

SAFER SEX INTERVENTION

Intervention Curricula for Adolescents in
Precontemplation or Contemplation
Stages of Change

FACILITATOR'S MANUAL

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Introduction to *SSI*

- Introduce yourself.
- Share the goal of the intervention:

To spend about half an hour talking about preventing sexually transmitted diseases and pregnancy to help the participant make choices about her body and her health
- Ensure confidentiality.
- Show Section 1 “Breaking Out” and Section 2 “The Raincoat” of the *Private Lives: STI and HIV Education* video.

Stage of Change Determination

Assessment, Eliciting Self-Motivational Statements

- Give the participant a pen and a copy of the Wheel of Change (provided in the green envelope).

- Read the description aloud to her.

“Decide which one of these statements best matches how YOU think and place a check next to where you would fit on this wheel.”

- If participant is having trouble, ask if you can help explain anything. Try to help her decide where she fits best.
- Look at her *self-assessment*.
- Ask participant to describe her concerns (if any) about unprotected sexual intercourse and what she would like to change.
- Elicit *self-motivational statements* through empathy and reflection. (Examples of self-motivational statements include: “I believe I am strong enough to say ‘no’ next time; “or “My actions do have consequences – to me and my body – now that I realize this, I am going to make a change.”)
- Make an *objective assessment* of the stage of change.
- Based on the participant’s self assessment and your objective assessment, deliver either the Precontemplation Stage Intervention

Module (page 4) or the Contemplation Stage Intervention Module (page 17) curriculum.

Precontemplation Stage Intervention Module

Consequences of Unprotected Sex

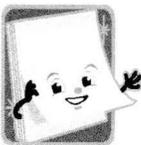
Assessment, Cognitive Dissonance, Information, Affirmation, Consciousness Raising

“What are some of the things that can happen to us as women if we have unprotected sex?”

- Write the participant’s responses on flipchart.
- Try to get two answers in particular: Pregnancy & Sexually Transmitted Infections (STIs).
- You may wish to tell the participant that many printed materials use the older term “Sexually Transmitted Diseases” (or STDs), but that the correct term is “Sexually Transmitted Infections” (or STIs). Tell her that she will see/hear both STD and STI used in the materials today.

Points to Cover:

- STIs are infections that can be passed from one person to another by sexual contact.
- More than 25 STIs.
- Very contagious.
- If undiagnosed and untreated, STIs can have serious health consequences, and a few STIs can even lead to death.



Open the “STD Facts” brochure to the STD chart.

Things to add that are not in the brochure:

- On page 2 “What to Watch For,” incomplete information is provided: “Burning and pain when you urinate (pee) or have a bowel movement.” If necessary, provide a layman’s term for bowel movement since it is not provided, such as “poop.”
- The abbreviation “NGU” stands for Non-gonococcal urethritis, an inflammation of the urethra that is not caused by gonorrhea.



Use a female anatomical model to briefly demonstrate ascension of infection.

- Include Pelvic Inflammatory Disease (PID) on list as a complication of STIs.
- Under PID, write “chronic pelvic pain,” and “ectopic pregnancy.”

Risk Perception

Assessment, Cognitive Dissonance, Reflection

“Do you think you are at risk for a sexually transmitted infection we just listed (from the “STD Facts” brochure), like HIV?”

If she answers “No,”

“Why don’t you think you are?”

Points to cover:

- Very good chance of infection if she is having sex—vaginal, oral, or anal—without a condom
- 1 out of 4 sexually active teens will get an STI. Some STIs are not curable. HIV and other STIs are becoming more common in young people.
- AIDS is now one of the leading causes of death among 15-24 year-olds.
- Women, especially young women, have a higher risk of STIs.

“Can you tell if somebody is HIV-positive?”

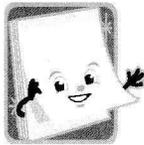
Points to cover:

- Usually cannot tell if someone has an infection and some infections, like HIV, may not develop symptoms for many years.
- Safest to take precautions just in case, since a lot of times you can never know.

Preventing the Consequences

Information

“What are some of the ways we can prevent pregnancy?”



Draw a vertical line down the middle of a sheet of paper on the flip chart.

- To the left of the line, write the participant’s answers.

“What are some ways we can prevent sexually transmitted infections like HIV/AIDS?”

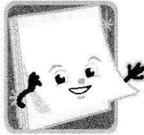
- To the right of the line, write the participant’s responses.
- Make corrections and discuss.
- Now add any methods that have not been mentioned.

Pregnancy

Make sure to include:

- Abstinence
- Periodic abstinence/Rhythm method
- Pill/Oral contraceptive
- Morning After pill
- Patch
- Vaginal Ring
- Implant (Implanon)
- Depo-Provera (shot once every 3 months)

Diaphragm
Condom
Female condom
Spermicide/Foam/Suppositories
IUD
Surgery/Sterilization for men or women



At this point give the participant the “Birth Control Choices” brochure. Suggest that she read it after the session.

- Make sure condoms, abstinence, and secondary abstinence are included.

“Do you know why there are many more ways of preventing pregnancy than STIs?”

- Briefly discuss the different ways to prevent pregnancy.

“Do you think these also work to prevent STIs?”

Points to cover:

- Most of the methods that you can use to prevent pregnancy still leave us exposed to the viruses and bacteria that cause STIs.
- Other than abstaining from intercourse, STIs can only be prevented with barrier methods, like condoms, that prevent the sperm from getting into the vagina, anus, or mouth in the first place.
- Tell the participant that you are going to focus on the methods that prevent against infection.

- Circle these methods on the right side of the flipchart page.

Condoms

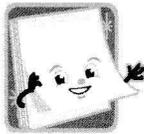
***Assessment, Skills, Affirmation, Education, Self-Efficacy,
Responsibility, Stimulus Control***

Start with condoms.....

“Do you use condoms when you have intercourse?”

“Do you think you could demonstrate how to put on a condom the way you saw in the video?”

- Go over what was shown in the video.



Use the “Condoms: How to Use Them” brochure to review the main points of condom use from the video.

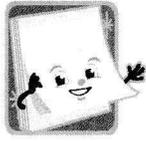
Things to add that are not in the brochure:

- Make sure the condom is **latex** (or **polyurethane** if allergic to latex) so the sperm won't leak out. Other products (like natural membrane, “lambskin” condoms) won't necessarily protect you from STIs.
- Squeeze air out of the condom before rolling it on
- When all done, tie the used condom in a knot so that the contents do not spill.

Other points to emphasize:

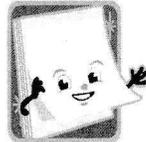
- Check the expiration date on the condom package.
- Don't tear the package with fingernails or teeth.

- Have participant demonstrate for you with the penis model and a new condom.



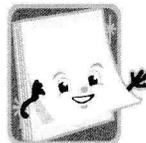
As she hits the main points, check off the corresponding boxes in the “USE IT!” checklist (provided in the green envelope).

- Once she has finished, use the checklist to go over the points she covered and those she forgot. If she forgot several, spend more time reviewing condom use.



Using the female anatomical model show how to use the female condom.

- Briefly describe the female condom and how to use it.



Offer her a Condom Key Chain.

Obtaining Condoms

Education, Stimulus Control

“Have you ever gotten condoms yourself?”

If she answers “Yes,”

“Where did you get them from?”

“Where are some other places you can get them?”

If she answers “No,”

“Why not?”

“Do you feel uncomfortable buying them from a store?”

- Also mention:
 - Clinic (low cost or free)
 - Drug stores, grocery stores, dispensaries in women’s bathroom
 - School health clinic

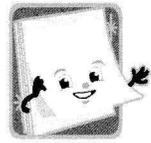
Secondary Abstinence

*Assessment, Decisional Balance, Self-Esteem, Responsibility,
Internal Attribution, Counterconditioning*

“Have you ever decided not to have sex [even though you could]?”

Points to cover:

- Condoms are the best method to prevent infection, but not completely safe—they are only safer than other methods or nothing at all.
- The only truly safe, 100% effective way to prevent both pregnancy and infection is by not having sexual contact.
- Deciding not to have sex is a decision you are always free to make.



Offer “101 Ways to Say NO to Sex” brochure.

“What do you think are some of the benefits of not having sex?”

Points to cover:

- Won’t have to worry about getting pregnant or getting an STI
- Free
- Allows you to wait until you’re ready to deal with consequences like having baby or becoming HIV+
- It’s your body, your rules
- Deciding not to have sex does not mean you can’t be intimate with your partner and can actually help you develop a stronger friendship with your partner and do things together that you may not do if you were having sex

“What are some things you can do with a boyfriend that won’t infect you or make you pregnant?”



Show “101 Ways to Make Love Without Doin’ It” brochure.

Points to cover:

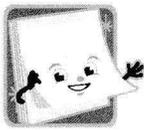
- Kissing, petting, touching each other with your clothes on, or other activities that do not include genital-to-genital contact, oral-to-genital contact, genital-to-anal contact, or the exchange of bodily fluids (including blood, semen, and vaginal secretions)
- The relative risks of oral and anal sex

Talking about Sex

Self-Efficacy, Self-Reevaluation, Self-Liberation

- Discuss that a lot of teenage girls say they feel a lot of pressure from their boyfriends, from music they hear, TV shows and movies to have sex before they want to or feel ready to.

“Do you sometimes feel a lot of pressure on you to have sex?”



Offer her the “Safer Sex: Talking with Your Partner” brochure.

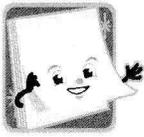
- Consider role play if it seems appropriate and participant is interested. (Directions can be found in the Contemplation Stage Intervention Module of this manual, page 29.)

Questions & Answers

- Answer any questions the participant may have.

Feedback & Summary

- Give the participant your impressions.
- Ask the participant to summarize what was covered and whether she found the session useful.



Give the participant a copy of “Proud Pete” flip book.

- (Optional) Offer the participant condoms to take with her.

This concludes the Precontemplation Stage Intervention Module.

Contemplation Stage Intervention Module

Consequences of Unprotected Sex

Assessment, Cognitive Dissonance, Information, Affirmation, Consciousness Raising

“What are some of the things that can happen to us as women if we have unprotected sex?”

- Write the participant’s responses on the flipchart.
- Try to get two answers in particular: Pregnancy & Sexually Transmitted Infections (STIs).

Points to Cover:

- STIs are infections that can be passed from one person to another by sexual contact.
- More than 25 STIs
- Very contagious
- If undiagnosed and untreated, STIs can have serious health consequences, and a few STIs can even lead to death.
- You may wish to tell the participant that many printed materials use the older term “Sexually Transmitted Diseases” (or STDs), but that the correct term is “Sexually Transmitted Infections” (or STIs). Tell her that she will see both STD and STI in the materials today.



Open the “STD Facts” brochure to the STD chart.

Things to cover that are not in the brochure

- On page 2 “What to Watch For,” incomplete information is provided: “Burning and pain when you urinate (pee) or have a bowel movement.” If necessary, provide a layman’s term for bowel movement since it is not provided, such as “poop.”
- The abbreviation “NGU” stands for Non-gonococcal urethritis, an inflammation of the urethra not caused by gonorrhea.
- Include Pelvic Inflammatory Disease (PID) on list as a complication of STIs.
- Under PID, write “chronic pelvic pain,” and “ectopic pregnancy.”



Use a female anatomical model to briefly demonstrate ascension of infection.

Risk Perception

Assessment, Cognitive Dissonance, Reflection

“Do you think you are at risk for a sexually transmitted infection we just listed (from the “STD Facts” brochure), like HIV?”

If she answers “No,”

“Why don’t you think you are?”

Points to cover:

- Very good chance of infection if she is having sex—vaginal, oral, or anal—without a condom
- 1 out of 4 sexually active teens will get an STI. Some STIs are not curable. HIV and other STIs are becoming more common in young people.
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“Can you tell if somebody is HIV-positive?”

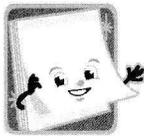
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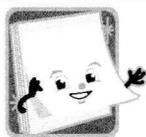
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Depo-Provera (shot once every 3 months)
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At this point give the participant the “Birth Control Choices” brochure. Suggest that she read it after the session.

- Make sure condoms, abstinence and secondary abstinence are included.

“Do you know why there are many more ways of preventing pregnancy than STIs?”

- Briefly discuss the different ways to prevent pregnancy.

“Do you think these also work to prevent STIs?”

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- Other than abstaining from intercourse, STIs can only be prevented with barrier methods, like condoms, that prevent the sperm from getting into the vagina, anus, or mouth in the first place.
- Tell the participant that you are going to focus on the methods that prevent against infection.
- Circle these methods on the right side of the flipchart page.

Condoms

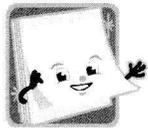
Assessment, Skills, Affirmation, Decisional Balance, Education, Self-Efficacy, Responsibility, Stimulus Control

Start with condoms.....

“Do you use condoms when you have intercourse?”

“What do you see as some of the advantages and disadvantages of using condoms?”

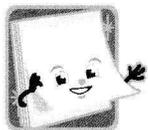
- Turn to a new sheet of paper.
- Write PROs on the left side and CONs on the right.
- Talk about the benefits first.



After she has run out of ideas, show her the “USE IT” sheet (provided in green envelope) and go over “Why?” points to include any PROs she did not mention.

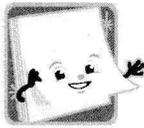
“Do you think you could demonstrate how to put on a condom the way you saw in the video?”

- Go over what was illustrated in the video.



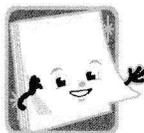
Use the “Condoms: How to Use Them” brochure to review the main points of condom use from the video.

- Things to add that are not in the brochure:
 - Make sure the condom is **latex** (or **polyurethane** if allergic to latex) so the sperm won't leak out. Other products (like natural membrane, "lambskin" condoms) won't necessarily protect you from STIs.
 - Squeeze air out of the condom before rolling it on
 - When all done, tie the used condom in a knot so that the contents do not spill.
- Other points to emphasize:
 - Check the expiration date on the condom package.
 - Don't tear the package with fingernails or teeth
- Have participant demonstrate for you with the penis model and a new condom.



As she hits the main points, check off the corresponding boxes in the "USE IT!" checklist (provided in green envelope).

- Once she has finished, use the checklist to go over the points she covered and those she forgot. If she forgot several, spend more time reviewing condom use.



Using the female anatomical model show how to use the female condom.

- Briefly describe the female condom and how to use it.



Offer her a Condom Key Chain.

Obtaining Condoms

Education, Stimulus Control

"Have you ever gotten condoms yourself?"

If she answers "Yes,"

"Where did you get them from?"

"Where are some other places you can get them?"

If she answers "No,"

"Why not?"

"Do you feel uncomfortable buying them from a store?"

- Also mention:
 - Clinic (low cost or free).
 - Drug stores, grocery stores, dispensaries in women's bathroom.
 - School health clinic.

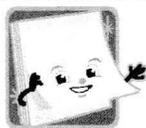
Secondary Abstinence

Assessment, Decisional Balance, Self-Esteem, Responsibility, Internal Attribution, Counterconditioning

“Have you ever decided not to have sex [even though you could]?”

Points to cover:

- Condoms are the best method to prevent infection, but not completely safe—they are only safer than other methods or nothing at all.
- The only truly safe, 100% effective way to prevent both pregnancy and infection is by not having sexual contact.
- Deciding not to have sex is a decision you are always free to make.



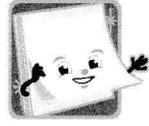
Offer “101 Ways to Say NO to Sex” brochure.

“What do you think are some of the benefits of not having sex?”

Points to cover:

- Won’t have to worry about getting pregnant or getting an STI
- Free
- Allows you to wait until you’re ready to deal with consequences like having baby or becoming HIV+
- It’s your body, your rules
- Deciding not to have sex does not mean you can’t be intimate with your partner and can actually help you develop a stronger friendship with your partner and do things together that you may not do if you were having sex

“What are some things you can do with a boyfriend that won’t infect you or make you pregnant?”



Show “101 Ways to Make Love Without Doin’ It” brochure.

Points to cover:

- Kissing, petting, touching each other with your clothes on, or other activities that do not include genital-to-genital contact, oral-to-genital contact, genital-to-anal contact, or the exchange of bodily fluids (including blood, semen, and vaginal secretions).
- Discuss the relative risks of oral and anal sex.

Talking About Sex

Self-Efficacy, Self-Reevaluation, Self-Liberation

- Discuss that a lot of teenage girls say they feel a lot of pressure from their boyfriends, from music they hear, TV shows and movies to have sex before they want to or feel ready to.

“Do you sometimes feel a lot of pressure on you to have sex?”

- Encourage participant to:
 - Know the risks.
 - Know her rights.
 - Be self-confident.
 - Respect her life.
 - Practice expressing herself.
- Tell the participant that the best way to talk about protection is before getting physical with someone, and in a neutral place (not the bedroom or in a car).
- Discuss the importance of not mixing alcohol or drugs with sexual intercourse.

Role Play

Roles:

The participant, as herself, has decided she wants to use a condom every time she has sex.

The educator, acting as the partner, needs to be convinced.

- Ask the participant to begin by asking you, acting as her sexual partner, to use a condom. Encourage her to have a reply for you and suggest the italicized responses below, if she has trouble. Have her repeat the request to use condoms before each exchange.

Educator: You don't trust me.

Participant: *I trust you to use a condom.*
It's not a matter of trust; it's a matter of health.
It's important to me that we're both protected.

Educator: But I love you. We don't have to use condoms.

Participant: *I love you enough to use condoms.*
Being in love can't protect us against AIDS.
I love you, too. We still need to use condoms.

Educator: Condoms aren't romantic.

Participant: *Worrying about AIDS isn't romantic. With condoms, we don't need to worry.*
Just give me those condoms, and I'll show you how romantic they can be!

Educator: But we've never used a condom before.

Participant: *I want to take better care of myself, starting now, and starting with using condoms.*

I want to start using condoms so we'll be safer.

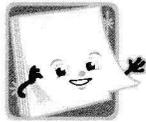
We can still prevent future infections.

Educator: We're not using condoms, and that's it.

Participant: *Then we're not having sex.*

I don't have sex without condoms.

- Discuss the importance of having a partner with whom she can talk about sexuality, who listens to her, and respects her.



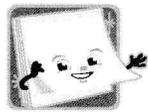
Offer the "Safer Sex: Talking with Your Partner" brochure.

Questions & Answers

- Answer any questions the participant may have.

Feedback & Summary

- Give the participant your impressions.
- Ask the participant to summarize what was covered and whether she found the session useful.



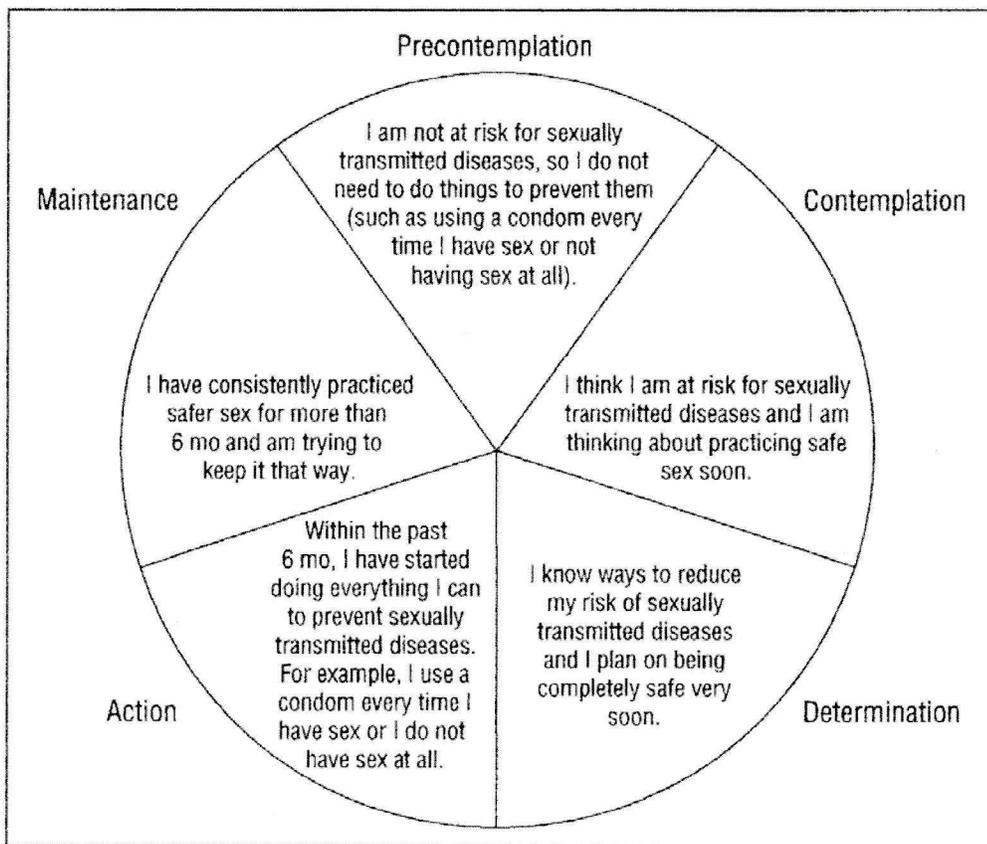
Give the participant a copy of “Proud Pete” flip book.

- (Optional) Offer the participant condoms to take with her.

This concludes the Contemplation Stage Intervention Module.

Wheel of Change

(Reference Copy)



“USE IT” sheet

(Reference Copy)

‘Condom’ ‘Rubber’ ‘Glove’ ‘Jimmy Hat’ ‘GLADBAG’

A sheath that is fitted over the entire erect penis before any sexual contact between genitals and collects the semen, thereby preventing the transfer of semen into the vagina, anus, or mouth.

USE IT!

- Why?**
- ☞ It's cheap
 - ☞ No prescription required
 - ☞ Convenient to use
 - ☞ It's portable
 - ☞ When used consistently and correctly, condoms:
 - are highly effective in preventing the sexual transmission of HIV, gonorrhea, chlamydia, and trichomoniasis
 - Reduce the risk of genital herpes, syphilis, chancroid, and human papillomavirus if infected areas are completely covered by the condom
- How?**
- ✓ Use a new, latex condom before each sex act
 - ✓ Read expiration date written on packet
 - As soon as the penis is erect (hard), and before any sexual contact (vaginal, anal, or oral)...
 - ✓ Open packet making sure you don't tear the condom
 - ✓ Squeeze the tip of the condom as you place it onto the penis
 - ✓ Roll the condom down the penis; leave ½ an inch at the tip
 - Soon after sex, while the penis is still hard...
 - ✓ Hold condom at base of the penis as you withdraw
 - ✓ Tie the used condom in a knot and throw it in the trash
 - ✓ Avoid further sexual contact until you wash sex organs
 - ✓ Remember, use a condom *every* time you have sex
- What else?**
- ☼ Don't use petroleum jelly or other oil-based lubricants with a condom. *It will break!*