saying,

 Welcome back. It is so good to see all of you back here again. I am glad because today we have a lot of fun material to cover. We will begin our session with the Talking Circle.


4. Have participants get into their Talking Circle positions.
5. Explain the Talking Circle by saying,

 As you already know, the Talking Circle is a communication tool specific to American Indian people. It can be used to help groups discuss important issues.


Each person will have a chance to speak. When you are finished speaking, the person on your left will speak next.

When it is your turn to speak, please share one thing you remember from our last session together.

6. Conduct the Talking Circle until all group members have had a chance to share what they remember from the last time.
7. Thank each person for sharing. Compliment the group on how well they remembered the information.
8. End the Talking Circle.
9. Point to the *Group Agreements* and say,


 The Talking Circle has ended. Let's move our chairs to a larger circle. I will reread the group agreements from last time.

10. Read the *Group Agreements*.
11. Then ask the group,

 Is there anything else that you would like to add?

12. Wait for the participants to respond.

13. Summarize by saying,

 Now that we have reviewed our group agreements and have all agreed to follow them, let's start today's activities.

B**SECOND HOMEWORK
ASSIGNMENT REVIEW****PREPARING FOR THE ACTIVITY****RATIONALE**

Encouraging the participants to identify and share any difficulties they had while talking to their parents/guardians will provide an opportunity for them to review and build confidence and skills to try it again.

10


MINUTES

MATERIALS NEEDED

- ▶ Pre-labeled newsprint:
 - *Easy*
 - *Obstacles*
- ▶ Completed *Second Homework Assignments*
- ▶ Extra copies of the *Second Homework Assignment*
- ▶ Markers
- ▶ Stickers

PROCEDURE

1. Introduce the activity by saying,

 Let's talk about the *Second Homework Assignment*. In the homework, you were supposed to talk to your parents, guardians or other trusted adults about abstinence, HIV and puberty.

How many of you had a chance to do the homework?

How many did not get a chance to try the homework?

For those of you who did not, what were the reasons you didn't do the homework?

(continued)


(continued)

For those of you that did, how did your parents/guardians feel about the homework?

How comfortable/uncomfortable were they doing homework with you?

2. Elicit responses from the group.

3. Say,

 Some of you may have had a very easy time doing the homework with your parent or guardian.


What made the homework easy?

4. Write the responses on the newsprint titled *Easy*.

Answers may include:

- They really wanted to learn.
- They took me seriously.
- They were comfortable.

5. Say,

 Some of you may have had a hard time doing the assignment with your parent or guardian.


What made the homework hard?

6. Write the responses on the newsprint titled *Obstacles*. Encourage everyone to contribute.


Answers may include:

- They were too busy.
- They didn't take me seriously.
- I was too embarrassed.
- Too many interruptions.
- No privacy.

7. Ask,


 How did the obstacles make you feel?

8. Review the lists:


 Let's review the two lists. Who would like to volunteer to read the *Easy* list?

9. After the volunteer is finished reading the *Easy* list, ask for a volunteer to read the *Obstacles* list. If no one volunteers, you will have to read the lists.


10. Say,

 I am very proud of you for doing or trying to do the homework. Let's see if we can find solutions to these obstacles so that the next time you talk to your parent or guardian about abstinence, HIV or puberty, it will be a little easier.


11. Ask the following question, and record the answers on the newsprint with a different color marker next to the *Obstacles* list.

 What are some possible solutions to these obstacles?

12. Continue the activity by having each participant answer this question:


 In spite of the obstacles you may or may not have had, do you feel that talking about abstinence, HIV and puberty with your parent, guardian or another trusted adult was worth the time and effort? Why or why not?

13. Review the first section of the homework. Say,

 Now let's review questions on the homework assignment. I have extra copies if anyone has forgotten it. We will start with Section 1.


Who would like to read their advice to the first caller?

14. Encourage 1 or 2 participants to read their advice to the group. If no one volunteers, read your response. Then ask the following questions:

 Who has different advice?

Was this caller realistic? Why or why not?

15. Clarify any misinformation if necessary. Then review responses to the second caller using the same process.
16. Go through the factual questions in Sections 2 and 3 in the same manner, asking participants for the correct answers. Correct misinformation when necessary.
17. Distribute stickers to everyone who did any part of the homework and say,

 You all did a great job with the homework! Here are your stickers for doing it. I am really proud of you! It can sometimes be hard to teach adults new information, but you did it! Hold on to your homework so that you will have something to review at home.

C

BENEFITS OF SEX / BENEFITS OF ABSTINENCE

PREPARING FOR THE ACTIVITY

RATIONALE

Helping participants explore the various benefits of abstinence allows them to realize that, for young teens, abstinence is a viable and healthy choice.

10
MINUTES

MATERIALS NEEDED

- ▶ Pre-labeled newsprint:
 - *Benefits of Sex/Abstinence*
- ▶ Masking tape
- ▶ Markers

PROCEDURE


1. Tape a piece of newsprint to the wall. Write “Benefits Of” at the top center of the newsprint. Draw a line down the middle dividing the newsprint into two columns. “Sex” is one column heading. “Abstinence” is the other column heading. For example,

BENEFITS OF	
Sex	Abstinence

FACILITATOR'S NOTE

You may have to help the group by prompting them with some of the answers, especially for the benefits of abstinence. Help them but don't give them all the answers. Encourage them to think.

2. Begin the activity by asking participants to brainstorm the following question. Say,


 We have discussed how attitudes and beliefs can get in the way of choosing not to have sex. What I want to know is, what do teens gain by having sexual intercourse? What are the benefits of having sex?

3. Write their answers on the newsprint under the “Sex” column.

Answers may include:

- Expression of love
- Popularity
- Having a baby
- Sense of maturity
- Trade for favors, money, drugs
- Sexual release
- Revenge

4. Next say,


 What do teens gain by waiting to have sex or deciding to stop if they have already had sex? In other words, what are the benefits of abstinence?

Elicit such answers as:


- Avoid pregnancy
- Avoid STDs, including HIV
- Don't have to worry about parents finding out
- Avoid emotional or physical pain or discomfort
- Uphold religious or cultural beliefs

- Keep focus on achieving future goals and dreams
- Sex feels better if you wait until you are physically, emotionally and mentally ready
- Keep focus on finishing school
- Won't have to worry about raising a child
- Have time to build a strong relationship before having sex
- Find out who wants you, and who just wants sex
- Explore sexual feelings without risking pregnancy or an STD
- Feel good about making a choice that can keep you safe

5. **The benefits of abstinence list will probably be longer than the benefits of sex list. Ask students to observe this. Ask them why they think this happened.**
6. **Next, reinforce the benefits of not having sex by having each participant finish the following sentence:**

 "If I wait to have sex, I will be better able to . . ."

7. **Summarize as follows:**

 Teens who choose to have sex often end up dealing with an unintended pregnancy, or get infected with HIV or other STDs, which can be obstacles to achieving some of their goals and dreams.

Remember, abstinence is the 100 percent effective way to avoid these risks. People who decide to have sex need to be sure to practice safer sex and use a latex or polyurethane/polyisoprene condom every time.

D

WHAT YOU NEED TO KNOW TO MAKE
ABSTINENCE WORK FOR YOU

PREPARING FOR THE ACTIVITY

RATIONALE

This activity helps participants think about what it takes to make abstinence work—and what they need to do if they choose abstinence to protect themselves from the unwanted consequences of sexual intercourse.

15


MINUTES

MATERIALS NEEDED


- ▶ *Abstinence Jeans* (made from newsprint)
- ▶ Blank sticky notes (1" x 3")
- ▶ Prepared "Abstinence Necessities" slips
 - *Able to talk to each other*
 - *Belief that HIV/STDs can happen to you*
 - *Commitment to abstinence*
 - *Courage*
 - *Belief that abstinence can work*
 - *Goals for the future*
 - *Belief that pregnancy can happen to you*
 - *Patience*
 - *Knowledge of the consequences of sex*
 - *High self-esteem*
 - *Alternative activities*
 - *Support from family*
 - *Responsible for self*
 - *Respect for family*
- ▶ Pencils/pens
- ▶ Masking tape

PROCEDURE


1. Introduce this activity by saying,

 Earlier in this program we talked about HIV and other STDs. And we talked about one sure way of not getting infected with HIV or another STD. Who knows the name of the method that I am talking about?


2. Elicit responses from the group.
3. Then say,

 Abstinence is the method that I am talking about. Who remembers what abstinence means? *(Answer: not engaging in any sexual behavior that can result in pregnancy or HIV/STD transmission.)*

4. Elicit responses from the group. Guide them to the correct answer, if necessary.
5. Then say,

 Good. I am glad that you remember what abstinence means. Now we are going to see how you “rock” abstinence, that is, what you need to know to make abstinence work. If you want to rock (wear) some PHAT gear, you must know where to get it, how to rock (wear) it so that it looks and feels good on you and have a confident attitude that says, “I’m all of that.” Well, the same is true for abstinence. You can’t just talk about it; you must be confident in knowing that you’re “bringing it.” You must have self-assurance. That means knowing that, when you choose to rock abstinence, you are choosing or rocking self-respect, self-love, high self-esteem, courage, knowledge and skills. It is precisely these things that will make your choice to practice abstinence look and feel good.

6. Show the group the *Abstinence Jeans* and say,


 Let's pretend that these jeans are abstinence. I made them so that we can review what abstinence is and how it works.

As you can see, these jeans are empty. Empty abstinence jeans don't look good if they're just hanging in the closet getting dusty. Well, that's how abstinence is if you don't bring it out of your memory closet and practice it.

Certain things have to happen in order for abstinence to work. Together, we will figure out what things make abstinence work.

7. Give each participant 2 or 3 blank sticky note strips and a pencil or pen.

8. Say,


 One thing that you need to make sure that abstinence works is to know what abstinence means. You can't practice something if you do not know what it means. Another thing you need is to be able to put that definition into words so that you can talk to a boyfriend/girlfriend/partner about practicing abstinence.

On the slips of paper, write things that you think you need to rock in order for abstinence to work. Write one on each slip of paper.

The question you're answering is, "What are some things that will help me practice abstinence?" Write the answer on the slips of paper that I gave you. You will have a few minutes to write your responses.


Eventually you will place the slips of paper onto the jeans so that you can see that, in order to wear something, you must have the right look, attitude and knowledge.

9. After 3–4 minutes, have participants share their ideas. Say,


 Let's see what you think you need to rock in order to make abstinence work for you. As you read the statement aloud, put the piece of paper on the jeans.

10. Have participants come up one at a time, read what is written on their slip and then put the slip on the *Abstinence Jeans* newsprint.


11. Introduce the “Abstinence Necessities” slips by saying,

 Your answers were great! There are a few other things that will also make abstinence work.


12. Review the prepared “Abstinence Necessities” slips and attach each slip to the jeans, unless a similar response is already there.

-  • Able to talk to each other
- Belief that HIV/STDs can happen to you
 - Commitment to abstinence
 - Courage
 - Belief that abstinence can work
 - Goals for the future
 - Belief that pregnancy can happen to you
 - Patience
 - Knowledge of the consequences of sex
 - High self-esteem
 - Alternative activities
 - Support from family
 - Responsible for self
 - Respect for family

13. Continue the activity by removing one of the slips and asking,

 Let’s think about what can cause abstinence not to work. What would happen if you had all the other items except this one? (*Read the slip that was removed.*) For example, what if you didn’t have patience? What if you didn’t have high self-esteem? What if you didn’t think you could get infected with HIV or another STD? What if you and your partner weren’t able to talk to each other about what abstinence means?


14. Allow the group to answer.
15. Repeat the process question by removing additional slips and asking what would happen if this item was missing.
16. Reattach the slips to the *Abstinence Jeans* and ask the group,

 What else can cause abstinence to fail?

Answers should include:

- Alcohol and/or other drug use
- Peer pressure
- Threats or force

17. Wait for participants to respond.
18. Summarize by saying,

 Here are some points to remember about abstinence:

- Don't practice fake abstinence or somebody else's idea of abstinence. Practice your own abstinence in order to know what you look good in and how it makes you feel.
- Just as a medicine won't work if you forget to take it every day, abstinence won't work if you don't practice it every day.
- It is very important to wear your *Abstinence Jeans* every day. In order for abstinence to work for you, you must use the information that you are learning.
- Remember, abstinence is the most effective way to prevent STDs, such as HIV, and unplanned pregnancy.
- Practicing abstinence can be challenging, but it is a proud and responsible thing to do. You can do it, and look good doing it!

E

ATTITUDES ABOUT ABSTINENCE

PREPARING FOR THE ACTIVITY

RATIONALE

Attitudes about abstinence affect the practice of abstinence. This activity strengthens positive attitudes toward abstinence and encourages participants to question negative attitudes toward abstinence.

10


MINUTES

MATERIALS NEEDED


- ▶ *Agree/Disagree* signs
- ▶ Masking tape

PROCEDURE

1. Tape the *Agree* and *Disagree* signs on opposite sides of the room.
2. Introduce the activity by saying,

 We've been talking about how abstaining from sex is the most effective way to prevent pregnancy or keep from getting an STD, including HIV. Sometimes, no matter how much people know, their attitudes and beliefs get in the way of self-protection. This next activity is designed to help you look more closely at your attitudes about abstinence.

3. Explain the directions:

 In this activity, I will read a statement and you will stand under the sign that best reflects your feelings. You are not allowed to stay in the middle. If you agree with a statement, you will stand under the *Agree* sign. If you disagree, stand under the *Disagree* sign. Once you are in position, I will ask some of you to explain your choice.


FACILITATOR'S NOTE

If everyone stands under the same sign, ask the group members why they think no one chose the other option. If only one person stands under a sign, compliment this person for having the courage to make a choice that differs from the group and carefully ask why the person made that choice. Be sure the person clearly understood the statement. Give participants a chance to change their minds after the explanations and before you move on to the next statement.

ATTITUDE STATEMENTS

- Guys who don't have or have never had sex are "wimpy" or strange. *(Start with the agree side in the discussion.)*
- The more you like and respect yourself, the easier it is to abstain from sexual intercourse. *(Start with the disagree side in the discussion.)*
- If a partner didn't respect my decision to not have sex, then I would find someone who would respect my choice.
- People who have never had sex are unpopular and boring.
- It is a male partner's responsibility to set sexual limits.
- Teens who choose not to have sex are proud and responsible.
- My parents/guardians would be proud of me if I chose not to have sex during my teen years.
- It is harder for a male to say no to sex than it is for a female.
- There are other pleasurable sexual behaviors people can engage in besides sexual intercourse.

4. Summarize by saying,

 You can see that people can have different attitudes and opinions about abstinence. It's important to know that attitudes and opinions can influence the decisions people make about sex. Good decisions are based on respecting and protecting yourself, understanding possible consequences and being proud and responsible.

For many young people, the best decision may be to abstain from sex to avoid getting an STD, such as HIV, or having an unplanned pregnancy. Practicing abstinence can help make it easier to reach their goals and dreams. People can always make the choice to practice abstinence, even if they've had sex before.

F

NAT NEXT DOOR

PREPARING FOR THE ACTIVITY

RATIONALE

This partially scripted roleplay activity provides an opportunity for participants to be advocates for abstinence and to further internalize this option as the healthiest choice for people their age. Sometimes people (including adults) need to hear their own advice before the message is internalized.

10


MINUTES

MATERIALS NEEDED

- ▶ *Nat Next Door* handouts or student workbooks
- ▶ Pencils/pens


PROCEDURE

1. Begin this activity by saying,

 People often find it a lot easier to give advice to other people than to follow that same advice themselves. In this activity, we are going to pretend that you have a young neighbor who is thinking about having sex. Let's find out what advice you would give.

2. Divide the group into pairs.
3. Give each pair the *Nat Next Door* handout or have them turn to it in their workbooks. Tell them to work together to complete the script, which they will present to the rest of the group.
4. Tell pairs to practice their scripts until you call time. Allow 5 minutes for them to complete and practice their scripts.
5. Have each pair read their script to the rest of the group.

6. Process this activity by asking the following questions:

 Do you think you could convince a younger friend or relative not to have sex with the advice you gave?

Why do you think it is important for young people not to have sex?

Would you follow this same advice if it was given to you? Why or why not?

PROMOTING HEALTH AMONG TEENS!
Second Homework Assignment

Directions:
This take-home assignment is important because it is a chance for you to teach your family the important information that you learn in *Promoting Health Among Teens!* This time you will be the teacher and your parent, guardian or another trusted adult will be the student.

Tips for Success:

- ▶ Explain that this is your second take-home review assignment for *Promoting Health Among Teens!* and you have to work together.
- ▶ Explain that a proud and responsible thing to do is to teach your family the information that you learned during the program.
- ▶ Choose a time that is convenient for both of you, and when you are both comfortable and relaxed.
- ▶ Spend about 10–15 minutes on each section.

© ETR Associates
Promoting Health Among Teens! Comprehensive Abstinence & Safer Sex Intervention STUDENT WORKBOOK 21

Handout/Student Workbook

AGREE

Promoting Health Among Teens! Comprehensive Abstinence & Safer Sex Intervention
© 2016 ETR Associates. All rights reserved. AAIM-18-000216

Poster

DISAGREE

Promoting Health Among Teens! Comprehensive Abstinence & Safer Sex Intervention
© 2016 ETR Associates. All rights reserved. AAIM-18-000216

Poster

Nat Next Door

INSTRUCTIONS: Even though you are 2 years older than Nat, the two of you have always been close. You've lived next door to each other and have grown up together. You don't see as much of Nat in school lately, but you are concerned because Nat has been dating someone named Emery, who is your age, and things have been heating up. Nat wants to come over to talk and you decide to bring up the subject. You know that Emery has had sex before. You're worried that Nat will decide to have sex with Emery and you think that Nat is too young.

Write down what you would say to Nat and then act the scene out. Your job is to convince Nat not to have sex with this older partner.

Nat: Hey, Emery thinks we've reached the point in our relationship where we should have sex. I'm confused about it. Can we talk?
You: _____

Nat: But I really care about Emery. I've never dated anyone before and I'm afraid Emery will find somebody else if we don't start having sex.
You: _____

Nat: I'll have sex one day, so why not now? A lot of my friends are doing it. What's the harm? Emery is so fine. I'd hate to miss out.
You: _____

© ETR Associates
Promoting Health Among Teens! Comprehensive Abstinence & Safer Sex Intervention STUDENT WORKBOOK 25

Handout/Student Workbook

10

MODULE

Promoting Health Among Teens!

**Comprehensive
Abstinence & Safer
Sex Intervention**

SEXUAL RESPONSIBILITY: CONDOM USE SKILLS

GOALS

The goals of this module are to:

- ▶ Increase participants understanding of their responsibility to use condoms if they choose to have sex.
- ▶ Increase participants' skills to use condoms correctly and consistently.
- ▶ Increase participants' understanding of barriers to condom use, and increase their strategies for reducing those barriers.

LEARNING OBJECTIVES

After completing this module, participants will be able to:

- ▶ Express an increased understanding of their responsibility in using condoms.
- ▶ List the correct steps to using a condom.
- ▶ Demonstrate steps for correct condom use.
- ▶ Identify how condoms can prevent STDs, including HIV, and pregnancy.
- ▶ Identify barriers to using condoms and strategies for overcoming those barriers.
- ▶ Identify ways to make condoms a more pleasurable part of the sexual experience.

STRATEGIES/METHODS

- ▶ Mini-Lecture
- ▶ Condom Demonstration
- ▶ Game
- ▶ Group Discussion
- ▶ Brainstorming
- ▶ DVD Viewing

MATERIALS NEEDED

- ▶ Markers
- ▶ Masking tape
- ▶ Lubricated condoms (1–2 per participant or pair of participants, plus demonstration condoms)
- ▶ Water-based lubricant
- ▶ Small paper bag(s)
- ▶ Paper towels
- ▶ Penis models
- ▶ Monitor and DVD player
- ▶ DVD: *Condom Use Animation*
- ▶ *Steps for Using a Condom* poster
- ▶ *Condom Line-Up* cards
- ▶ Pre-labeled newsprint:
 - *Pros*
 - *Cons*
 - *Ways to Make Condoms Use Easy and More Fun*

PREPARATION NEEDED

1. Label all of the newsprint charts as listed under Materials.
2. Hang the poster and pre-labeled newsprint charts in the order they will be used. Fold and tape the charts so the titles remain covered by the bottom half of the sheet until you use them.
3. Make sure the *Condom Use Animation* DVD is set up and ready to play.

INSTRUCTIONAL TIME

- ▶ 60 minutes

ACTIVITY

TIME NEEDED

A. CONDOM USE SKILLS	20
B. CONDOM LINE-UP	15
C. BARRIERS TO CONDOM USE	15
D. HOW TO MAKE CONDOMS FUN AND PLEASURABLE	10

A

CONDOM USE SKILLS

PREPARING FOR THE ACTIVITY

RATIONALE

By becoming more comfortable touching condoms and practicing correct use, participants will be more likely to use them consistently and correctly in their personal lives and feel proud and responsible in doing so.

20

MINUTES

MATERIALS NEEDED


- ▶ *Steps for Using a Condom* poster
- ▶ Lubricated condoms (two per participant or pair of participants, plus demonstration condoms)
- ▶ Dental dam
- ▶ Lubricant
- ▶ Penis model(s)
- ▶ Paper towels
- ▶ Markers
- ▶ Masking tape
- ▶ Small paper bag (to dispose of condoms)

PROCEDURE

FACILITATOR'S NOTE


Some religions and individuals do not believe in condom use. Acknowledge that and make sure that participants are aware that condom use skills are the focus of this activity.

1. Clarify the purpose of the activity by saying,


 This activity is designed to show you how to use condoms correctly and to have you practice condom use skills. However, I'm not assuming that any of you are having sexual intercourse and I'm not encouraging you to do so. Having this knowledge and these skills will prepare you to make proud and responsible decisions if and when the need arises.

Some people don't believe in using condoms because it may be against their religion; other people have no beliefs against it. I'm giving you this information because we want you to be able to make informed decisions about protecting yourselves.

2. Explain what a condom is by saying,

 A condom is a thin latex (rubber) sheath that slips snugly over an erect penis and keeps semen from entering the vagina, mouth or anus during sex. People who are allergic to latex can use condoms made of polyurethane (plastic) or polyisoprene (synthetic rubber). Only latex, polyurethane and polyisoprene condoms help prevent both pregnancy and STDs, including HIV.

3. Ask the group to brainstorm slang terms for condoms. They might mention rubber, raincoat, glove or sock. Keep this very brief. Then ask them to name some of the brands they've heard of.
4. Explain the following:

 We're going to be learning a lot about condoms. There are many different brands and types of condoms. Some are colored, ribbed, lubricated or flavored. People can choose the types they like as long as they are made of latex or polyurethane/polyisoprene.

Regardless of what you call them or the types you prefer, it's important to use condoms correctly and to have them available when you need them.

In the next activity, you're going to actually practice the steps for using a condom correctly. Many of you may have never seen or touched a condom. We're going to practice using condoms so that you will know what they feel like and how to use them if and when you are ready to use them.

(continued)

(continued)

Just as a person might need to adjust to wearing a new pair of shoes or glasses, using a condom requires getting used to new sensations.

5. Post the *Steps for Using a Condom* poster. Using a penis model/condom demonstrator, follow the steps listed on the chart to model what the youth will be doing. Read the instructions and add additional details as you demonstrate the procedure.

FACILITATOR'S NOTE

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


STEPS FOR USING A CONDOM

1. Check the expiration date and make sure the condoms are latex or polyurethane/polyisoprene.
 2. Open the package carefully to avoid tearing.
 3. Make sure condom is on the proper side to roll down correctly.
 4. Pinch the tip of the condom to create space (1/2 inch) for semen.
 5. Squeeze a few drops of water-based lubricant inside the tip.
 6. Continuing to squeeze the tip, roll the condom down to the base of the penis. Apply water-based lubricant to the outside of the condom, if desired.
 7. Check during intercourse to make sure the condom isn't slipping.
 8. Immediately after ejaculation, hold the condom firmly at the base of the penis and pull the penis out before it gets soft.
 9. Roll off the condom away from your partner. Wrap in tissue and throw it away. Do not re-use.
6. Distribute the materials to participants so they can practice. Circulate and observe all participants, at least briefly, to make sure they're following the steps correctly.

FACILITATOR'S NOTE

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

7. Collect the condoms and packaging in the paper bag.
8. Give participants paper towels or wet wipes to wipe their hands.
9. Reinforce condom information by asking the following questions (answers are provided):

 **Can condoms fit any size penis?** Yes. Though condom sizes vary slightly from brand to brand, most can fit any size penis comfortably.

What should you never use with a condom? Condoms may break if you use Vaseline, lotion or grease, etc., as lubrication. Use only non-oil-based lubrication or water-based lubricants (e.g., K-Y Jelly or Astroglide).


Is it OK to keep a condom in your pocket? Yes, but ONLY for short periods of time. Prolonged exposure to any heat source (including body heat) can damage condoms.

Can you use condoms after their expiration date? No. Throw away unused condoms once the expiration date passes.

FACILITATOR'S NOTE

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


10. Ask participants if they've ever heard of or seen a dental dam. Hold up a dental dam and say,

 A dental dam is a square of latex that can serve as a barrier between the mouth and a partner's vulva or anal area to prevent the transmission of STDs.

It can be difficult to find dental dams, so you can cut a non-lubricated condom into a square and use it as a barrier.

11. Explain how a dental dam can be used when having oral contact with the vulva or anal area. Also demonstrate how to cut a condom into a square in case a dental dam is not available. (*Note: You can use scissors to cut off the rim and tip of the condom and to cut one side to create a square.*)

12. Summarize as follows:

 To protect yourself and your partner from sexually transmitted diseases, including HIV, remember to:

- Use a latex (or polyurethane/polyisoprene) condom every time you have sex.
- Use a dental dam when having oral contact with the vulva or anal area.
- Keep a supply of condoms on hand.
- Get used to condoms, so they are natural and fun.
- Talk to your partner about using condoms.
- Refrain from using alcohol or other drugs because they affect your judgment.

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

B

CONDOM LINE-UP

PREPARING FOR THE ACTIVITY

RATIONALE

Practicing putting the *Condom Line-Up* cards in the correct order reinforces knowledge, ability and confidence to use condoms correctly.

15


MINUTES

MATERIALS NEEDED


- ▶ Monitor and DVD player
- ▶ DVD: *Condom Use Animation*
- ▶ *Condom Line-Up* cards
- ▶ Masking tape

PROCEDURE

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


 We are about to see a brief animation of how to correctly put on a condom. The information presented in it will be helpful throughout the rest of this activity, and as soon as we're done watching it, we'll have a chance to practice what we've learned together as a group.

2. Show the DVD, which is 2 minutes long.
3. When the DVD is over, introduce the *Condom Line-Up* activity by saying,

 We are going to demonstrate all the steps involved in putting on a condom by putting a set of condom-use cards in correct order.

4. Shuffle the *Condom Line-Up* cards.

5. Pass out the cards to the participants. (Give each participant more than one card if there are more cards than participants.)
6. Ask the group to stand.
7. Explain to the group,

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

Before we start, can someone tell me what a couple should do before they get or buy condoms?

Answer: Discuss safer sex issues

8. Have the participants put the cards in the proper order on the wall. Encourage all the group members to participate.
9. Ask if there are any final adjustments, and allow them to be made.
10. When the group has decided how the cards should be placed, verify the correct order or ask questions to prompt the movement to the correct order.
11. When the order is correct, review the steps:

 **ORDER OF CONDOM LINE-UP CARDS**

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

(continued)


(continued)

10. Hold onto the rim of condom and withdraw the penis
11. Remove and discard condom
12. Loss of erection
13. Relaxation

FACILITATOR'S NOTE


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

12. Next, use the following discussion questions to stimulate positive attitudes toward condom use. Say,

 Which steps in this process can involve a partner?

Answers:


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

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

Answer:

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

13. Summarize by saying,

 You did a great job lining up the condom cards and discussing the correct steps of condom use. Remember and practice these steps so that you can make the proud choice and use condoms correctly every time if you've decided to have sex.

C

BARRIERS TO CONDOM USE

PREPARING FOR THE ACTIVITY

RATIONALE

Allowing participants to turn negative statements about condom use into positive ones reinforces the need to use condoms correctly and consistently and helps build self-efficacy. This activity also sets the foundation for roleplaying and proud and responsible decision-making skills.

15

MINUTES

MATERIALS NEEDED

- ▶ Pre-labeled newsprint:
 - *Pros*
 - *Cons*
- ▶ Markers
- ▶ Masking tape

PROCEDURE

FACILITATOR'S NOTE

While doing this activity, you might also bring up the issue of dental dams and find out if the reasons for not using dental dams are similar to those for not using condoms.

1. Introduce this activity by saying,

There are many reasons why people do or do not use condoms. The reasons people do use condoms are pros and the reasons people don't use condoms are cons or barriers to condom use.

2. Unfold the 2 sheets of newsprint, labeled *Pros* and *Cons*.
3. Ask participants to brainstorm all of the *Pros* (all of the reasons for using condoms), and list their answers on the newsprint.

Make sure their list includes:


- Condoms can help prevent pregnancy.
- Condoms can help prevent STDs, including HIV.
- Condoms make you feel good about yourself.
- You know you are safer when you use condoms.

4. Ask participants to brainstorm all the *Cons* (all of the reasons people don't use condoms).


Make sure the answers include:

- Condoms are not available
- Think condoms ruin the mood and pleasure
- Using another form of birth control
- Think condoms don't feel natural
- Condoms cost too much
- Don't know where to get free condoms
- Partner doesn't want to use condoms
- Embarrassed to bring up the subject
- Parents might find them
- Embarrassed to go to the store to buy them
- Want to show they trust a partner

5. Explain the following:

 Since you are proud and responsible young people who respect yourselves and want to protect yourselves, let's now change these cons into pros.


6. Demonstrate by reading one of their cons/barriers and turning it into a pro.

 **Example**

Con: Condoms don't feel natural.

Pro: Having an STD won't feel natural either. OR We can find ways to make them feel good.

7. Then, give each member of the group a chance to change a con into a pro.
8. Cross each con off the list as it is changed into a pro.
9. Summarize as follows:

 Good job. As you can see, we've changed all the *Cons* to *Pros*. There are no cons to using condoms. You will be using this skill again in a later activity.

D

HOW TO MAKE CONDOMS FUN
AND PLEASURABLE

PREPARING FOR THE ACTIVITY

RATIONALE

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


10
MINUTES

MATERIALS NEEDED

- ▶ Pre-labeled newsprint:
 - *Ways to Make Condom Use Easy and More Fun*
- ▶ Markers


PROCEDURE

1. Introduce this activity by saying,


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

Remember, I'm not assuming that you're having sex and I'm not encouraging you to have sex. This is information some of you will use right away and others can tuck it away for future reference.


2. Give the following examples of ways to make using condoms more pleasurable:

-  • Try different brands to find one that feels most comfortable and natural.
- Use extra lubricant inside the tip of the condom and on the outside of the condom to increase wetness.

3. Unfold the pre-labeled newsprint titled *Ways to Make Condom Use Easy and More Fun*.
4. Ask participants to brainstorm some ways to make using condoms fun and pleasurable. Record their responses.
5. Add the following ideas if they don't get mentioned:

-  • Make putting on the condom a part of foreplay.
- Think up a sexual fantasy using condoms.
- Act sexy/sensual while putting on the condom.
- Hide a condom on your body and ask your partner to find it.
- Use extra lubrication inside and outside the condom.
- Experiment with different colors, types and textures of condoms.
- Have a sense of humor and make jokes.
- Tell your partner that using a condom can make an erection last longer.

6. Now ask participants to think of some ways to make using condoms easy—to keep them from interrupting sex. Give the following examples:

-  • You can talk about using condoms/dental dams in advance.
- Always have condoms on you.
- Learn to put the condom on in advance so you can do it more quickly.
- Make sure you have condoms (or dental dams) close by to eliminate fumbling.
- Have the condom open and ready to use before sex.

FACILITATOR'S NOTE

Emphasize strategies for making condom use more pleasurable. Remember that some of the young people may not be sexually active and that for them this discussion may not make much sense.

Students should be reminded that only condoms consisting of latex (or, if allergic to latex, polyurethane or polyisoprene) can help protect against STDs. Condoms made from other materials, such as lambskin or other animal membranes, are not effective in preventing the spread of STD.

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

Emphasize that you are not endorsing sexual activity among teenagers.

7. Ask the group the following questions:



Do you feel prepared to use a condom if you have sex?

Do you feel prepared to respond to excuses for not using a condom?

8. Summarize as follows:



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

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

STEPS FOR USING A CONDOM

- 1** Check the expiration date and make sure the condoms are latex or polyurethane/polyisoprene.
- 2** Open the package carefully to avoid tearing.
- 3** Make sure condom is on the proper side to roll down correctly.
- 4** Pinch the tip of the condom to create space (1/2 inch) for semen.
- 5** Squeeze a few drops of water-based lubricant inside the tip.
- 6** Continuing to squeeze the tip, roll the condom down to the base of the penis.
- 7** Check during intercourse to make sure the condom isn't slipping.
- 8** Immediately after ejaculation, hold the condom firmly at the base of the penis and pull the penis out before it gets soft.
- 9** Roll off the condom away from your partner. Wrap in tissue and throw it away. **Do not re-use.**

Promoting Health Among Teens!
Comprehensive Abstinence & Safer Sex Intervention
© 2016 ETR Associates. All rights reserved. AA00-18-00014

Poster

CONDOM LINE-UP CARDS

GET CONDOMS AND CHECK EXPIRATION DATE

Promoting Health Among Teens!
Comprehensive Abstinence & Safer Sex Intervention © 2016 ETR Associates. All rights reserved. AA00-18-00014

Cards (13 total)

11

MODULE

Promoting Health Among Teens!

**Comprehensive
Abstinence & Safer
Sex Intervention**

ENHANCING SEXUAL RESPONSIBILITY SKILLS

GOALS

The goals of this module are to:

- ▶ Help participants identify personal limitations regarding physical and sexual contact.
- ▶ Increase participants' self-efficacy and ability to resolve risky sexual situations that place them at risk for pregnancy and STDs, including HIV.
- ▶ Increase participants' refusal and negotiation skills regarding condom use.

LEARNING OBJECTIVES

After completing this module, participants will be able to:

- ▶ Identify the specific types of sexual physical contact that fit within their personal comfort zone.
- ▶ Identify situations that place them at risk for STDs including HIV.
- ▶ Identify strategies for avoiding risky situations.
- ▶ Identify the body language and strategies needed for saying "NO" effectively.
- ▶ Express confidence in their ability to say "NO" to risky sexual situations.
- ▶ Demonstrate the ability to negotiate with a partner using the STOP technique.

STRATEGIES/METHODS

- ▶ Exercises
- ▶ Group Discussion
- ▶ Brainstorming
- ▶ Mini-Lecture

MATERIALS NEEDED

- ▶ Pencils/pens
- ▶ Markers
- ▶ Masking tape
- ▶ Blank index cards
- ▶ Pre-labeled newsprint:
 - *Excuses Sexual Partners Give*
- ▶ Posters:
 - *Expressing Physical Affection signs (1–8)*
 - *STOP*
 - *Negotiation and Refusal Skills Charts (1A, 1B, 2, 3 and 4)*
- ▶ Handouts or student workbooks:
 - *Who Is Being Responsible?*
- ▶ *Risky Sexual Situations cards (1–5)*

PREPARATION NEEDED

1. Hang the *Expressing Physical Affection signs*.
2. Label the newsprint charts as listed under Materials. Hang them in the order they will be used. Fold and tape the charts so the titles remain covered by the bottom half of the sheet until you use them.

INSTRUCTIONAL TIME

- ▶ 60 minutes

ACTIVITY

TIME NEEDED

A. KNOWING AND SETTING SEXUAL LIMITS	10
B. GETTING OUT OF A RISKY SEXUAL SITUATION	15
C. WHO IS BEING RESPONSIBLE?	10
D. "WHAT TO SAY IF MY PARTNER SAYS..." RESPONDING TO EXCUSES	15
E. INTRODUCTION TO STOP	10

A

KNOWING AND SETTING SEXUAL LIMITS

PREPARING FOR THE ACTIVITY

RATIONALE

This activity is designed to help participants determine their limits for expressing physical affection and explore ways of showing affection that stop short of having vaginal, oral or anal sex, or any genital touching that could transmit STD.

10
MINUTES


MATERIALS NEEDED

- ▶ *Expressing Physical Affection* signs
- ▶ Blank index cards
- ▶ Pencils/pens
- ▶ Masking tape

PROCEDURE


1. Put up the eight *Expressing Physical Affection* signs. Spread the signs out around the room from left to right in the order indicated below:
 1. Give friendly looks and smiles
 2. Talk to each other
 3. Hold hands
 4. Put arms around each other
 5. Hug and kiss
 6. Touch above the waist
 7. Touch below the waist
 8. Have sexual intercourse

2. Begin this activity by saying,


 In this next activity, we will talk about how physical limits play a part in being able to abstain from sex.

3. Distribute index cards and pencils to each participant.

4. Say,

 These signs represent different ways of expressing physical affection, ranging from friendly looks to having sexual intercourse. Write on your index card how far (number 1, 2, 3, etc.) you think young people your age should go when expressing physical affection.


5. After each participant has selected a level or number, have participants move to the sign matching the number written on their index cards. They should take their pencils with them.
6. While participants are standing by their chosen signs, have each answer the question,

 Why did you choose this particular level as a stopping point?


FACILITATOR'S NOTE

If the group is larger than ten, you might select a representative from each number instead of having each participant answer the question.


7. Next say,

 Now I want you to choose the number that represents how far your parents or guardians would want you to go in expressing physical affection. Write this number on this other side of your card.

8. Have the participants move to the sign matching the level written on their index card they think their parents/guardians would choose.
9. While participants are standing by their chosen signs, have each answer the question,


 Why do you think your parents/guardians would choose this level as a stopping point?

10. Have the group return to their seats and ask them,

 Besides physical affection, what are some other ways love and affection can be expressed?

Answers may include: Being considerate, helping each other out, giving compliments.


11. Continue by asking the following questions:

 Was there a difference between where your parent or guardian thinks you should stand and where you stand?

What other ways can you show someone that you care about them?

12. Support and encourage all reasonable answers.

13. Summarize the activity by saying,

 Be proud and responsible and know what your limits are when it comes to sex.

Try to avoid situations in which you will have to stop someone from going too far. Talk about your feelings and what seems right for you in advance. If you and your partner can't agree, be prepared to leave. You may need to find someone else whose beliefs are closer to your own.

B**GETTING OUT OF A RISKY
SEXUAL SITUATION****PREPARING FOR THE ACTIVITY****RATIONALE**


Identifying risky sexual situations that may make it difficult for participants to practice abstinence is very important. Practicing how to avoid these situations may make it possible for participants to be successful with their decision.

15**MINUTES****MATERIALS NEEDED**


- ▶ *Risky Sexual Situation* cards

PROCEDURE

1. Introduce the activity by saying,

 We have just finished talking about knowing and setting your personal limits. However, sometimes you may find yourself in situations that make it difficult to practice abstinence. In this activity, we will practice how to avoid the risky sexual situations that may make it difficult to practice abstinence.

2. Divide the group into pairs or five small groups.
3. Give the following instructions:


 On each of these cards is a risky sexual situation. You and your partner will read the card and decide what you need to say or do to get out of this situation. Remember, you have decided to practice abstinence. You will have a few minutes to come up with a solution. When you are finished, you will read the card to the group and tell the group what you and your partner decided to do.

4. Distribute one *Risky Sexual Situation* card to each pair or small group.


RISKY SEXUAL SITUATIONS

- Going to your partner's house when no one else is home.
- Being pressured by your friends to just do it because you don't know what you're missing.
- Kissing and getting hot with your friend's sibling when you two are the only ones in the house.
- Bumping and grinding with the cutest person in school, who then begins to unbutton your pants.
- While you are waiting after school, your best friend's older cousin begins to "push up" on you. You already have a crush on this person so you're into it but...


5. When the small groups or pairs have completed their discussion (2–3 minutes), have them read their scenario to the full group and explain how they plan to get out of the risky sexual situation.
6. After each group reads the scenario and gives their response, ask the following questions:

-  • Is this scenario realistic?
- Was it hard to get out of the situation and still practice abstinence? Why or why not?
- What would you have done differently?

7. Process the entire activity by asking the following questions:

-  • How do you plan to avoid risky sexual situations?
- What will you do if you find yourself in a risky sexual situation?
- Who can you talk to about your decision to practice abstinence to help you carry your decision with you every place you go?

8. Summarize the activity by saying,

 Sometimes you may find yourself in a risky sexual situation that may make it difficult to practice abstinence. Remember, practicing abstinence will protect you from an unplanned pregnancy or getting an STD, such as HIV. The proud and responsible thing to do is reduce your risk of getting an STD by practicing abstinence. If you choose to have sex, the proud and responsible thing to do is to practice safer sex by always using latex or polyurethane/polyisoprene condoms.

C

WHO IS BEING RESPONSIBLE?

PREPARING FOR THE ACTIVITY

RATIONALE

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


10
MINUTES

MATERIALS NEEDED


- ▶ *Who Is Being Responsible?* handouts or student workbooks
- ▶ Pencils/pens

PROCEDURE


1. Introduce this activity by saying,

 In this activity, you will use what you've learned so far to decide who is behaving responsibly in the following scenarios.

2. Distribute the *Who Is Being Responsible?* handout or have participants turn to it in their workbooks.
3. Explain,

 I will choose one of the characters for you. You will read your role and decide if the character is acting responsibly or not. If your character is not being responsible, then you must tell us what that person should do to be more responsible. If you think your character is already being responsible, you must explain why. You will have 10 minutes to complete your task.

4. Demonstrate what they should do by giving an example:

 For example, the first character on your worksheet is Will, who gets angry when his girlfriend, Marjana, tells him she doesn't want to have sex. I think Will is not being responsible because he is not respecting Marjana's decision not to have sex.

To me, being responsible means Will would not get angry at Marjana for wanting to wait to have sex with him. Will would be more responsible if he respected Marjana and wanted to protect her.

Now it is your turn. I will give each of you the name of a character on the worksheet. You will have to read about that character and decide if that person is acting responsibly or not, and why you think so.


5. In order, give each participant a character's name. You can pair participants if the group is larger than nine.

6. Give the participants 2–3 minutes to work on their task.


7. In a round-robin manner have the participants read their character's name, and discuss whether or not they believe the character is being responsible or irresponsible and why.

8. If there are extra characters, ask for volunteers to discuss them.

9. When everyone is done, ask,

 How did you decide whether your character was being responsible or irresponsible?

10. Summarize by saying,

 You did a good job. Now you are ready to teach your family and community about making proud and responsible choices.

D

“WHAT TO SAY IF MY PARTNER SAYS...” RESPONDING TO EXCUSES

PREPARING FOR THE ACTIVITY

RATIONALE

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


15
MINUTES

MATERIALS NEEDED

- ▶ Pre-labeled newsprint:
 - *Excuses Sexual Partners Give*
- ▶ Markers

PROCEDURE


1. Unfold the pre-labeled newsprint titled *Excuses Sexual Partners Give*.
2. Begin the activity by saying,

 This next game is similar to the one we played earlier. It is about excuses partners might give for not wanting to use a condom.


Let's brainstorm excuses sexual partners give for not wanting to use condoms. What excuses might sexual partners give for not wanting to use a condom?

3. Write their responses on the newsprint.

4. Then say,

 Now let's see if we can change each excuse for not wanting to use a condom into a good reason to use a condom. In other words, what could you say to a potential sexual partner who said the following?


5. Demonstrate by reading one excuse that is listed on the newsprint and by giving a positive response to that excuse.

 **Example**

Excuse: I don't like the way condoms feel.

Response: I can show you how to make them feel much better.

6. Then, read each remaining excuse and call on volunteers to respond to them. Say,

 I am going to read more excuses. Your job is to convince me to use a condom.

FACILITATOR'S NOTE

As you read the list of excuses, read only those that were not discussed by the group already. After the participants respond, read the provided response as an alternative.

BREAKING THE MOOD STATEMENTS

Excuse: Condoms kill the mood for sex.

Response: Only if you let them. With a little imagination, condoms can actually enhance sexual feeling.

OR

Let me show you that it doesn't have to kill the mood.

(continued)

(continued)

SEXUAL ENJOYMENT STATEMENTS

Excuse: Condoms don't feel as good as the real thing...they aren't natural.

Response: Today's thin latex condoms feel quite natural. Putting a drop of lubricant inside the tip of the condom can give extra feeling.

Excuse: Sex doesn't feel as good with a condom on.

Response: There is plenty of feeling left, and I would feel unsafe without it.

Excuse: Condoms are messy and smell funny.

Response: But with a condom we will be safer.

OR

Condoms aren't any messier or smellier than sex.

Excuse: Condoms are unnatural and turn me off.

Response: There's nothing natural about getting a disease either.

OR

I know how to turn you back on.

Excuse: When I stop to put it on, I'll lose my erection.

Response: Don't worry, I'll help you get it back.

Excuse: Let's do it just this once without a condom.

Response: Once is all it takes to cause a problem, like unplanned pregnancy or STD.

OTHER CONTRACEPTIVE METHODS STATEMENTS

Excuse: We don't need to use condoms if we're using the pill!

Response: The pill doesn't help protect you from STDs, including HIV, but condoms do. Proper condom usage can protect our health.

(continued)

(continued)

RELATIONSHIP/TRUST STATEMENTS

Excuse: People who use condoms don't trust each other.

Response: It's not a matter of trust—it is a matter of caring for yourself and the person you are with. In fact, both partners share a responsibility for having and using condoms— whether they trust each other or not.

Excuse: I love you. How can you think I would give you an infection?

Response: You wouldn't do it intentionally. But most people don't know when they are infected with an STD.

Excuse: But we've been having sex without condoms.

Response: I know, but we could enjoy each other a lot more if I did not have to worry.

OR

That does not mean it's not a good idea to use them from now on.

DISEASES AND HEALTH STATEMENTS

Excuse: Condoms are for people with diseases. Do I look sick to you?

Response: Unfortunately you can't tell by looking at people if they have an STD. A person can look and feel healthy—and still be infected.

Excuse: I know I am disease free. I have not had sex with anyone in months.

Response: As far as I know, I'm free of disease too. But either of us could have an infection from a previous relationship and not know it.

Excuse: I'm allergic.

Response: I'm glad you told me. We can use a polyurethane or polyisoprene condom. They work for people who have latex allergies.

(continued)

(continued)

NOT HAVING A CONDOM PRESENT STATEMENTS


Excuse: I do not have a condom with me.

Response: Let's satisfy each other without having intercourse then.


OR

Let's go to the clinic and get some condoms, then have sex.

7. When the group has finished, continue by saying,


 Are there any additional excuses you think should go on this list?

8. Record responses and then give these instructions:


 We're going to do some more practice responding to these kinds of excuses. Here are some things you can include in your responses:

- Good reasons to use condoms
- Ways to make using condoms more pleasurable
- Your beliefs about staying healthy and reaching your goals

9. Ask the participants to brainstorm responses to the following questions (no need to record answers):


 What if your partner still says no to using condoms even after you've responded to excuses?

Answer: Then you should postpone having sex with that person until you both agree to use them.

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


Answer:

- Yes, even if you believe that neither of you has ever had sex with anyone else, shared needles, or had any other possible exposure to HIV. If any of these things aren't true, either one of you could have an STD and not know it. Also, sometimes people say they are one-on-one, but somebody ends up cheating.

 Why is it important to use a condom even if you're using another effective method of birth control?

Answer:


- Because while other birth control methods can prevent pregnancy, they don't offer protection from STDs, including HIV. Condoms (both internal and external) are the only birth control method besides abstinence that also helps protect you from HIV and other STDs.

 How do alcohol and other drugs affect your sexual decisions?

Answer:

- Alcohol and other drugs make it more difficult for you to think about what you are doing. They cloud your judgment, and you may do things that you would not normally do. You might not STOP and THINK before acting. And you and/or your partner won't be capable of giving consent.

10. Summarize this activity by saying,

 Those were great responses. We will be using this information later when we practice roleplaying. Remember, regardless of what excuse a partner gives, you need to be prepared to explain why you insist on using a condom every time you have sex. Knowing what you're going to say in advance makes it easier to give a response that helps you make the proud and responsible choice of using a latex (or polyurethane/polyisoprene) condom and/or dental dam every time you have sex.

E

INTRODUCTION TO STOP

PREPARING FOR THE ACTIVITY

RATIONALE

Providing participants with strategies and roleplay opportunities for negotiating abstinence and safer sex with their partners builds skills and self-efficacy.

10

MINUTES

MATERIALS NEEDED

- ▶ *STOP* poster
- ▶ *Negotiation and Refusal Skills Charts (1A, 1B, 2, 3 and 4)*
- ▶ Masking tape

FACILITATOR'S NOTE

Refusal Skills and Consent

Refusal skills are a key component of many evidence-based programs designed to reduce pregnancy, HIV and other STDs among youth. Programs provide instruction and practice in delivering effective refusals, and programs including refusal skills have been shown to reduce sexual risk behaviors and increase the chances of avoiding unwanted sexual pressures.

At the same time, ideas and concepts around consent are evolving. Some institutions have adopted policies that emphasize affirmative consent, or “yes means yes,” and are moving away from a “no means no” perspective. This affirmative consent approach encourages partners to communicate openly about their wishes and boundaries, both prior to and during sexual interactions. It emphasizes the risks to both parties when partners pressure each other and the responsibility of both parties to respect each other’s limits.

(continued)


(continued)

When teaching refusal skills and evaluating the effectiveness of students' demonstration of those skills, it is important to affirm the value that no person who experiences sexual pressure, harassment or assault is to blame for being the target of those behaviors. You can encourage clear, assertive refusals, while also making sure youth understand that no one "deserves" to be pressured if a NO is unclear.

Instruction on boundaries and respecting another person's NO—both verbal and nonverbal—regardless of perceived clarity can be included to help young people understand the two-way nature of consent, and the importance of honest and respectful communication between friends and potential partners. This would be considered a "green-light" adaptation and can help optimize the success of the skill building around refusals.

PROCEDURE

1. Display the *STOP* poster.
2. Begin this activity by saying,


 We have talked a lot about HIV and other STDs, unplanned pregnancy and how to abstain from sex or practice safer sex by using condoms. But how do you say NO when someone is pressuring you to have sex or to have sex without a condom?

Talking about abstinence and safer sex can be difficult sometimes. However, it is very important that you talk with your partner about your decision to practice abstinence or to use condoms if you choose to have sex. Having an open, honest talk can help prevent misunderstandings.

We are going to work on a strategy for talking to a partner about abstinence or safer sex, without blaming, arguing or getting into a fight.

The strategy is called the STOP technique.

3. Explain the following:

 The STOP technique has four steps. Let's review the steps of the STOP technique.

4. Review entire *STOP* poster with the participants by reading each letter from the poster and describing what it means.

 **STOP**

S = SAY “NO”

Refuse to engage in the unsafe behavior.

T = TALK IT OUT

Talk openly about each other’s feelings to help the relationship grow and ease any tension.


O = OFFER EXPLANATIONS

Offer an explanation as to why you want to be safe. This helps your partner understand your reasons and prevents negative reactions.

P = PROVIDE ALTERNATIVES

Provide alternatives to show that you still want to be intimate and have a relationship as long as it can be safe.

5. Explain the following:

 We will begin with the “S” part of STOP, which is “Say NO.” Sometimes, it can be difficult to say no—especially to someone you care about—and to stick with that decision. Let’s review what it takes to say no effectively.

6. Then read each characteristic on the *How to Say “NO” Effectively* chart (Chart 1A).


NEGOTIATION AND REFUSAL SKILLS — CHART 1A

How to Say “NO” Effectively

Characteristics:

- Use and repeat the word “no” often.
- Send a strong nonverbal “no” with your body language, e.g., use hand and body gestures to emphasize the point.
- Project a strong, serious tone of voice.
- Look directly at the person’s face and eyes.
- Stand straight and tall.
- Use a serious facial expression.
- Don’t send mixed signals.

7. Demonstrate how to use those characteristics by modeling the first example from the *Examples of a Strong “NO”* chart (Chart 1B). Model by showing participants how to read the example with an assertive voice and body language.
8. Say to the participants,

 Now, each of you will get a chance to read one of the *Examples of a Strong “NO.”* When you read your example, say it like you mean it. Be sure to use the characteristics on the *How to Say “NO” Effectively* chart.

9. Go around the group and have each participant read an example aloud. If the group is large, repeat the examples until everyone has had a turn. Encourage participants to use their own examples.


NEGOTIATION AND REFUSAL SKILLS — CHART 1B

Examples of a Strong “NO”

Examples:

- No! I’m not ready to have sex yet!
- No! I won’t have sex without a condom!
- No! I don’t want to touch you there!
- No! Stop trying to unbutton my pants!
- No! I’m not going to have sex with you!
- No! I really mean “no”!
- No! I want to protect myself! We have to use a condom.
- No! Not at this point in the relationship!

10. Show *Negotiation and Refusal Chart 2—Talk It Out*, and say,

 Good job! Now let’s work on the second part of STOP—Talk It Out. The chart gives you examples of how you might discuss your feelings about practicing abstinence. Once again, we will go around the group and I would like each of you to read aloud an example of a talk it out statement. Say the statement like you really mean it.

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

NEGOTIATION AND REFUSAL SKILLS — CHART 2


Talk It Out

Discuss your feelings.

Examples:

- I feel like you don't really care about me when you pressure me like this.
- I'm not ready to have a baby. I would feel better if we use a condom.
- Thanks for understanding my need to wait. I feel like you really love me.
- I'm glad you agreed to use condoms. I feel like you really care about me.
- You really turn me on when you touch me, but I won't have sex without a condom.
- I feel intimate with you already. We don't have to get physical.
- We both have goals that we want to achieve. Waiting now will help us reach those goals in the future.
- If you can't respect my feelings, then I'm prepared to end this relationship.

12. Now follow the same procedure with *Negotiation and Refusal Skills Chart 3—Offer Explanations*. Say,

 Let's move on to *Offer Explanations—Give Clear Reasons*, which is the "O" part of the STOP technique. The chart shows examples of explanations you might offer for why you are saying no to sex. We will go around the group and I would like each of you to read aloud an example of an explanation that you can offer to a partner. Say the statement like you really mean it.

13. Go around the group and ask each participant to read an example from the chart until all the examples have been read. If the group is large repeat the examples until everyone has had a turn. Encourage participants to make up their own examples as well.


NEGOTIATION AND REFUSAL SKILLS — CHART 3

Offer Explanations

Give clear reasons:

- I want to protect myself with a condom every time I have sex.
- I'm too young; I have my whole life to experience sex.
- No, I won't risk my future goals by having unprotected sex.
- I want to finish school before I start having sex.
- I want to stay a virgin for now.
- Reaching my future goals is more important than having sex.
- Condoms help prevent STDs, including HIV infection.
- I'm not ready to be a parent yet.

14. Now follow the same procedure with *Negotiation and Refusal Skills Chart 4—Provide Alternatives*. Say,

 Let's work on the last part of *STOP: Provide Alternatives—Suggest Another Action*, which is the "P." The chart gives examples of alternative actions you might provide instead of having sex. We will go around the group and I would like each of you to read aloud an example of an alternative action statement. Say the statement like you really mean it.

15. Go around the group and ask each participant to read aloud an example from the chart until all the examples have been read. If the group is large repeat the examples until everyone has had a turn. Encourage participants to make up their own examples as well.


NEGOTIATION AND REFUSAL SKILLS — CHART 4

Provide Alternatives


Suggest another action:

- Let's go buy some condoms right now.
- Let's get out of the bedroom. It makes me feel uncomfortable.
- Some sexual things are OK, but not sexual intercourse without a condom.
- I would rather do other things than have sex.
- It's a beautiful day; let's go outside for a walk instead.
- Let's hug, talk, and kiss but not have sex.
- Let's check out a movie on cable.
- Let's go get something to eat.

16. Ask participants if they have any questions and answer them.

 That is the STOP technique. Are there any questions about STOP?

17. Summarize as follows:

 Great. Now you know how to use the STOP technique.

Remember all of these suggestions. You will use this technique in the roleplays that we will do for the rest of the day.

FACILITATOR'S NOTE

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

HANDOUTS AND POSTERS FOR FACILITATOR REFERENCE

EXPRESSING PHYSICAL AFFECTION

GIVE FRIENDLY LOOKS AND SMILES

Promoting Health Among Teens!
Comprehensive Abstinence & Safer Sex Intervention

© 2016 ETR Associates. All rights reserved. **A486-16 020216**

Posters (8 total)

RISKY SEXUAL SITUATIONS CARDS

GOING TO YOUR PARTNER'S HOUSE WHEN NO ONE ELSE IS HOME.

Promoting Health Among Teens!
Comprehensive Abstinence & Safer Sex Intervention

© 2016 ETR Associates. All rights reserved. **A486-16 020216**

Cards (5 total)

STOP

S = Say "NO"

Refuse to engage in unsafe behavior.

T = Talk It Out

Talk openly about each other's feelings to help the relationship grow and ease any tension.

O = Offer Explanations

Offer an explanation as to why you want to be safe. This helps your partner understand your reasons and prevents negative reactions.

P = Provide Alternatives

Provide alternatives to show that you still want to be intimate and have a relationship as long as it can be safe.

Promoting Health Among Teens!
Comprehensive Abstinence & Safer Sex Intervention

© 2016 ETR Associates. All rights reserved. **A486-16 020216**

Poster

NEGOTIATION AND REFUSAL SKILLS — CHART 1A

How to Say "NO" Effectively

Characteristics:

- ▶ Use and repeat the word "no" often.
- ▶ Send a strong nonverbal "no" with your body language, e.g., use hand and body gestures to emphasize the point.
- ▶ Project a strong, serious tone of voice.
- ▶ Look directly at the person's face and eyes.
- ▶ Stand straight and tall.
- ▶ Use a serious facial expression.
- ▶ Don't send mixed signals.

Promoting Health Among Teens!
Comprehensive Abstinence & Safer Sex Intervention

© 2016 ETR Associates. All rights reserved. **A486-16 020216**

Poster

NEGOTIATION AND REFUSAL SKILLS — CHART 1B

Examples of a Strong “No”

Examples:

- ▶ No! I'm not ready to have sex yet!
- ▶ No! I won't have sex without a condom!
- ▶ No! I don't want to touch you there!
- ▶ No! Stop trying to unbutton my pants!
- ▶ No! I'm not going to have sex with you!
- ▶ No! I really mean “no”!
- ▶ No! I want to protect myself! We have to use a condom!
- ▶ No! Not at this point in the relationship!

Promoting Health Among Teens!
Comprehensive Abstinence
& Safer Sex Intervention

© 2016 ETR Associates. All rights reserved. [AAB-16-000216]

Poster

NEGOTIATION AND REFUSAL SKILLS — CHART 2

Talk It Out

Discuss your feelings.

Examples:

- ▶ I feel like you don't really care about me when you pressure me like this.
- ▶ I'm not ready to have a baby. I would feel better if we use a condom.
- ▶ Thanks for understanding my need to wait. I feel like you really love me.
- ▶ I'm glad you agreed to use condoms. I feel like you really care about me.
- ▶ You really turn me on when you touch me, but I won't have sex without a condom.
- ▶ I feel intimate with you already. We don't have to get physical.
- ▶ We both have goals that we want to achieve. Waiting now will help us reach those goals in the future.
- ▶ If you can't respect my feelings, then I'm prepared to end this relationship.

Promoting Health Among Teens!
Comprehensive Abstinence
& Safer Sex Intervention

© 2016 ETR Associates. All rights reserved. [AAB-16-000216]

Poster

NEGOTIATION AND REFUSAL SKILLS — CHART 3

Offer Explanations

Give clear reasons:

- ▶ I want to protect myself with a condom every time I have sex.
- ▶ I'm too young; I have my whole life to experience sex.
- ▶ No, I won't risk my future goals by having unprotected sex.
- ▶ I want to finish school before I start having sex.
- ▶ I want to stay a virgin for now.
- ▶ Reaching my future goals is more important than having sex.
- ▶ Condoms help prevent STDs, including HIV infection.
- ▶ I'm not ready to be a parent yet.

Promoting Health Among Teens!
Comprehensive Abstinence
& Safer Sex Intervention

© 2016 ETR Associates. All rights reserved. [AAB-16-000216]

Poster

NEGOTIATION AND REFUSAL SKILLS — CHART 4

Provide Alternatives


Suggest another action:

- ▶ Let's go buy some condoms right now.
- ▶ Let's get out of the bedroom. It makes me feel uncomfortable.
- ▶ Some sexual things are OK, but not sexual intercourse without a condom.
- ▶ I would rather do other things than have sex.
- ▶ It's a beautiful day. Let's go outside for a walk instead.
- ▶ Let's hug, talk and kiss but not have sex.
- ▶ Let's check out a movie.
- ▶ Let's go get something to eat.

Promoting Health Among Teens!
Comprehensive Abstinence
& Safer Sex Intervention

© 2016 ETR Associates. All rights reserved. [AAB-16-000216]

Poster



Who is Being Responsible?

<p>WILL</p> <p>gets angry when his girlfriend, Marjana, tells him she doesn't want to have sex.</p> <hr/> <hr/>	<p>MONIQUE</p> <p>does not want to have sex until in a committed relationship.</p> <hr/> <hr/>
<p>RICH</p> <p>thinks he can get his girlfriend, Nicole, pregnant.</p> <hr/> <hr/>	<p>DWAYNE</p> <p>loves his partner, but doesn't want to have sex.</p> <hr/> <hr/>
<p>NICOLE</p> <p>doesn't want to have sex with her boyfriend, Rich, but does anyway because her friends are having sex with their boyfriends.</p> <hr/> <hr/>	<p>LILLIE</p> <p>had sex once, didn't enjoy it, and has decided to wait until she is older before having sex again.</p> <hr/> <hr/>
<p>MARTIN</p> <p>has unprotected sex with many people because "he has the need."</p> <hr/> <hr/>	<p>LORETTA</p> <p>feels too young to date, and will wait until she is older.</p> <hr/> <hr/>
<p>RONNIE</p> <p>does not want to have sex until married.</p> <hr/> <hr/>	<p>BARBARA</p> <p>doesn't stop when a partner says "no" because "they never mean it anyway."</p> <hr/> <hr/>

© ETR Associates

Preventing Youth At-Risk Series **Comprehensive Abstinence & Safer Sex Intervention** STUDENT WORKBOOK **27**

Handout/Student Workbook

12

MODULE

Promoting Health Among Teens!

**Comprehensive
Abstinence & Safer
Sex Intervention**

ROLEPLAYS: REFUSAL AND NEGOTIATION SKILLS

GOALS

The goals of this module are to:

- ▶ Increase participants' communication, negotiation and refusal skills regarding abstinence and safer sex.
- ▶ Enhance participants' ability to resist situations that place them at risk for pregnancy, HIV and other STDs.
- ▶ Increase participants' sense of pride and responsibility in negotiating abstinence and condom use.

LEARNING OBJECTIVES

After completing this module, participants will be able to:

- ▶ Identify strategies for negotiating abstinence or safer sex with a partner.
- ▶ Demonstrate the ability to negotiate abstinence with a partner.
- ▶ Demonstrate the ability to negotiate condom use with a partner.
- ▶ Express confidence in their ability to negotiate abstinence and safer sex.
- ▶ Express pride in sticking to their decision to abstain from risky sexual behaviors.

STRATEGIES/METHODS

- ▶ STOP Technique
- ▶ Roleplay
- ▶ Sharing Exercise
- ▶ Self-Contract

MATERIALS NEEDED

- ▶ Posters:
 - *STOP*
 - *Observer Checklist*
 - *Negotiation and Refusal Skills Charts (1A, 1B, 2, 3 and 4)*
 - *Roleplay Guidelines*
 - *My Choice*
- ▶ Masking tape
- ▶ Markers
- ▶ Pencils/pens
- ▶ Newsprint
- ▶ Envelopes
- ▶ 8.5" x 11" plain paper
- ▶ Handouts or student workbooks:
 - *Trying to Slow Down (Ineffective and Effective Versions)*
 - *After the Party (ineffective and Effective Versions)*
 - *At a Party (Scripted and Unscripted Versions)*
 - *Shawn and Robin*
 - *Kerry and Micah*
 - *Observer Checklist*
 - *Roleplay A: Carlos and Yvonne*
 - *Roleplay B: Val and Corey*
 - *Roleplay C: Jesse and Chris*
 - *Roleplay D: Dana and Jadon*
 - *Roleplay E: Mo and Loretta*
 - *Roleplay F: Pat and Devin*
 - *Roleplay G: Alex and Tyler*
 - *Roleplay H: Shia and Jayce*

PREPARATION NEEDED

1. Hang the *Negotiation and Refusal Skills Charts* and the *STOP*, *Observer Checklist*, *Roleplay Guidelines* and *My Choice* posters.

INSTRUCTIONAL TIME

- ▶ 60 minutes

ACTIVITY

TIME NEEDED

A. PRACTICING STOP: SCRIPTED ROLEPLAYS	20
B. STRENGTHENING NEGOTIATION SKILLS: UNSCRIPTED ROLEPLAYS	25
C. CLOSING ACTIVITY – LETTER TO MYSELF	10
D. TALKING CIRCLE	5

A

PRACTICING STOP:
SCRIPTED ROLEPLAYS

PREPARING FOR THE ACTIVITY

RATIONALE

This scripted roleplay activity helps participants practice the skills to clearly say “no” to a risky sexual situation. The *Observer Checklist* poster reinforces specific refusal skills and gives participants a visual guide to follow as they watch others negotiate potentially risky situations.

20

MINUTES


MATERIALS NEEDED

- ▶ Pencils/pens
- ▶ Roleplays:
 - *Trying to Slow Down* (Ineffective and Effective Versions)
 - *After the Party* (Ineffective and Effective Versions)
 - *At a Party* (Scripted and Unscripted Versions)
 - *Shawn and Robin*
 - *Kerry and Micah*
- ▶ Posters:
 - *Observer Checklist*
 - *Roleplay Guidelines*
 - *STOP*
- ▶ *Observer Checklist* handouts or student workbooks

PROCEDURE

1. Display the *Observer Checklist*, *Roleplay Guidelines* and *STOP* posters.

2. Begin this activity by saying,

 When you are doing your roleplays, we will use the *Observer Checklist* poster to see if you are using each of the four steps of the STOP technique. Let's review the *Observer Checklist* poster. The Y/N stands for yes or no.


3. Read and review the entire *Observer Checklist* poster to ensure participants understand it.

OBSERVER CHECKLIST

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


Skills	Present?
S Say "NO"	
• Refused to engage in unsafe behavior	Y/N
• Repeated refusal	Y/N
• Body language said "NO"	Y/N
T Talk It Out — Used language that protected the relationship	Y/N
O Offer Explanations	Y/N
P Provide Alternatives	Y/N
Seemed prepared to leave a potentially unsafe situation	Y/N

4. Say,

 Before we start doing roleplays, does anyone know what roleplay means?

5. Elicit responses.

6. Say,


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

7. Review the *Roleplay Guidelines* poster.

 **ROLEPLAY GUIDELINES**

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

8. Then say,

 Now we are going to do some roleplays. As you watch the roleplays, pay attention to each skill to see whether it has or has not been used by the actors. For this roleplay, I will need two volunteers.

9. Identify participants to act out the first roleplay. Assign one volunteer the part of Person 1 and the other the part of Person 2.

10. Give each of them a copy of the scripted roleplay, *Trying to Slow Down, Ineffective Version*. (If you are using the student workbooks, have the other participants turn to the roleplay so they can follow along.)
11. Read the Setting the Stage section, and then have the assigned participants read their parts. Remind the group who is playing Person 1 and who is playing Person 2. Ask the audience to pay attention to Person 2 and make note of the skills the actor does or doesn't use.

TRYING TO SLOW DOWN (INEFFECTIVE VERSION)

Setting the Stage:

You and your partner have been going out for a while. From the beginning, you touched and kissed a lot. On your partner's birthday, you are alone and feel very close. After you have had something to celebrate the birthday, you begin kissing and touching and start to feel really good. Your partner wants to have sex with you, but you decide to explain that you won't have sex without a condom.

Person 1: Why are you stopping now? Let's have sex.

Person 2: Wait. Do you have a condom?

Person 1: It isn't my birthday every day, you know. This is a special occasion.

Person 2: Yeah, I know.

Person 1: It will mean even more now. But we don't have a condom. What difference does it make if we use a condom or not?

Person 2: Well, I don't want to get HIV or another STD.

Person 1: I thought this was what we both wanted.


Person 2: Do you really love me?

Person 1: Yes, and sex is a part of love.

Person 2: I guess you're right.

They stop talking and go back to kissing.

12. Use the *Observer Checklist* to process this roleplay. Point to each skill on the *Observer Checklist* poster, and ask the group if they saw it demonstrated in the roleplay. Ask,

 Did the person say “no?” *(The person never said no.)*

Did the person repeat the refusal? *(The person did not repeat the objection.)*

Did the person’s body language say no? *(No, they kept kissing.)*

Did the person give clear reasons? *(The person asked questions—“Do you love me?”—rather than stating a clear reason.)*

Did the person suggest an alternative action? *(The person did not offer any alternative actions.)*

Did the person talk it out and use language that protected the relationship? *(The person did not talk it out or express feelings.)*

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

13. Then have the same two participants read *Trying to Slow Down, Effective Version*, keeping the same roles. Whisper to Person 2 to be firm and to use body language to support the refusal. Again, begin by reading the *Setting the Stage* section. Remind the participants to use the *Observer Checklist* to observe Person 2.

 **TRYING TO SLOW DOWN (EFFECTIVE VERSION)**

Setting the Stage:

You and your partner have been going out for a while. From the beginning, you touched and kissed a lot. On your partner’s birthday, you are alone and feel very close. After you have had something to celebrate the birthday, you begin kissing and touching and start to feel really good. Your partner wants to have sex with you, but you decide to explain that you won’t have sex without a condom.

Person 1: Why are you stopping now? Let’s have sex.

Person 2: No. This feels good, but if we have sex we need to use a condom.

(continued)

(continued)

Person 1: It isn't my birthday every day, you know. This is a special occasion.

Person 2: Yeah, I know, but I don't want to get HIV or another STD.

Person 1: I've never had sex before and I want to have it with you the first time.


Person 2: No, not without a condom. I have one we can use.

Person 1: But I don't have HIV or an STD. And I love you. Why do we need a condom?


Person 2: I won't have sex without a condom. I know how to use it. It will be fun.

Person 1: OK, let's do it.

14. After the roleplay, thank the roleplaying participants and ask them to return to their seats. Then say,

 Let's use the *Observer Checklist* to review whether Person 2 used the skills that are listed.

15. After participants respond, ask the following questions:

 Why was Person 2 more successful in the second version?
Which version showed that they loved and respected themselves and each other enough to practice proud and responsible behavior?

16. Now ask for two new volunteers to read *After the Party, Ineffective Version*. Distribute the roleplay or have them turn to it in their workbooks. Assign one volunteer the role of Person 1 and the other the role of Person 2. Remind participants to continue to use the *Observer Checklist*.
17. Read the *Setting the Stage* section, and then have the assigned participants read their parts.

AFTER THE PARTY (INEFFECTIVE VERSION)

Setting the Stage:

You and your partner have been going out for a while. The two of you have had sexual intercourse twice before. You didn't use condoms or any of the other methods of protection that you learned about in school because you didn't have any at the time.

It's Saturday night and the two of you have just come back from a great party. At the party, you began to kiss in a dark corner and touch each other on the dance floor. Now you are home alone and feel very close. Your partner wants to have sex with you again, but you don't want to unless you are going to use condoms.

Person 1: What's wrong? Why did you push my hand away?

Person 2: No. Slow down. Remember what happened last time?

Person 1: You don't have to worry. We'll be more careful this time.

Person 2: How? Did you get some condoms? I sure didn't.

Person 1: We don't need a condom. Everything has been OK so far. We can stop in time.

Person 2: Well... are you sure?

Person 1: Aren't we always going to be together? If you love me, what difference does it make?

Person 2: I do love you and I would like to have kids with you one day.

Person 1: See... no matter what happens, we'll still be together.

Person 2: OK, I guess you're right.

They stop talking and go back to kissing and touching.

18. Use the *Observer Checklist* to process this roleplay. Point to each skill on the *Observer Checklist* poster and ask the group if they saw it demonstrated in the roleplay. Say,



From your observations, what was ineffective about this roleplay?

Did the person say “no?” *(The person never said no.)*

Did the person repeat the refusal? *(The person did not repeat the objection.)*

Did the person’s body language say no? *(No, they kept kissing and touching.)*

Did the person give clear reasons? *(The person failed to clearly express a reason.)*

Did the person suggest an alternative action? *(The person did not offer alternative actions.)*

Did the person talk it out and use language that protected the relationship? *(Yes, but the person focused on an imaginary future event rather than what’s happening right now.)*

Did the person seem prepared to leave a potentially unsafe situation? *(No, the person gave in to the pressure.)*

19. Now have the same two participants read *After the Party, Effective Version*, keeping the same roles. Begin by reading the Setting the Stage section.



AFTER THE PARTY (EFFECTIVE VERSION)

Setting the Stage:

You and your partner have been going out for a while. The two of you have had sexual intercourse twice before. You didn’t use condoms or any of the other methods of protection that you learned about in school because you didn’t have any at the time.

It’s Saturday night and the two of you have just come back from a great party. At the party, you began to kiss in a dark corner and touch each other on the dance floor. Now you are home alone and feel very close. Your partner wants to have sex with you again, but you don’t want to unless you are going to use condoms.

(continued)

(continued)

Person 1: What's wrong? Why did you push my hand away?

Person 2: No. Stop. Remember what happened last time.

Person 1: You don't have to worry. We'll be more careful this time.

Person 2: No, I won't feel comfortable unless we use a condom.

Person 1: We don't need a condom. Everything has been OK so far. We can stop in time.


Person 2: No. That doesn't always work. Do you have any condoms? I'm not going to have sex without a condom. I want us both to be protected.

Person 1: I did get some condoms from my friend. I'm down to try them.

Person 2: I love you. I'm down as long as we use condoms.

They decide to practice safer sex.

20. After the roleplay, thank the roleplaying participants and ask them to return to their seats. Then ask the group to use the *Observer Checklist* to answer the following questions:

 What do you think made this version successful?

How was it different from the first version?

21. Identify participants to act out the next roleplay. Assign one volunteer the part of Person 1 and the other the part of Person 2.
22. Give each of them a copy of the scripted version of the roleplay *At a Party*. (If you are using the student workbooks, have the other participants turn to the roleplay so they can follow along.)
23. Begin by reading the Setting the Stage section of the roleplay and then have the assigned participants read their parts. Remind the group who is playing Person 1 and who is playing Person 2. Ask the audience to pay attention to Person 2 and make note of the skills the actor uses.

 **AT A PARTY (SCRIPTED)****Setting the Stage:**

You are at a party with someone you have been dating for a few weeks. It's a house party and the parents are not home. Some kids are getting high and some couples are leaving—maybe to have sex. You don't want to have sex and you don't want to leave the party.

Person 1: It's too crowded in here. Let's get out of here so we can talk.

Person 2: Yes, it is crowded in here, but the porch is empty. We can hang out on the porch.

Person 1: I just want to be with you. This is a good chance for us to be together.

Person 2: We are together. We're here together and having a good time.

Person 1: C'mon, I just want to be alone with you. Let's get out of here.

Person 2: No, we're alone now. There's no reason to leave. We don't need to be alone to have fun. Besides, this party is fun!

Person 1: I've been looking forward to this night with you—please don't spoil it. Let's go upstairs so we can be alone.

Person 2: You probably want to go upstairs because you want to have sex with me. I told you I am not ready for sex yet. I have more important things to think about. Please don't pressure me.

Person 1: If I'd known you'd be like this, I wouldn't have come here with you. I would have brought someone else.

Person 2: I guess you could have brought anyone. But you said you care about me. We're having fun, so let's stay. Hey, I'm hungry. Let's get some more food.

Person 1: I guess I don't have much choice.

Person 2: No, I guess not. But I'll give you the choice of the next movie we go to.

24. Use the *Observer Checklist* poster to process this roleplay. Point to each skill on the *Observer Checklist* poster and ask the group if they saw it demonstrated in the roleplay.

Try to elicit the following responses:

- The person said no.
 - The person repeated the objection.
 - The person stated a clear reason.
 - The person offered alternative actions.
 - Nonverbal body language said “no.”
 - They talked it over.
 - The person was prepared to leave to avoid a potentially unsafe situation.
25. Then have two different participants read the unscripted version of *At a Party*, with Person 2’s own language being used to fill in the script. Whisper to Person 2 to be firm and to use strong body language. Again, set up the roleplay by reading the *Setting the Stage* section. Remind the participants to use the *Observer Checklist* to observe Person 2.

 **AT A PARTY (UNSCRIPTED)**

Setting the Stage:

You are at a party with someone you have been dating for a few weeks. It’s a house party and the parents are not home. Some kids are getting high and some couples are leaving—maybe to have sex. You don’t want to have sex and you don’t want to leave the party.

Person 1: It’s too crowded in here. Let’s get out of here so we can talk.

Person 2:

Person 1: I just want to be with you. This is a good chance for us to be together.

(continued)

(continued)

Person 2:

Person 1: C'mon, I just want to be alone with you. Let's get out of here.

Person 2:

Person 1: I've been looking forward to this night with you—please don't spoil it. Let's go upstairs so we can be alone.

Person 2:


Person 1: If I'd known you'd be like this, I wouldn't have come here with you. I would have brought someone else.

Person 2:

Person 1: I guess I don't have much choice.

Person 2:

26. After the roleplay, thank the roleplaying participants and ask them to return to their seats. Then say,

 Let's use the *Observer Checklist* to review whether Person 2 used the skills that are listed.


Try to elicit responses such as:

- The person said no.
- The person repeated the objection.
- The person stated a clear reason.
- The person offered alternative actions.
- Nonverbal body language said “no.”
- They talked it over.
- The person was prepared to leave to avoid a potentially unsafe situation.

FACILITATOR'S NOTE

Even if Person 2 did not do a very good job of demonstrating the STOP technique, offer praise on at least one of the responses.

27. After participants respond, ask the following questions:

 Do you think this roleplay was realistic?


What was the reason to abstain? What showed that they respected themselves and each other enough to practice proud and responsible behavior?

What would you have done differently?

FACILITATOR'S NOTE


You can encourage clear, assertive refusals, while also making sure youth understand that no one “deserves” to be pressured for giving an unclear NO. Be sure to affirm the value that no person who experiences sexual pressure, harassment or assault is to blame for being the target of those behaviors.

28. Summarize as follows:

 You had some really great observations. This was a demonstration of how to use the STOP technique without losing a friend. Remember the STOP technique so that you can feel proud and responsible and use these skills when you need to talk to a partner or friend about your decision to practice abstinence.


We will continue to practice STOP in the roleplays we are about to do.

29. Introduce the next roleplay activity by saying,

 In the next roleplay, make sure you use the STOP technique when you write your responses.

30. Distribute the *Shawn and Robin* roleplay or have participants turn to it in their workbooks.

31. Say,

 I will give you a few minutes to write your responses. When you are done, I will call on two volunteers to read the roleplay. One person will read what is written and the other person will get to read the responses written for Shawn. There are enough roleplays so that everyone will get a chance to volunteer.

32. Read *Setting the Stage* aloud to the group. Give them 5 minutes to write their responses.

 **SHAWN AND ROBIN (UNSCRIPTED)**

Setting the Stage:

Shawn has been going out with Robin for a while now and wants to talk about not having sex. Shawn knows Robin has had sex with other partners and is concerned about STDs, especially HIV, and wants to wait. But Shawn also doesn't want to lose Robin. Shawn wants to be with Robin, but only if they practice abstinence. Shawn's task is to resist the temptation to have sex, but keep the relationship with Robin.

Fill in the lines below to show Shawn using the STOP technique.

Robin: Shawn, I'm really looking forward to seeing you tonight.

Shawn: Yes, me too. But there is something I want to talk about.

Robin: What is it?

(continued)

(continued)

Shawn: _____

Robin: What? Not have sex?

Shawn: _____

Robin: Oh, I see, so you think I've got a disease, and you're afraid to have sex with me.

Shawn: _____


Robin: I thought you cared about me.

Shawn: _____


Robin: OK.

Shawn: _____

33. After 5 minutes, say,


 Good, I need two volunteers to come read the roleplay about Shawn and Robin.

34. Have the volunteers present the roleplay. When the pair has finished reading the roleplay, ask the following questions using the *Observer Checklist* poster as a guide:

-  • How did you feel about the situation that you were in?
- Do you think this was realistic?
 - What alternatives were considered?
 - What was the reason to abstain?
 - Was there poor communication or a misunderstanding?
 - What would you have done differently?

35. If there is time, allow one or two more pairs to demonstrate the roleplay and read their responses.

36. Say,

 That was great. Now let's do another roleplay about Kerry and Micah. This time, you will work in pairs. I will give you 5 minutes to write the lines for Kerry and Micah. Micah is pressuring Kerry to have sex without a condom. Kerry must use the STOP technique to convince Micah to use condoms if they have sex.

37. Distribute the *Kerry and Micah* roleplay or have participants turn to it in their workbooks.

38. Read *Setting the Stage* aloud to the group. Give them 5 minutes to work in pairs to write the dialogue.

 **KERRY AND MICAH (UNSCRIPTED)**

Setting the Stage:

Kerry and Micah have been dating for 3 months. Kerry has just attended the *Promoting Health Among Teens!* program at school, and learned that using condoms will reduce the risk of getting an STD, including HIV. Kerry wants to avoid pregnancy or contracting an STD and has goals to go to college and have a career. So Kerry has decided to use condoms from now on. Kerry knows it is time to discuss this with Micah, but doesn't know how Micah will react. Kerry cares deeply for Micah and doesn't want to lose the relationship, but also is firm about not backing down from this decision. Kerry decides to negotiate condom use with Micah.

Fill in the lines below to show Kerry using the STOP technique.

Micah: I've been waiting for this moment for a long time. We've been dating for 3 months and I really like you. I think it's time we had sex.

Kerry: I like you a lot too. But I don't want to have sex without using condoms.

Micah: Why?

Kerry: _____

Micah: _____


(continued)

(continued)


Kerry: _____

Micah: _____

39. After 5 minutes, say,

 Good, I need one pair to come to read what they wrote for the roleplay with Kerry and Micah.

40. Have the volunteers present the roleplay. When they have finished, ask the roleplayers and the group the following questions using the *Observer Checklist* as a guide.

 How did you feel about the situation that you were in?

Do you think this was realistic?

What alternatives were considered?


What were the reasons to use condoms?

Was there poor communication or a misunderstanding?

What would you have done differently?

41. If there is time, allow 1 or 2 more pairs to read their roleplays.

42. Say,

 That was great. You did a great job using STOP to negotiate safer sex and condom use. Remember, the proud and responsible thing is to abstain from sex or to always use a latex or polyurethane/polyisoprene condom if you choose to have sex.

FACILITATOR'S NOTE

You may wish to determine the roles for the next roleplay activity before the activity begins and assign the roles that will best facilitate learning. All group members should participate.

B**STRENGTHENING NEGOTIATIONS
SKILLS: UNSCRIPTED ROLEPLAYS****PREPARING FOR THE ACTIVITY****RATIONALE**

Allowing participants guided practice in negotiating abstinence and safer sex in a controlled and safe environment increases their skills and confidence in negotiating as well as the likelihood that they will use these negotiation skills in real-life situations.

25

MINUTES

MATERIALS NEEDED

- ▶ Monitor and DVD player
- ▶ DVD: *Wrap It Up*
- ▶ Posters:
 - *STOP*
 - *Observer Checklist*
 - *Negotiation and Refusal Skills Charts (1A, 1B, 2, 3 and 4)*
 - *Roleplay Guidelines*
- ▶ Roleplays (A–H)
- ▶ Pencils/pens

FACILITATOR'S NOTE

During the roleplay practice, participants may roleplay sexual pressure situations with someone of a different or the same gender. This may be awkward for straight teens who are sensitive to the suggestion of same-sex romance, for teens who identify as gay or lesbian, or for teens who are transgender or gender nonconforming. It's important to address this situation directly and proactively.

Here are some tips:

- Explain the situation in a matter-of-fact way. Let participants know that they may be doing the roleplays with someone of a different or the same gender.


(continued)

(continued)


- **Emphasize that they are playing roles. Doing the roleplay to practice the skill doesn't say anything about the sexual orientation of the people doing the roleplay or mean that anyone is expressing a real-life attraction toward the other person in the roleplay.**
- **Explain that they need to take their roles seriously because teens of all sexual orientations and gender identities need to learn how to resist sexual pressure and negotiate abstinence to protect themselves. This will help ensure that they all get the most out of the roleplay activities.**

PROCEDURE

1. Introduce the activity by saying,

 The next set of roleplays will be different. You are now going to use the negotiation skills you've been practicing in more challenging roleplays. For these roleplays there is no script. Both volunteers will have to think up what to say. I will read what both people have to do and the volunteers have to do all of the work. Remember to use the STOP technique and all of the information that you have learned in the program.

2. Ask participants to define "roleplaying." After their responses, say,


 Right! Roleplaying is a technique that can help you learn what it feels like to be someone else or to practice how to handle a situation that is new, difficult or in some way stressful. You should do your best to feel, sound and behave like the person whose role you are playing. You are trying to behave in a way that will help you and everyone else learn. It is important to try to follow some guidelines when you do roleplays. Let's review them now.

3. Review and read each item on the *Roleplay Guidelines* poster. Remind the group to also use the *Negotiation and Refusal Skills Charts*.

ROLEPLAY GUIDELINES

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


4. Review the *Observer Checklist* poster. Then introduce the *Wrap It Up* DVD by saying,

 We are going to practice using the *Observer Checklist* by watching a short video that shows two young people trying to talk to each other about condoms. In this roleplay, the young woman wants to use condoms and the young man does not. They have been in a relationship for some time now, and she wants to be safe.


Watch what happens. Notice the strategies she uses to convince him to use condoms.

5. Show the DVD, which is 6 minutes long.
6. Review the video using the *Observer Checklist*. Encourage everyone to give input.


7. Process this activity by discussing the following questions:

 Did the young woman use the refusal and negotiation skills? How?
What were her strategies for trying to talk him into using a condom?
Did you think that she had any difficulty? If so, what?
What were his concerns about using a condom?
What did she say to negate his statements and concerns?
Was she ready to walk away, if necessary?
What was her bottom line?
Do you think that you could do that?
How could it have been handled differently?

8. Summarize as follows:

 It sounds like you are all ready for the roleplays we will be doing next.

9. Distribute the *Observer Checklist* handout or have participants turn to it in their workbooks, and explain the following:

 This checklist will be used to critique the following roleplays just like we have been using the *Observer Checklist* poster. Put a “Y” in the box for each skill you see demonstrated in each roleplay and an “N” in the box for each skill that is NOT demonstrated.

FACILITATOR'S NOTE

Your job is to be sure that important issues are addressed and that participants feel that they can effectively use their skills. Give them suggestions and help as they need it or have other participants come to the front of the room to give suggestions. Do not allow disagreement to continue too long or for anti-abstinence roles to win.

You may wish to have participants replay the roleplay again having the audience help out, or play one of the roles yourself in order to show alternatives. What is important is that participants practice communicating even when the situation is difficult. In real life, one of the hardest things to do is to fully explain yourself and be understood.

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

You may have to stop the roleplays if they continue for a long time.


10. Begin by saying,



In our first unscripted roleplay, I will roleplay one of the people and I need someone to roleplay the other person. Does anyone want to volunteer?

11. Allow someone to volunteer. If there are no volunteers, choose a group member who would be willing to participate in this activity (preferably someone who was identified by you in advance).
12. Begin by modeling Roleplay A. You should play the part of Yvonne, the person being pressured. The participant should play the role of Carlos. Give the participant the Roleplay A handout and a minute to think about the role.
13. Remind the other participants to use the *Observer Checklist* as they watch the roleplay to critique Yvonne.

14. Start by saying,

 The rest of you can coach us if we get stuck in the roleplay. Remember that no one says *all* the right things in every conversation. But we can always go back to our partners and say more about our thoughts and feelings another time.

15. Read aloud the scenarios for both characters, and then perform the roleplay.

 **ROLEPLAY A — CARLOS AND YVONNE**

Theme: Loss of trust and sexual pleasure through condom use

Observe: Yvonne using STOP

(Yvonne and Carlos talking)

YVONNE — You and your partner (Carlos) are in your partner's living room with the lights down low and things are starting to get physical.


You are trying to tell Carlos that you want to use a condom, and Carlos is beginning to get angry. Carlos doesn't think sex will feel as good doesn't want to use a condom. But you want to use a condom because you respect yourself. Your health is important to you and you want to protect yourself because you are worth it!

Your task is to convince Carlos that sex can be just as pleasurable with condoms.


CARLOS — You and your partner (Yvonne) are at your place and things are getting very intimate. Yvonne is starting to talk about using condoms and you are getting angry. Does Yvonne think you have been sleeping around? You don't think condoms feel good and truly believe they will ruin the mood.

Your task is to convince Yvonne to have sex without condoms.


16. After 3–4 minutes of the roleplay, review the group's responses on the *Observer Checklist* by going over each item on the checklist. Encourage everyone, including the actors, to give input by asking,

- 
- Did Yvonne use the STOP technique?
 - Did Yvonne say no?
 - Did they talk it out?
 - Did Yvonne offer explanations?
 - Did Yvonne provide alternatives?
 - What could Yvonne have done differently?

17. Continue to process the roleplay using the following questions:

- 
- What methods/strategies did Yvonne use to get the message across?
 - Actors, what pressures were your characters feeling?
 - Were there any misunderstandings or breakdowns in communication?
 - Did these characters seem realistic to you?
 - How would you have handled the situation differently?

18. Summarize Roleplay A by saying,




Condoms don't have to ruin sex. There are different techniques that can make condom use pleasurable and fun. It is important to talk about condom use ahead of time, before any touching or kissing begins. People have expectations in certain situations. If something happens that you don't like, tell your partner.

19. Give the assigned Roleplay B handout to the first pair of participants or have them turn to it in their workbooks. Encourage the participants to be themselves, but to also pretend as if this were a real situation for them.


FACILITATOR'S NOTE

Try to include each participant in at least one of the following roleplays. If you have an odd number of participants, you may have to pair up and play a part yourself. Most of the roleplays are designed to be gender neutral. If some participants are uncomfortable roleplaying the scenes with each other, you may choose to have the participants play the roles of the negotiating characters, while you play the roles of their partners. If you are not satisfied with their responses, then it is up to you to let other participants give a response or to offer responses of your own.

20. Explain to the roleplay participants,

 You are using these roleplays to practice talking to a partner about abstinence or safer sex. I'll give you about a minute to read and decide how you will perform the roleplay.


21. Explain the following to everyone:

 If at any time the players need help or the observers wish to move into a player's spot, they should raise their hands to signal me.

FACILITATOR'S NOTE

Again, your job is to be sure that important issues are addressed and that participants feel that they can effectively use their skills. Give suggestions and help as they need it. Do not allow disagreement to continue too long or for anti-abstinence or anti-condom roles to win.

22. Remind observers to complete their *Observer Checklists* as they watch the roleplays. Tell the observers which character to observe before *each* roleplay. In each roleplay, the character they should observe is the one being pressured and is underlined and described first. In Roleplay B, the person is Val. Say,

 As you watch the roleplays, fill out your *Observer Checklists*. In each roleplay, one character is choosing abstinence and being pressured and that is the character you should focus on. In Roleplay B, Val is the person being pressured, so that's who you should focus on. The goal of this roleplay exercise is for Val to be proud and responsible and resist pressure to have unsafe sex.

23. Read aloud the scenarios for both characters in Roleplay B. Then have the players present the roleplay.

ROLEPLAY B — VAL AND COREY

Theme: Condom use versus partner trust

Observe: Val using STOP

(Val and Corey talking)

VAL — You have been going out with Corey for a while now, and you are beginning to think about having sex. You know Corey has had sex with other people and you are concerned about STDs, especially HIV. You don't want to have sex unless you both agree to use a condom. But, you also don't want to lose Corey. You think you're falling in love.

Corey may be offended because you already decided together to use the pill for birth control, but you mention condoms anyway. You want to be with Corey, but only if you can be safer.

Your task is to resist the temptation to have unsafe sex but still keep the relationship.

COREY — Your partner (Val) just suggested that you start using condoms. You are already using the birth control pill and feel that Val must think you are cheating if Val is afraid to have sex with you without using a condom.

Your older sibling told you that you don't have to use condoms when you really love someone. You want to prove Val trusts and cares about you by not using condoms.

Your task is to try to convince Val not to use condoms.

24. Review the group's responses on the *Observer Checklist* to see if each skill was demonstrated.

- Did Val use the STOP technique?
- Did Val say no?
- Did they talk it out?
- Did Val offer explanations?
- Did Val provide alternatives?
- What could Val have done differently?


25. Process the roleplay using the following questions:

- What methods/strategies did Val use to get the message across?
- Actors, what pressures were your characters feeling?
- Were there any misunderstandings or breakdowns in communication?
- Were they able to save the relationship? If so, how? If not, why not?
- How would you have handled the situation differently?

26. Summarize Roleplay B by saying,

Relationships can be very complicated sometimes. Talking about condoms isn't always easy. Just remember, using condoms does not mean that you distrust your partner, it means that you care enough about yourselves and each other to make sure that you are BOTH protected. Even if you're using other birth control to prevent pregnancy, condoms will help protect you from STD too.

27. Give the Roleplay C handout to the next pair of participants or have them turn to it in their workbooks.
28. Remind the observers to use the *Observer Checklist* as they watch the roleplay. Tell them which character to observe. In Roleplay C, the person is Jesse. Say,

 In Roleplay C, Jesse is the person being pressured, so that's who you should focus on. The goal of this roleplay exercise is for Jesse to be proud and responsible and resist pressure to have unsafe sex.

29. Read aloud the scenarios for both characters in Roleplay C. Then have the players present the roleplay.

ROLEPLAY C — JESSE AND CHRIS

Theme: Two friends talk about condom use

Observe: Jesse using STOP

(Jesse and Chris talking)

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

Your partner dated other people before you and had sex with them. Your partner wasn't your first either. Now you understand how important it is to protect yourself and your partner by always using condoms.

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

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


CHRIS — Your partner told you that if you want to have sex you have to use condoms. The older kids say that "real men and women" don't wear condoms—They should feel the "real thing."

You're not trying to be difficult, but nobody is going to force you to use a condom! Besides, you're already using birth control. And you're not worried about diseases because your partner is young.


Your friend, Jesse, wants to start using condoms because of some stupid class about HIV and AIDS. You can't respect Jesse if Jesse is not a "real woman/real man."

Your task is to convince Jesse that condoms are a bad idea.


30. Review the participants' responses on the *Observer Checklist* asking the following questions:

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

31. Process the roleplay using the following questions:

- 
- What kept Chris from using condoms?
 - What are some of the consequences Chris could be facing for having intercourse without using condoms?
 - What do you think convinced Jesse to start practicing safer sex?
 - Was Jesse able to convince Chris? If so, how? If not, are they still friends?
 - Were there any misunderstandings or breakdowns in communication?
 - Why is it important to use condoms every time you have intercourse?

32. Summarize Roleplay C by saying,



Once you make the decision to protect yourself, convince a friend to do the same. That way, you can both be protected and have some answers for the next friend who needs to know how to stay safer.

33. Give the Roleplay D handout to the next pair of participants or have them turn to it in their workbooks.
34. Tell observers which character to observe. In Roleplay D, the person is Dana. The goal of this roleplay is for Dana to be proud and responsible and resist pressure to have unsafe sex.

35. Remind observers to fill out the *Observer Checklist* as they watch the roleplay.
36. Read aloud the scenarios for both characters, and then have participants present the roleplay.

ROLEPLAY D — DANA AND JADON

Theme: Initiating use of protection in an existing relationship

Observe: Dana using STOP

(Dana and Jadon talking)

DANA — You and your partner, Jadon, have been sexually active for a while. However, you have just completed a program called *Promoting Health Among Teens!* You are thinking about the things you didn't know and the things that concern you. You think about your own behaviors. You think about Jadon's past sexual life and your own past sexual life. And now you begin to worry because you and your partner have been sexually active without using protection. Now you want to use protection. You know Jadon is stubborn and gets jealous very easily. You are afraid to say that you are concerned about HIV because Jadon might believe you are cheating, or even go and find a new partner.


You decide to tell Jadon about the program and all the important information you learned and that you want to use protection if you have sex again. When Jadon arrives, you are looking at the information about STD protection that was given to you at the program.

Your task is to convince Jadon that you want to be proud and responsible and use protection.


JADON — You have never used a condom or dental dam and don't want to. You have been having sex with Dana for a while now and have never used protection before. You believe that if Dana suddenly wants to use protection, then Dana must be cheating on you. You also believe that condoms/dental dams are not natural and sex won't feel as good if you use them.

Your task is to convince Dana not to use condoms.


37. Review the groups' responses on the *Observer Checklist* by going over each item on the checklist. Include input from the actors as well. Ask the following questions:

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

38. Continue to process the roleplay using the following questions:

- 
- What methods/strategies did Dana use to get the message across?
 - Actors, what pressures were your characters feeling?
 - Were there any misunderstandings or breakdowns in communication?
 - How would you have practiced safer sex differently in that situation?

39. Summarize Roleplay D by saying,



Condoms don't make a person weak. They don't have to ruin sex. There are different techniques that can make condom use pleasurable and fun. The bottom line is you should take responsibility and be comfortable and confident in your choice to be safer.

40. Give the Roleplay E handout to the next pair of participants or have them turn to it in their workbooks.
41. Remind the observers to use the *Observer Checklist* as they watch the roleplay. Tell the observers which character to observe. In Roleplay E, the person is Mo.
42. Read aloud the scenarios for both characters, and then have the players present the roleplay.

ROLEPLAY E — MO AND LORETTA

Theme: Possible loss of partner through condom use

Observe: Mo using STOP

(Mo and Loretta talking)

MO — You have been dating Casey for a few months. You really like Casey and think this might be serious. You have decided to have sex, but you really want to use condoms.

Your best friend (Loretta) is dating Casey's best friend (Jai) and doesn't think you should mention condoms because you might lose Casey.

You know Casey has never used condoms before, but you won't have sex without a condom. Besides, you learned how to make condoms feel better.

Your task is to resist Loretta's pressure, but not lose the friendship. You think Loretta should be using condoms too.

LORETTA — You and your close friend (Mo) are going out with Jai and Casey, who are also friends and a few years older than you are.


You and Jai have had sex a couple of times and never used a condom. You think you might lose Jai if you ask to use a condom.

Your friend Mo is getting very close to having intercourse with Casey. They're using birth control, but Mo also wants to use condoms.


You tell Mo that sex feels much better without condoms (even though you've never tried one). You're afraid that if Mo insists on using a condom, she might lose Casey.

Your task is to try to convince Mo to have sex without using a condom.


43. Review the *Observer Checklist* with the participants to see if each skill was demonstrated.

- 
- Did Mo use the STOP technique?
 - Did Mo say no?
 - Did they talk it out?
 - Did Mo offer explanations?
 - Did Mo provide alternatives?
 - What could Mo have done differently?

44. Process the roleplay by asking the following questions:

- 
- What methods/strategies did Mo use to continue to be safer?
 - Actors, what pressures were your characters feeling?
 - How would you expect a “real friend” to respond if you said you wanted to practice safer sex?
 - Did these characters seem realistic to you?
 - How would you have handled the situation differently?


45. Summarize Roleplay E by saying,



True friends support you when you make healthy choices for yourself. If you value your friends and care about them as people, you should help them make safe decisions. You can even teach a friend how to make condoms fun and pleasureable.

46. Give the Roleplay F handout to the next pair of participants or have them turn to it in their workbooks.

47. Remind the observers to use the *Observer Checklist* as they watch the roleplay. Tell the observers which character to observe. In Roleplay F, the person is Pat. Say,



In this roleplay you will be observing Pat. The goal of this roleplay exercise is for Pat to be proud and responsible and resist pressure to have sex.

48. Read aloud the scenarios for both characters, and then have the players present the roleplay.

ROLEPLAY F — PAT AND DEVIN

Theme: Abstinence and partner pressure

Observe: Pat using STOP

(Pat and Devin talking)

PAT — You and Devin have been sexually active for a while. You have just completed the *Promoting Health Among Teens!* program and learned that a lot of teens are getting HIV and other STDs. You are concerned about your sexual histories. Now you want to practice abstinence until you finish high school.

You know that Devin is stubborn and gets jealous very easily. You are afraid that Devin may think that you are cheating if you suggest that you want to stop having sex for now.


You want to encourage Devin to be OK with your decision. You love Devin and want to stay together. What do you say to Devin? How can you make it clear that abstinence is very important you?

Your task is to convince Devin to abstain from sex.


DEVIN — You and Pat have been together for a while and you enjoy having sex together. You believe that real couples have sex with each other and can't imagine not having sex with someone you were in a relationship with. Your friends all have sex with their partners too. You believe that the only way for a relationship to survive is to have sex.

Your task is to convince Pat to continue having a sexual relationship.


49. Review the responses on the *Observer Checklist* to see if each skill was demonstrated.

- 
- Did Pat use the STOP technique?
 - Did Pat say no?
 - Did they talk it out?
 - Did Pat offer explanations?
 - Did Pat provide alternatives?
 - What could Pat have done differently?

50. Process the roleplay using the following questions:

- 
- What strategy did Pat use to start to abstain to be safe?
- Actors, what pressures were your characters feeling?
- Would anyone have handled this situation differently?
- Did the roleplay seem realistic to you?

51. Summarize Roleplay F by saying,



Negotiating abstinence in a relationship where sex was already introduced can be hard. But it is very responsible to talk to your partner about your decision to practice abstinence. Practicing abstinence can help you achieve your goals and dreams. If you respect your partner the proud and responsible thing to do is respect that person's decision to practice abstinence. Remember, even if you've had sex before, you can make the decision to practice abstinence at any time.

52. Repeat two of the more successful roleplays, if time allows, using different participants to show how similar situations can be handled in different ways. Remind observers to continue to use the *Observer Checklist*.
53. Now have two participants present Roleplay G. Remind the observers to use the *Observer Checklist* as they watch the roleplay. Tell them which character to observe. In Roleplay G, the person is Alex.

ROLEPLAY G — ALEX AND TYLER

Theme: The first date

Observe: Alex using STOP

(Alex and Tyler talking)

ALEX — You are very popular at school and you have invited Tyler out to a party. Tyler seems very excited. You date several different people and you're not trying to have a serious or sexual relationship with anyone right now. You certainly don't expect to fool around on the first date. Besides, you have decided to abstain from sex. You have plans for your future and an STD or pregnancy could really get in the way.

At the party, Tyler starts to come on to you. You don't know if Tyler just wants to kiss and touch or to actually have sex. Either way, Tyler is coming on much too strong and it's turning you off. You wonder if this is how every first date is for Tyler.

For 10 minutes, Tyler has been trying to get you upstairs, and is now trying to convince you by saying, "You know you want to go up there as much as I do...."

Your task is to stay abstinent and resist the pressure to go upstairs.

TYLER — Alex, who is very popular at your school, has invited you to a party and you are very excited. You know that Alex is dating several people at once and doesn't have a serious relationship with anyone right now. This is your big chance.


You're afraid that this first date may be the last one if you don't give Alex a reason to want to keep going out with you. You are prepared even to have sex to convince Alex that you should be a couple. All your friends will be jealous once they know you're going out with one of the most popular people in school.

You're at the party and you have been trying to get Alex upstairs for the last 10 minutes. You don't understand why it's so hard to convince Alex.


You figured that most people would jump at this opportunity. You decide to try a little harder. You whisper, "You know you want to go up there as much as I do...."

Your task is to convince Alex to go upstairs with you and have sex.


54. Review the *Observer Checklist* with participants to see if each skill was demonstrated.

- 
- Did Alex use the STOP technique?
 - Did Alex say no?
 - Did they talk it out?
 - Did Alex offer explanations?
 - Did Alex provide alternatives?
 - What could Alex have done differently?

55. Process the roleplay using the following questions:

- 
- What methods/strategies did Alex use to get the message across?
 - Actors, what pressures were your characters feeling?
 - Were there any misunderstandings or breakdowns in communication?
 - Did the characters seem realistic to you?
 - How would you have handled the situation differently?


56. Summarize Roleplay G by saying,



Some teens decide to become sexually active for all the wrong reasons—to prove themselves, to get or hold on to a partner or because they feel insecure, lonely or curious. The healthy, proud and responsible thing to do is to look for a partner who cares about YOU—the kind of person you are—not just your body.

57. Give the Roleplay H handout to the next pair of participants or have them turn to it in their workbooks.

58. Remind the observers to use the *Observer Checklist* as they watch the roleplay. Tell the observers which character to observe. In Roleplay H, the person is Shia. Say,

 Roleplay H is a conflict where Jayce wants to have sex, but Shia does not. Shia is the pressured character, so that's who you should focus on. The goal of this roleplay exercise is for Shia to be proud and responsible and resist pressure to have sex.

59. Read aloud the scenarios for both characters, and then have the players present the roleplay.

ROLEPLAY H — SHIA AND JAYCE

Theme: Repaying social debts

Observe: Shia using STOP

(Shia and Jayce talking)

SHIA — You and Jayce have been going out for a couple of months. Jayce treats you to pizza and the movies pretty regularly. In the past month, Jayce bought you a couple of presents. You really enjoy all the attention and Jayce is a great kisser.

Last week, Jayce started pressuring you to be more sexual. You like all the things Jayce's done for you, but you don't want to be any more sexual with each other than you already are. You like kissing, hugging and touching. But you do not want to have vaginal, oral or anal sex, or do anything else sexually that could pose a risk for STD.

Tonight Jayce took you to a concert with Jayce's older brother and the brother's girlfriend. When you get back to the car, Jayce says, "I know you had a great time tonight and you like all the stuff I've been doing for you. Don't you think you want to do something for me in return?"

Your task is to resist the pressure to have sex.

JAYCE — You and Shia have been going out for a couple of months. You treat Shia to pizza and the movies pretty regularly. In the past month you bought Shia some gifts as well. You've really been spending a lot of time and money on Shia.

(continued)

(continued)

Lately, you've been pressuring Shia to be more sexual with you. Shia seems to like all the things you've been doing. It's time that Shia started being a bit more grateful.

Tonight you took Shia to a concert with your older brother and his girlfriend.

When you get back to the car, you turn to Shia and say, "I know you had a great time tonight. And you like all the stuff I've been doing for you. Don't you think you want to do something for me in return?"

Your task is to convince Shia to have sex.


60. Review the *Observer Checklist* with participants to see if each skill was demonstrated.

- Did Shia use the STOP technique?
- Did Shia say no?
- Did they talk it out?
- Did Shia offer explanations?
- Did Shia provide alternatives?
- What could Shia have done differently?


61. Process the roleplay using the following questions:

- What methods/strategies did Shia use to get the message across?
- Actors, what pressures were your characters feeling?
- Were there any misunderstandings or breakdowns in communication?
- Why shouldn't you feel pressure to give sexual favors to someone who's spent money on you or taken you out?
- How would you have handled the situation differently?

62. Summarize Roleplay H by saying,

 Your sexuality is special and you have the right to share it only with a carefully selected person once you're old enough to handle the consequences of sex. It is not a healthy choice to use sex to repay a debt, real or imagined. A person who cares about you will wait until you're ready and will never expect you to do something sexual that you're not ready for. Remember to be proud and responsible and make healthy choices.

63. Summarize by saying,

 Wow! You have really learned a lot in this program. Your roleplays show that you have picked up quite a few skills. I hope that you remember and use your knowledge and skills whenever the need arises.

It doesn't matter if a relationship is between a man and a woman, two women or two men. All couples have to communicate and negotiate. And all couples can make a decision to practice abstinence regardless of their sexual orientation. In a healthy relationship and when you really care about your partner, it's usually easier to talk about being abstinent. It's important to choose relationships in which both parties care about each other's goals, health and values.

The proud and responsible choices you make now can help you reach your goals for the future. Remember, it's a proud and responsible decision to abstain from sex or to always use a latex or polyurethane/polyisoprene condom if you choose to have sex.

C

CLOSING ACTIVITY – LETTER TO MYSELF

PREPARING FOR THE ACTIVITY

RATIONALE

This activity provides participants an opportunity to affirm their convictions and set a goal that they can strive toward.

10

MINUTES

MATERIALS NEEDED

- ▶ Envelopes
- ▶ 8.5" x 11" plain paper
- ▶ Pencils/pens
- ▶ *My Choice* poster
- ▶ Marker
- ▶ Masking tape

PROCEDURE


1. Read the *My Choice* poster to the participants:

 **MY CHOICE**

- “I choose to abstain from sex or use condoms because...”
- “The way I will do it is to ...”


2. Give each participant a blank piece of paper and a blank envelope.

3. Discuss the importance of the closing activity by saying,

 We have almost finished the *Promoting Health Among Teens!* program. I hope that it has helped you realize that you can abstain from sex to prevent unplanned pregnancy, HIV and other STDs. If you choose to have sex, you can use condoms to reduce your risk.

During our time together, you have learned a lot of skills and techniques to improve communication with your partners, friends and family. You learned good reasons to abstain from sex, that you have the power to abstain, and that your goals and dreams are very important to you. You also have learned a lot of information about safer sex and how using condoms can reduce your risk of unplanned pregnancy, HIV and other STDs. But, abstaining from sex or using condoms isn't always easy. There are many pressures out there that will try to get you to change your mind.


4. Continue by saying,

 In this next activity, I would like you to write yourself a letter about the choice to protect yourself by practicing abstinence or safer sex. You can make a written statement about committing or dedicating yourself to do something. In your letter, complete these two statements:

"I choose to [*abstain from sex or practice safer sex*] because...(provide reasons)"


"The way I will do it is to...(provide examples)"

5. Continue by saying,

 This is a private letter from you to you, and I will mail to you in 6 weeks. I will not read it, nor will anyone else. When you receive this letter, you will be able to see what you think about your choice and the things you have done to help yourself practice abstinence or safer sex.

6. After participants have completed their letters, have them place the letter in an envelope, seal it, and write their full name and address on it.

7. Collect all of the envelopes and make a plan to mail them to participants in 6 weeks.
8. Summarize the activity by saying,

 This was an important activity because you have made a choice to protect yourself by practicing abstinence or safer sex. When you open these letters in 6 weeks, you will realize that you were successful in accomplishing a very important goal. Remember that abstaining from sex or using condoms correctly every time if you choose to have sex will help you avoid pregnancy and STDs, including HIV.

D

TALKING CIRCLE

PREPARING FOR THE ACTIVITY

RATIONALE

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

5

MINUTES

MATERIALS NEEDED

- ▶ None

PROCEDURE

1. Ask the participants to form a Talking Circle with their chairs.
2. Ask the group,




Does anyone remember why we use the Talking Circle?

Answer:

- The Talking Circle is a communication tool specific to American Indian people. It's used to help groups discuss important issues.
3. Elicit responses from the group.


4. Say,

 This is our last Talking Circle so I want you to think about and tell us what the most important thing that you learned in this program was. It could have come from me, or from someone else in the group. Complete this sentence:

“The most important thing that I learned was...”


5. Allow each participant to respond.

6. Say,

 Because this is our last time together, I want to go around the Talking Circle a second time. This time answer this question: How will you use what you’ve learned in this program to achieve your goals for the future?

7. Allow each participant to respond.

8. Summarize by saying,

 Those were good responses. I am very proud of each and every one of you. Thank you for being part of this program. Now you can teach your friends and family what you’ve learned here.

Remember, abstaining from sex or practicing safer sex is the proud and responsible thing to do. Abstinence is the only 100 percent effective way to keep yourself safe from unplanned pregnancy, HIV and other STDs. If you choose to have sex, practicing safer sex by correctly using a latex or polyurethane/polyisoprene condom every time, will reduce your risk.

HANDOUTS AND POSTERS FOR FACILITATOR REFERENCE

OBSERVER CHECKLIST

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

SKILLS	PRESENT?
S = Say "NO"	
▸ Refused to engage in unsafe behavior	Y/N
▸ Repeated refusal	Y/N
▸ Body language said "NO"	Y/N
T = Talk It Out	
▸ Discussed feelings	Y/N
O = Offer Explanations	
▸ Gave clear reasons	Y/N
P = Provide Alternatives	
▸ Suggested another action	Y/N
Seemed prepared to leave a potentially unsafe situation	Y/N

Promoting Health Among Teens! Comprehensive Abstinence & Safer Sex Intervention © 2016 ETR Associates. All rights reserved. A406-16-050216

Poster & Handout/Student Workbook

ROLEPLAY GUIDELINES

- Read your role carefully and think about how that person would really behave.
- Do your best to stay in character through the whole roleplay.
- Don't let comments and laughter distract you.
- Really try to feel and act like the person you are playing.
- Try things that you might not do ordinarily, just to see how it feels.
- Use STOP:
 - » **Say "NO"** Refuse to engage in the unsafe behavior.
 - » **Talk It Out** Talk openly about each other's feelings to help the relationship grow and ease any tension.
 - » **Offer Explanations** Offer an explanation as to why you want to be safe. This helps your partner understand your reasons and prevents negative reactions.
 - » **Provide Alternatives** Provide alternatives to show that you still want to be intimate and have a relationship as long as it can be safe.

Promoting Health Among Teens! Comprehensive Abstinence & Safer Sex Intervention © 2016 ETR Associates. All rights reserved. A406-16-050216

Poster

STOP

S = Say "NO"
Refuse to engage in unsafe behavior.

T = Talk It Out
Talk openly about each other's feelings to help the relationship grow and ease any tension.

O = Offer Explanations
Offer an explanation as to why you want to be safe. This helps your partner understand your reasons and prevents negative reactions.

P = Provide Alternatives
Provide alternatives to show that you still want to be intimate and have a relationship as long as it can be safe.

Promoting Health Among Teens! Comprehensive Abstinence & Safer Sex Intervention © 2016 ETR Associates. All rights reserved. A406-16-050216

Poster

Trying to Slow Down (Ineffective Version)

SCRIPTED ROLEPLAY

INSTRUCTIONS:
Using the Observer Checklist on the next page, pay attention to each skill you see demonstrated in this roleplay. Circle the letter **Y** if the skill was present, or **N** if it was not.

Setting the Stage:
You and your partner have been going out for a while. From the beginning you touched and kissed a lot. On your partner's birthday, you are alone and feel very close. After you have had something to celebrate the birthday, you begin kissing and touching, and start to feel really good. Your partner wants to have sex with you, but you decide to explain that you won't have sex without a condom.

Person 1: Why are you stopping now?
Person 2: Wait. Do you have a condom?
Person 1: It isn't my birthday every day, you know. This is a special occasion.
Person 2: Yeah, I know.
Person 1: It will mean even more now. But we don't have a condom. What difference does it make if we use a condom or not?
Person 2: Well, I don't want to get HIV or or another STD.
Person 1: I thought this was what we both wanted.
Person 2: Do you really love me?
Person 1: Yes, and sex is a part of love.
Person 2: I guess you're right.
They stop talking and go back to kissing.

© ETR Associates
Promoting Health Among Teens! Comprehensive Abstinence & Safer Sex Intervention STUDENT WORKBOOK 29

Handout/Student Workbook

HANDOUTS AND POSTERS FOR FACILITATOR REFERENCE

Trying to Slow Down (Effective Version)

SCRIPTED ROLEPLAY

INSTRUCTIONS:

Using the Observer Checklist on the next page, pay attention to each skill you see demonstrated in this roleplay. Circle the letter **Y** if the skill was present, or **N** if it was not.

Setting the Stage:

You and your partner have been going out for a while. From the beginning you touched and kissed a lot. On your partner's birthday, you are alone and feel very close. After you have had something to celebrate the birthday, you begin kissing and touching, and start to feel really good. Your partner wants to have sex with you, but you decide to explain that you won't have sex without a condom.

Person 1: Why are you stopping now? Let's have sex.

Person 2: No. This feels good, but we need to use a condom.

Person 1: It isn't my birthday every day, you know. This is a special occasion.

Person 2: Yeah, I know, but I don't want to get HIV or another STD.

Person 1: I've never had sex before and I want to have it with you the first time.

Person 2: No, not without a condom. I have one we can use.

Person 1: But I don't have HIV or an STD. And I love you. Why do we need a condom?

Person 2: I won't have sex without a condom. I know how to use it. It will be fun.

Person 1: OK, let's do it.

© ETR Associates

Promoting Health Among Teens: Comprehensive Abstinence & Safer Sex Intervention STUDENT WORKBOOK 31

Handout/Student Workbook

After the Party (Ineffective Version)

SCRIPTED ROLEPLAY

INSTRUCTIONS:

Using the Observer Checklist on the next page, pay attention to each skill you see demonstrated in this roleplay. Circle the letter **Y** if the skill was present, or **N** if it was not.

Setting the Stage:

You and your partner have been going out for a while. The two of you have had sexual intercourse twice before. You didn't use condoms or any of the other methods of protection that you learned about in school because you didn't have any at the time.

It's Saturday night and the two of you have just come back from a great party. At the party, you began to kiss in a dark corner and touch each other on the dance floor. Now you are home alone and feel very close. Your partner wants to have sex with you again, but you don't want to unless you are going to use condoms.

Person 1: What's wrong? Why did you push my hand away?

Person 2: No. Slow down. Remember what happened last time?

Person 1: You don't have to worry. We'll be more careful this time.

Person 2: How? Did you get some condoms? I sure didn't.

Person 1: We don't need a condom. Everything has been OK so far. We can stop in time.

Person 2: Well... are you sure?

Person 1: Aren't we always going to be together? If you love me, what difference does it make?

Person 2: I do love you and I would like to have kids with you one day.

Person 1: See... no matter what happens, we'll still be together.

Person 2: OK, I guess you're right.

They stop talking and go back to kissing and touching.

© ETR Associates

Promoting Health Among Teens: Comprehensive Abstinence & Safer Sex Intervention STUDENT WORKBOOK 33

Handout/Student Workbook

After the Party (Effective Version)

SCRIPTED ROLEPLAY

INSTRUCTIONS:

Using the Observer Checklist on the next page, pay attention to each skill you see demonstrated in this roleplay. Circle the letter **Y** if the skill was present, or **N** if it was not.

Setting the Stage:

You and your partner have been going out for a while. The two of you have had sexual intercourse twice before. You didn't use condoms or any of the other methods of protection that you learned about in school because you didn't have any at the time.

It's Saturday night and the two of you have just come back from a great party. At the party, you began to kiss in a dark corner and touch each other on the dance floor. Now you are home alone and feel very close. Your partner wants to have sex with you again, but you don't want to unless you are going to use condoms.

Person 1: Person 1: What's wrong? Why did you push my hand away?

Person 2: No. Stop. Remember what happened last time.

Person 1: You don't have to worry. We'll be more careful this time.

Person 2: No, I won't feel comfortable unless we use a condom.

Person 1: We don't need a condom. Everything has been OK so far. We can stop in time.

Person 2: No. That doesn't always work. Do you have any condoms? I'm not going to have sex without a condom. I want us both to be protected.

Person 1: I did get some condoms from my friend. I'm down to try them.

Person 2: I love you. I'm down as long as we use condoms.

They decide to practice safer sex.

© ETR Associates

Promoting Health Among Teens: Comprehensive Abstinence & Safer Sex Intervention STUDENT WORKBOOK 35

Handout/Student Workbook

At a Party

SCRIPTED ROLEPLAY

INSTRUCTIONS:

Using the Observer Checklist on the next page, pay attention to each skill you see demonstrated in this roleplay. Circle the letter **Y** if the skill was present, or **N** if it was not.

Setting the Stage:

You are at a party with someone you have been dating for a few weeks. It's a house party and the parents are not home. Some kids are getting high and some couples are leaving—maybe to have sex. You don't want to have sex and you don't want to leave the party.

Person 1: It's too crowded in here. Let's get out of here so we can talk.

Person 2: Yes, it is crowded in here, but the porch is empty. We can hang out on the porch.

Person 1: I just want to be with you. This is a good chance for us to be together.

Person 2: We are together. We're here together and having a good time.

Person 1: Oh man, I just want to be alone with you. Let's get out of here.

Person 2: No, we're alone now. There's no reason to leave. We don't need to be alone to have fun. Besides, this party is fun!

Person 1: I've been looking forward to this night with you—please don't spoil it. Let's go upstairs so we can be alone.

Person 2: You probably want to go upstairs because you want to have sex with me. I told you I am not ready for sex yet. I have more important things to think about. Please don't pressure me.

Person 1: If I'd known you'd be like this, I wouldn't have come here with you. I would have brought someone else.

Person 2: I guess you could have brought anyone. But you said you care about me. We're having fun, so let's stay. Hey, I'm hungry. Let's get some more food.

Person 1: I guess I don't have much choice.

Person 2: No, I guess not. But I'll give you the choice of the next movie we go to.

© ETR Associates

Promoting Health Among Teens: Comprehensive Abstinence & Safer Sex Intervention STUDENT WORKBOOK 37

Handout/Student Workbook

HANDOUTS AND POSTERS FOR FACILITATOR REFERENCE

At a Party

UNSCRIPTED ROLEPLAY

INSTRUCTIONS:
Using the Observer Checklist on the next page, pay attention to each skill you see demonstrated in this roleplay. Circle the letter **Y** if the skill was present, or **N** if it was not.

Setting the Stage:
You are at a party with someone you have been dating for a few weeks. It's a house party and the parents are not home. Some kids are getting high and some couples are leaving—maybe to have sex. You don't want to have sex and you don't want to leave the party.

Person 1: It's too crowded in here. Let's get out of here so we can talk.
Person 2: _____

Person 1: I just want to be with you. This is a good chance for us to be together.
Person 2: _____

Person 1: Oh man, I just want to be alone with you. Let's get out of here.
Person 2: _____

Person 1: I've been looking forward to this night with you—please don't spoil it. Let's go upstairs so we can be alone.
Person 2: _____

Person 1: If I'd known you'd be like this, I wouldn't have come here with you. I would have brought someone else.
Person 2: _____

Person 1: I guess I don't have much choice.
Person 2: _____

© ETR Associates
Promoting Health Among Teens! **Comprehensive Abstinence & Safer Sex Intervention** STUDENT WORKBOOK 39

Handout/Student Workbook

Shawn and Robin

UNSCRIPTED ROLEPLAY

INSTRUCTIONS:
Using the Observer Checklist on the next page, pay attention to each skill you see demonstrated in this roleplay. Circle the letter **Y** if the skill was present, or **N** if it was not.

Setting the Stage: Shawn has been going out with Robin for a while now and wants to talk about not having sex. Shawn knows Robin has had sex with other partners and is concerned about STDs, especially HIV, and wants to wait. But Shawn also doesn't want to lose Robin. Shawn wants to be with Robin, but only if they practice abstinence. Shawn's task is to resist the temptation to have sex, but keep the relationship with Robin.
Fill in the lines below to show Shawn using the STOP technique.

Robin: Shawn, I'm really looking forward to seeing you tonight.
Shawn: Yes, me too. But there is something I want to talk about.
Robin: What is it?
Shawn: _____

Robin: What? Not have sex?
Shawn: _____

Robin: Oh, I see, so you think I've got a disease, and you're afraid to have sex with me.
Shawn: _____

Robin: I thought you cared about me.
Shawn: _____

Robin: OK.
Shawn: _____

© ETR Associates
Promoting Health Among Teens! **Comprehensive Abstinence & Safer Sex Intervention** STUDENT WORKBOOK 41

Handout/Student Workbook

Kerry and Micah

UNSCRIPTED ROLEPLAY

INSTRUCTIONS:
Using the Observer Checklist on the next page, pay attention to each skill you see demonstrated in this roleplay. Circle the letter **Y** if the skill was present, or **N** if it was not.

Setting the Stage:
Kerry and Micah have been dating for 3 months. Kerry has just attended the *Promoting Health Among Teens!* program at school, and learned that using condoms will reduce the risk of getting an STD, including HIV. Kerry wants to avoid pregnancy or contracting an STD and has goals to go to college and have a career. So Kerry has decided to use condoms from now on. Kerry knows it is time to discuss this with Micah, but doesn't know how Micah will react. Kerry cares deeply for Micah and doesn't want to lose the relationship, but also is firm about not backing down from this decision. Kerry decides to negotiate condom use with Micah.
Fill in the lines below to show Kerry using the STOP technique.

Micah: I've been waiting for this moment for a long time. We've been dating for 3 months and I really like you. I think it's time we had sex.
Kerry: I like you a lot too. But I don't want to have sex without using condoms.
Micah: Why?
Kerry: _____
Micah: _____
Kerry: _____
Micah: _____

© ETR Associates
Promoting Health Among Teens! **Comprehensive Abstinence & Safer Sex Intervention** STUDENT WORKBOOK 43

Handout/Student Workbook

NEGOTIATION AND REFUSAL SKILLS — CHART 1A

How to Say "NO" Effectively

Characteristics:

- ▶ Use and repeat the word "no" often.
- ▶ Send a strong nonverbal "no" with your body language, e.g., use hand and body gestures to emphasize the point.
- ▶ Project a strong, serious tone of voice.
- ▶ Look directly at the person's face and eyes.
- ▶ Stand straight and tall.
- ▶ Use a serious facial expression.
- ▶ Don't send mixed signals.

Promoting Health Among Teens! **Comprehensive Abstinence & Safer Sex Intervention** © 2014 ETR ETR Associates. All rights reserved. A48C-16 05216

Poster



NEGOTIATION AND REFUSAL SKILLS — CHART 1B

Examples of a Strong “No”

Examples:

- ▶ No! I'm not ready to have sex yet!
- ▶ No! I won't have sex without a condom!
- ▶ No! I don't want to touch you there!
- ▶ No! Stop trying to unbutton my pants!
- ▶ No! I'm not going to have sex with you!
- ▶ No! I really mean “no”!
- ▶ No! I want to protect myself! We have to use a condom!
- ▶ No! Not at this point in the relationship!

*Promoting Health Among Teens!
Comprehensive Abstinence
& Safer Sex Intervention*

© 2016 ETR Associates. All rights reserved. [A480-1E 030216]

Poster

NEGOTIATION AND REFUSAL SKILLS — CHART 2

Talk It Out

Discuss your feelings.

Examples:

- ▶ I feel like you don't really care about me when you pressure me like this.
- ▶ I'm not ready to have a baby. I would feel better if we use a condom.
- ▶ Thanks for understanding my need to wait. I feel like you really love me.
- ▶ I'm glad you agreed to use condoms. I feel like you really care about me.
- ▶ You really turn me on when you touch me, but I won't have sex without a condom.
- ▶ I feel intimate with you already. We don't have to get physical.
- ▶ We both have goals that we want to achieve. Waiting now will help us reach those goals in the future.
- ▶ If you can't respect my feelings, then I'm prepared to end this relationship.

*Promoting Health Among Teens!
Comprehensive Abstinence
& Safer Sex Intervention*

© 2016 ETR Associates. All rights reserved. [A480-1E 030216]

Poster

NEGOTIATION AND REFUSAL SKILLS — CHART 3

Offer Explanations

Give clear reasons:

- ▶ I want to protect myself with a condom every time I have sex.
- ▶ I'm too young; I have my whole life to experience sex.
- ▶ No, I won't risk my future goals by having unprotected sex.
- ▶ I want to finish school before I start having sex.
- ▶ I want to stay a virgin for now.
- ▶ Reaching my future goals is more important than having sex.
- ▶ Condoms help prevent STDs, including HIV infection.
- ▶ I'm not ready to be a parent yet.

*Promoting Health Among Teens!
Comprehensive Abstinence
& Safer Sex Intervention*

© 2016 ETR Associates. All rights reserved. [A480-1E 030216]

Poster

NEGOTIATION AND REFUSAL SKILLS — CHART 4

Provide Alternatives

Suggest another action:

- ▶ Let's go buy some condoms right now.
- ▶ Let's get out of the bedroom. It makes me feel uncomfortable.
- ▶ Some sexual things are OK, but not sexual intercourse without a condom.
- ▶ I would rather do other things than have sex.
- ▶ It's a beautiful day. Let's go outside for a walk instead.
- ▶ Let's hug, talk and kiss but not have sex.
- ▶ Let's check out a movie.
- ▶ Let's go get something to eat.

*Promoting Health Among Teens!
Comprehensive Abstinence
& Safer Sex Intervention*

© 2016 ETR Associates. All rights reserved. [A480-1E 030216]

Poster

HANDOUTS AND POSTERS FOR FACILITATOR REFERENCE

Kerry and Micah

UNSCRIPTED ROLEPLAY

INSTRUCTIONS:
Using the Observer Checklist on the next page, pay attention to each skill you see demonstrated in this roleplay. Circle the letter **Y** if the skill was present, or **N** if it was not.

Setting the Stage:
Kerry and Micah have been dating for 3 months. Kerry has just attended the *Promoting Health Among Teens!* program at school, and learned that using condoms will reduce the risk of getting an STD, including HIV. Kerry wants to avoid pregnancy or contracting an STD and has goals to go to college and have a career. So Kerry has decided to use condoms from now on. Kerry knows it is time to discuss this with Micah, but doesn't know how Micah will react. Kerry cares deeply for Micah and doesn't want to lose the relationship, but also is firm about not backing down from this decision. Kerry decides to negotiate condom use with Micah.

Fill in the lines below to show Kerry using the STOP technique.

Micah: I've been waiting for this moment for a long time. We've been dating for 3 months and I really like you. I think it's time we had sex.

Kerry: I like you a lot too. But I don't want to have sex without using condoms.

Micah: Why?

Kerry: _____

Micah: _____

Kerry: _____

Micah: _____

Promoting Health Among Teens! Comprehensive Abstinence & Safer Sex Intervention STUDENT WORKBOOK 43

Handout/Student Workbook

Roleplay A — Carlos and Yvonne

Theme: Loss of trust and sexual pleasure through condom use

Observe: Yvonne using STOP
(**YVONNE** and **CARLOS** talking)

YVONNE — You and your partner (Carlos) are in your partner's living room with the lights down low and things are starting to get physical.

You are trying to tell Carlos that you want to use a condom, and Carlos is beginning to get angry. Carlos doesn't think sex will feel as good doesn't want to use a condom. But you want to use a condom because you respect yourself. Your health is important to you and you want to protect yourself because you are worth it!

Your task is to convince Carlos that sex can be just as pleasurable with condoms.

CARLOS — You and your partner (Yvonne) are at your place and things are getting very intimate. Yvonne is starting to talk about using condoms and you are getting angry. Does Yvonne think you have been sleeping around? You don't think condoms feel good and truly believe they will ruin the mood.

Your task is to convince Yvonne to have sex without condoms.

Promoting Health Among Teens! Comprehensive Abstinence & Safer Sex Intervention STUDENT WORKBOOK 45

Handouts/Student Workbook (8 total)

MY CHOICE

“Based on what I have learned in this program, I choose to...”

“Because...”

“The way I will do it is to...”

Promoting Health Among Teens! Comprehensive Abstinence & Safer Sex Intervention © 2016 ETR ETR Associates. All rights reserved. A11N-16 000210

Poster

A

APPENDIX

ADDITIONAL ACTIVITIES (ROLEPLAYS, GAMES, HEALTHY RELATIONSHIPS)

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

Appendix A provides additional roleplays that integrate varying sexual orientations. Two games, HIV/STD Jeopardy and Survivor, have also been provided as alternatives to AIDS Basketball. There is also an activity provided to cover basic information about healthy relationships.

TABLE OF CONTENTS

ADDITIONAL ROLEPLAY SITUATIONS/SAFER SEX	340
HIV/STD JEOPARDY	345
HIV/STD SURVIVOR	353
HEALTHY RELATIONSHIPS	361

Promoting Health Among Teens!

**Comprehensive
Abstinence & Safer
Sex Intervention**



FACILITATOR'S NOTE

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

ROLEPLAY 1: TARYN AND TANYA

Theme: Two females; STD/HIV concerns in a lesbian relationship; safer oral sex

Observe: Taryn using STOP

TARYN

You have just started your first sexual relationship with Tanya.

The two of you have engaged in oral sex and have not used latex barriers.

You are not sure if two women involved in a sexual relationship have to worry about STDs, including HIV.

You want to use a latex barrier with Tanya but you are not sure how she will react.

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

TANYA

You and Taryn have been intimate for 2 weeks.


You have never used a latex barrier with her or any of your partners.

You have never thought about STDs or HIV.

You hope Taryn doesn't want to use dental dams or any other latex barrier.

You don't want to use a latex barrier because you think it interferes with the feeling.

Summarize Roleplay 1 by saying,

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

 **ROLEPLAY 2: ALONZO AND WILL**

Theme: Two males; HIV, and condom use

Observe: Alonzo using STOP

ALONZO

You have slept with Will three times already, always unprotected.

You have goals and dreams for the future and you want to use condoms.

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

WILL

You and Alonzo have just started being sexually intimate.


You have not used a condom during sex because you think you are too young to get HIV. You think only older guys get HIV; and that young ones are safe.

You are not interested in using condoms until you are older.


You think that condoms ruin the mood and interfere with the pleasure of having sex.

You also know that Alonzo has a serious girlfriend.

Summarize Roleplay 2 by saying,

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

Note: The CDC considers anal sex a high-risk behavior with or without a condom, but people who do engage in anal sex can reduce the risk of HIV and other STDs by using condoms with lots of water-based lubrication.

 **ROLEPLAY 3: MIKE AND GEOFF**

Theme: Two males seeking advice from a friend about condom use

Observe: Mike using STOP

MIKE

You know Geoff and his girl are about to have sex.

You also know Geoff does not use condoms.

You know it is important to use condoms every time you have sex in order to reduce your risk of getting infected with an STD, like HIV, and reducing the chance of an unplanned pregnancy.

You want your friend to use condoms every time he has sex.

Your role: Convince Geoff of the importance of condoms.

GEOFF


You and your girlfriend are getting really close to having sex.

You don't want to get her pregnant but you don't like condoms, so you plan to pull out.

Mike is coming over to hang out.

You can't wait to tell him about your plans to have sex with your girl.

Summarize Roleplay 3 by saying,

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

 **ROLEPLAY 4: SAM AND CHARLIE**

Theme: One partner wants to use condoms; they discuss other options

Observe: Sam using STOP

SAM

You and Charlie have been dating for 6 months and have talked about having sex.

Charlie has never used condoms.

You don't want to have sex without condoms.

You think that Charlie will be mad if you initiate a conversation about condoms. But you won't have sex without using them.

After school you talk to Charlie about using condoms.

Your role: Convince Charlie to use condoms when you have sex.

CHARLIE

You have been dating Sam for 6 months.


You are in love and want to have sex without using condoms.

You are tired of talking about them and none of your friends use them.

You really care for Sam, but you have never used condoms before and are embarrassed to tell anyone that you don't know how.

Sam wants to talk after school.

Summarize Roleplay 4 by saying,

 It is important to talk about your decision to have safer sex or abstain before the moment arrives. Be confident in your decision. Remember, the only way to be 100 percent sure that you have not contracted HIV through sexual contact is to abstain from sex. However, if you choose to have sex, you must make proud choices and use condoms.

(Note: An alternative activity to AIDS basketball)

PREPARING FOR THE ACTIVITY

15

MINUTES

RATIONALE

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

MATERIALS NEEDED

- ▶ HIV/STD Jeopardy Questions
- ▶ Board for keeping score

PROCEDURE


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

FACILITATOR'S NOTE

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

2. Divide the group into two teams.
3. One person from each team chooses a category and a point value. If he or she gets the correct answer, the team receives the points. If not, the other team has the opportunity to confer and reply and earn the points.

4. The next team has the chance to choose a category and a point value. The game continues until the board is cleared and the game is over. The team with the highest amount of points wins the game.
5. Have someone keep score on a sheet of paper or on the board.
6. At the end of the game say,

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

HIV/STD JEOPARDY QUESTIONS

HIV FACTS

\$100

What does AIDS stand for?

- Acquired immunodeficiency syndrome

\$200

What is HIV?

- The virus that causes AIDS

\$300

Who can get HIV?

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

\$400

What system does HIV affect?

- The immune system

\$500

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

- They acquire certain rare diseases.

STD FACTS

\$100

What does STD stand for?

- Sexually transmitted disease

\$200

Name 3 STDs.

- Syphilis, HPV, herpes, gonorrhea, trichomoniasis, chlamydia, HIV, hepatitis B

\$300

Name 2 symptoms of STDs.

- Burning when urinating, discharge from penis/vagina, sores, bumps, itching, rash. Sometimes there are no symptoms.

\$400

What is the difference between an STD that is caused by a bacteria and an STD that is caused by a virus?

- Bacterial STDs can be treated and cured. Viral STDs cannot be cured, just treated.

\$500

What happens if a person does not get treated for an STD?

- It leads to other health problems, such as pelvic inflammatory disease, sterility, blindness, death.

PREVENTION

\$100

What are two ways to prevent HIV transmission?

- Abstinence, condoms, not sharing needles

\$200

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

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

\$300

Name two high-risk behaviors.

- Unprotected anal, oral or vaginal sex, sharing needles

\$400

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

- Practice abstinence

\$500

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

- Cuddling, massage, masturbation, fantasy

TRANSMISSION

\$100

Name two ways that HIV is transmitted.

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

\$200

What are two ways you cannot contract HIV?

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

\$300

Name two body fluids that can transmit HIV.

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

\$400

How were most children with HIV infected?

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

\$500

Why is early treatment for HIV important?

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

CONDOMS

\$100

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

- Latex, polyurethane or polyisoprene

\$200

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

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

\$300

What type of lubricant should never be used with condoms?

- Oil-based, such as Vaseline or baby oil

\$400

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

- Women

\$500

When do you remove a used condom?

- After ejaculation, but before the penis gets soft

CONDOM USE KNOWLEDGE

(TRUE OR FALSE)

\$100

Condoms can be reused.

- FALSE

\$200

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

- TRUE

\$300

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

- FALSE

\$400

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

- TRUE

\$500

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

- FALSE

EXTRA

\$600

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

- TRUE

(Note: An alternative activity to AIDS basketball)

PREPARING FOR THE ACTIVITY

15

MINUTES

RATIONALE

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

MATERIALS NEEDED

- ▶ HIV/STD Survivor Questions
- ▶ Paper
- ▶ Markers

PROCEDURE


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

FACILITATOR'S NOTE


Explain that in the real game of Survivor, the participant who remains in the game until the end is the winner. In HIV/STD Survivor, the team with the most survivors is the winner.

2. Hand each participant a sheet of paper.
3. Divide the class into teams. Each team should have an equal number of participants.

4. Read the following directions:

 I will need one member from each team to come to the front of the room. I am going to ask a question. Each person at the front of the room should answer the question on the sheet provided. You will have 15 seconds. If you get the correct answer, the next member of the team should come to the front. If you are unsure of the answer, you can poll your team. Each team can do this only twice during the game. If you answer incorrectly, you are eliminated and the next team member comes to the front, ready to play.

5. The game continues until each team member has come to the front of the room, at least once. The team with the most survivors wins.
6. Have someone keep a record of which teams used the “Ask for Help” option. Remember each team can do this only twice during the game.
7. At the end of the game say the following,

 WOW! What a game! You all remembered a lot of the information. The important thing to remember is that HIV and other STDs can be prevented. The key is to use the strategies you learned in this program. I hope you enjoyed the game and learned a lot.

HIV/STD SURVIVOR QUESTIONS

HIV FACTS

What does AIDS stand for?

- Acquired immunodeficiency syndrome

What is HIV?

- The virus that causes AIDS

Who can get HIV?

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

What system does HIV affect?

- The immune system

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

- They acquire certain rare diseases.

STD FACTS

What does STD stand for?

- Sexually transmitted disease

Name 3 STDs.

- Syphilis, HPV, herpes, gonorrhea, chlamydia, trichomoniasis, HIV, hepatitis B

Name 2 symptoms of STDs.

- Burning when urinating, discharge from penis/vagina, sores, bumps, itching, rash. Sometimes there are no symptoms.

What is the difference between an STD that is caused by a bacteria and an STD that is caused by a virus?

- Bacterial STDs can be treated and cured. Viral STDs can not be cured, just treated.

What happens if a person does not get treated for an STD?

- It leads to other health problems, such as pelvic inflammatory disease, sterility, blindness, death.

PREVENTION

What are two ways to prevent HIV transmission?

- Abstinence, using condoms, not sharing needles

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

- A latex, polyurethane or polyisoprene condom (male or female)

Name two high-risk behaviors.

- Unprotected anal, oral or vaginal sex, sharing needles

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

- Practice abstinence

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

- Cuddling, massage, masturbation, fantasy

TRANSMISSION

Name two ways that HIV is transmitted.

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

What are two ways you cannot contract HIV?

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

Name two body fluids that transmit HIV.

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

How were most children with HIV infected?

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

Why is early treatment for HIV important?

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

CONDOMS

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

- Latex, polyurethane or polyisoprene

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

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

What type of lubricant should never be used with condoms?

- Oil-based, such as Vaseline or baby oil

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

- Women

When do you remove a used condom?

- After ejaculation, but before the penis gets soft

CONDOM USE KNOWLEDGE

(TRUE OR FALSE)

Condoms can be reused.

- FALSE

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

- TRUE

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

- FALSE

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

- TRUE

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

- FALSE

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

- TRUE

PREPARING FOR THE ACTIVITY

RATIONALE

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


20
MINUTES

MATERIALS NEEDED

- ▶ Markers
- ▶ Pre-labeled newsprint:
 - *Characteristics of Healthy Relationships*
 - *Characteristics of Unhealthy Relationships*
- ▶ *TREO: Four Components of Healthy Relationships* poster

PROCEDURE

1. Introduce the activity by saying,

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

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

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

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

Expected Answers:

Characteristics of Healthy Relationships

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

Characteristics of Unhealthy Relationships

- Frequent miscommunication or lack of communication
- Controlling behavior
- Frequent and excessive jealousy
- Differences in age, power, maturity
- Disrespect—name calling, put-downs, public humiliation
- Pressure to do things you don't want to do
- Being willing to do anything to hold on to a partner
- Doing things you don't want to do because a partner expects it
- Isolation from friends and family
- Frequent arguments that don't get resolved
- Stress, sadness, fear or feelings of desperation
- Engaging in behaviors that are risky to your health
- Physical, emotional or sexual abuse/violence

FACILITATOR'S NOTE

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

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

- How do you know when you have (the characteristic, e.g., trust) in a relationship?
- What does it look like when two people trust each other?
- Give me some examples of open communication in a relationship.

4. Display the TREO: Four Components of Healthy Relationships poster and say,

You did a great job on the brainstorming. To help you remember four of the most important components of healthy relationships, we'll use the acronym "TREO."

- **Trust:** Partners trust each other and feel safe in a relationship.
- **Respect:** First you respect yourself. Second, you respect each other.
- **Equality:** Partners have equal amounts of power and control in the relationship.
- **Open communication:** Partners talk openly and listen to each other.


5. Ask,

How would being in a healthy relationship affect your ability to make proud and responsible choices about sex?

Answers should include:

- A partner would care about you and want to keep you safe.
- You would trust each other.
- A partner would treat you like an equal and make decisions jointly instead of pressuring you or forcing you to do things.
- You would have open communication and it would be easier to talk about sexual feelings and decisions.

6. Summarize the activity by saying,

 Now that you know the difference between healthy and unhealthy relationships, look for partners who can form a healthy relationship with you. When something happens and you get that “uh oh” feeling in your stomach... that’s a warning sign of an unhealthy relationship. Pay attention.

Also, relationships are a two-way street. You have to be the kind of partner that you want to have. You have to be trustworthy and communicate. You have to want to keep your partner safe.

Remember TREO—trust, respect, equality and open communication are necessary for healthy relationships. It’s much easier to choose proud and responsible behavior when you’re in a healthy relationship.



Four Components of Healthy Relationships Remember “TREO”

T = Trust

Partners trust each other and feel safe in the relationship.

R = Respect

First, you respect yourself. Second, you respect each other.

E = Equality

Partners have equal amounts power and control in the relationship.

O = Open communication

Partners talk openly and listen to each other.

Promoting Health Among Teens!
**Comprehensive Abstinence
& Safer Sex Intervention**

© 2016 **ETR** ETR Associates. All rights reserved. A489-16 050216

B

APPENDIX

SUPPLEMENTAL BACKGROUND INFORMATION

There may be times when facilitators implementing this curriculum need some background information to help teach a given topic. This section covers supplemental background information on sexually transmitted diseases, contraceptives and the effects of alcohol and other drugs. This information is not to be taken as an in-depth review. If you need more information, please contact your Department of Health or visit the CDC website: www.cdc.gov.

TABLE OF CONTENTS

INFORMATION ABOUT HIV	368
SEXUALLY TRANSMITTED DISEASES (STD)	376
CONTRACEPTIVE METHODS.	387
DRUGS AND THEIR EFFECT ON SEXUAL RESPONSIBILITY . .	399

Promoting Health Among Teens!
**Comprehensive
Abstinence & Safer
Sex Intervention**

INFORMATION ABOUT HIV

What Is HIV?

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

HIV damages the body's immune system, which normally protects the body from disease. In particular, HIV attacks specialized white blood cells called CD4 or T-cells. HIV takes over the machinery of the CD4 cells to make copies of itself and spread throughout the body, so the immune cells can't do their job of protecting the body. As the number of properly working T-cells decreases, the immune system becomes weaker until it can no longer fight off different types of infections.

HIV is a disease with many stages. People can live with HIV for years without getting sick. They may look and feel healthy and may not even know they have the virus. But even when a person with HIV looks and feels fine, he or she can pass the virus to others.

What is AIDS?

AIDS stands for acquired immunodeficiency syndrome. It is a condition caused by HIV. AIDS is the stage of HIV when the immune system has become very weak and damaged. When this happens, other diseases and infections can enter the body. These are called "opportunistic infections" because they take advantage of the weakened immune system.

Blood tests can be done to determine the number of CD4 cells and the amount of HIV in the blood (the viral load). The CD4 count is a standard measure of how well the immune system is working. A person with HIV is diagnosed as having AIDS when he or she has a CD4 count below 200 per cubic milliliter of blood (most people without HIV have a count of 700 to 1000) or when certain opportunistic infections occur. These may include cancers; Pneumocystic carinii, a lung infection; other viral infections; or severe weight loss.

How do people get HIV?

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

People can get HIV:

- ▶ **Through sex.** Anyone who has unprotected vaginal or anal sex with someone who has HIV can get HIV. There is also some risk of transmission through oral sex, but it is much lower.
- ▶ **By sharing needles** for injecting drugs, vitamins, hormones or steroids. HIV-infected blood may be left in the needle or syringe and passed on to the next user. Other injection supplies (sometimes called “works”) can also pass HIV (e.g., water, cotton and cookers).
- ▶ **By sharing needles** for tattooing, piercing or for any other reason.
- ▶ **From mother to child either before or during birth.** There are also a few known cases in which HIV has been passed from mother to child through breastfeeding. A pregnant woman with HIV can take medicines to greatly lower the risk of her baby being born with HIV.

As a general guideline, people should avoid having direct contact with other people’s blood. This is why medical providers, including first responders, wear gloves when they are providing care that might bring them into contact with another person’s blood.

Before 1985, some people got HIV from infected blood transfusions or blood products. Since 1985, the supply of blood and blood products in the United States and most developed countries has been routinely tested, making this form of transmission now extremely rare.

Ways HIV is *not* transmitted

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

People can’t get HIV from:

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

Who is at risk for HIV?

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

People are at risk for HIV if:

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

Babies born to women with HIV are also at risk.

People are probably not at risk if:

- ▶ They haven't ever had sex, or have had sex with only one partner, who doesn't have HIV and who's had sex only with them.
- ▶ They haven't ever shared needles to inject drugs or for any other reason, and haven't had sex with anyone who has.

How can people eliminate or reduce the risk of getting HIV?

To eliminate the risk of HIV:

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

To reduce the risk of HIV:

- ▶ **Use a latex condom each and every time** for vaginal, anal or oral sex. Condoms must be used consistently and correctly to ensure protection.
- ▶ **Don't use oil-based lubricants.** Oils in hand lotions, massage oils, petroleum jelly, etc., can cause a condom to leak or break.
- ▶ **Have a monogamous relationship** with only one partner who doesn't have HIV, who doesn't use injection drugs or share needles or syringes for any reason, and who never has sex with anyone else. (*Note:* This choice isn't realistic for many teens because they tend to be involved in a series of relatively short-term relationships. It's also not a completely safe choice because some people may lie about their sexual or drug-use histories or may not know if they have HIV or another STD.)
- ▶ **Discuss HIV with a partner.** Ask about past or present risk behaviors.

- ▶ **Get tested for HIV.** Be sure any sex partner has been tested before having sex.
- ▶ **Avoid having multiple or overlapping partners.** The more sex partners a person has, the greater the chances of contracting HIV or another STD.
- ▶ **Have safer sex** that doesn't put you in contact with a partner's blood, semen or vaginal or rectal fluids. This means using condoms during vaginal or anal intercourse, using condoms or other barriers during oral sex or having sex play without intercourse.
- ▶ **People who use injection drugs** should never share needles. If needles or works are shared or re-used, clean them 3 times with water, 3 times with bleach and 3 times with water before each use.
- ▶ **Don't use alcohol, marijuana or other drugs** that impair judgment. Being high can lead to unsafe sex or other drug use.
- ▶ **If you may have been exposed to HIV** immediately contact a doctor about post-exposure prophylaxis (PEP). These medications may be able to prevent the virus from infecting the body if taken immediately after exposure (within 72 hours).
- ▶ **If a partner has HIV,** talk to a doctor about pre-exposure prophylaxis (PrEP). These medications can be taken daily to prevent HIV. These medications are NOT for everyone, and there are risks associated with this treatment.

What types of HIV test are available?

The most common type of HIV test is the antibody test. The test looks for HIV antibodies in the body by testing blood or saliva. Antibodies are proteins the body makes in response to a virus. If a person has antibodies for HIV, he or she has HIV and can pass the virus to other people.

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

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

Tests are available at public health clinics, hospitals, state and local health departments, at community events, mobile testing vans and other locations. Many places offer free or low-cost testing. Home testing kits can be purchased at pharmacies or online.

What happens when a person gets tested?

At most HIV test sites, a counselor explains the test during a pretest session. This information may be provided one-on-one, to a couple, through a video or in a small-group session. People can ask questions and talk about their risks for HIV at this time.

Then a health worker takes a little blood from the person's arm or finger, or takes some cells from the inside of the cheek or gums with a cotton swab. It doesn't hurt and it is very quick. The sample will be sent to a lab for testing, or tested on site.

Most testing centers also help the person plan to deal with either a positive or negative result, and provide the names and phone numbers of appropriate community agencies that may be of further help (e.g., a hotline to call if the person has further questions about risk behaviors or referrals for care and treatment).

People using home kits mail a small blood or saliva sample to a lab, using a code name or number. Test results are given by telephone when the person calls and gives the code.

Where can a person go to get tested?

One of the easiest ways to find a convenient HIV testing site is to use the online HIV Testing and Care Services Locator (<http://aids.gov/locator/>). Users can type in a ZIP code to see a list of HIV testing sites (including free HIV testing).

Tests are available at public health clinics, hospitals, state and local health departments, community events, mobile testing vans and other locations. Many places offer free or low-cost testing. Home testing kits can be purchased at pharmacies or online. People using home kits mail a small blood or saliva sample to a lab, using a code name or number. Test results are given by telephone when the person calls and gives the code.

Can teens be tested without parent permission?

Yes, teens can consent to HIV testing without parent permission. However, to be sure, teens should check with the test site beforehand to find out what policies are followed. They can ask if they need parental consent for testing or treatment, and whether the clinic will share information with parents.

Who will know the results?

Most testing sites offer *confidential* testing. This means that the result is told only to the person taking the test, and it is also put in his or her medical file.

Some test sites offer *anonymous* testing. This means the person doesn't give a name, and the test result is reported only to him or her. Home testing kit results are anonymous.

When selecting a testing site, a person may wish to find out whether the test is anonymous or confidential, how results are verified and recorded and if before and after counseling is part of the procedure.

What about routine testing in clinical settings?

More than 1.2 million people in the United States are living with HIV infection, and almost 1 in 8 (12.8%) are unaware of their infection (CDC, 2015). They therefore can't benefit from early treatment and are likely to pass the virus to others without knowing it. To promote earlier detection and reduce stigma around testing, the Centers for Disease Control and Prevention (CDC) recommends that all patients in clinical settings be tested for HIV as part of their routine medical care unless the person opts out. HIV screening should also be included in the routine panel of prenatal tests for all pregnant women. People at high risk of HIV infection should get tested at least once a year. In 2012, Congress passed a law (H.R.4470 Routine HIV Screening Coverage Act of 2012) requiring health insurance to cover the cost of these screenings.

In health care settings, pretest prevention counseling and informed consent are not required in order to reduce barriers to testing in these settings. CDC believes HIV testing can be covered under a general permission form (consent form) that is signed for all medical care.

How long does it take to get the results?

Laboratory test results can take up to 2 weeks. Many clinics now offer a rapid test, with results available within 30 minutes. If the rapid test is positive, the sample needs to be tested again to be sure. Results of the confirmation test can take up to 2 weeks.

Home testing kit results take around 7 days, or as little as 3 days if mailed using an overnight mail service.

What does it mean if the test result is positive?

A series of tests are performed on positive samples. A confirmed positive test means antibodies, antigens or HIV genetic material were found in the body. The person is then known to have HIV.

Most sites provide counseling for people testing positive. The counselor will help people deal with the stress and emotional issues, discuss what to do to maintain health, and explain how to prevent transmitting HIV to others.

What does it mean if the test result is negative?

If the initial test result is negative, it means no antibodies to HIV were found in the person's blood. No further testing is called for, and most likely the person tested is not infected.

However, a person who was exposed to HIV recently (generally within 3 months or, in rare instances, up to 6 months before testing) may not yet have developed antibodies that can be detected by the test. If a person has tested negative on the HIV antibody test but has had some HIV-related risk within the past 6 months, it's important for that person to stop the risky behavior and be tested again 6 months after the last risky behavior to be sure of the results.

How long does it take for an HIV test to show that a person has HIV?

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

Are there treatments for HIV?

Yes. The sooner people find out they have HIV, the earlier they can begin getting care and treatment. An early diagnosis allows people to participate in decisions about their treatment and begin taking medicines to strengthen the immune system and decrease the amount of the virus in the body.

There is no cure for HIV, but anti-retroviral treatments (ART) can be started while the person still feels healthy. With ART medicines, people with HIV can lead longer and healthier lives than ever before. The most common treatments limit the ability of the virus to reproduce. They help protect the immune system and improve the chances of staying healthy.

Pregnant women with HIV can take medicines to greatly reduce the baby's risk of having HIV.

Will everyone with HIV get sick eventually?

While complications from HIV infection are possible, current treatments and medications are giving people with HIV a positive prognosis and near-normal life-span. If people with HIV remain in medical care and are able to continue to take the medications to keep low viral loads, they can live long, healthy lives. Patients living with HIV would then be vulnerable to the same health conditions that affect all people as they age.

How is HIV treated?

HIV treatment consists of the ongoing, monitored use of a drug or drugs. Treatment has 3 main goals:

- ▶ Some medications slow the spread of HIV. Different types of these antiviral drugs interfere at different stages in the production of HIV by the body. Using several antiviral drugs together in combination treatment has been found to slow the progress of HIV significantly.
- ▶ Some medicines make the immune system stronger.
- ▶ Other medicines prevent or treat opportunistic infections. These drugs can slow or stop many of the diseases, cancers or illnesses a person with HIV can get when the immune system has become very weak.

There are currently five different “classes” of HIV drugs that work in different ways to stop the virus from replicating in the body. Each class of drug attacks the virus at different points in its life cycle. Typically, people are prescribed a combination of 3 different HIV medicines to control the amount of virus in the body and protect the immune system. The combination of medicines also helps prevent HIV drug resistance.

When deciding about treatment, the person with HIV and his or her health care provider consider how healthy the person feels, the viral load, the person’s ability to take the medicines as directed, current life circumstances, and how the treatment may affect the person’s health in the future. There may be social and environmental factors that affect a person’s ability to remain in medical care and to continue taking HIV medicines. When people begin treatment for HIV, they may need other services and support to stay healthy (for example housing, mental health care, food assistance, support groups and medication management programs).

It’s important for people with HIV to work closely with an HIV treatment team to identify the most appropriate treatment plan to meet their needs and support long-term health and wellness.

SEXUALLY TRANSMITTED DISEASES (STD)

WHAT IS AN STD?

Sexually transmitted disease (STD) is a term used to categorize a group of infections typically transmitted through vaginal, oral or anal sex. You may also hear the term STI or sexually transmitted infection. Most STDs are caused by either bacteria or viruses. Typically STDs caused by bacteria can be cured and those caused by viruses cannot be cured. However, all types can be treated and prevented.

TYPES OF STDs

CHLAMYDIA

Organism: Caused by a **bacterium** called *Chlamydia trachomatis*

How Transmitted: Vaginal, anal and oral sex

Symptoms: **Females** – Thick yellow vaginal discharge, irregular periods, bleeding with intercourse and/or burning and pain during urination

Males – Watery white discharge from penis and burning and/or pain during urination

However, most people with chlamydia do not have any symptoms.

Complications: **Females** – If left untreated, can cause pelvic inflammatory disease (PID), tubal pregnancy and infertility. **About 10–15% of women with untreated chlamydia get pelvic inflammatory disease (PID).** A pregnant woman with chlamydia can also give the infection to her fetus, which can cause premature birth, miscarriage or intrauterine death. In newborns, it can also cause low birth weight, pneumonia and/or conjunctivitis (an eye infection).

Males – If left untreated, infection can spread from the urethra (area responsible for urination/pee) to the testicles, causing swelling, tenderness and even sterility. It can also lead to a more widespread infection that includes conjunctivitis (eye infection), arthritis and skin lesions.

Having chlamydia increases the risk of being infected with HIV if exposed, and of passing HIV to a partner if HIV positive.

Diagnosis: Must have a test to know you are infected. The CDC recommends annual screening for sexually active women age 25 and younger.

Treatment: Easily treated with antibiotics. A person with chlamydia is also tested for gonorrhea since these infections can coexist. The partner(s) of the infected person must also be treated. Once treated, a person is cured. However, a person can be reinfected if exposed to chlamydia again.

SYPHILIS

Organism: Caused by a **bacterium** called *Treponema pallidum*

How Transmitted: Direct contact with sores through vaginal, anal or oral sex or touching

Symptoms: **Females and Males** – Symptoms begin 1–12 weeks after infection and occur in three stages.

First Stage – Symptoms include the appearance of a sore called a chancre and swelling of the lymph nodes near the groin. The sore usually is small, round and painless. It lasts around 1–8 weeks and heals on its own. There may be multiple sores.

Second Stage – The second stage of syphilis begins as the sore heals or several weeks after it heals. Symptoms include the appearance of a red, bumpy, scaly, non-itchy rash. The rash may come and go and includes spots on the palms of the hands and soles of the feet. On the face, the rash may look like acne. Slimy white patches in the mouth or on the genitals, wart-like growths around the anus, patchy hair loss and flu-like symptoms (headache, fever, body aches, fatigue, loss of appetite) may also occur. This stage lasts from weeks to a year.

Latent Stage – After the second stage, most people who are untreated enter the latent stage. This stage has no symptoms and may last a lifetime.

Third Stage – About 15% of untreated people who enter the latent stage of syphilis go on to develop tertiary syphilis—the third stage of infection. This begins 10–20 years after the initial infection. It can cause heart disease, brain damage, paralysis, blindness and even death.

Complications: Damage to the body that occurs prior to treatment may not be reversible.

A woman can give the disease to her fetus during pregnancy or have a miscarriage. Babies infected with syphilis are often born prematurely and can develop problems with their eyes, central nervous systems, bones, liver and spleen. They may also have swollen lymph nodes, yellow skin (jaundice), skin rash and anemia.

Having syphilis increases the risk of being infected with HIV if exposed, and of passing HIV to a partner if HIV positive.

Diagnosis: Must be tested to know if you have the infection.

Treatment: Easily treated with penicillin and other antibiotics.

GONORRHEA

Organism: Caused by a **bacterium** called *Neisseria gonorrhoeae*

How Transmitted: Direct contact with infected person through vaginal, anal or oral sex

Symptoms: **Females** – Burning and pain during urination, frequent urination, thick yellow discharge

Around 50% of women with gonorrhea show symptoms.

Males – Burning and/or pain during urination, discharge from penis

Some men with gonorrhea have no symptoms at all.

Rectal Gonorrhea – Can result from anal sex. Symptoms such as rectal discharge and discomfort around anus can occur, but infection is usually asymptomatic.

Gonoccal Pharyngitis – Can result from oral sex. Symptoms include sore throat, difficulty swallowing and red, swollen tonsils.

Complications: **Females** – If left untreated, infection can lead to pelvic inflammatory disease (PID), ectopic pregnancy and infertility. Can also lead to more widespread infection that includes arthritis and skin lesions on the arms and legs. A pregnant woman can give the infection to her baby during childbirth. This can cause serious health problems for the baby.

Males – If left untreated, infection can spread from the urethra to the testicles and cause sterility. Can also lead to a more widespread infection that includes arthritis and skin lesions.

Having gonorrhea increases the risk of being infected with HIV if exposed, and of passing HIV to a partner if HIV positive.

Diagnosis: Must be tested to know if you have the infection.

Treatment: Can be easily treated with antibiotics. A person diagnosed with gonorrhea is also tested for chlamydia since these infections often coexist. The partner(s) of the infected person must also be tested. Once treated, a person is cured. However, a person can be reinfected if exposed to gonorrhea again.

HERPES

Organism: Caused by a **virus** called *herpes simplex virus (HSV)*. There are two types:

- HSV Type 1: Usually causes cold sores or fever blisters; can be spread from mouth to genitals during oral sex
- HSV Type 2: Can cause sores/blisters on the genitals

Either type 1 or type 2 can cause a herpes infection in the mouth, eyes, vagina, penis or anal area.

How Transmitted: Direct contact with infected person through vaginal, anal or oral sex, kissing, or skin-to-skin contact

A person with herpes can infect someone else just by “rubbing” when they have a sore; for example, rubbing the penis against the vulva without having clothes on. **THIS MEANS YOU DO NOT HAVE TO HAVE SEXUAL INTERCOURSE TO GET HERPES.**

The easiest way to pass herpes is through contact with the sores. **HOWEVER**, a person infected with herpes does not have to have sores to pass the virus/infection on to someone else. Women can also pass this infection to a baby during childbirth.

Symptoms: **Females and Males** – Painful sores on the vagina, penis, anal area or mouth. These sores tend to recur. This means that even if herpes sores go away, they often come back. This may happen for the rest of a person’s life. **Some people do not have any symptoms.**

Complications: Women can pass the infection to their babies during childbirth.

Having herpes increases the risk of being infected with HIV if exposed, and of passing HIV to a partner if HIV positive.

Diagnosis: Must have a test to know if you are infected. The doctor swabs a small amount from the sore and tests the cells to see if it contains the virus.

Treatment: **There is no cure for herpes**, only treatment for the symptoms (sores). Most patients are treated with Acyclovir (Zovirax) to slow down the recurrence of the sores and ease the pain during an outbreak. Since sores come back when a person is under stress, it is also recommended that an infected person get plenty of rest, stay away from stressful situations, exercise and eat healthy.

HPV

Organism: Caused by *human papillomavirus*, a **virus** with more than 100 types

How Transmitted: Direct contact with infected person through vaginal, anal or oral sex, or skin-to-skin contact

A person with HPV can infect someone else just by “rubbing,” for example, rubbing the penis against the vulva without having clothes on. **THIS MEANS YOU DO NOT HAVE TO HAVE SEXUAL INTERCOURSE TO GET HPV.**

Symptoms: **Females and Males** – Soft, moist, pink, fleshy warts that can look like cauliflower. They are usually painless and can be raised, pointed or flat in shape. Usually they appear in clusters, but they can also grow alone. If left untreated, warts may go away, stay the same or grow and spread. Most people do not have any symptoms.

Complications: Women can pass this infection to their babies during childbirth. Most people with HPV do not develop health problems from it, but some types of the virus can cause genital warts, and others can lead to cervical cancer or cancer of the vulva, vagina, penis, anus or back of the throat.

Diagnosis: Genital warts can usually be diagnosed by physical exam or their appearance. An HPV test can screen for cervical cancer.

Treatment: Warts can be treated with a chemical cream or they can be removed. A doctor will determine the best course of treatment. However, because HPV may be a lifelong infection, treatment may clear only the warts and not the infection.

Prevention: Vaccines can protect males and females against some of the most common types of HPV that cause problems. HPV vaccines are given in three doses over 6 months. It is important to get all three doses to get the best protection. The vaccines are most effective when given before a person’s first sexual contact, prior to possible exposure to HPV.

Females – Vaccines are available to protect females against the types of HPV that cause most cervical cancers. Two of these vaccines also protect against most genital warts. Vaccines are recommended for 11- and 12-year-old girls, and for girls and women ages 13 through 26 who did not get any or all of the doses when they were younger. Vaccines can also be given to girls beginning at age 9.

Males – Two vaccines protect males against most genital warts and some kinds of HPV-related cancer. Vaccines are available for boys and men ages 9 through 26.

Trichomoniasis

Organism: Caused by a **single-cell protozoan parasite** called *Trichomonas vaginalis*

How Transmitted: Direct contact with infected person through vaginal sex

Symptoms: **Females** – Frothy, yellow-green vaginal discharge with a strong odor. May also cause discomfort during sexual intercourse and urination, as well as irritation and itching of the genitals. Sometimes, lower abdominal pain can occur.

Males – Most men with trichomoniasis do not have signs or symptoms; however, some men may temporarily have an irritation inside the penis, mild discharge or slight burning after urination or ejaculation.

Complications: Pregnant women with trichomoniasis may have babies who are born early or with low birth weight.

If left untreated, the genital inflammation caused by trichomoniasis can increase the risk of being infected with HIV if exposed, and of passing HIV to a partner if HIV positive.

Diagnosis: Must be tested to know if you have the infection.

Treatment: Trichomoniasis can be treated and cured with prescription drugs, either metronidazole or tinidazole, given by mouth in a single dose. The partner(s) of the person infected must also be tested and treated. Once treated, a person is cured. However, a person can be reinfected if exposed to trichomoniasis again.

Hepatitis B

Organism: Caused by a **virus** called *hepatitis B virus (HBV)*

How Transmitted: Hepatitis B is transmitted through activities that involve percutaneous (i.e., puncture through the skin) or mucosal contact with infectious blood or body fluids (e.g., semen, saliva).

Symptoms: Symptoms begin between 60–150 days after exposure to the virus. Symptoms can include fever, fatigue, loss of appetite, nausea, vomiting, abdominal pain, dark urine, clay-colored bowel movements, joint pain and jaundice.

Complications: Hepatitis B can develop from an acute (short-lived) infection into a chronic infection that leads to a disease of the liver that can be very serious. Liver damage in chronic hepatitis B, if not stopped, continues until the liver becomes hardened and scarlike. This is called cirrhosis, a condition traditionally associated with alcoholism. When this happens, the liver can no longer carry out its normal functions, a condition called liver failure. The only treatment for liver failure is liver transplant.

Diagnosis: Must be tested to know if you have the infection.

Treatment: If a healthcare provider determines the hepatitis B infection is acute (short-lived), the person may not need treatment. Instead, the healthcare provider will work to reduce any signs and symptoms experienced while the person's body fights the infection. If the case is chronic, the healthcare provider may recommend antiviral medications, or in severe cases, liver transplant.

Prevention: There is a vaccine that can prevent hepatitis B. It is recommended for infants, people age 18 and younger who were not vaccinated as infants, and adults who are at risk.

HIV

Organism: Caused by a **virus** called *human immunodeficiency virus* that damages a person's body by destroying specific blood cells, called CD4 cells, or T cells, which are crucial to helping the body fight diseases.

How Transmitted: HIV is primarily spread by unprotected anal or vaginal sex. It can also be spread by sharing needles or syringes, or from a mother to her fetus.

Symptoms: The only way to know if you are infected is to be tested for HIV. People cannot rely on symptoms to know whether or not they are infected. However, the following may be warning signs of advanced HIV infection: rapid weight loss; dry cough; recurring fever or profuse night sweats; profound and unexplained fatigue; swollen lymph glands in the armpits, groin or neck; diarrhea that lasts for more than a week; white spots or unusual blemishes on the tongue, in the mouth or in the throat; pneumonia; red, brown, pink or purplish blotches on or under the skin or inside the mouth, nose or eyelids; memory loss; depression; and other neurological disorders.

Complications: HIV infection, if left untreated with anti-retroviral drugs, can lead to AIDS (acquired immunodeficiency syndrome). HIV infection weakens the immune system, making an infected person highly susceptible to a number of bacterial, viral, fungal and parasitic infections. It can also make an infected person more susceptible to certain types of cancers.

Infections can include pneumonia, tuberculosis, viral hepatitis, herpes simplex virus, human papillomavirus, meningitis and non-Hodgkin's lymphoma.

Diagnosis: Must be tested to know if you have the infection.

Treatment: There is no cure for HIV; however, there are treatment options that can help people living with HIV experience long and productive lives. Anti-retroviral medications inhibit the growth and replication of HIV at various stages of its life cycle. There are several classes of these drugs available, and the options should be discussed with a healthcare provider.

Prevention: Post-exposure prophylaxis (PEP) is treatment with medicines that may be able to prevent the virus from infecting the body if taken within 72 hours of exposure. Pre-exposure prophylaxis (PrEP) involves taking daily medication to lower the chances of infection. It is most often used by people with HIV-positive partners or others at high risk.

HOW TO PREVENT AN STD

The most effective way to prevent an STD is to *NOT HAVE SEX*, either oral, anal or vaginal. People who choose to have sex need to use a latex or polyurethane/polyisoprene condom each time.

Remember:

- ▶ You cannot tell by just looking if someone has an STD.
- ▶ For some of the most common STDs (chlamydia, gonorrhea, HPV), many people never have any symptoms.
- ▶ Some people with STDs never get treated because they did not have symptoms or the symptoms disappeared. These people were never cured and may have passed the infection to others.
- ▶ Washing, urinating or douching does not prevent STDs.
- ▶ You can get an STD again and again.
- ▶ You can get an STD if you have sex only once.
- ▶ Once you are infected with a viral STD such as herpes you are always infected—there is no cure.

WHAT TO DO IF YOU THINK YOU HAVE AN STD

See a health provider. If you have been sexually active, have not used condoms and know or think your sex partner has an STD you need to ask the doctor to test you, even if you have no symptoms. The tests are simple and are the only way to know for sure if you are infected with an STD.

Remember:

- ▶ Always use a latex or polyurethane/polyisoprene condom.
- ▶ If you or your partner(s) have unusual discharge, sores or rashes on or near the vagina, penis or anal area, STOP having sex, get tested and get treated if needed.

- ▶ If you have an STD, TAKE ALL YOUR MEDICINE EVEN IF YOU FEEL BETTER OR THE SYMPTOMS GO AWAY.
- ▶ Tell your partner(s) that you have an STD and that they should be tested and treated. If your partner(s) do not get treated and you continue to have sex, you may be reinfected. BE RESPONSIBLE!

CONTRACEPTIVE METHODS

Condoms are only one of many birth control methods that exist. However, **they are the only method besides abstinence that can effectively prevent the transmission of sexually transmitted infections, including HIV.** The other methods of protection described here are effective only in preventing pregnancy.

Adolescents can obtain two types of contraceptive methods: prescribed methods that must be obtained from a health care provider, or over-the-counter methods that can be purchased from a store without a prescription. Contraceptives can also be categorized as hormonal methods (e.g., birth control pills and Depo-Provera) and barrier methods (e.g., condoms and diaphragms). Except for abstinence and condoms, use of any of the following methods should be coupled with consistent condom usage for STD prevention.

This section describes the methods in order of effectiveness.

Abstinence (Choosing Not to Have Sex)

What it is: Not engaging in sexual activities; also called abstinence. Choosing not to have sex means refraining from any sexual activity that can result in pregnancy and STDs, including vaginal, oral and anal sex, as well as skin-to-skin genital contact that can transmit certain STDs.

How it works: Individuals or couples decide that not having sex (vaginal, anal and/or oral) is the best decision for them. People decide to do this for many reasons. They find other ways of showing their love and affection. They learn ways to tell their partners how they feel so they can stick with their decision.

How to use it: Choosing not to have sex is the simplest of all methods to use. It's free. You don't have to store it in a special place.

How and where to get it: You've got it. It's free.

Effectiveness and advantages: Choosing not to have sex is the safest and most effective method of preventing HIV, other STD and pregnancy. It works all the time when people consistently avoid any behaviors that can potentially result in pregnancy or STD.

Risks and disadvantages: There are no health risks. People need to be prepared to deal with pressure if a partner doesn't agree that abstinence is the best choice.

Long-Acting Reversible Contraception (LARC)

IUD

What it is: The IUD (intrauterine device) is a small, plastic device shaped like a “T” that is inserted into the uterus by a doctor. There are four IUDs currently on the market—the Copper T, Mirena, Skyla and Liletta. Depending on the type of IUD, it can provide protection from pregnancy for 3 to 10 years. IUDs are reversible, meaning they can be removed by a health care provider and do not have to stay in place for a set number of years.

How it works: The IUD prevents pregnancy by affecting the way sperm move and preventing sperm from fertilizing an egg. Some IUDs (Mirena, Skyla) also release hormones that prevent pregnancy the same way as the birth control pill.

How to use it: The IUD must be inserted by a health care provider. After it is inserted, no further action for pregnancy prevention is required. The IUD is an approved method for young women, including teens (American College of Obstetricians and Gynecologists, 2012).

How and where to get it: IUDs must be obtained from a health care provider. The provider puts the IUD into the uterus through the vagina, using a small tube. The sides of the “T” collapse into a skinny straight line when it goes into the body, so it doesn’t poke the vagina or uterus. The procedure can be done at the clinic or doctor’s office.

Effectiveness and advantages: The IUD is highly effective (more than 99%) at preventing pregnancy. IUDs wrapped with copper (Copper T) provide protection for up to 10 years. Hormonal IUDs (Skyla, Liletta, Mirena) provide protection for 3 to 5 years. Some people prefer to use an IUD because it is very private and always in place and they don’t have to remember to take a pill each day. It can be removed by a health care provider at any time, and fertility rapidly returns to previous levels after removal.

Risks and disadvantages: *The IUD doesn’t protect against HIV or other STD.* Side effects may include changes to the menstrual cycle, more bleeding and cramping during periods or spotting between periods. It must be inserted and removed by a health care provider.

Implant

What it is: Implants include 1 or more tiny rods or tubes of artificial hormones (progestin) that are placed under the skin of the upper arm by a health care provider. Implants work for at least 3 years and are reversible, meaning they can be removed by a health care provider at the end of their period of efficacy or earlier if women want to get pregnant or change methods.

How it works: The implant slowly releases a low dose of the hormone progestin into the bloodstream. This stops the ovaries from releasing eggs. It also thickens cervical mucus, which makes it more difficult for sperm to reach the egg.

How to use it: Implants must be inserted by a health care provider. After insertion, no further action for pregnancy prevention is required until the 3-year period expires. The implant is an approved method for young women, including teens (American College of Obstetricians and Gynecologists, 2012).

How and where to get it: Implants must be obtained from a health care provider. A small incision is made on the inside of the upper arm; then the rod, which is about the size of a matchstick, is inserted. The procedure can be done at the clinic or doctor's office with a local anesthetic.

Effectiveness and advantages: The implant is highly effective (more than 99%) at preventing pregnancy, and it provides protection for 3 years. Some people prefer to use it because it is very private and always in place and they don't have to remember to take a pill each day. It can be removed by a health care provider at any time, and fertility rapidly returns to previous levels after removal.

Risks and disadvantages: *The implant doesn't protect against HIV or other STD.* Side effects may include spotting between periods, light periods, longer periods or no periods at all. It must be inserted and removed by a health care provider.

Hormonal Methods

Depo-Provera®

What it is: Depo-Provera® is an injectable form of birth control that uses a synthetic hormone (progestin) to prevent pregnancy.

How it works: Depo-Provera® injections inhibit ovulation by suppressing hormone levels. Depo-Provera® also inhibits the development of the endometrium (the lining of the uterus) and contributes to the development of thick cervical mucus that decreases sperm penetration.

How to use it: Depo-Provera must be obtained from a health care provider. For immediate protection, the first shot needs to be received during the first 5 days of a normal menstrual period; but an additional form of contraception should be used for 2 weeks after the first injection as a precautionary measure. After that, no further action is needed. Depo-Provera® provides protection all day, every day—as long as people return to the doctor's office every 12 weeks for an injection.

How and where to get it: Depo-Provera® requires a prescription from a doctor. People must visit their doctors every 12 weeks to receive an injection. According to the manufacturer, Depo-Provera® costs about the same per year as birth control pills.

Effectiveness and advantages: Depo-Provera® is extremely effective at preventing pregnancy (more than 99%), as long as the injections are done on schedule. Other than receiving an injection every 12 weeks, no other steps are required for protection against pregnancy. Some people prefer to use Depo-Provera® because it is very private and they don't have to remember to take a pill each day.

Risks and disadvantages: Like the pill, **Depo-Provera® doesn't protect against HIV or other STD.** There are several potential side effects, including weight gain and irregular or unpredictable menstrual bleeding. Other side effects may include nervousness, dizziness, stomach discomfort, headaches, fatigue or a decrease in the amount of mineral stored in the bones (a possible risk-factor for osteoporosis).

People should talk with their health care providers to ensure that Depo-Provera® is a good option for them, and must visit the doctor every 12 weeks for the injections. Once the injections are stopped, fertility will not return for an average of 6 months to 1 year. However, this period of potential “infertility” should not be regarded as a “safe” time to have unprotected intercourse.

Birth Control Pill

What it is: The birth control pill is a prescription drug that contains different amounts of the hormones estrogen and progesterone.

How it works: The pill mimics the hormones of pregnancy. It stops the release of fertile eggs from the ovaries, and thickens the mucus in the cervix so it is hard for sperm to enter the uterus.

How to use it: Birth control pills must be obtained from a health care provider. The person takes 1 pill at approximately the same time each day, as prescribed. After finishing the first pack of pills she is protected all day, every day—as long as she continues to take the pills as prescribed.

How and where to get it: The person must make an appointment with a health care provider, who will provide the pills at that time or write a prescription for the birth control pills with instructions about when to begin taking them.

Effectiveness and advantages: The birth control pill is more than 99% effective at preventing pregnancy if the person takes it every day, uses some other method of protection during the first month and doesn't use another person's pills. The pill is convenient and does not affect the spontaneity of a sexual relationship.

While a person taking the pill, periods may be lighter, shorter and more regular, with less cramping. The pill may protect from other health care issues, such as pelvic inflammatory disease and ovarian and endometrial cancer.

Risks and disadvantages: *The birth control pill doesn't protect against HIV or other STD.* There may be several minor side effects, including nausea, sore breasts, weight gain, skin problems and depression. A health care provider will discuss rare health risks, such as high blood pressure, blood clots, heart attack and stroke, especially for those who smoke.

Birth Control Patch & Vaginal Ring

What they are: The birth control patch is a thin plastic square that can be worn on the skin of the buttocks, stomach, upper outer arm or upper torso (but not on the breasts). The vaginal ring is a soft, flexible ring inserted into the vagina.

How they work: The patch or ring slowly releases artificial hormones into the body. They prevent pregnancy in the same ways as the birth control pill, by stopping the release of fertile eggs from the ovaries, and thickening the mucus in the cervix so it is hard for sperm to enter the uterus.

How to use them: The patch or the ring must be obtained from a health care provider. They are worn every day. A new patch is applied each week. The ring is changed once a month.

How and where to get them: The patch and the ring must be prescribed by a health care provider. People can place the patch on the body or insert the ring themselves, but must see a health care provider to get them.

Effectiveness and advantages: The patch and the ring are more than 99% effective in preventing pregnancy when they are used correctly. This means remembering to wear the patch and change it each week or to insert the ring and change it each month. The patch and the ring are simple and easy to use, as long as they are worn and changed as required.

For many, these methods are convenient and don't interfere with the spontaneity of a sexual relationship. The patch and the ring can lessen the bleeding and cramping of heavy or painful menstrual periods.

Risks and disadvantages: *The patch and the ring don't protect against HIV or other STD.* They must be worn every day, whether people are having sex or not. A health care provider will discuss rare health risks, such as high blood pressure, blood clots, heart attack and stroke, especially for those who smoke.

Barrier Methods

Male Condom (External Condoms)

What it is: A male latex condom is a sheath made of thin latex rubber that fits over an erect penis. Condoms are also called “rubbers” or “prophylactics.” There are alternatives for people allergic or sensitive to latex, including polyurethane (a type of plastic) and polyisoprene (a non-latex rubber).

How it works: The condom fits snugly over the erect penis and catches semen and sperm when the man ejaculates. Condoms provide a mechanical barrier that prevents direct contact with semen, sperm and other body fluids that can contain sexually transmitted bacteria and viruses, including HIV.

A common misperception is that condoms contain “holes,” and that HIV can pass through the holes. Laboratory studies show that intact latex, *polyurethane* or *polyisoprene* condoms provide a continuous barrier to microorganisms, including HIV.

How to use it: The condom is unrolled onto the erect penis before the penis is placed anywhere near the partner's body.

Air pollution, heat and sunlight can weaken latex condoms. Leaving condoms in sunlight for 8–10 hours begins to weaken their strength. Condoms should not be stored for long periods in a wallet, pants pocket or glove compartment of a car. They can probably be kept safely in a wallet for up to a month. Condoms should be stored in a

cool, dry place, and the package should not be opened until the condom is to be used. A condom can be used only once, and should not be used after the expiration date on the package or if it is visibly damaged.

Oil-based lubricants such as petroleum jelly, hand lotions, baby oil or other oils can weaken latex condoms and should not be used. Lubricants should be water-based, such as K-Y Jelly®, Glide®, surgical jellies and most contraceptive jellies.

How and where to get it: Condoms are available at markets, drugstores, family planning and STD clinics and online. They also may be available in vending machines or at schools. Anyone can buy condoms, regardless of age or gender. No prescription is needed.

Effectiveness and advantages: Latex condoms can be 98% effective in preventing pregnancy, but only if they are used correctly and consistently (i.e., *every time* a person has sex); this represents *perfect use*. Several studies of “discordant couples” (couples in which one member is infected with HIV and the other is not) show that using latex condoms with every act of intercourse also substantially reduces the risk of HIV transmission.

Condoms are double-dipped in latex during the manufacturing process (latex gloves are only single-dipped). Condoms are regulated by the FDA, and are subject to stringent testing. Condoms are relatively easy to use. With practice, they can become a regular, pleasurable part of a sexual relationship.

Risks and disadvantages: Condom effectiveness depends on how the condom is used. Studies have found that most latex condom failure results from user errors, such as using the condom incorrectly (e.g., using after genital contact, failing to unroll the condom completely, using oil-based lubricants), using the condom inconsistently or using a damaged condom (e.g., a condom that has been torn by fingernails or jewelry, or that has been stored improperly). ***In terms of pregnancy prevention, first year failure rates among typical users average about 18%.***

There are no serious health risks. Sometimes condoms may irritate the skin, especially if they contain a spermicide or if the user is allergic to latex. Use of another brand or a hypoallergenic (polyurethane or polyisoprene) condom will solve this problem in most cases. Use of condoms lubricated with the spermicide called nonoxynol-9 is no longer recommended. Some couples complain that condoms reduce sexual feelings. Others say it makes no difference. Some people complain about having to stop and put on the condom; but if the couple puts it on together, it can become a part of their shared responsibility within the relationship.

Natural membrane (also known as lambskin) condoms will not protect from HIV and other STD to the same degree as latex condoms.

Female Condom (Insertive Condoms)

What it is: The female or insertive condom is a thin, loose-fitting polyurethane or nitrile pouch that contains a flexible ring at each end. One ring lies inside the closed end of the pouch and is used to insert the condom into the vagina; it also holds the condom in place. The other ring forms the open edge of the pouch and remains outside the body after the condom is inserted.

How it works: Condoms provide a mechanical barrier that prevents direct contact with semen, sperm and other body fluids that can sexually transmitted bacteria and viruses, including HIV.

How to use it: A person inserts the end of the condom with the ring inside into the vagina. The outside ring should lie on the vulva outside of the body. **Female condoms should not be used along with male condoms.** If both types of condoms are used at the same time, neither will stay in place. A condom can be used only once, and should not be used after the expiration date. It can be inserted up to 8 hours before intercourse, but most people insert it between 2 and 20 minutes before having sex. The condom should be removed after intercourse and thrown away in the trash.

How and where to get it: Female condoms may be purchased at drugstores or online without a prescription and are sometimes available at family planning or STD health centers. Anyone can buy condoms, regardless of age or gender.

Effectiveness and advantages: When used correctly and consistently, the female condom can be 95% effective in preventing pregnancy, and also provides protection from HIV and other STD. It offers a barrier contraceptive option that can be used instead of a male condom. It can be obtained without a prescription. If it is inserted early, it does not interrupt sex. The nitrile used in the condom is stronger than latex, has good heat-transfer characteristics that can increase pleasure, is not susceptible to deterioration with oil-based products and is less susceptible than latex to deterioration during storage.

Risks and disadvantages: Consistent and correct use is essential for effectiveness with the female condom. There are no serious health risks; however, some have reported minor issues using the condom. It may be awkward to insert without practice. A couple must be aware of keeping the condom in place as it can be pushed inside the

body during sex, or the penis can slip to the side of the condom. Other problems may include minor irritation, discomfort and breakage.

Vaginal Barriers

Diaphragm, Cervical Cap, Sponge

What they are: Vaginal barriers are devices that cover the cervix (opening to the uterus) to keep sperm from reaching and fertilizing an egg. They come in different forms.

- ▶ The diaphragm is a reusable flexible, dome-shaped cup made of latex or silicone. It is inserted in the vagina and positioned to cover the cervix. It can be inserted up to 6 hours before sex, and must be left in place at least 6 but no more than 24 hours after intercourse.
- ▶ The cervical cap is a reusable silicone cap that fits over the cervix. It provides protection for 48 hours. Like the diaphragm it is inserted in the vagina before sex, and must be left in place for 6 hours after intercourse.
- ▶ The sponge is made of soft polyurethane that contains spermicide. It is inserted in the vagina before intercourse and provides protection for 24 hours. It, too, must be left in place for at least 6 hours after intercourse, but should not be left in the vagina for any more than 30 hours total. The sponge is not reusable.

How they work: Vaginal barriers prevent fertilization by blocking sperm from entering the uterus and fallopian tubes, so the sperm cannot reach the egg.

How to use them: Vaginal barriers are inserted into the vagina to cover the cervix before intercourse. The diaphragm and cervical cap should be coated with spermicide before insertion. The sponge should be moistened with water and has spermicide built in.

How and where to get them: A person must be fitted for a diaphragm or cervical cap by a health care provider. The sponge comes in one size and is available at drugstores, family planning clinics and some supermarkets.

Effectiveness and advantages: If used correctly with spermicide every time a couple has sexual intercourse, vaginal barriers are fairly effective at preventing pregnancy (diaphragm, 88–94%; sponge, 76–91%; cervical cap, 71–86%); the range in effectiveness reflects typical use (not always using the method consistently and correctly) versus perfect use (always using the method consistently and correctly). The sponge and cervical cap are more effective for those who have not had children. When used with a latex or polyurethane condom, the combined method is very effective

at preventing pregnancy, HIV and other STD. If they are inserted early, use does not require an interruption in lovemaking. The diaphragm and cervical cap are reusable.

Risks and disadvantages: There are no health risks associated with using vaginal barriers. Some people may have an allergic reaction to the material the barrier is made of or the spermicide used with it. There is a low risk of vaginal or urinary infections. To avoid a very low risk of toxic shock syndrome, people should not leave a vaginal barrier method in the body longer than recommended. ***When used alone, vaginal barriers with spermicides do not protect from HIV and other STD.***

Vaginal Spermicides

Contraceptive Foam, Gel, Cream, Film, Suppositories or Tablets

What they are: Spermicides are made up of 2 components: a base or carrier (i.e., foam, gel, cream, film, suppository or tablet), and a chemical that kills sperm.

How they work: These spermicidal preparations are inserted into the vagina before sexual intercourse. After insertion, the spermicide disperses and kills sperm before they pass through the cervix to the uterus.

How to use them: Contraceptive foam, gel, cream, film, suppositories or tablets are inserted into the vagina near the cervix. Spermicides must be reinserted each time the couple has intercourse. Foam, gel and cream are effective immediately. Film, suppositories and tablets are not fully effective until *15 minutes after insertion*. Spermicidal preparations remain effective no more than 1 hour after insertion. They also must be reinserted if more than 1 hour elapses between initial insertion and intercourse. All vaginal spermicides can be used alone, or with a diaphragm or latex condom for increased protection.

How and where to get them: Vaginal spermicides are available at supermarkets, drugstores, family planning clinics and online. A prescription is not required. There is no age limit for purchasing them.

Effectiveness and advantages: If used correctly every time a couple has sexual intercourse, spermicides alone are fairly effective at preventing pregnancy (82% with *perfect use* to 72% with *typical use*). When used with a latex or polyurethane condom, the combined method is very effective at preventing pregnancy, HIV and other STD. When used *with a diaphragm*, gels and creams are very effective at preventing pregnancy.

Risks and disadvantages: There are no health risks associated with using vaginal spermicides. Some people may have an allergic reaction or irritation. This can sometimes increase the risk of HIV and other STD transmission. If a reaction or irritation occurs, another brand may work better. Foam, gel or cream must be inserted right before having sexual intercourse; and film, suppositories and tablets must be inserted at least 15 minutes before intercourse. Spermicides need to be reapplied for each act of intercourse. ***When used alone, vaginal spermicides do not protect from HIV and other STD.***

Emergency Contraception

What it is: Emergency contraception (EC) is a method that reduces the risk of pregnancy after unprotected sex.

How it works: Emergency contraception prevents pregnancy primarily by stopping the egg from being released, so the sperm can't fertilize it.

How to use it: There are several different types of emergency contraception pills available in the United States. Depending on the type taken and the individual circumstances, a person may take one pill or several. EC works best when started as soon as possible after unprotected sex. It works best when started right away, but can be taken up to 5 days after sex. A copper IUD, inserted by a health care provider up to 5 days after unprotected sex, can also act as emergency contraception.

How and where to get it: Some kinds of pills are available from a pharmacist or at drugstores without a prescription. Other kinds require a prescription from a health care provider. A health care provider must insert the IUD.

Effectiveness and advantages: Taking EC as soon as possible or up to 5 days after unprotected sex can reduce the risk of pregnancy up to 89%. An IUD inserted within 5 days of unprotected intercourse reduces the risk for pregnancy by 99%.

Emergency contraception makes sense if a couple does not want to become pregnant and their regular birth control method was damaged, slipped out of place or wasn't used correctly. It can also be used to prevent pregnancy in cases of sexual assault.

Risks and disadvantages: Common side effects that can occur when taking EC pills include heavier menstrual bleeding, nausea, lower abdominal pain, fatigue, headache

and dizziness. The IUD can cause increased menstrual bleeding, pain and/or cramping, as well as spotting between periods.

Some people do become pregnant or are already pregnant when they use emergency contraception. Studies have found no risk to a developing fetus from the use of EC pills. There is an increased risk of miscarriage from an IUD.

Emergency contraception should be viewed as a contingency measure. It is important for sexually active couples to practice a regular form of birth control. ***Emergency contraception provides no protection against HIV or other STD.***

DRUGS AND THEIR EFFECT ON SEXUAL RESPONSIBILITY

Reaching goals and dreams requires a person to be clear thinking, responsible and in control. Using alcohol and/or other drugs may prevent people from making the best decisions and, consequently, attaining their goals and dreams. Alcohol and other drugs alter thinking and impair judgment. This can lead to risky sexual behaviors. Below is a description of various drugs, what they look like and their effects.

ALCOHOL

(booze, brew, hair of the dog, hooch, juice, sauce, spirits)

Alcohol is the drug in beer, wine and liquor. When a person drinks alcohol, it goes straight from the stomach into the blood and then to the brain. Alcohol is a depressant and quickly changes the way the brain works.

What does it look like?

Alcohol is a colorless liquid that has a slight chemical odor. A standard drink has ½ ounce of pure alcohol. Each of the following alcoholic beverages is considered a standard drink:

- ▶ 12-ounce beer
- ▶ 10-ounce microbrew
- ▶ 8- to 9-ounce malt liquor
- ▶ 4 to 5 ounces of wine
- ▶ 1½ ounces of 80-proof liquor

What are its effects?

Drinking affects each person differently, depending on age, gender and body size, as well as how much and how fast a person drinks. How much food is in the person's stomach is also a factor. Only time will make a person sober. Drinking coffee, taking a shower, getting fresh air or vomiting will not get rid of the alcohol in a person's blood.

At the very early stages of drinking, alcohol can produce an enjoyable "buzz" effect. But when the blood alcohol level (BAL) reaches .05% to .06%, positive effects decrease and negative effects increase. Drinking too much on a single occasion impairs thinking and memory, slows reaction time, blurs vision, decreases inhibitions and can cause

vomiting and passing out. At very high blood alcohol levels, breathing can stop, the heart can stop and death can occur from alcohol poisoning.

Chronic heavy drinking, or drinking too much over a long period of time, can cause serious health problems. These include the loss of memory and motor skills, heart damage, stroke, liver disease and an increased risk of certain cancers.

Some adults can choose to drink responsibly. They control how much they drink and stop before they drink too much. But some people become addicted to alcohol and can't control how much they drink. They can't stop before they drink too much and continue use despite personal harm or injury.

MARIJUANA

(pot, dope, grass, weed, Mary Jane, chronic, reefer, ganja, kaya, doobie)

Marijuana comes from the leaves of the hemp plant *cannabis sativa*. It can be eaten in certain foods or smoked. Medicinal and recreational use has been legalized in some places. But marijuana is illegal for anyone under age 21.

What does it look like?

Marijuana is a green or gray mixture of dried, shredded flowers and leaves.

What are its effects?

The effects vary from person to person depending on how strong the marijuana is, how it's taken and whether other drugs or alcohol are involved. At first, marijuana can make people feel relaxed, in a good mood and even silly. Users will likely experience dry mouth, rapid heartbeat, some loss of coordination, poor sense of balance and slower reaction times, along with intoxication. Blood vessels in the eyes will expand causing the red eye effect.

Marijuana in a person's system may impair short-term memory. This happens because all forms of marijuana contain THC (delta 9 tetrahydrocannabinol), the main active chemical in marijuana, which alters the way the brain works. After a few minutes, paranoia or anxiousness may set in, then intense hunger (a.k.a. the munchies). Finally, sleepiness may occur.

For some people, marijuana raises blood pressure slightly and can double the normal heart rate. This effect can be greater when other drugs are mixed with marijuana.

Marijuana can make people more likely to do things they might later regret. Like other drugs it impairs judgment and alters thinking. In addition, marijuana reduces coordination and concentration. It's harder to do many things, including sports, dancing, acting and studying.

Keep in mind that marijuana is illegal for anyone under 21. Using, holding, buying or selling it can get you suspended or expelled from school, and even a criminal record and jail time.

CRACK AND COCAINE

(coke, snow, blow, toot, nose candy, flake, the lady)

Cocaine is a powerful stimulant drug that comes from the leaves of the South American coca plant. Taking it makes people feel energetic and powerful at first, but then depressed, edgy and needing more.

What does it look like?

Cocaine is a white powder that people either snort or dissolve and inject with a needle. Crack is a form of cocaine that has been chemically altered and crystallized, so it can be smoked.

What are its effects?

At first, cocaine makes people feel energetic and powerful. As these feelings wear off, however, they quickly become depressed and edgy, and they experience intense craving for more.

Cocaine and crack are among the most addictive drugs available. Not only can these drugs harm the body, they can distort priorities to the point where all that matters is getting the next fix. Being high on cocaine or crack, or pursuing the next hit, often results in violence, car crashes, falls, burns and drownings.

People addicted to crack and cocaine often do risky things they later regret. They may spend all their money on these drugs and do any number of other things to support their habit, such as stealing from people they love, trading sex for money, selling drugs and getting involved in all kinds of other illegal activities. In their pursuit to feed the crack and cocaine addiction, users hurt the people around them and often end up alone.

INHALANTS

(all kinds of household goods, poppers, whippets, laughing gas, amyl nitrite, butyl nitrite, nitrous oxide, rush)

Inhalants are chemicals people sniff for a head rush. Usually, it's a product that's meant for something else, like gases, glue or cleaning products.

What are their effects?

People who use inhalants get a quick, giddy head rush. They are cheap and usually readily available, making them an easy choice for those who use them. Users feel slightly stimulated and uninhibited, but within a minute or two, a major headache comes on (the first indication that this is a bad idea). Hallucinations and numb hands and feet are often part of the package. Suffocation and sudden death can also occur, even during the first time a person uses these drugs.

HALLUCINOGENS

LSD (acid), psilocybin (mushrooms), mescaline

Hallucinogens change your thought processes, emotions and perceptions. The most popular are acid and mushrooms. LSD is the most potent hallucinogen.

What do they look like?

Acid usually comes in the form of a small piece of paper (blotter acid) that has been soaked in the drug. It also comes in small tablets called microdots or small squares of gelatin called window panes. When users place the acid on their tongue, the drug is absorbed and enters the blood stream. Mushrooms look like dried edible mushrooms, but they are not the same as the mushrooms you eat with foods like pizza. There are thousands of kinds of mushrooms. Hallucinogenic mushrooms are unique and contain a poison that makes you feel high.

What are their effects?

The effects of hallucinogens vary greatly—even unpredictably—depending on the dose, a person's mood, personality and surroundings. The effects usually begin 30–90 minutes after ingestion and can last up to 12 hours. The physical effects include dilated

pupils, increased blood pressure, sweating, nausea, loss of appetite, sleeplessness, dry mouth and tremors. The major effects, though, are on the emotions and perceptions. Emotions while “tripping” may change frequently and vary widely—from fear and anxiety to euphoria. People’s perceptions are also altered so that they lose their sense of time and direction and see distorted shapes and movements. Colors, sounds and smells may also be intensified. In some cases, a phenomenon known as synesthesia occurs, in which people report the ability to hear colors or see music.

When experiencing a “good trip,” people feel a heightened sense of awareness. However, during a “bad trip,” people may feel intense anxiety and a fear of dying or going insane. Furthermore, some people experience harmful psychological effects of the drug after the trip has ended. Psychological effects may persist for many years after and include severe mood swings, disordered thinking, loss of a sense of reality and visual problems. Some users experience flashbacks, which include hallucinations and other visual disturbances. These flashbacks may occur repeatedly for many years after they stop the drug, even after taking a hallucinogen only once.

Dissociative Drugs

PCP (angel dust, ozone, wack, rocket fuel, supergrass)

ketamine (special K, vitamin K, cat valium)

dextromethorphan (DXM, robo)

Dissociative drugs include PCP, ketamine and dextromethorphan. These drugs may create an out-of-body experience and detachment from the environment for the user. They affect the part of the brain that controls the pain perception, memory, emotions and mood.

What do they look like?

PCP and ketamine both come in pill form or in powdered form to be snorted or smoked. Ketamine is odorless and tasteless, and has been used as a date rape drug because of this. Dextromethorphan is an ingredient in over-the-counter cough syrup. Users ingest many times the recommended dose for coughs when getting high on this drug.

What are their effects?

At low doses, PCP causes increased breathing, heart rate and blood pressure. At higher doses, it can cause dangerously rapid breathing, increased heart rate and increased blood pressure, as well as dizziness, nausea, blurry vision, decreased pain

perception, muscle contractions and kidney damage. At extreme doses, PCP can lead to convulsions, coma and even death.

The psychological effects of **PCP** are unpredictable and may last from hours to days. Users experience detachment from reality, distortion of perceptions and hallucinations. It can also cause severe confusion, violence and suicide. PCP is addictive, and people may experience depression for years after stopping chronic use.

The effects of **ketamine** range from a dream-like state, euphoria, hallucinations and dissociation from one's body to complete sensory distortion and horrible feelings of death. At high doses, it can cause memory loss, high blood pressure and life-threatening problems with breathing.

The effects of **dextromethorphan** range from a mild effect and vision changes at low doses to a complete detachment from one's body at high doses.

Heroin

(smack, H, ska, junk)

Heroin is a highly addictive drug that comes from morphine. It produces a sense of euphoria that users constantly chase.

What does it look like?

It usually appears as white or brown powder, or as a black sticky paste. It can be injected, snorted or smoked.

What are its effects?

Short-term, heroin causes a sense of euphoria and clouded thinking that can lead to impaired decision making. This is followed by alternating wakeful and drowsy periods. Heroin causes depressed breathing and therefore overdose can be fatal. Injecting the drug increases a person's risk of contracting HIV and other blood-borne diseases.

Methamphetamine (speed, meth, chalk, ice, crystal, glass)

A highly addictive substance, closely related to amphetamine. It is toxic to the nervous system and has long-lasting effects. It is popular with teens as it is inexpensive and relatively easy to obtain.

What does it look like?

Methamphetamine can be in the form of a white powder that can be taken orally, snorted or injected. It could also be in the form of a rock or crystal that is heated and smoked.

What are its effects?

Methamphetamine increases energy, awake-time and physical activity. It increases the heart rate, blood pressure and body temperature. Long-term use can result in mood disorders, violent behavior, anxiety, confusion and insomnia. It can also result in severe dental problems. All users are at increased risk of contracting infectious diseases such as HIV and hepatitis.

MDMA (ecstasy, XTC, E, Adam, hug, beans, love drug)

MDMA (ecstasy) is a popular drug among teens and young adults in the club and rave scenes. It has effects similar to both amphetamines (speed) and hallucinogens (LSD), such as increased energy, a dream-like state and euphoria.

What does it look like?

MDMA usually comes in a pill form. Pills come in a variety of colors and designs. It can also be snorted or injected.

What are its effects?

MDMA is a synthetic drug that has effects similar to both amphetamines (speed) and hallucinogens (LSD). The pleasurable effects of ecstasy include alertness, increased energy, euphoria, self-confidence and a feeling of closeness to others. Its effects last from 3 to 6 hours. The physical effects include nausea, muscle tension, teeth clenching, blurred vision, increased heart rate, increased blood pressure and increased body

temperature. In high doses, body temperature can become dangerously high (called malignant hyperthermia), leading to muscle breakdown and kidney damage. Heart attacks, strokes or seizures may also occur in some people who use the drug.

New research is also finding that MDMA damages the area of the brain involved with memory, thought, mood and sleep. This damage can lead to depression, sleep problems, anxiety and paranoia. Furthermore, since this drug is synthetic, the actual content of the drug varies widely. Ecstasy pills may contain caffeine, dextromethorphan, heroin and mescaline in addition to MDMA. Accidental deaths have been reported among people who thought they were taking MDMA, but ingested another, more harmful drug instead.

TOBACCO

(bidi, butt, cigarette, cig, stoge, cancer stick, chew, dip, smoke)

Tobacco is an agricultural crop, most commonly used to make cigarettes. It is grown all over the world and supports a billion-dollar industry. The psychoactive ingredient is nicotine, a stimulant, but more than 4,000 other chemicals (2,000 of which are known to be poisonous) are present in cigarettes.

What does it look like?

Dried, cut-up leaves that are processed, dried and then either rolled and smoked or chewed.

What are its effects?

Nicotine, the main drug in tobacco, is highly addictive. It triggers complex biochemical and neurotransmitter disruptions. It elevates heart rate and blood pressure, constricts blood vessels, irritates lung tissue, and diminishes one's ability to taste and smell. Tobacco use will also lead to stained teeth, bad breath and premature face wrinkles. The health risks associated with tobacco are very serious and include cancer of the lungs, mouth, throat, esophagus and more; frequent feelings of cold; chronic bronchitis; emphysema; stroke; and heart disease.

PRESCRIPTION DRUGS

(opiates, stimulants, central nervous system depressants)

Prescription drug abuse means taking a prescription medication that is not prescribed for you, or taking it for reasons or in dosages other than as prescribed. Abuse of prescription drugs can produce serious health effects, including addiction. Commonly abused classes of prescription medications include opiates (for pain), central nervous system depressants (for anxiety and sleep disorders) and stimulants (for ADHD and narcolepsy).

What do they look like?

Prescription drugs like these most commonly come in pill form. The pills vary in color and shape depending on their type, brand and dosage and have different letters, numbers or symbols on them. For this reason, it is very easy to identify a pill that you may come across. However, when used recreationally, prescription pills can be crushed up into a powder, making identifying the substance more difficult. Additionally, prescription drugs can come in liquid form, to be taken orally.

What are their effects?

When taken properly, prescription drugs are effective and helpful to those who need them. However, when taken recreationally, they often have adverse and dangerous effects.

Opiates – Long-term use of opiates or central nervous system depressants can lead to physical dependence and addiction. Opiates can produce drowsiness and constipation and, depending on the amount taken, can depress breathing. Opiates act directly on the respiratory center in the brainstem, and if taken in excessive amounts, they can shut down breathing altogether and cause death.

Depressants – Central nervous system depressants slow down brain function. If combined with other medications that cause drowsiness or with alcohol, heart rate and respiration can slow down dangerously. Like opiates, they are extremely addictive.

Stimulants – Stimulants can increase blood pressure, heart rate and body temperature, and decrease sleep and appetite, which can lead to malnutrition and its consequences. Repeated use of stimulants can lead to feelings of hostility and paranoia. At high doses, they can lead to serious cardiovascular complications, including stroke. Addiction to stimulants is also a very real consideration for anyone taking them without medical supervision.

While on their own each of these drugs poses risks and health complications (especially when taken recreationally), when combined with other drugs or with alcohol, they are extremely dangerous. Mixing prescription pills with other drugs or alcohol can result in serious physical and mental problems and even death. Any prescription drug should be taken under the supervision of a licensed doctor.

Sources: National Clearinghouse for Alcohol and Drug Information. National Institute for Drug Abuse.

In summary, making proud and responsible choices will help you when you are faced with the many factors and influences that might impact your decisions about drugs.

C APPENDIX

GROUP MANAGEMENT PROBLEMS AND STRATEGIES

Group management problems exist when one or more group members exhibit behaviors that interfere with, inhibit, deflect from or slow down the procedures or goals of the group. Some behaviors occur very rarely, others with greater frequency.

The following suggestions for dealing with group management problems will usually suffice, but even skilled facilitators must deal with new challenges that arise from time to time. Most methods for reducing group management problems are only a temporary bridge between initial participant resistance and the point in the process at which the participant regards participation to be useful, valuable and personally relevant. The following lists common management problems in adolescent groups and possible strategies for preventing and dealing with these problems.

Promoting Health Among Teens!

**Comprehensive
Abstinence & Safer
Sex Intervention**

TYPES OF GROUP MANAGEMENT PROBLEMS

INACTIVITY

Minimal Participation – Participants seldom volunteer a comment, provide only brief answers, and, in general, leave facilitators feeling as though they are struggling to keep the group on task.

Apathy – Apathy is a more extreme form of minimal participation. Almost everything the facilitator does to direct, enliven or activate the group is met with disinterest, lack of spontaneity and little if any progress toward group goals.

Falling Asleep – Participants may appear so uninvolved that they fall asleep. Before assuming this is due to lack of interest, inquire into the cause of the fatigue. Boredom, lack of sleep and physical illness are all possible reasons.

Excessive Restlessness – Participants fidget while sitting, rock their chairs, get up and pace, or display other nonverbal, verbal, gestural or postural signs of restlessness. Such behavior is often accompanied by digression, monopolizing or interrupting behavior.

ACTIVE RESISTANCE

Participation, but Not as Instructed – Participants are off target. They might be trying to roleplay, serve as co-actor, give accurate feedback, or engage in other tasks, but their own personal agendas or misperceptions interfere, and they wander off course to irrelevant topics.

Passive-Aggressive Isolation – Instead of participating as instructed, participants actively go off task and raise personal agendas. Passive-aggressive isolation is the purposeful, intentional withholding of appropriate participation and involvement.

Negativism – Participants signal overtly, by word and action, the wish to avoid participation in the group. They openly refuse to roleplay, provide feedback or complete assignments. They also might not come to sessions, come late to sessions or walk out in the middle of a session.

Disruptiveness – This includes displays of behaviors more extreme than negativism that are intended to interfere with the learning process. Examples include openly

ridiculing the facilitator or other participants, and distracting nonverbal behaviors such as gestures, movements or noises.

HYPERACTIVITY

Digression – Participants act out repetitive and strongly motivated attempts to move away from the purposes and procedures. In some cases, the participants are feeling some emotion, such as anger, anxiety or despair, and are determined to express it. In other cases, activities set off associations, which the participants want to present and discuss. Digression is often characterized by jumping out of role in the roleplay. Rather than merely wandering off track, the participants drive the train off its intended course.

Monopolizing – This includes subtle and not so subtle efforts by participants to get more than a fair share of time during a session. Examples include long monologues, unnecessary requests to repeat roleplays, elaborate feedback and attention-seeking efforts.

Interruption – Interruption is similar to monopolizing, but more intrusive and insistent. Interruption involves breaking into a modeling display, roleplay or feedback period with comments, questions, suggestions, observations or other statements. An interruption might be assertive or angry, take the form of making faces or excessive humor or be presented benevolently as a helper.

COGNITIVE INADEQUACIES AND EMOTIONAL DISTURBANCE

Inability to Pay Attention – Closely related to excessive restlessness, the inability to pay attention often is a result of internal or external distractions that command a participant's attention. Inability to pay attention except for brief time spans also may be due to cognitive impairment.

Inability to Comprehend Concepts – The inability to understand key points and messages may be due to developmental problems, intellectual inadequacy, lack of experience or physical or emotional disorders. Failure to understand also can result from lack of clarity by the facilitator.

Bizarre Behavior – A number of such behaviors might include talking to oneself or inanimate objects, offering incoherent statements to the group, becoming angry for no

apparent reason, hearing and responding to imaginary voices and exhibiting peculiar mannerisms. Such behavior not only pulls other participants off task but also can frighten them or make them highly anxious and is indicative of more serious mental health problems.

STRATEGIES FOR REDUCING GROUP MANAGEMENT PROBLEMS

SIMPLIFICATION METHODS

Reward Minimal Participant Accomplishment – Rather than responding positively to participants only when they enact a complete and accurate roleplay or other task, reward them for lesser, but still successful accomplishments, such as the correct portrayal of only one or two behavioral steps. In extreme examples, merely paying attention to someone else's roleplay could be the accomplishment.

Shorten the Task – Ask less of the participants by shortening the activity or roleplay.

Have the Participant Read a Prepared Script – This approach removes from participants the burden of figuring out what to say and eases getting in front of the group and acting out the skill. As with all simplification methods, using a prepared script should be a temporary device, used to move participants in the direction of roleplaying without assistance.

Have the Participant Play the Scripted Role First – Let participants who are uncomfortable with performing in front of their peers play the scripted roleplay first. This accustoms them to going before the group and speaking because the spotlight is mostly on someone else. This method should be used temporarily. Before moving on to the next skill, all participants should play the main role using the particular skill.

ELICITATION OF RESPONSE METHODS

Call for Volunteers – In the early stages, facilitators often elicit participation. The least directive way is calling for volunteers.

Introduce Topics for Discussion – Calling for volunteers in a highly apathetic group may yield no response. Under this circumstance, introduce discussion topics that

appear especially relevant to the needs, concerns, aspirations and skill deficiencies of the particular participants.

Call on a Specific Participant – This is a more active and directive facilitator intervention. It is often useful to select a participant whose attentiveness, facial expression, eye contact or other nonverbal signal communicates potential involvement and interest.

Prompt and Coach Participants – The facilitator takes on the role of coach or prompter and feeds roleplay lines to a participant or carefully directs the group's discussion. The most direct way involves a facilitator standing behind the participant during a roleplay and whispering statements that represent each behavioral step for the participant to say out loud.

THREAT REDUCTION METHODS

Employ Additional Live Modeling by the Group Facilitator – The facilitator demonstrates a skill repeatedly. Such facilitator behavior makes it easier for the participants to get up and risk less-than-perfect performances in an effort to learn the skill. Such additional live modeling also proves useful to those participants who have difficulty roleplaying because of cognitive inadequacies.

Postpone the Participant's Roleplaying Until Last – A participant unwilling to participate is not required to roleplay until both the facilitator's live modeling and roleplaying by all other participants are completed. However, no participant should be excused completely from practicing the skill. To do so would run counter to the purpose of the group.

Provide the Participant with Direct Reassurance – In case of participant reluctance to roleplay, the following steps might be used as a guide for providing encouragement.

- ▶ **Step 1:** Offer resistant participants the opportunity to explain their reluctance to roleplay and listen nondefensively.
- ▶ **Step 2:** Express your understanding of the resistant participant's feelings.
- ▶ **Step 3:** If appropriate, respond that the participant's view is a viable alternative.
- ▶ **Step 4:** Present your own view in greater detail, with both supporting reasons and probable outcomes.

- ▶ **Step 5:** Express the appropriateness of delaying a resolution.
 - ▶ **Step 6:** Urge the participant to try to roleplay the given behavioral steps.
-

METHODS FOR TERMINATING INAPPROPRIATE RESPONSES

Urge Participants to Remain on Task – Bring the participants back on track gently, but firmly. Do this by pointing out to participants what they are doing incorrectly and reminding them of the target behaviors.

Ignore Participant Behavior – Inappropriate behaviors can be terminated by ignoring them. This withdrawal of reinforcement, which leads to the extinction process, is best applied to behaviors that the group can tolerate while still remaining on task as the process is taking place. Deal with behaviors that are more disruptive or dangerous to the group's functioning more directly.

Interrupt Ongoing Participant Behavior – Interrupt ongoing participant behavior when other methods fail. Do it firmly, unequivocally, and with the clear message that the group has its tasks. It might require removing a participant from the group for a period of time.

D APPENDIX

Promoting Health Among Teens!
**Comprehensive
Abstinence & Safer
Sex Intervention**

SUPPORTING A TRAUMA-INFORMED APPROACH TO SEXUALITY EDUCATION

Trauma is prevalent among youth in this country, and the need to address trauma in youth programming is increasingly clear.¹ Trauma occurs when individuals are exposed to harmful or threatening events that overwhelm their ability to cope in the moment or in the future.² These include experiences of physical, emotional or sexual abuse, neglect, caregiver substance use or mental illness, family instability, assault and community violence.³ Not all children and youth are the same, and they may respond differently in the face of these exposures based on their subjective experience of the event(s), their age, their history of exposure and available resources and supports.^{2,4}

Advances in neuroscience show that intense or ongoing exposures to traumatic events, without protective factors, alter the body's stress response system—affecting a young person's cognitive, social and emotional development.³ In the classroom setting, these physiological changes can manifest as problems or challenges with learning, paying attention, regulating emotions, showing self-control and developing trusting relationships.² In severe cases, young people may exhibit symptoms of post-traumatic stress disorder (PTSD) or child traumatic stress. Potentially traumatic experiences are also part of the constellation of risk factors associated with early sexual initiation,⁵ more sexual partners,^{6,7} unprotected sex⁷ and teen pregnancy,^{7,8} as well as poorer mental health and substance use.

Schools, youth-serving organizations and educators play an important role in recognizing and responding to trauma, as well as promoting healing and resilience for trauma survivors. A trauma-informed approach: (1) realizes the widespread impact of trauma and understands potential paths for recovery; (2) recognizes the signs and symptoms of trauma in students, staff and families; (3) responds by fully integrating knowledge about trauma into policies, procedures and practices; and (4) resists re-traumatization by avoiding practices that inadvertently create stressful or toxic environments.¹

Specific practices educators, youth workers, schools and youth-serving organizations can implement to cultivate trauma-informed sexuality education include the following:

- ▶ Provide training to staff so that they understand the effects of trauma and know how to recognize and respond to it appropriately.^{1,10,11}
- ▶ Create a culture of safety so that both staff and participating youth feel physically and psychologically safe.^{1,10} This includes establishing clear agreements around privacy, respect for self and others and appropriate behavior for the group setting.
- ▶ Build and maintain trust and transparency in relationships.¹ For sexuality education, it is especially important to inform youth and parents about the educator's obligation to report incidents in which young people disclose abuse or the intent to harm themselves or others.
- ▶ Create a culture of empowerment that recognizes people's individual strengths, resiliency and ability to heal from past trauma.^{1,10}
- ▶ Recognize that trauma can arise from power differences due to culture, gender and sexual orientation.^{1,10} Use inclusive language that empowers diverse populations. Avoid stigmatizing particular groups of youth or reinforcing limiting stereotypes.
- ▶ Facilitate open conversations. Regardless of past experiences, all youth benefit from conversations that allow them to feel positive about their bodies, negotiate relationships and determine when they are ready to engage in safe, consensual sexual activity.¹⁰
- ▶ Avoid judgment or attaching shame to past experiences or current sexual behaviors, particularly teen parenting and sexually transmitted infections.¹⁰
- ▶ Be aware that some students' behavior problems that arise in the group setting may stem from past trauma. Adopt disciplinary policies that focus on restoring relationships and integrating offending students back into the school and community. Traditional disciplinary policies that focus on punishment often aggravate the sense of rejection felt by someone with a history of trauma.¹¹

In addition, many educators and youth workers who work with traumatized youth also are vulnerable to the effects of trauma. This is often referred to as compassion fatigue or secondary traumatic stress. Educators can help avoid compassion fatigue by becoming aware of the signs (such as increased irritability with youth, difficulty planning lessons and activities, feeling numb or detached or intrusive feelings about a student's trauma), asking for support from colleagues, seeking help to heal from their own personal traumas and engaging in self-care by setting boundaries, eating well, exercising and taking a break when needed.²

- 1 SAMHSA. 2014. SAMHSA's *Concept of trauma and guidance for a trauma-informed approach*.
- 2 National Child Traumatic Stress Network Schools Committee. 2008. *Child trauma toolkit for educators*. Los Angeles, CA & Durham, NC: National Center for Child Traumatic Stress.
- 3 Harvard Center for the Developing Child. Key concepts: Toxic stress. Available at: http://developingchild.harvard.edu/index.php/key_concepts/toxic_stress_response.
- 4 Lieberman, A. F., & Knorr, K. 2007. The impact of trauma: A developmental framework for infancy and early childhood. *Pediatric Annals*, 36: 209.
- 5 Black, M. M., Oberlander, S.E., Lewis, T., et al. 2009. Sexual intercourse among adolescents maltreated before age 12: A prospective investigation. *Pediatrics*, 124: 941–949.
- 6 Felitti, V. J., & Anda, R. F. 2014. The lifelong effects of adverse childhood experiences. *Child Maltreatment*, Vol. 2., 4 ed., 203–216. Saint Louis: STM Learning, Inc.
- 7 Homma, Y., Wang, N., Saewyc, E., & Kishor, N. 2012. The relationship between sexual abuse and risky sexual behavior among adolescent boys: A meta-analysis. *Journal of Adolescent Health*, 51: 18–24.
- 8 Hillis, S. D., Anda, R. F., Dube, S. R., et al. 2004. The association between adverse childhood experiences and adolescent pregnancy, long-term psychosocial consequences, and fetal death. *Pediatrics*, 113: 320–327.
- 9 Shonkoff, J. P., & Garner, A. S.; the Committee on Psychosocial Aspects of Child and Family Health; Committee on Early Childhood, Adoption and Dependent Care; and Section on Developmental and Behavioral Pediatrics; et al. 2011. The lifelong effects of early childhood adversity and toxic stress. *Pediatrics*, 129: e232–246.
- 10 Fava, N. M., & Bay-Cheng, L. Y. 2013. Trauma-informed sexuality education: Recognising the rights and resilience of youth. *Sex Education*, 13: 383–394.
- 11 Oehlberg, B. 2009. Why schools need to be trauma informed. *Trauma and Loss: Research and Interventions*, Fall/Winter: 1–4.

APPENDIX E

Promoting Health Among Teens!

**Comprehensive
Abstinence & Safer
Sex Intervention**

FAQ/GLOSSARY

ANSWERS TO COMMON QUESTIONS ASKED BY ADOLESCENTS

Questions about HIV/AIDS

1. Does AIDS affect people of all races?

Yes. Anyone, regardless of race, can acquire HIV if that individual participates in risky sexual or needle-sharing behaviors with an infected person.

2. What causes AIDS?

AIDS is the end result of an infection caused by a virus called the human immunodeficiency virus.

3. Can people of all ages get HIV?

Yes. People of all ages can get the virus if they are exposed to it through risky behaviors. Even children can get HIV. The majority of infected children acquired the virus from an infected mother during pregnancy or childbirth. Others acquired the virus during breastfeeding. Some children became infected from blood transfusions before blood supplies were routinely screened for HIV.

4. Is HIV infection like other diseases?

HIV infection is not like communicable diseases such as a cold, flu or measles that can be passed through casual contact, including sneezing, coughing or sharing eating utensils. No cases have been established where HIV was passed by those means.

5. Can you carry the virus and not develop AIDS?

Yes. Worldwide there are people who are infected with HIV and have not developed AIDS. Many people who are HIV positive do not know they are infected. People with HIV can transmit it to others even if they don't have any symptoms.

6. How does HIV break down the immune system?

Scientists know that the virus destroys the white blood cells of the immune system. White blood cells consist of T-cells and B-cells and protect a person from disease. Some T-cells, also called helper cells, or CD-4 cells, help the B-cells produce antibodies against invading disease-causing organisms. When HIV enters the body, it infects/destroys the helper (CD-4) cells. When you lose CD-4 cells, your immune system breaks down and it becomes difficult to fight infections/diseases.

7. How contagious is HIV?

In comparison to other communicable diseases, HIV infection is much less contagious than germs of the common cold, flu, measles and tuberculosis. These diseases can spread through the air, whereas HIV is spread only through infected body fluids.

8. Can you get HIV from casual contact?

No one should be afraid of becoming infected through casual contact. Transmission of the virus takes place during behaviors in which certain bodily fluids are exchanged, including semen, vaginal secretions, rectal fluids, blood or breast milk.

People can, for example, work with others, attend school and public events, eat at restaurants and be around people with HIV without the fear of getting HIV. People who are caring for another family member who has HIV or AIDS are also not at increased risk for contracting the virus. Children attending school with another student who is HIV positive are not at increased risk for becoming infected.

9. Can you get HIV from kissing?

No. You cannot get HIV from a kiss on the cheek or a closed-mouth kiss. There are extremely rare cases of HIV being transmitted via deep "French" kissing, but in each case, infected blood was exchanged due to bleeding gums or sores in the mouth. Because of this remote risk, it is recommended that individuals who are HIV positive avoid deep, open-mouth "French" kissing with a non-infected partner, as there is a potential risk of transferring infected blood.

10. What can an individual do to keep from getting HIV?

People can reduce their risk of contracting HIV by practicing responsible behavior around sexual expression and drug use. Responsible sexual precautions include (1) sexual abstinence, (2) sexual fidelity, (3) avoiding exchange of body fluids by using a condom, and (4) avoiding sexual partners who have engaged in risky behaviors. These precautions can also help prevent the contraction of other STDs. Responsible behavior regarding drug use includes abstaining from using drugs at the most, and avoiding sharing needles and syringes at the very least.

11. Can HIV/AIDS be cured?

There is no cure for HIV, but anti-retroviral treatments (ART) can be started while the person still feels healthy. With ART medicines, people with HIV can lead longer and healthier lives than ever before. The most common treatments limit the ability of the virus to reproduce. They help protect the immune system and improve the chances of staying healthy. Pregnant women with HIV can take medicines to greatly reduce the baby's risk of having HIV.

12. Is there a vaccine for HIV?

No. Scientists are working to develop a vaccine, but a solution appears to be many years away.

13. Should a student with HIV be allowed in school?

Yes. A student living with HIV or AIDS poses no risk to other students. However, there may be times when the person might not be able to attend school because of illness.

14. Should people with HIV be banned from public events, schools and jobs?

No. Since HIV cannot be passed by casual contact, there is no reason why a person living with HIV or AIDS should be kept from being a participating member of a community.

15. Can HIV be transmitted during oral sex?

Absolutely. Whenever there is vaginal, anal or oral sex between two people and one is HIV positive, the virus may be transmitted to the uninfected person. The vagina, anus and mouth are lined with sensitive tissues called mucous membranes, which can come in contact with blood, semen, vaginal secretions or rectal fluids during

all types of intercourse. The virus can enter an uninfected person's bloodstream through tiny tears in the mucous membranes that occurred during sex or that were there beforehand. These tears can be very small, existing without any pain or visible blood to act as a warning sign.

The safest option is to practice sexual abstinence. If that's not your choice, then knowing your partner well enough to communicate openly with each other about diseases and precautions lessens your risk. Couples should use a new latex or polyurethane/polyisoprene condom every time they have sex, including oral sex. For oral sex on a woman, dental dams can be used. These are available in many drug stores or can be made by cutting a non-lubricated condom lengthwise and opening it up to cover the vulva. Partners can also get tested for STDs, including HIV, before they begin having sex with each other.

16. Is it possible to have HIV and not have any visible symptoms? If so, how can I know if a partner is infected?

Yes, it is possible for a person to have HIV and not have symptoms. One way to find out if your partner is infected is by asking. The foundation of love and responsible sex is good communication. An open and honest discussion with someone you know and trust will probably result in the truth. But remember, people might not know that they have HIV or another STD. If you are concerned that your partner might have HIV or another STD, you and your partner may want to be tested just to be sure.

17. How effective are condoms in preventing the transmission of HIV and other STDs?

If used properly, latex condoms are highly effective against most STDs, including HIV. Proper use of condoms means:

- ▶ Using latex or polyurethane/polyisoprene condoms, not lambskin.
- ▶ Using fresh condoms that have been stored in a cool, dark place (not a wallet or a glove compartment).
- ▶ Handling the condoms carefully, avoiding damage from rings and fingernails and keeping them rolled up or in the package until you are ready to use them.
- ▶ Putting the condom on as soon as erection is achieved.
- ▶ Leaving some room at the tip of the condom when it is put on.
- ▶ When a lubricant is desired, using only water-based lubricants such as K-Y Jelly®.

18. Isn't AIDS a gay disease?

No. AIDS, a result of HIV infection, is caused by a virus (HIV). Anyone can get HIV through the exchange of blood, semen, vaginal or rectal fluids with an infected person. Like anyone else, men who have sex with men are at higher risk only if they engage in activities that include the exchange of these fluids.

19. Why are injection drug users at high risk for getting HIV?

Injection drug users who share needles and works with others have an increased risk of getting HIV because drops of blood from one person can cling to the needle or works. When a person is shooting up, infected blood can pass HIV directly into the bloodstream of another person.

20. Are Hispanics and African Americans more likely to develop AIDS than other ethnic groups?

Although HIV infection affects us all, the number of AIDS cases among Hispanics and African Americans is proportionately higher than that of the general population. The reasons for this difference are linked to socioeconomic factors (e.g., level of education, income, access to health care, etc.) and not to racial factors.

21. If I am HIV positive or am at risk for HIV infection, whom should I tell?

Telling someone you have HIV isn't easy. Consider telling your doctors, dentist and dental hygienist, and be sure to tell your sex partners (past, present and future). If you share needles and syringes, also tell these partners.

22. Can I get HIV from kissing on the cheek?

Kissing on the cheek is very safe. Even if the person kissing you has HIV, your skin is a good protector.

23. Can I get infected with HIV by someone who performs oral sex on me?

It is unlikely that you would get HIV if an infected person performed oral sex on you. However, if the person receiving oral sex has HIV or AIDS, the person performing oral sex can get it.

24. Is vaginal sex dangerous? If I have only vaginal sex, can I get infected with HIV?

HIV is caused by a virus, and if a person has the virus, vaginal sex puts that person's partner at risk for HIV infection. Many women have gotten the virus from

their infected male partners during vaginal sex. Many men have been infected by their female partners during vaginal sex as well. Couples should use condoms every time they have sex if either partner is infected or unsure of his or her HIV status. Though condoms sometimes break, they greatly lower the chances of HIV transmission from one partner to another.

25. How can vaginal sex cause HIV infection in women?

A woman can get HIV from vaginal sex if her partner is infected. The walls of the vagina are surrounded by blood vessels. HIV infected semen can enter the woman's body, usually through tiny cuts and tears in the walls of the vagina that the woman might not even know about.

26. Can I get HIV from anal sex?

Yes. If either partner is infected with HIV, the other partner can be infected during anal sex. Generally, the person receiving the semen is at greater risk of getting HIV because the lining of the rectum is thin and contains many blood vessels. However, the person who inserts the penis is also at risk if the partner is infected because HIV can enter through sores or abrasions on the penis.

27. If I just fool around, can I get HIV?

It depends what you do. You can get HIV, the virus that causes AIDS, if the blood, semen, vaginal secretions or rectal fluid of an infected person enters your bloodstream in any way.

28. What sexual activities are safe?

Safer sexual activities include:

- ▶ No sex—oral, anal or vaginal
- ▶ Sex between two mutually monogamous, uninfected partners who do not share needles or syringes with anyone
- ▶ Body rubbing/massaging, mutual masturbation (Caution: safe against HIV and some other STDs only as long as bodily fluids are not exchanged. Some STDs [herpes, HPV] can be passed by unprotected skin-to-skin contact.)
- ▶ Massaging one's own genitals, self-masturbation
- ▶ Kissing and other activities that do not include touching the penis, vagina or rectum

29. Can a woman get HIV from having sex with a man? Can a man get HIV from having sex with a woman?

Yes. Either a woman or a man can become infected during oral, vaginal or anal sex if the partner is HIV positive.

30. Can lesbians get HIV?

Yes, but cases of woman-to-woman transmission of HIV where unprotected sex was the only risk factor are extremely rare. Like anyone else infected with HIV, any infected woman who has sex with other women can infect her partner(s) during sex if certain bodily fluids are exchanged.

31. If I pick my sexual partner carefully, am I safe?

You can't tell by looking or asking questions whether or not someone has HIV. The only way to be sure is for a person to be tested.

32. Are condoms effective? How safe are they? I've heard they fail 10 percent of the time. Is that true?

Latex or polyurethane/polyisoprene condoms help protect you from the transmission of HIV and other disease agents. They greatly reduce your risk of infection if used properly. Condom failures usually result from improper use.

33. How can someone get infected with HIV from a needle?

Because the virus can be spread through blood-to-blood contact, the person using a contaminated needle or syringe is at high risk of getting HIV. A contaminated needle can carry the virus directly into the bloodstream. This includes needles used for body piercing and tattooing as well.

34. My teammates and I use needles to take steroids. I share needles only with my friends. Can I get HIV?

Yes. If any of your friends or teammates has HIV and you share needles and syringes, you could become infected. Remember, it isn't just the type of drug that the needle is used for; it is the behavior that creates the risk. Also, you can't tell by the way someone looks whether that person has HIV or not.

35. What drugs are associated with getting HIV?

The use of alcohol, cocaine, crack, heroin and amphetamines is associated with the transmission of HIV. These drugs affect people's judgment and may lead to high-risk activities such as having unprotected sex or sharing needles for any purpose.

36. Why is crack associated with HIV?

Crack is a form of cocaine that is smoked. People who use it have a higher risk of becoming infected with HIV because of activities associated with crack culture and because it reduces a person's decision-making skills.

37. Can I get HIV from someone's saliva?

There are no documented cases of saliva transmitting HIV. While there is a theoretical possibility of spreading HIV by saliva, research suggests that it is highly unlikely.

38. What if someone with HIV bites me? Will I get AIDS?

It's rare, but in 1997, someone in the United States became infected from a bite by an HIV-infected person. The potential for transmission exists if the skin is broken and blood is exchanged.

39. Can I get HIV from the tears of someone with AIDS?

No. There is no evidence that anyone in the United States has become infected with the virus from touching the tears of an infected person.

Questions about Sexually Transmitted Diseases

40. I'm a teenager; I'm not at risk for getting an STD, right?

Wrong. Young people ages 15 to 24 account for nearly half of all new cases of STD each year.* There are other STDs out there besides HIV, and they are on the rise among teens. These include chlamydia, gonorrhea, syphilis, herpes and human papillomavirus (HPV), which causes genital warts and can lead to cervical cancer.

* Centers for Disease Control and Prevention. 2015. STDs in Adolescents and Young Adults. From www.cdc.gov/stds/stats14/adol.htm. Accessed 1/5/16.

41. Can you get an STD from a public restroom?

This is not very likely. Most STDs are only transmitted during sexual contact, either by skin-to-skin contact or through body fluid exchange. Crabs, or pubic lice, may be transmitted through sexual contact, sleeping in infected bedding and sharing infected clothing. Lice cannot survive away from the human body for longer than 24 hours, so contracting pubic lice from a toilet seat is unlikely.

42. Can I get HIV or another STD from getting a tattoo or through body piercing?

There can be a risk for HIV or another blood-borne infection (such as hepatitis B or C) if the instruments used for piercing or tattooing are not properly sterilized or disinfected between clients. Any instrument used to pierce or cut the skin should be used only once and thrown away, or thoroughly cleaned and sterilized before it is used again. Ask the staff at the parlor about their equipment. They will show you what precautions they use.

43. Can I get an STD from kissing?

This is possible but not very common. If your partner's mouth is infected with an STD, then he or she may be able to pass that infection to your mouth during a kiss. Fever blisters and cold sores can be passed through a kiss if your partner is infected. Blood-borne infections such as HIV or hepatitis B or C can be passed through kissing only if there is an exchange of infected blood. If your partner has an infection in his or her genital area, then kissing on the mouth will not transmit the infection.

44. Can I get an STD from oral sex?

Yes. During oral sex, there is skin-to-skin contact and bodily fluid exchange, so it is important to use barrier methods such as unlubricated condoms or dental dams to protect you during oral sex.

45. Why don't teens who are having sex protect themselves from STDs?

They may:

- ▶ Be embarrassed about buying or getting condoms.
- ▶ Feel peer/date pressure.
- ▶ Use alcohol and drugs, which affects their judgment.
- ▶ Have a lack of knowledge.

- ▶ Believe using birth control pills is enough protection.
- ▶ Be embarrassed about asking questions.
- ▶ Not think about it ahead of time.

46. How do I get tested for an STD?

There are different tests for each of the different STDs. Some STDs are hard to test for if you do not have any symptoms. Some STDs can be identified through a simple blood test or a urine test; others can be detected only through culturing body fluid from the penis, vagina or open sore on the body. If you go in for testing, it is important to ask your health care provider which tests will be done and which will not. Sometimes, weeks or months need to pass to give your body enough time to develop antibodies that will show up in a test.

47. Where do I go to get tested?

Your local health department, community clinic, private doctor or Planned Parenthood are all good locations to check out for STD testing. The CDC National HIV STD Testing website lets you look up free or low-cost clinics in your area that do STD testing: gettested.cdc.gov.

48. What's the difference between confidential and anonymous testing?

All medical care that you receive should be confidential. This means that the information you discuss with your health care providers must stay in your files at the clinic or doctor's office and not be released to anyone without your permission. Anonymous testing is when your name is not associated with the test or the results in any way. You are given a number or code word to identify yourself during testing and when receiving results.

49. Do my parents have to find out if I get tested for STDs and HIV?

No, clinics will see you without your parents' permission. If you are concerned about this, call the clinic before you go. Ask if you need to bring your parent along for permission and what information the clinic will share with them. This way you know what to expect ahead of time.

50. What are the common symptoms of STDs?

STDs can cause physical symptoms such as bumps or sores on the skin, discharge, pain or burning during urination (peeing) or symptoms like the flu. Some STDs do not cause any symptoms at all.

51. Can I have an STD and not know it?

Yes. STDs can take weeks, months or even years before symptoms show. Some people never develop any symptoms for some STDs. However, STDs can still be transmitted whether or not the person has symptoms.

52. How do I know if my partner is infected?

The simple answer is that you may not know unless your partner knows and tells you or gets tested and shows you the results.



Questions about Pregnancy

53. Can you get pregnant by kissing?

No. The only way a woman can get pregnant is if sperm cells enter her vagina and fertilize one of her egg cells. This usually happens during vaginal sex, but can also happen if a man ejaculates near the entrance to the vagina, but not inside it, or if sperm is introduced into the vagina by hand.

54. Can a boy get a girl pregnant if he has not had a wet dream?

Yes. A boy can get a girl pregnant whenever he is able to have an ejaculation. Even if a boy has never had a wet dream, his testicles may be producing sperm.

55. If a girl misses her period, is she definitely pregnant?

Certainly not. When girls first start having periods they often have irregular cycles and may even skip a month from time to time. However, if a girl has had sexual intercourse and she misses a period, she could be pregnant. She should take a pregnancy test and see a doctor right away.

56. Can a girl get pregnant if she has sex standing up?

Yes. Sperm does not care what position you are in. Any time semen comes in contact with the vagina a girl may get pregnant. There are no exceptions to that rule. There are no safe positions or safe times for having sex without risking pregnancy.

57. Can a girl get pregnant the first time she has vaginal sex?

Yes, if she has started ovulating and there is an egg present, it can be fertilized by a sperm. A girl may ovulate before she has had her first period, so not menstruating yet is not a guarantee of not getting pregnant.

58. Can a girl get pregnant from swallowing semen?

No. The only way a girl can get pregnant is if sperm cells enter her vagina, usually during sexual intercourse, and fertilize one of her egg cells.

59. Can douching after intercourse prevent pregnancy?

No. Douching will not prevent pregnancy; it only pushes the sperm up the vagina increasing the chance of pregnancy. Douching may also cause irritation and lead to infection.

60. Is withdrawal (pulling the penis out of the vagina before ejaculation) a good way to avoid pregnancy?

No. This is the way many teenage girls get pregnant. Withdrawal requires a great deal of self-control. Interrupting sexual intercourse can be very difficult for people "caught up in the moment." Also, sperm sometimes may be present in pre-ejaculate fluid, and pulling the penis out just before ejaculation will not keep these sperm from entering the partner's body.

61. Can Vaseline prevent pregnancy?

No. Vaseline does not contain anything to kill sperm, so it is not a contraceptive. Also, Vaseline collects bacteria, is thick and greasy, and is hard to wash off.

GLOSSARY

ABSTINENCE: Choosing not to have sexual intercourse (oral, anal or vaginal) or to participate in any behavior that can transmit an STD.

ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS): A result of infection with the human immunodeficiency virus (HIV) in which the immune system is not able to effectively fight infection. A person is diagnosed with AIDS when his or her CD4 count drops below a certain level or one or more opportunistic infections develop.

AIDS: *See acquired immunodeficiency syndrome.*

ANAL SEX (ALSO ANAL INTERCOURSE): Inserting the penis into the anus of the sexual partner.

ANONYMOUS TESTING: Testing done with no identifying information recorded. Only the person tested can obtain the results.

ANTIBODY: A substance in the blood formed to combat invading disease agents such as viruses, bacteria, fungi and parasites.

ANTIBODY-NEGATIVE TEST RESULT: A test result in which no signs of antibodies to HIV are detected; either the person does not have HIV, or the person has recently become infected with HIV but does not yet have detectable antibodies.

ANTIBODY-POSITIVE TEST RESULT: A test result in which antibodies to HIV are detected; the person is assumed to be infected with HIV if both the initial and follow-up tests show positive results.

ANUS: The opening of the rectum that controls the release of waste (feces) from the body.

BISEXUAL: Being romantically or sexually attracted to two genders. Also having sexual partners of more than one gender.

BLOOD-BORNE DISEASE: Disease agents, for example HIV and hepatitis B, that are carried in and transmitted through the bloodstream.

BODY FLUIDS: Fluids that the body makes such as tears, saliva, sweat, blood, vaginal fluid, semen, rectal fluids and breast milk.

CASUAL CONTACT: Ordinary social contact; for example, kissing on the cheek, shaking hands, and using a telephone, toilet or swimming pool. Not a means of spreading HIV. Diseases such as the common cold or flu can be spread in this manner.

CASUAL TRANSMISSION: Transmitting (spreading) an infection or disease through casual contact. Not a means of transmitting HIV.

CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC): Federal health agency that is part of the U.S. Department of Health and Human Services that provides national health and safety guidelines and statistical data on HIV, STDs and other diseases.

CONDOM: A sheath made of latex, polyurethane, polyisoprene or lamb intestine that fits over the erect penis; when used correctly, latex and polyurethane/polyisoprene condoms can provide protection against HIV and other STD transmission. Lambskin condoms should never be used because they do not protect against HIV and other STDs.

CONFIDENTIAL TESTING: Testing in which test results are linked to a person's name and recorded in medical files. State laws limit who can have access to the results and under what conditions they can gain access.

CONTAMINATED NEEDLES: Needles that have been used by an HIV-infected person and have not been properly cleaned. HIV transmission is possible if the needles are shared. Any needle that has already been used is likely to be contaminated with something.

CRACK: A form of cocaine that is smoked.

CUNNILINGUS: Mouth-to-vagina sex. See oral sex.

DISINFECTANT: A chemical that destroys agents; for example, liquid chlorine bleach can be used to clean needles and syringes.

DRY KISS: One that does not involve mouth-to-mouth or open-mouth contact; examples include social kissing and kissing on the cheek.

EJACULATE: To eject semen from the penis during orgasm.

EJACULATION: The spontaneous discharge of semen from the penis during orgasm.

EPIDEMIC: A rapidly spreading disease affecting a large number of people in a population.

EXPOSURE TO HIV: Occurs during an exchange of bodily fluids with someone infected with HIV. It can lead to possible HIV transmission.

FELLATIO: Mouth-to-penis sex. See oral sex.

FEMALE CONDOM: A soft, loose fitting polyurethane sheath providing a physical barrier that lines the vagina and protects against HIV transmission.

FRENCH KISS: See open-mouth kiss.

GAY: A term for people who are romantically and sexually attracted to someone of the same gender. Often used to refer to males who are attracted to other males and whose sex partners are men.

GENITAL CONTACT: Contact between the sexual organs of two people.

HETEROSEXUAL: Being romantically or sexually attracted to people of another gender. Also, having sexual partners of a different gender.

HIV: See *human immunodeficiency virus*.

HOMOSEXUAL: Being romantically or sexually attracted to people of the same gender. Also, having sexual partners of one's own gender.

HUMAN IMMUNODEFICIENCY VIRUS (HIV): The virus that causes AIDS and destroys the body's immune system, making it susceptible to life-threatening opportunistic infections or rare cancers.

IMMUNE: Protected from a particular disease.

IMMUNE SYSTEM: A variety of cells and substances within the body that fight disease agents such as viruses, bacteria, parasites and fungi.

INCIDENCE: The number of new cases of a disease over a period of time.

INCUBATION: The period of time from the point of infection to the onset of symptoms.

INFECTION: Invasion of the body by a disease agent.

INTERCOURSE: A type of sexual contact involving: (1) insertion of a penis into a vagina (vaginal intercourse); (2) using the mouth to touch the genitals of another person (oral sex); or (3) insertion of a penis into the anus of another person (anal sex).

LESBIAN: A term for females who are romantically or sexually attracted to other females and whose sexual partners are women.

LUBRICANT: Something wet and slippery, used to reduce friction during sex. A person can put it on the outside of a condom or inside the vagina or anus during sex to keep a condom from getting dry and breaking. There are two kinds of lubricants: water-based and oil-based. Only water-based lubricants are recommended because oil-based lubricants can weaken latex and cause a condom to tear or break.

MASTURBATION: Massaging one's own genitals for sexual stimulation.

MONOGAMY: Having sex with only one person. This can prevent HIV and other STDs if two people test negative for infections before they initiate sex, and then agree to have sex with only each other. Some people interpret monogamy as having sex with one and only one person at a time. Therefore they end up having many partners one after another and are at risk for STDs, including HIV, if each new partner is not tested and treated, if needed, before they have sex.

MUTUAL MASTURBATION: Massaging each other's genitals for sexual stimulation. See masturbation.

NON-LUBRICATED CONDOM: A condom that is packaged without a lubricant. It is very dry and seems like it has chalk on it. However, it is safe for people to put in their mouths during oral sex to prevent HIV and other STDs. A person can cut it along the side and then cut off the tip to make a square of latex. This square is then a barrier to be used over the anus or vagina during oral sex.

NONOXYNOL-9: A chemical used in some contraceptive creams, foams and jellies that kills sperm. According to the CDC, nonoxynol-9 is no longer recommended for use with condoms for added protection from HIV during vaginal sex. It does not offer added protection against HIV and, if a person is allergic, can even increase the risk.

OIL-BASED LUBRICANT: A lubricant made from something that has oil in it. The oil can cause holes in a latex condom when people use it during sex. Then germs that cause STDs, including HIV, can go through these holes and enter people's bodies. Vaseline, mineral oil and lotions are some examples of oil-based lubricants.

OPEN-MOUTH KISS: One that involves tongue-to-tongue contact.

ORAL SEX (ORAL INTERCOURSE): Contact of the mouth or tongue with a partner's genitals.

PENIS: The male sexual organ.

POLYURETHANE CONDOMS: Condoms made of plastic that can be used by people who are allergic to latex. Research continues on their effectiveness. Latex condoms continue to be recommended as the most effective barrier.

POLYISOPRENE CONDOMS: Condoms made of a kind of synthetic rubber that can be used by people who are allergic to latex. Research continues on their effectiveness. Latex condoms continue to be recommended as the most effective barrier.

POSITIVE TEST RESULT: Findings that show the presence of antibodies; the person tested is assumed to be infected with HIV and able to infect others.

PREGNANCY: The time from when the sperm and egg fuse and implant into the uterus, until birth. This takes about 9 months.

A woman can get pregnant even if:

- ▶ She is having her period.
- ▶ She hasn't had her first period yet.
- ▶ She is under 12 years old.
- ▶ It is her first time.
- ▶ She does not have an orgasm.
- ▶ She does not have vaginal intercourse very often.
- ▶ A man pulls his penis out of her vagina before he ejaculates.
- ▶ Her partner touches only the outside of her vagina with his penis.
- ▶ She urinates right after sex.
- ▶ She douches with anything after sex.
- ▶ She jumps up and down after sex.

PRE-SEMINAL FLUID: The drops of semen that can leak out of the penis just before a man ejaculates. It can transmit HIV and other STDs.

PUBERTY: When a young person starts to change into an adult male or female and becomes capable of sexual reproduction. Hormones cause these changes. It doesn't happen to everyone at the same time, but can begin any time between ages 9 and 16. A girl's breasts grow larger, and she begins menstruating. A boy's penis and testicles grow and develop, and his voice starts to change. Both boys and girls begin to grow pubic hair. They may also grow hair on other parts of their bodies. These changes are usually finished by age 20. Puberty is also a time during which feelings about self, family and others change. Moods and emotions change too.

PULLING OUT: Removing the penis from a partner's vagina, anus or mouth before ejaculating. It does not prevent the spread of HIV and other STDs, and does not always prevent pregnancy. Pulling out is another term for withdrawal.

RECTUM: The last portion of the digestive tract, just above the anus.

RISK BEHAVIOR: An activity that puts a person at increased risk for contracting HIV and other STD.

SAFER SEX: Sexual practices that involve no exchange of blood, semen, vaginal secretions or rectal fluids.

SALIVA: The fluid produced in the mouth.

SEMEN: Whitish fluid ejaculated from the penis during orgasm that contains sperm from the testes and fluid secreted from several glands to nourish and protect the sperm.

SEX (SEXUAL INTERCOURSE): A type of sexual contact involving: (1) insertion of a penis into a vagina (vaginal intercourse); (2) using the mouth to touch the genitals of another person (oral sex); or (3) insertion of a man's penis into the anus of another person (anal sex).

SEXUAL ORIENTATION: Refers to the romantic and sexual attraction people feel for others. People can be attracted to others of the same gender, a different gender or more than one gender.

SEXUALLY TRANSMITTED DISEASE (STD): A term used to categorize a group of infections typically transmitted through sexual contact. Gonorrhea, syphilis, herpes, HIV, HPV, chlamydia and hepatitis B are all examples of STDs. Typically, STDs caused by bacteria or parasites can be cured, while those caused by viruses cannot be cured. But all types of STD can be treated and prevented.

SPERMICIDE: A chemical that kills sperm. Spermicide can also come in the form of a foam, cream, film, suppository, tablet or gel.

STD: *See sexually transmitted disease.*

SYNDROME: A group of related symptoms or diseases.

T-CELL: A type of white blood cell essential to the body's immune system. It helps regulate the immune system and control B-cell and macrophage functions. It is attacked by HIV.

TRANSFUSION (BLOOD): The act of receiving blood intravenously.

VACCINE: A substance made from modified or denatured bacteria or viruses that produces immunity to that particular disease.

VAGINA: A muscular tunnel that extends from the vulva to the cervix. It provides a way for menstrual fluid to leave the body, receives a penis during vaginal intercourse and provides a way for a baby to be born.

VAGINAL FLUID: Fluid that provides moistness and lubrication in the vagina. Vaginal fluid contains HIV in an HIV infected woman.

VAGINAL SEX (ALSO CALLED VAGINAL INTERCOURSE): Insertion of a penis into the vagina.

VIRUS: A disease agent that must live within cells of the body to survive, often destroying these cells.

VULVA: External female genitalia, including the clitoris, urethral opening, labia and vaginal opening.

WET KISS: See open-mouth kiss.

WORKS: Needles, syringes and other equipment used to prepare, cook and inject drugs.