

## Let's Plan for Choices

### Overview

**A**s a nation, we have made great strides in preventing teen pregnancy. From 1991 to 2017, teen birth rates fell 70%, from 61.8 to 18.8 per 1,000 live births. Yet the U.S. persists in having one of the highest teen birth rates in the developed world, and striking disproportional teen birth rates continue for some groups, particularly Latinos, African Americans, and American Indians/Alaska Natives. Work remains to reach more youth, and particularly disconnected and vulnerable youth, including LGBTQ youth. Compelling reasons that will stick beyond the teen years to avoid pregnancy before attaining education/training, employment and a stable union are important, given the steady and significant rise of unplanned and non-marital births to young adults that impact child well-being.<sup>1</sup>

STIs are at an unprecedented high in the U.S., according to the CDC. 2017 was the fourth year in a row in which STD increases were seen for chlamydia, gonorrhea, and syphilis.<sup>2</sup> Many cases go undiagnosed and unreported and data on several additional STDs are not routinely reported to the CDC. As a result, the CDC surveillance report captures only a fraction of the true burden of STDs in America. The CDC estimates that 20 million new sexually transmitted infections occur every year in this country, half among young people ages 15–24. Young people, females and gay or bisexual males, continue to face the greatest risks.

Young people need good information and they need compelling reasons—social, emotional, and health—for avoiding risky sexual behaviors. The lessons up to now on healthy relationships, and Lesson 11 on sexual decision-making, have engaged youth on social and emotional concerns and encouraged deeper reflection on sexual values, context, and timing for sex.

This lesson will be inclusive of LGBTQ youth who are often ignored in pregnancy prevention. Recent studies and the 2017 CDC Youth Risk Behavior Survey show that sexual minority youth have higher sexual risk behavioral rates than heterosexual youth.<sup>3</sup> In the National Longitudinal Study of Adolescents, bisexual females were found to have significantly higher pregnancy rates than heterosexual teens.<sup>4</sup> And a study on students in New York City, found that LGB teens also had higher pregnancy rates than heterosexual teens.<sup>5</sup> Not all LGBTQ-identified teens have sex. Those that do may have sex only with a same-sex partner, with opposite sex partners, or both. In understanding pregnancy rates, it's important to know that LGBTQ teens may have sex with a person of the opposite sex for any number of different reasons. Teens may be exploring or questioning. Some are exploited by others.

LGBTQ teens can face stigma, family disapproval, or fear of social rejection. Also, LGBTQ students report experiencing substantially higher levels of bullying, physical and sexual violence, including being forced to have sexual intercourse. LGB have higher rates of homelessness that puts them at risk for abuse on the streets, being forced to exchange sex for shelter, exploited by sex traffickers, and using and/or abusing drugs and alcohol, which makes using a condom to reduce risks less likely.

Lesson 12 begins with an activity to correct faulty information and dispel common myths about sex. Although not exclusively, the first section will focus more on pregnancy. The second section delves more deeply into STIs and HIV. There is an engaging film on HIV or an option for a video clip or song, followed by an inquiry-based activity for youth to teach each other about STIs/HIV. Participants will receive medically-accurate information on contraception and condoms presented in both sections.

After exploring risky situations, role-plays with pressure situations that are inclusive will offer assertiveness negotiation and refusal skill practice. The lesson ends with participants designing their own detailed personal plans for their sexual choices. This exercise will ask them to use what they have learned to make a very detailed personal plan for themselves to help them stay true to their intentions on boundaries, pacing, and prevention.

Note that this lesson will use the term STD. Some feel the newer term, STI, helps minimize embarrassment about these illnesses. Youth are often confused by the term STI. Many think STI means curable and STD incurable; or that one has symptoms while the other does not. This program will favor using the term STD, as the CDC does in

most of its publications. It is important, however, to point out to youth that STI and STD are often used interchangeably, but they refer to any infection transmitted through sexual contact. Use either term you choose, but be sure to point out that we are talking about the same thing.

## Goals

- Gain accurate information to dispel faulty assumptions about sex, pregnancy, and STIs.
- Analyze STI and HIV facts and emotionally engage and motivate with film, music, and participant-led activity.
- Acquire medically-accurate information on contraception and condoms.
- Practice communication and assertiveness through role-plays for pressure situations.
- Develop a personal action plan for sexual choices.

## Lesson at a Glance

### 12.1 Test Your Sex Smarts (15 minutes)

Activities: *Test Your Sex Smarts!*; *Pregnancy Prevention Methods*; Media clips

### 12.2 STIs and HIV Are for Real (20 minutes or less)

Activities: Film, *Reflections*, and discussion (or alternatively, the YouTube clip *Who Do You Know?*); *STIs and HIV Teach-In*

### 12.3 Risky Situations (5 minutes)

### 12.4 Pressure Situations and Assertiveness Skills (20–30 minutes)

Activities: *Tips for Assertiveness & Refusal*; Role-plays practice

### 12.5 My Personal Plan (5 minutes)

Activities: Workbook: *My Personal Plan*; Discussion of *Tips to Avoid Sliding and Straight Talk*

## Trusted Adult Connection



## Materials Checklist

### Resources Found at End of Lesson:

- 12a. *Test Your Sex Smarts* and answers (pgs. 301–303)
- 12b. *The Fog Zone* (use as resource for instructor, pgs. 304–306)
- 12c. *STDs and HIV Fact Sheet* (pgs. 307–308)
- 12d. *Ben & Marcos—Pressure from Friends* (pg. 309)
- 12e. *Advice to a Friend* (pg. 310)
- 12f. *First Role-Play Demonstrations (Ineffective)* (pg. 311)
- 12g. *Role-Play Scenarios* (pg. 312)
- 12h. *Exit a Risky Situation* (pg. 313)
- 12i. *Dean Changes Course* (pg. 314)
- 12j. *Tips to Avoid Sliding* (pg. 315)
- 12k. *Straight Talk* (pg. 316)

### Workbook Application:

- *My Personal Plan* (pgs. 36–37)

### Materials:

- Question Box
- *Reflections* video, found on YouTube. You can also purchase a digital download from Amazon. Alternatively, YouTube clip on HIV, *Who Do You Know?* Full 20-minute version and 11-minute condensed version are embedded in the PowerPoint slideshow.
- Flip chart paper and markers (for activity in Section 12.2)

### Downloadable Resources Located at [DibbleInstitute.org/LN4](http://DibbleInstitute.org/LN4)

- Lesson 12 PowerPoint Presentation
- Duplicate masters for handouts
- Two background instructor resources on sexual risk behaviors of LGBTQ youth are accessed via hyperlinks in the final PowerPoint slide.

 Preparation

- ✓ Preview the PowerPoint slides and media clips as you carefully read through the lesson.
- ✓ To help prepare and to answer questions youth may ask, review the Introduction to this lesson, as well as the resources 12a, *Test Your Sex Smarts* (pgs. 301–303); 12b, *The Fog Zone* (pgs. 304–306); 12c, *STDs and HIV Fact Sheet* (pgs. 307–308); and the instructor background resources on LGBTQ youth, linked in the final slide. Optional handout at end for youth (Resource 12a, pgs. 301–303).
- ✓ Place True and False signs up on opposite walls.
- ✓ Preview and decide if you will use the short media clips on contraception in Section 12.1.
- ✓ For Section 12.2, preview and decide if you will use the film, *Reflections* (found on YouTube or Amazon), or *Who Do You Know?* The full 20-minute version, as well as an 11-minute condensed version, are embedded in the PowerPoint slideshow.
- ✓ Duplicate *STDs and HIV Fact Sheet* (Resource 12c, pgs. 307–308) for the teach-in activity. Prepare flip chart paper for the activity in Section 12.2.
- ✓ Review all role-plays. Determine if you'll use all of them or selected ones (depending on time constraints). Duplicate the ones you will use.
- ✓ Duplicate *Tips to Avoid Sliding* (Resource 12j, pg. 315) back-to-back with *Straight Talk* (Resource 12k, pg. 316) to be used in session. Decide if these or the *STDs and HIV Fact Sheet* (Resource 12c, pgs. 307–308) will be used for the TAC. Duplicate role-plays (Resources 12d, e, f, g, h, i, pgs. 309–314).
- ✓ Review the questions from the workbook for *My Personal Plan*, pgs. 36–37. Decide if this will be assigned as homework or completed in session.
- ✓ Consider your time constraints. This lesson will take approximately 75 minutes.

**SECTION 12.1****Test Your Sex Smarts**

- Resource 12a: *Test Your Sex Smarts* (optional handout, pgs. 301–303)
- Question Box and small papers

15 minutes

**Introduce this Lesson**

- ❖ **(PP)** *In the last session we focused on your sexual values, a context and pace for sex that is meaningful to you.*
- ❖ *In today's session we are going to focus on sexual health issues and planning for your choices.*
- ❖ *We'll begin with a fun Test Your Sex Smarts activity to build your knowledge and clear up any myths or misconceptions you may have. Then, we'll also view some video clips.*
- ❖ *After that, you will build your knowledge base about risks and protection.*

**Question Box:** Hold up the Question Box. Pass out small pieces of paper and announce this is for any questions they might have that have not been addressed in the session or want to ask anonymously. To preserve privacy, ask everyone at the end of the session to submit a piece of paper, even if they write, “no questions.”



**Lesson Twelve**  
Let's Plan for Choices

**Activity: Test Your Knowledge**

This activity corrects faulty information and dispels common myths. These statements represent some of the most common, but faulty, beliefs held by youth.

Place a True sign on one side of the room and a False sign on the other. Announce to the group that you have a series of statements. If they believe it is True, they are to physically move to that side of the room and if they believe False, they go to other side. They must choose one or the other, even if they are not sure.

Before elaborating with accurate information, ask for volunteers to state why they chose True or False. Ask if there are further questions after you relay correct information. Then go on to the next question.

**Instructor Note:** The information below is important for all teens, regardless of gender, identity, or sexual orientation. LGBTQ youth have often been ignored in pregnancy prevention. As stated in the overview, in the National Longitudinal Study of Adolescents, bisexual females were found to have significantly higher pregnancy rates than heterosexual teens. And a study on students in New York City found that LGB teens also had higher pregnancy rates than heterosexual teens (see footnotes 4 and 5).

**(PP)** Advance by clicking on each statement in the PowerPoint slides. An optional answer sheet to pass out to youth after the quiz is included in the resources (Resource 12a, pgs. 301–303).

**1. It seems almost all teens are having sex.**

**False.** 60.5% of high-school-age teens have not had sexual intercourse and 47.8% have had no sexual contact whatsoever with another person.<sup>6</sup> And, the majority of sexually experienced teens say they wish they had waited longer.

**2. You can't get pregnant the first time you have sex.**

**False.** A female can become pregnant the first time she has sex and a guy can get a female pregnant the first time he has sex. Anytime a female has vaginal sex with a guy, she is at risk for becoming pregnant.

**3. A female can't get pregnant if she has sex during her period.**

**False.** Even though it is less likely, any time a female has sex, there's a chance. Many women have irregular period cycles or unpredictable ovulation. And it's especially common for teens to have irregular cycles, so it's hard to know exactly when ovulation is happening.

**Test Your Sex Smarts!**



1. It seems as if most teens are having sex.
2. You can't get pregnant the first time you have sex.
3. A female can't get pregnant if she has her period.
4. Sperm can live up to five (5) days inside a woman's reproductive tract.
5. If the guy pulls out, a girl can still get pregnant.
6. Jumping up and down, rinsing out the vagina (douching) or peeing after sex will prevent pregnancy.
7. Gay and lesbi

**Test Your Sex Smarts!**

8. You can't get STDs from oral sex. Besides it's not really sex.
9. You don't have to "go all the way" to get an STD.
10. If a female is on birth control she's protected from STDs.
11. Birth control pills are effective, even if a woman misses taking them for a couple of days in a row.
12. A woman can use an IUD even if she hasn't given birth.
13. After giving birth, a woman can become pregnant, even before she has her first period.
14. The implant has one of the highest rates of effectiveness of all methods, next to abstinence.
15. Emergency contraception requires a doctor's visit.

**4. Sperm can live up to five days inside a woman's reproductive tract.**

**True.** This is why there are many more days a month that a woman can get pregnant even though she ovulates, that is, releases an egg that is viable for 12–24 hours for fertilization. Ovulation is most likely halfway between two periods, but many do not know the exact day they ovulate.

**5. If the guy pulls out, a girl can still get pregnant.**

**True.** The pull out method is one of the least effective methods to prevent pregnancy and there is zero protection from STDs. Withdrawal is difficult to get exactly right, especially consistently, since it requires a lot of self-control. And that control is especially hard for younger guys.

Even if he pulls out before he ejaculates, there is still a chance she can get pregnant. If he pulls out but ejaculates near enough to her vagina, the sperm can possibly swim up her vagina.

**6. Jumping up and down, rinsing out the vagina (douching), or peeing after sex will prevent pregnancy.**

**False.** None of these things after intercourse will get rid of the sperm. In fact, douching can actually increase the chance for pregnancy since it can push sperm further up. Jumping does nothing for 200–500 million sperm vigorously swimming upstream and which live for up to 5 days inside the woman's body. Urine comes out of the urethra, a totally different opening than the vagina.

**7. Gay and lesbian teenagers who have sex don't get pregnant.**

**False.** LGBT teens that have sex with members of the opposite sex are significantly less likely to use birth control, which results in a much higher pregnancy rate. Lesbian, gay, and bisexual teens that have sex have pregnancy rates that are actually higher than that of heterosexual teens.<sup>7</sup> Not all LGBTQ teens have sex. Those that do may have sex only with a same-sex partner, with opposite sex partners, or both.

**8. You can't get STDs from oral sex. Besides, it's not really sex.**

**False.** Oral sex is sex. There are three main types of sex: vaginal, oral, and anal. You can get any STD from any form of sex. Herpes, syphilis, chlamydia,

gonorrhea, HPV, and HIV can all be acquired from oral sex. The person giving oral sex to a guy who ejaculates, is at higher risk, although any gender with any partner can transmit and receive STDs through oral sex. Even if there's no ejaculation, the person is still at risk for getting HIV and other STDs.

**9. You don't have to go "all the way" to get an STD.**

**True.** That is, if by "all the way" you mean vaginal intercourse. You already know that oral sex can transmit any and all STDs. Some bacterial and viral STDs are found in bodily fluids like semen (cum), pre-seminal fluid (pre-cum), blood, rectal fluids, vaginal fluids, but others like herpes, HPV and syphilis are spread by skin-to-skin contact. Sometimes those infections are on other places on the body.

**10. If a female is on birth control she's protected from STDs.**

**False.** Hormonal birth control methods, as well as copper IUDs, give zero protection against STDs.

**11. Birth control pills are effective, even if a woman misses taking them for a couple of days in a row.**

**False:** A steady level of hormones in the woman's body is needed to prevent pregnancy. When pills are missed, levels can drop too low.

**12. A woman can use an IUD even if she has not given birth.**

**True:** An IUD does not affect one's ability to get pregnant in the future and can safely be used by women who have never been pregnant. An IUD can be removed at any time.

**13. After giving birth, a woman can become pregnant, even before she has her first period.**

**True:** Most women will ovulate before having a period; and if a woman has sex around the time of ovulation, she can become pregnant.

**14. The implant has one of the highest rates of effectiveness of all methods, next to abstinence.**

**True:** The implant and IUD are long-acting contraceptives (LARCs) and, next to abstinence and permanent sterilization, are the most effective forms of birth control.

### 15. Emergency contraception requires a doctor's visit and prescription.

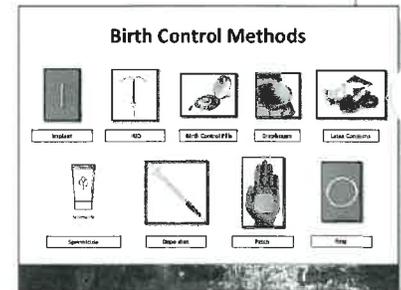
**False:** EC pills are available without prescription and can be taken up to 5 days after unprotected sex; however, the sooner taken, the more effective. Every day that a woman waits makes it more likely for her to become pregnant.

## Pregnancy Prevention Methods

There are methods to prevent an unplanned pregnancy. Although not everyone sees marriage and children in their future, many of those that do want to plan when to start a family. There are many benefits for parents (and children) if they wait until they have obtained their education/training, are employed and in a healthy marriage. There are many benefits for young parents also to wait until they are more settled before having another child.

**(PP)** For anyone who is sexually active, here are the primary methods of birth control. The options will be listed in the order of effectiveness with typical usage (i.e., not perfect) according to the CDC.

1. Abstinence is the only 100% way to prevent pregnancy and STIs.
2. The **implant** is a hormonal contraceptive that is a tiny rod the size of a matchstick. It is inserted into the upper inside arm by a healthcare professional. It lasts for up to 3 years and is 99.99% effective. It can be removed at any time.
3. The **IUD** (intrauterine device) is inserted through the cervix by a healthcare professional and can be removed at any time. Depending on type (there are hormonal and non-hormonal ones), it can last for 3, 5, or 10 years. It is 99.2% to 99.99% effective. It can be removed at any time.
4. Female or male **sterilization** (vasectomy) is 99.5% to 99.85% effective and is not easily reversible. Some couples after they are done having children opt for this.
5. **Depo-Provera** is a hormonal shot that must be taken every 3 months on schedule. It is 96% effective if done on schedule.



6. The **birth control pill**, which must be taken every day, is 93% effective. If days are missed, effectiveness is compromised.
7. The **patch** is a thin, square, plastic patch with hormones that is placed on the belly, arm, upper torso, or buttocks. A new patch is put on once a week for 3 weeks; no patch is worn for the fourth week. 93% effective.
8. The **ring** is about a two-inch ring that a woman inserts herself into her vagina up to the cervix. It is left in for 3 weeks, taken out, and then a week later a new one is inserted. It is 93% effective.
9. The **diaphragm** and the **cervical cap** are both flexible cups that are inserted into the vagina up close to the cervix each time before sex. A health care professional needs to determine the size. Both are used with spermicide. The diaphragm is 83% effective.
10. The **male condom** is 87% effective with typical use. The **female condom** is 79% effective.
11. The foam **sponge** is small and donut-shaped and contains a spermicide. It is inserted up into the vagina to the cervix. It is 86% effective for women who have never had a baby and 73% for women who have had a baby.
12. **Fertility Awareness Based Methods** (rhythm) involves daily tracking of a woman's cycle to determine when she is fertile. It is 77% to 98% effective.

Point out that certain antibiotics can reduce the effectiveness of some hormonal contraceptives.

### Emergency contraception:

- ❖ **(PP)** *This is not to be used as birth control, but for accidental, unprotected sex or sex against your will. EC pills are available without prescription and can be taken up to 5 days after unprotected sex; however, the sooner taken, the more effective.*

#### Emergency Contraception

- **Not** a regular method of birth control.
- A prescription is not needed.
- Can be taken up to 5 days after, but effectiveness goes down every single day.



- ❖ *EC does not cause an abortion. It prevents fertilization by preventing an egg being released by the ovary. Every day you wait, the chances of becoming pregnant go up significantly. If taken on day one, it is 94% effective; but that percentage goes down every single day.*

Ask if there are questions or invite students to write questions for the question box.

## Media Opportunity

**(PP)** This animated Ted.Ed clip (4:20 minutes) will visually reinforce the information presented on conception and how the various forms of contraception work. The YouTube clip is hyperlinked within the PowerPoint slide.

**(PP) Optional:** *The National Campaign to Prevent Unplanned Pregnancy—Power to Decide* has one-minute, animated lecture doodles on YouTube on various forms of contraception. See the links on the slide.

## SECTION 12.2

# STIs and HIV Are for Real

- Resource 12c: *STDs and HIV Fact Sheet* (pgs. 307–308)
- *Reflections* video, or alternative clip *Who Do You Know?*
- Flip chart papers and markers for STD activity

20 minutes or less

In this section, youth will view *Reflections*, a short film written by teens and produced by Scenarios USA. It tells the story of three young friends who are faced with the issue of HIV / AIDS. Then they will review facts on STDs and HIV. Alternately, they will view the video clip, *Who Do You Know?* Discussion questions for each are provided. Choose one or the other to engage youth on this topic.

## Film Reflections

**(PP)** State that you have a film about three friends faced with the issue of HIV / AIDS.

Play the first 15:47 minutes of the film. Pause the film after the HIV test (as they are walking down the street and before they start talking) and quickly poll the class, asking which of the girls they think might have tested positive for HIV. Is it Summer, the teen mom; Juanita, the “playa;” or Kiyah, the virgin?



Continue. After the film, ask them if they were surprised. Engage teens by asking questions about Kiyah’s relationship. **(PP)**

- ❖ *How well did she know her partner?*
- ❖ *Did the age difference and money he gave her set up a power imbalance?*
- ❖ *Can you recall the lines he used to pressure her? Pause and listen. (He said, “You think I’m dirty. Sometimes I wonder why I mess with you. Don’t you want our first time to be special?”)*
- ❖ *Some of his responses were real put downs to make her feel small.*
- ❖ *And pressuring and making someone feel guilty is not a sign of a healthy relationship. It’s the sign of a one-sided or selfish relationship.*
- ❖ *Did you know that having a partner older than you is a risk factor for being pressured, for going further than you want, and for not insisting on protection? Let’s talk about that.*

### Discussion on Summer:

- ❖ *Summer, the young mom, says at one point to her boyfriend: “You livin’ fool. You got me acting stupid. I can’t live like this. It’s not the example I want to set for my son.”*

Ask the group what they think about her concern for her child. Was it a healthy relationship for her child? Explain. How do you think the child will be affected if nothing changes?

**Instructor note:** Engage the group on choices beyond the necessity of condom protection with these discussion questions:

- ❖ *At the very end, there is a statement, “If you respect yourself, protect yourself.”*
- ❖ *Can we expand the meaning of that statement beyond condoms?*
- ❖ *Even if Kiyah had insisted on condoms, would everything have been all right with her?*
- ❖ *What about protecting her heart? Was it even a good idea for her to have sex?*
- ❖ *What was that relationship really about? Were they on the same page?*
- ❖ *Safe sex is not just about protecting your body, but your heart as well. When you realize that the majority of sexually experienced teen girls say they wish they had waited, it really makes you think.*

## Video: Who Do You Know?

**(PP)** A YouTube video (full-length 20 minutes or condensed 11 minutes) is embedded that addresses common myths about HIV. Play the video and then discuss.

Ask the group what myths they heard about HIV. Listen to what they picked up before adding the following points (if needed):

- ❖ *People with STDs or HIV don't have to look sick.*
- ❖ *People you know could have an STD or be HIV positive.*
- ❖ *Not wanting to know, not wanting to be tested, is a risk for others.*
- ❖ *If one doesn't know, one will pass it on to others.*
- ❖ *If one doesn't know, one cannot get treated.*



## STIs and HIV Teach-In

Instructor should prepare three large sheets titled as indicated below and tape them up around the room:

1. Curable? (line down middle) Incurable, only treatable?
2. Which ones show symptoms? (line down middle) No symptoms or hard to recognize?
3. Which STDs have very high consequences? Identify which ones and describe why and how.

This teach-in activity is a way for youth to find the information themselves, write it up on flip chart papers, and then teach it to the whole group.

### Directions

**(PP)** First, have everyone look at the three flip chart papers posted around the room with their respective headings. Give these directions:

1. Form three teams. Assign each group to one of the flip chart papers.
2. Pass out *STDs and HIV Fact Sheet* (Resource 12c, pgs. 307–308) to each person.
3. Each team member silently reads their handout to find the best, the most compelling, information to address the questions on the sheet they are assigned.
3. Then, team members pool their findings.
4. Each team goes to their assigned sheet and writes down the most compelling, important information they have found.
5. Taking turns, each team will teach the rest of the class what they found.

#### STIs/HIV Teach-in

Your team is to look for key facts on the question you are assigned using your handout. Write your findings on a flip chart:

1. Which can be cured? Which stick with you forever—can only manage symptoms? Describe.
2. Which ones have the most serious consequences? Describe and explain your choices.
3. Which clearly show symptoms? Which do not clearly show symptoms? Explain and describe.

Or, your team creates a rap, poster, social media *instagram*, *Twitter*, *Snapchat*, etc. message or image to get out an urgent message about STDs (you can focus on one) to other youth

**Alternative for some or extra credit:** Groups or individuals can make a poster, create a rap, use some sort of social media (such as *Instagram*, *Twitter*, *Snapchat*, or any creative medium they can think of) to get out an urgent message about STDs to other youth. They can focus on just one or more STDs.

**Instructor note:** Use the information on the next two slides and found below to elaborate and clarify or review as needed.

*STDs and HIV can affect different areas of your body, like your throat, vagina, penis, anus, and skin. They are spread in three ways:*

- ❖ **(PP)** *Some STDs are spread through **bodily fluids**, such as pre-seminal fluids (pre-cum), semen (cum), vaginal fluids, rectal fluids, blood, and breast milk. The mucous membranes of certain areas of the body—like the vulva, vagina, penis, mouth, anus, and eyes—allow fluids to enter the bloodstream. So, passage of the infected bodily fluid is through these mucous membranes or a lesion (broken skin or sore).*
- ❖ *Others are spread by **skin-to-skin** contact, such as Herpes, HPV, trichomoniasis, pubic lice and scabies. An open lesion does not need to be present.*
- ❖ *Another way STDs can be spread is through **mucous membranes** or through a lesion (broken skin or sore) on the other person, which can be in places on the body not covered by a condom.*
- ❖ *All kinds of sex—oral, vaginal, or anal—transmit STDs and HIV.*

**STD infections can enter the body three ways:**

- ❖ *Through **mucous membranes**, such as the vulva, vagina, penis, mouth (oral sex), anus, and eyes.*
- ❖ *Or, through **lesions** (breaks in the skin, sores).*
- ❖ *Or, **skin-to-skin**, like Herpes and HPV.*

*Some can be cured (bacterial ones) and others cannot be cured (viral ones).*

**STDs and HIV often have no symptoms. People with STDs or HIV don't have to look sick.**

- ❖ *Most people are unaware they have an STD or HIV.*

**Facts about STDs**

- Some STDs are spread through **bodily fluids** such as HIV, Chlamydia, Gonorrhea.
- Some are spread by **skin-to-skin** contact like Herpes, HPV and Syphilis.
- Passage of STD infections can enter the body three ways:
  - through **mucous membranes** such as the vulva, vagina, penis, mouth, anus, and eyes
  - through **lesions** (breaks in the skin, sores)
  - simply through **skin-to-skin** contact (e.g., an open lesion does not need to be present to transmit Herpes or HPV)
- Some can be cured and others **cannot** be cured.
- STDs and HIV often have **no symptoms** or they are not recognized.
- 1 in 4 sexually active females, aged 14-19, has an STD.

See STD & HIV Handbook for more info

*Testing is critical for anyone who is sexually active. Otherwise, they will pass it on to others and not get treated themselves.*

- ❖ *A person with an STD is more susceptible to getting HIV. This is because any broken skin or sore from an STD is a way for the HIV virus to enter the bloodstream.*

### **More on STDs (PP)**

- ❖ *Some STDs, like **chlamydia** and **gonorrhea** (symptoms often not recognized), left untreated can develop scar tissue that blocks the fallopian tubes and makes a woman infertile (unable to have a child) or to have an ectopic pregnancy, which can be life threatening. Untreated gonorrhea and chlamydia cause infertility in 20,000 women each year.<sup>8</sup> Antibiotic-resistant gonorrhea is increasing.*
- ❖ *HIV cannot be cured. If left untreated, it progresses to AIDS, which damages the immune system severely. Without treatment, people with AIDS survive three years. The sooner HIV is detected through testing and treated, the better the chances of prolonging life with medicines (and not having it develop into AIDS). Treating HIV can reduce transmission to others and help a person to live a healthier life.*
- ❖ ***Syphilis** is on the rise. Without the right treatment, it can move to the latent and 3rd stage that leads to paralysis, blindness, dementia, and damage of organs and death. Most people don't know they have syphilis because the painless sore in the first stage that goes away, can be mistaken for a pimple or small bump. The second stage is a rash that also goes away. You can get syphilis by direct contact with a syphilis sore during vaginal, anal, or oral sex. Sores can be found on the penis, vagina, anus, in the rectum, or on the lips and in the mouth.*
- ❖ ***Herpes** cannot be cured. Periodic outbreak of painful sores can be managed with medicine. Most people spread herpes when they are unaware.*
- ❖ ***HPV** is the most common and easily transmitted STD. There are many types and most go away on their own. HPV cannot be cured, only treated. Some strains cause cervical cancer in women and throat and anal cancers in both men and women. Other strains cause genital warts (small or large). The HPV vaccine taken before first sex ever can protect females and males from most, but not all, HPV-caused cancers. Even if you have already had sex, you should still talk with your healthcare provider about your options with the HPV vaccine.*

## Reducing Risks

- ❖ Remember, over half of the 20 million reported STDs each year are among young people, ages 15–24.
- ❖ 1 out of 4 sexually active females, aged 14–19, has an STD.<sup>9</sup> And many, if not most, teens that are sexually active do not even know they have an STD or HIV.
- ❖ **(PP)** The only 100% effective way to eliminate the risk of getting STDs and HIV and pregnancy is not to have sex—any kind.
- ❖ The only other 100% way to avoid contracting STDs is knowing both partners are STD free and are only having sex with each other (monogamous and faithful).
- ❖ The way for sexually active people to reduce their risks of contracting an STD is to use a condom correctly each and every time.

### A 100% way to prevent pregnancy, STDs and HIV

Is not to have sex

- Effective
- Safe
- Simple
- Free
- Never wears out
- No health risks
- No side effects
- More freedom



Half of the STDs reported each year are among youth ages 15–24  
1 in 4 sexually active teens has an STD & most are unaware

## Common Condom Mistakes

Point out that using condoms consistently and correctly can significantly reduce a person's risk of getting an STD or HIV. They are a must for anyone who is sexually active. However, only latex condoms (polyurethane or polyisoprene if allergic to latex) are proven to reduce—though not eliminate—the risk of acquiring STDs, while other types (such as lambskin) do not and are therefore not recommended.

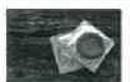
- ❖ But many people use them incorrectly and inconsistently.

**(PP)** Let's review the most common condom mistakes.

1. Late application. Putting a condom on after intercourse has already started. Semen can be in pre-ejaculate fluid.
2. Unrolling it before putting on, rather than unrolling the condom on the penis.

### Most Common Condom Mistakes

1. Late application
2. Unrolling it before putting on
3. Failing to leave room at the tip and pinching the air out of the tip
4. Start rolling inside out and then flip over
5. Damaging condom
6. No lubrication or wrong lubrication
7. Incorrect withdrawal
8. Not looking for expiration date
9. Keeping it in a warm place (wallet, glove compartment) for a period of time
10. Reusing a condom
11. Using two condoms (double bagging)



3. *Failing to leave room at the tip for the semen to collect and pinching the air out of the tip. The condom could break because there is no where for the semen to go.*
4. *Starts to put on upside down and then flips it over, potentially exposing their partner to bodily fluids that will now be on the outside of the condom.*
5. *Opening condom package with sharp object, teeth, nails and damaging the condom.*
6. *No lubrication or wrong lubrication (oil based like Vaseline, baby oil, etc.). Both can cause condoms to break.*
7. *Incorrect withdrawal. Failing to promptly and properly withdraw after ejaculation. When a male loses his erection, the condom is no longer fitting tightly and sperm can leak out.*
8. *Not looking for expiration date.*
9. *Keeping it in a warm place (wallet, glove compartment) for a period of time. It can break down the latex.*
10. *Reusing a condom. Obviously a bad idea—contamination.*
11. *Using two condoms (double bagging). Actually makes it more likely to rub and break.*

**Question Box:** Hold up question box and ask teens to jot down any questions they have. For privacy, ask everyone to put a slip of paper into the box, even if to say, “no questions.” Make a point of responding to them in a later session.

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## SECTION 12.3

# Risky Situations

5 minutes

Announce that before they move into role-play practice with real-life situations, they are going to review important information on risky situations and especially the role of alcohol and other substances, like marijuana.

**Point out a few factors associated with greater risk for STD/  
HIV: (PP)**

- ❖ *The earlier one starts having sex, the greater the likelihood of more lifetime partners, meaning more potential exposures.*
- ❖ *The number of partners you or your partner have had. You are exposed to all uncured STDs that your partner and all of his or her past or current partners has.*
- ❖ *A large age difference between partners (the younger one is less likely to assert themselves—use refusal skills or insist on condoms). There's usually a power imbalance.*
- ❖ *Drinking or being high makes you far more likely to do sexual things you might not want to do normally.*

**Factors linked to greater risk**

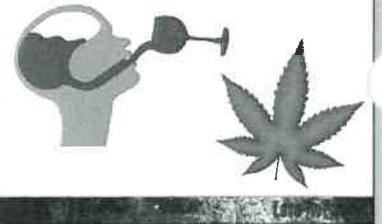
1. The earlier one starts having sex
2. The number of partners either person has had
3. Going with someone much older
4. Drinking or being high



**Your Brain When Drunk or High (PP)**

- ❖ *We know that alcohol and marijuana are linked to a greater risk of sexual assault, STIs, pregnancy, and emotional regret about sex.*
- ❖ *Under the influence, people often do things they normally would not do. These substances lower one's normal inhibitions. People feel braver.*
- ❖ *Substances may block your normal safety stops or filters in your brain. This is why drunken people sometimes think it's okay to drive.*
- ❖ *Your brain under the influence can't tell the difference between a good decision and a bad decision.*
- ❖ *For example, when a person drinks, the brain releases dopamine; it initially can make a person feel good. But, lots of it blocks negative emotions, fear, and insecurities. Alcohol dulls a sense of danger—makes it difficult to recognize a risky situation.*
- ❖ *Being drunk or high and having sex increases the risks for contracting STDs and/or pregnancy because they aren't thinking about what happens tomorrow; they aren't thinking about using protection at the time.*
- ❖ *Most sexual assaults involve alcohol and other substances. Consent is impossible when drunk or high.*

**Brains Under the Influence**



Ask everyone to think about how difficult or awkward it feels to first bring up a conversation with someone you like about your sexual values, your sexual boundaries and intentions. Listen. (Most don't find it easy.)

- ❖ *It's hard enough to have this kind of conversation. Just think about how hard it might be to talk about your boundaries—or birth control or protection before sex—when drunk or high.*

**Points to consider:**

- ❖ *Being drunk or high is not the time to decide if you are ready for sex with someone. Nor is it the time to decide which form of birth control and protection you are willing to use. Nor is it the time to find out what he or she would do if the sex resulted in a pregnancy.*
- ❖ *Some decisions are best made when you are sober. And sex is surely one of them.*
- ❖ *Even when sober, you are more likely to slide into sex if you haven't talked about intentions, your boundaries, how you want to pace things.*

## SECTION 12.4

# Pressure Situations and Assertiveness Skills

- Resource 12d: *Ben & Marcos—Pressure from Friends* (pg. 309)
- Resource 12e: *Advice to a Friend* (pg. 310)
- Resource 12f: *First Role-Play Demonstrations (Ineffective)* (pg. 311)
- Resource 12g: *Role-Play Scenarios* (pg. 312)
- Resource 12h: *Exit a Risky Situation* (pg. 313)
- Resource 12i: *Dean Changes Course* (pg. 314)

20–30 minutes

This section involves strategies and practice for how to effectively respond to pressure situations. Pressure can come in several forms—from friends, partners, popular and peer culture. Effective responses and actions will be practiced with an array of situations and role-plays. Post a large sheet or keep the PowerPoint up with the refusal tips found below to aid teens as they do the exercises. Instructor note: Given your time constraints, use all or selected ones. Be sure to have the group critique with the assertiveness/refusal skills tips.

**Begin with these points:**

- ❖ *As we've stated several times, most people don't plan to have sex the first time.*
- ❖ *Many times, a person is attracted to someone and finds himself or herself pressured, subtly or not so subtly, by someone they like and want to have a relationship with. They don't quite know how to respond or slow things down like Cristina.*
- ❖ *Sometimes, if you've never practiced talking about sex and you're unsure of things, it can be hard.*
- ❖ *Maybe a person thinks they're saying no, but it doesn't come across as no.*
- ❖ *And sometimes a person is pressuring someone into sex, which is just wrong.*
- ❖ *Sometimes a person needs an exit strategy when things are escalating and it doesn't feel right.*
- ❖ *Some people want to stop having sex and need practice on what to say and do.*
- ❖ *We are going to practice responses to different types of situations with role-plays.*

**Activity: Response to Friend Pressure & Good Advice to a Friend**

- ❖ **(PP)** *Even teens that are not having sex can feel pressured to say they are because they think everybody else is. This is especially true for boys.*
- ❖ *Most teens don't know the facts on how many teens are, and are not, having sex. The same with older young adults.*
- ❖ *This kind of social pressure can make a person either have sex when they really don't want to, or lie about having sex when they haven't.*
- ❖ *Lying about it just reinforces the falsehood that everyone is doing it.*
- ❖ *And doing it just to fit in when you are not sure and not ready is not being true to yourself.*

**(PP)** Announce that they'll start with a couple of situations. One is about feeling the pressure from friends and another is how to advise a friend.

**Pressure Situations  
&  
Assertiveness Skills**



Have the group form pairs and pass out *Ben & Marcos—Pressure from Friends* (Resource 12d, pg. 309) to half the pairs (have them note that Marcos can be gay or straight) and *Advice to a Friend* (Resource 12e, pg. 310) to the other half.

Instruct the pairs to use what they've learned so far to create good responses and give good advice. Alternatively, the whole group can discuss together and offer ideas.

State that before they start, they'll take a moment to recall the concepts they have learned so far. Use PowerPoint slides 19 and 20. **(PP)**

Allow 3–4 minutes and then ask for a pair of volunteers to role play it out. One pair for each one is sufficient. Ask the group to offer feedback on its strengths and/or ways to strengthen.

#### Love Notes Review

- Relationship Pyramid – positive starters & foundation
- Love chemicals & the 3-6-9 rule
- Infatuation vs. Love
- 3 sides of a realistic concept of love
- 7 principles of smart relationships
- 3 questions for How Healthy is my relationship?
- The 6 parts of Intimacy

## Tips for Assertiveness & Refusal

Before continuing on with additional role plays, they will review tips on refusing and exiting situations that are escalating. Use PowerPoint. This will be used in the activities.

### Tips for Refusing—Be Clear, Be Strong (PP)

- Don't be wishy-washy—say NO
- Repeat it, again and again
- Show you mean it—serious expression
- Look person directly in the eyes
- Tone of voice should match words; use assertive, not wimpy voice
- Use body language that says NO
- Sit up or stand up straight, get up
- Say what you'd like to do instead (“Let's go outside....”)
- Push the person away
- Leave
- Fight back if needed
- Say NO—stay on point

#### Refusing—Be Clear, Be Strong

- Don't be wishy-washy—Say NO.
- Repeat it, again & again
- Show you mean it-serious expression
- Look person directly in the eyes
- Tone of voice should match words; use assertive, not wimpy voice
- Use body language that says NO
- Sit up or stand up straight, get up
- Say what you'd like to do instead (let's go outside....)
- Push the person away
- Leave
- Fight back if needed
- Say NO, stay on point

### Activity: Ineffective Role-Play Demonstration

**(PP)** The first two role-plays are demonstrations of ineffective responses. Have roles highlighted in colored marker for the volunteers. Role play A involves a girl and guy and role play B is two girls. Ask for 4 volunteers and pass out the two scripts (Resource 12f, pg. 311). Have volunteers act out one or both.

#### Role-Plays

1. Ineffective Demonstration(s)
1. Responding to Pressure from someone you like
1. Exiting a Risky Situation
4. Wants to Change Course

Afterwards, ask the group to state which items on the Skills Tips sheet posted on the wall or up on the PowerPoint they did not use.

### Activity: Second Set of Role Plays

Break into pairs or small groups and distribute the three remaining role-plays. 12g, 12h, and 12i (pgs. 312–314).

Make multiple copies. The topics for these role-plays include responding to pressure situations where the person wants to keep the relationship but does not want to have sex (12g, pg. 312). Another (12h, pg. 313) involves how to exit a risky situation.

The final one (12i, pg. 314) involves a guy who wants to change course. He's decided he wants to stop having sex in his relationship. How will he tell his boyfriend and how will he respond?

Allow 4 minutes to create responses and dialogues and then ask for volunteers to role play their dialogues and actions. After each one, have the group use the criteria on the posted tips for effective assertiveness to assess each one.

### Important Concluding Point: (PP)

- ❖ *Regardless of what a person says or doesn't say, nobody has the right to force another to have sex. That is never a reason to blame a victim.*
- ❖ *Forcing sex is totally wrong and criminal.*
- ❖ *Also, drinking or being high makes it more likely for a person to do sexual things they normally would not.*

#### Everyone Needs a Plan

- **If you are sexually active:**
  - You need a birth control plan and condom agreement and regular STD testing
- **If you want to wait on sex, or pace things slowly, or do things differently next time:**
  - You need a plan with clear boundaries discussed ahead of time
  - Rules on touch and time
  - And, how you will both make sure if you move your boundaries it will be a decision and not a slide.

## SECTION 12.5

# My Personal Plan

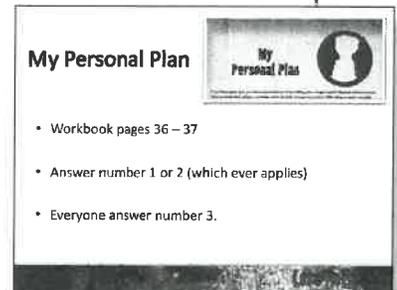
- Resource 12j: *Tips to Avoid Sliding* (pg. 315)
- Resource 12k: *Straight Talk* (pg. 316)
- Workbook: *My Personal Plan* (pgs. 36–37)

5 minutes

Instruct participants to turn to *My Personal Plan* on pgs. 36 and 37 of the workbook.

**(PP)** Begin by stating that everyone needs a plan.

- ❖ *You need a plan for how you are going to stay abstinent, if that is your choice.*
- ❖ *You need a plan if you are going to pace your involvement more slowly.*
  - *When two people spend a lot of time alone kissing and touching skin-on-skin, sexual arousal is likely to take over despite one's values or intentions. Everyone needs a plan.*
  - *And a person needs to be able to talk about their sexual values and boundaries confidently with a partner and have agreement.*
  - *If your partner keeps pressuring you and doesn't want to respect your values and boundaries, this is a sign of an unhealthy relationship.*
  - *If you decide to have sex, you need a plan for how you and your partner will avoid pregnancy and/or STDs.*



Read the questions aloud which appear in the workbook. Direct teens to answer number one or two, depending on which pertains to them. Direct everyone to answer number three. Can begin in session and complete as homework if time is limited.

**Note:** Be sure to state that their workbook is private and that you (the instructor) will not be reading it, only doing check-offs.

## Trusted Adult Connection

**(PP)** Pass out *Tips to Avoid Sliding* (Resource 12j, pg. 315) and *Straight Talk* (Resource 12k, pg. 316).

Ask participants to read through them, ask their TA to also read them, and then discuss one of them together.

## Notes

- <sup>1</sup> Office of Adolescent Health (May 2019). Trends in Teen Pregnancy and Childbearing. Retrieved from <https://www.hhs.gov/ash/oah/adolescent-development/reproductive-health-and-teen-pregnancy/teen-pregnancy-and-childbearing/trends/index.html>
- <sup>2</sup> New CDC Analysis Shows Steep and Sustained Increases in STDs in Recent Years, August, 2018, <https://www.cdc.gov/nchhstp/newsroom/2018/press-release-2018-std-prevention-conference.html>
- <sup>3</sup> See “Health Risks Among Sexual Minority Youth,” Centers for Disease Control and Prevention (August 2016), [www.cdc.gov/healthyyouth/disparities/smy.htm](http://www.cdc.gov/healthyyouth/disparities/smy.htm); CDC Morbidity and Mortality Weekly Report, “Sexual Identity, Sex of Sexual Contacts, Health-related Behaviors Among Students Grades 9-12 2015. [www.cdc.gov/mmwr/volumes/65/ss/ss6509a1.htm](http://www.cdc.gov/mmwr/volumes/65/ss/ss6509a1.htm); and Centers for Disease Control and Prevention MMWR. (2018). Youth risk behavior surveillance—united states, 2017. Retrieved from <https://www.cdc.gov/healthyyouth/data/yrbs/pdf/2017/ss6708.pdf>
- <sup>4</sup> Goldberg, S. K., Reese, B. M., & Halpern, C. T. (2016). Teen pregnancy among sexual minority women: Results from the national longitudinal study of adolescent to adult health. *The Journal of Adolescent Health: Official Publication of the Society for Adolescent Medicine*, 59(4), 429–437.
- <sup>5</sup> Lisa L. Lindley and Katrina M. Walsemann, (2015). Sexual orientation and risk of pregnancy among new york city high-school students. *American Journal of Public Health* 105, 1379–1386.
- <sup>6</sup> Centers for Disease Control and Prevention MMWR. (2018). Youth risk behavior surveillance—united states, 2017. Retrieved from <https://www.cdc.gov/healthyyouth/data/yrbs/pdf/2017/ss6708.pdf>
- <sup>7</sup> See footnotes 3, 4, 5.
- <sup>8</sup> Centers for Disease Control and Prevention. (September 2018). Reported STDs in the United States, 2017. Retrieved from <https://www.cdc.gov/nchhstp/newsroom/docs/factsheets/std-trends-508.pdf>
- <sup>9</sup> Centers for Disease Control and Prevention. (July 2018). STDs in Adolescents and Young Adults. Retrieved from <https://www.cdc.gov/std/stats17/adolescents.htm>

## RESOURCE 12a

**Test Your Sex Smarts****1. It seems almost all teens are having sex.**

**False.** 60.5% of high-school-age teens have not had sexual intercourse and 47.8% have had no sexual contact whatsoever with another person. And, the majority of sexually experienced teens say they wish they had waited longer.

**2. You can't get pregnant the first time you have sex.**

**False.** A female can become pregnant the first time she has sex and a guy can get a female pregnant the first time he has sex. Anytime a female has vaginal sex with a guy, she is at risk for becoming pregnant.

**3. A female can't get pregnant if she has sex during her period.**

**False.** Even though it is less likely, any time a female has sex, there's a chance. Many women have irregular period cycles or unpredictable ovulation. And it's especially common for teens to have irregular cycles, so it's hard to know exactly when ovulation is happening.

**4. Sperm can live up to five days inside a woman's reproductive tract.**

**True.** This is why there are many more days a month that a woman can get pregnant even though she ovulates, that is, releases an egg that is viable for 12–24 hours for fertilization. Ovulation is most likely halfway between two periods, but many do not know the exact day they ovulate.

**5. If the guy pulls out, a girl can still get pregnant.**

**True.** The pull out method is one of the least effective methods to prevent pregnancy and there is zero protection from STDs. Withdrawal is difficult to get exactly right, especially consistently, since it requires a lot of self-control. And that control is especially hard for younger guys.

Even if he pulls out before he ejaculates, there is still a chance she can get pregnant. If he pulls out but ejaculates near enough to her vagina, the sperm can possibly swim up her vagina.

6. **Jumping up and down, rinsing out the vagina (douching), or peeing after sex will prevent pregnancy.**

**False.** None of these things after intercourse will get rid of the sperm. In fact, douching can actually increase the chance for pregnancy since it can push sperm further up. Jumping does nothing for 200–500 million sperm vigorously swimming upstream and which live for up to 5 days inside the woman's body. Urine comes out of the urethra, a totally different opening than the vagina.

7. **Gay and lesbian teenagers who have sex don't get pregnant.**

**False.** LGBT teens that have sex with members of the opposite sex are significantly less likely to use birth control, which results in a much higher pregnancy rate. Lesbian, gay, and bisexual teens that have sex have pregnancy rates that are actually higher than that of heterosexual teens. Not all LGBTQ teens have sex. Those that do may have sex only with a same-sex partner, with opposite sex partners, or both.

8. **You can't get STDs from oral sex. Besides, it's not really sex.**

**False.** Oral sex is sex. There are three main types of sex: vaginal, oral, and anal. You can get any STD from any form of sex. Herpes, syphilis, chlamydia, gonorrhea, HPV, and HIV can all be acquired from oral sex. The person giving oral sex to a guy who ejaculates, is at higher risk, although any gender with any partner can transmit and receive STDs through oral sex. Even if there's no ejaculation, the person is still at risk for getting HIV and other STDs.

9. **You don't have to go "all the way" to get an STD.**

**True.** That is, if by "all the way" you mean vaginal intercourse. You already know that oral sex can transmit any and all STDs. Some bacterial and viral STDs are found in bodily fluids like semen (cum), pre-seminal fluid (pre-cum), blood, rectal fluids, vaginal fluids, and breast milk, but others like herpes, HPV and syphilis are spread by skin-to-skin contact. Sometimes those infections are on other places on the body.

**10. If a female is on birth control she's protected from STDs.**

**False.** Hormonal birth control methods, as well as copper IUDs, give zero protection against STDs.

**11. Birth control pills are effective, even if a woman misses taking them for a couple of days in a row.**

**False:** A steady level of hormones in the woman's body is needed to prevent pregnancy. When pills are missed, levels can drop too low.

**12. A woman can use an IUD even if she has not given birth.**

**True:** An IUD does not affect one's ability to get pregnant in the future and can safely be used by women who have never been pregnant. An IUD can be removed at any time.

**13. After giving birth, a woman can become pregnant, even before she has her first period.**

**True:** Most women will ovulate before having a period; and if a woman has sex around the time of ovulation, she can become pregnant.

**14. The implant has one of the highest rates of effectiveness of all methods, next to abstinence.**

**True:** The implant and IUD are long-acting contraceptives (LARCs) and, next to abstinence and permanent sterilization, are the most effective forms of birth control.

**15. Emergency contraception requires a doctor's visit and prescription.**

**False:** EC pills are available without prescription and can be taken up to 5 days after unprotected sex; however, the sooner taken, the more effective. Every day that a woman waits makes it more likely for her to become pregnant.

## Supplemental Resource for Instructor

## THE FOG ZONE

How Misperceptions, Magical Thinking and Ambivalence Put Young Adults at Risk for Unplanned Pregnancy

## Contraception and Pregnancy: The True and the False Answers

**CONDOMS**

- **It is okay to use the same condom more than once: FALSE**

Each condom provides protection against pregnancy for one act of intercourse. Even if the man doesn't ejaculate, condoms should not be used again because they might be weakened from the first act of intercourse, and they could be more likely to break.

- **Condoms have an expiration date: TRUE**

Condoms are made of latex and latex breaks down over time. A condom that is past its expiration date is weaker and more likely to break; it provides much less effective protection. Heat and friction can also weaken the condom, so it is not a good idea to store condoms in a place where they will be exposed to your body heat for more than a short period of time.

- **When putting on a condom, it is important to leave a space at the tip: TRUE**

If there is no space at the tip, the condom may break when the man ejaculates, because there is nowhere for the ejaculate ("cum") to go. Most condoms have a small area at the tip of the condom, called the "reservoir tip," which is built in to make room for the man to ejaculate without breaking the condom. If you are using a condom without this special tip, just make sure to pinch a small area at the tip of the condom and hold it as you roll the condom down the length of the penis.

- **It is okay to use petroleum jelly or Vaseline as a lubricant when using latex condoms: FALSE**

Vaseline (petroleum jelly) can break down the latex in condoms, making it more likely that they will break and put you at risk of getting pregnant. You can buy condoms that are already lubricated, or you can purchase special lubricants like K-Y Jelly that are meant to be used with condoms.

- **When using a condom, it is important for the man to pull out right after ejaculation: TRUE**

After a man ejaculates ("comes") he begins to lose his erection. When this happens, the condom is no longer tightly fitted to the penis, and sperm can leak out. This can put a couple at risk of getting pregnant. After a man ejaculates, he should hold the condom on to the base of his penis with his hand while he pulls out.

- **Wearing two latex condoms will provide extra protection: FALSE**

It may seem like a good idea but wearing two condoms at once will actually raise your risk of getting pregnant. When the two condoms rub against each other during sex, the friction can create little rips in the latex, and the condom is more likely to break. One condom, used correctly, will provide 98% effective protection against pregnancy. So there's no need to double up! With typical use, condoms are only 87% effective.

**BIRTH CONTROL PILLS**

- **Birth control pills are effective even if a woman misses taking them for two or three days in a row: FALSE**

Birth control pills are designed to keep a steady level of hormones in the woman's body, and this is how they prevent pregnancy. When pills are missed, that level can drop too low and the pill no longer provides effective pregnancy protection. For instructions on what to do when you miss a pill, ask your health care provider or read the insert in your pill package.

- **Women should "take a break" from the pill every couple of years: FALSE**

There is no medical reason why women need to take a break from the pill. Women may safely use pills for 5, 10, or 20 years without ever taking a "break."



www.TheNationalCampaign.org  
blog.TheNationalCampaign.org

www.SexReally.org  
www.StayTeen.org

December 2009  
(202) 478-8500

- **If a woman is having side effects with one kind of pill, switching to another type or brand might help: TRUE**

Different brands of birth control pills have different combinations of hormones, and different dosages too. Some women may react badly to one brand but have no negative reaction to another. Talk to your health care provider about the best options for you.

- **After a woman stops taking birth control pills, she is unable to get pregnant for at least two months: FALSE**

After a woman stops the pill, her fertility typically returns to normal and she can get pregnant if she doesn't use another method.

- **In order to get the birth control pill, a woman must have a pelvic exam: FALSE**

It is a good idea for all women to have regular gynecological check-ups that include a pap test and pelvic exam, but this is no longer considered necessary for initiation or use of hormonal contraception. Many providers will now offer hormonal contraception without conducting a pelvic exam; by taking a woman's blood pressure and medical history, a clinician will be able to determine if hormonal methods are safe for her.

### IUDs

- **All IUDs are banned from use in the United States: FALSE**

IUDs are safe and available throughout the United States. In the 1970s, there was a different kind of IUD on the market that was linked to serious infections in some women. That IUD was banned from sale in the U.S. more than 30 years ago. Today, there are two kinds of IUDs available in the U.S.—hormonal and non-hormonal. Both are safe and do not cause the serious side effects linked to the earlier IUD.

- **A woman can use an IUD, even if she has never had a child: TRUE**

A woman can use an IUD, even if she has never given birth. It is now clear that the IUD does not affect your ability to get pregnant in the future and can be safely used by women who have never been pregnant or had a baby. After the IUD is removed, most women are able to become pregnant as quickly as women who have never used an IUD.

- **Women who use IUDs cannot use tampons: FALSE**

The IUD does not interfere with tampon use. The IUD sits in the uterus, while tampons are placed in the vagina.

- **To obtain an IUD, a woman must undergo a surgical operation: FALSE**

Women do not need a surgical operation to obtain an IUD. A woman who is getting an IUD must go to her health care provider's office, and a clinician will insert the IUD into the uterus through the vaginal canal. The procedure can cause temporary discomfort and cramping, but it does not involve surgery or anesthesia.

- **An IUD cannot be felt by a woman's partner during sex: TRUE**

It is very unlikely that a woman's partner will feel an IUD. The actual IUD stays inside the woman's uterus, and there are two very fine thin strings that descend into the vaginal canal. Women using an IUD periodically should check that these strings are in place, but it is rare that her partner would feel them during sex, and impossible to feel the IUD itself.

- **IUDs can move around in a woman's body: FALSE**

The IUD is placed in the uterus, and it does not move around. Very rarely, a woman may expel the IUD from the uterus, in which case it would just come out of the vagina.

### OTHER HORMONAL METHODS

- **Women using the birth control shot, Depo Provera, must get an injection every 3 months: TRUE**

The birth control shot provides 3 months (12 weeks) of protection against pregnancy. This means that women who use the shot must return to their health care provider every 3 months to repeat the injection.

- **Even if a woman is late getting her birth control shot, she is still protected from pregnancy for at least 3 more months: FALSE**

The birth control shot provides 3 months (12 weeks) of protection against pregnancy. Once those three months have gone by, the shot's effectiveness wears off. Women who use the shot must receive their injection every three months to maintain pregnancy protection.

- **Negative effects that a woman has from Depo Provera can last for the rest of her life: FALSE**

Some women do experience side effects from Depo Provera, including changes in their menstrual bleeding patterns, changes in sex drive, changes in appetite or weight, headaches, mood swings, sore breasts, nausea and rashes. When a woman stops



www.TheNationalCampaign.org  
blog.TheNationalCampaign.org

www.SexReally.org  
www.StayTeen.org

December 2009  
(202) 478-8500

using the shot, these side effects will also stop, though it may take several months for the hormones to completely leave her body.

- **Women using the vaginal ring, NuvaRing, must have it inserted by a doctor or health care provider every month: FALSE**

Women must visit their health care provider to get their first NuvaRing prescription, but the clinician does not insert the ring. The NuvaRing is inserted by the woman using it, just like a tampon, and it is changed once per month.

- **Long-acting methods like the implant or IUD cannot be removed early, even if a woman changes her mind about wanting to get pregnant: FALSE**

Long acting methods can be removed at any time, and fertility will return to its normal level.

### PREGNANCY

- **After giving birth, a woman can get pregnant even before she has her first period: TRUE**

It is possible for a woman to get pregnant after giving birth, even if she has not yet had a period. Most women will ovulate before having a period, and if a woman has sex around the time of ovulation, it is very possible for her to get pregnant.

- **Douching (washing the vagina) after sex can prevent pregnancy: FALSE**

Douching or washing the vagina after sex does NOT prevent pregnancy. The sperm cannot be washed out, and douching can even push them farther up into the vagina, increasing the risk of pregnancy. Douching can also leave a woman more vulnerable to sexually transmitted infections, because it can irritate the walls of the vagina, and infections can be passed on more easily through broken or irritated skin.

- **A woman who is still breast feeding cannot get pregnant: FALSE**

Breastfeeding does provide some protection against pregnancy, but only among women who are exclusively breastfeeding. This means that a woman feeds her baby at least 6 times a day with both breasts, does not substitute other foods for breast milk, and feeds her baby every 4 hours during the day and every 6 hours at night. According to the CDC, exclusive breastfeeding in conjunction with amenorrhea and being less than 6 months postpartum can provide some protection against pregnancy.

- **Pregnancy is much less likely to occur if a couple has sex standing up: FALSE**

Pregnancy can occur if a couple is standing up, sitting down, lying sideways, or in any other position you can think of. There is no sex position that provides protection against pregnancy.

- **The only way to completely prevent pregnancy is by not having sex: TRUE**

Abstaining from sex is the only 100% effective way to prevent pregnancy. However, many birth control methods are safe, effective, and available at a relatively low cost.

- **During a woman's monthly cycle, are there certain days when she is more likely to become pregnant if she has sex? YES**

**For most women, the time when she is more likely to get pregnant is...**

- just before her period begins;
- during her period;
- right after her period has ended; or
- halfway between two periods.

The correct answer is **(d), halfway between two periods**. This is the time when ovulation is most likely to occur.



## RESOURCE 12c

**STDs and HIV Fact Sheet**

2017 was the fourth year in a row for increases in chlamydia, gonorrhea, and syphilis according to the CDC. Over half of the 20 million reported STDs each year are among young people, ages 15–24. Young people, females and gay or bisexual males, face the greatest risks. 1 in 4 sexually active females, aged 14–19, has an STD.

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**Gonorrhea**

- **Symptoms:** Most women and some men have no symptoms. Others may have discharge, pain during urination, or frequent urination.
  - **Transmission:** through vaginal, oral, or anal sex with someone who has gonorrhea. A pregnant woman with gonorrhea can give the infection to her baby during childbirth.
  - **Consequences:** Left untreated, it can develop scar tissue that blocks the fallopian tubes and makes a woman infertile (unable to have a child), or to have an ectopic pregnancy which can be life-threatening. Untreated gonorrhea and chlamydia cause infertility in 20,000 women each year. In men, it can cause a condition in the tubes attached to the testicles, causing sterility in rare cases. Can spread to blood or joints.
  - **Treatment:** Gonorrhea, if detected, can be treated with the right medication to stop the infection. It will not undo any permanent damage already caused. Drug-resistant strains of gonorrhea are increasing. Untreated, it increases chances of HIV.
- 

**Chlamydia**

- **Symptoms:** Most people have no symptoms; possible discharge from vagina or penis; burning or pain with urination.
  - **Transmission:** via vaginal fluids, semen (cum), pre-seminal fluids (pre-cum), or rectal fluids during any type of sex—oral, vaginal, or anal. A pregnant woman can pass it to her baby during delivery.
  - **Consequences:** Untreated in women, it can cause a serious infection, pelvic inflammatory disease (PID), that can lead to sterility (unable to have a child) or a life-threatening ectopic pregnancy. Untreated, gonorrhea and chlamydia cause infertility in 20,000 women a year.
  - **Treatment:** Chlamydia can be cured with the right treatment if detected. However, repeat chlamydia is common. Untreated, it increases chances of HIV.
- 

**HIV/AIDS (Viral)**

- **Transmission:** HIV is transmitted through body fluids such as blood, semen (cum), pre-seminal fluid (pre-cum), vaginal fluids, rectal fluids, or breast milk. It can enter the body through the mucous membrane of the vagina, anus, opening to the penis, mouth that has sores or bleeding gums, cuts and sores, and through using needles.
- **Symptoms:** Symptoms can show up shortly after being infected but dismissed as the flu. Then, there are usually no symptoms for years in the 2nd stage latent period. For people not aware and not taking medicine to treat HIV, this period can last a decade or longer, but some progress faster to stage 3. Later symptoms are weakness, weight loss, shortness of breath, diarrhea, and other flu-like symptoms that don't go away.
- **Consequences:** Untreated, HIV advances to stage 3 Acquired Immune Deficiency Syndrome, or AIDS. Untreated, it damages the immune system so badly it results in increasingly severe illnesses and death.
- **Treatment:** HIV cannot be cured. Treatment can slow or prevent progression from one stage to the next. People who are taking medicine to treat HIV the right way, every day, may be in this stage for

several decades. Taking the medicines can also dramatically reduce the chance of transmitting HIV to someone else and living a longer, healthier life.

- **Youth, ages 13–24**, account for 21% of all new HIV diagnoses. Young gay or bisexual males account for 81% of those diagnoses. It is estimated that 51% of young people between ages 13–24 with HIV are unaware. This is why TESTING is so vitally important.

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### Syphilis

- **Transmission:** You can get syphilis by direct contact with a syphilis sore during oral, vaginal, or anal sex. Because syphilis sores can be hidden in the mouth, lips, vagina, rectum, or under the foreskin of the penis, it may not be obvious. An infected mother can transmit it to her unborn baby.
- **Symptoms:** 1st stage: A painless sore that is often unnoticed or confused with a small bump or ingrown hair and which goes away. 2nd stage: sores in the mouth, vagina, or anus and /or non-itchy rashes that can show up on the palms of hands or soles of feet, all over one's body, or just in a few places. The symptoms go away whether treated or not.
- **Consequences:** Without the right treatment, the infection can move to the late stage of syphilis. Syphilis can be in the body for years without symptoms. Late stage syphilis can lead to paralysis, numbness, blindness, dementia, damage of organs, and death.
- **Treatment:** Syphilis can be cured with the right antibiotics but will not undo damage already done.

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### Herpes

- **Transmission:** through contact with herpes sores, mucous surfaces, genital secretions or oral secretions, and shedding skin that looks normal. Transmission most commonly occurs during sexual contact with an infected partner **who does not have** visible sores and does not know they are infected. The virus can be released through skin that looks normal.
- **Symptoms:** Most people with herpes do not have symptoms or have mild symptoms. 87% of those infected are unaware. When symptoms do occur, they are most commonly painful sores around the genitals, rectum, or mouth that take about 2–4 weeks to heal. This is called an outbreak.
- **Treatment:** There is no cure, but medicines can manage symptoms, shorten the outbreak and duration.
- **Consequences:** There can be lifetime recurrences of herpes sores. An outbreak is dangerous for newborns at delivery. Herpes increases the risk of transmission of HIV.

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### HPV—Human Papillomavirus/Genital Warts

- **Transmission:** HPV is the most common and easily sexually transmitted infection in the U.S. HPV is transmitted through any type of sex, as well as skin-to-skin touching during sexual activity.
- **Symptoms:** There are many different types of HPV and most go away on their own and do not cause symptoms or health problems. But when HPV does not go away, it can cause genital warts and cancer. Genital warts usually appear as a small bump or group of bumps in the genital area. They can be small or large.
- **Consequences:** Some strains of HPV can cause cervical cancer or other cancers including cancer of the vulva, vagina, penis, or anus. It can also cause cancer in the back of the throat. Cancer often takes years, even decades, to develop after a person gets HPV. The types of HPV that cause genital warts are not the same as those that can cause cancer. If genital warts are left untreated, they may go away, stay the same, or grow in size and number.
- **Treatment:** Genital warts can be treated. There is an HPV vaccine that can protect males and females against some, but not all, HPV-caused diseases (including cancers). It is recommended and most effective when given before the onset of first sexual activity. But, the vaccine should still be given even if sexual activity has occurred because there may still be a benefit.

Source: condensed from Centers for Disease Control and Prevention STD and HIV Fact Sheets.

## RESOURCE 12d

**Ben & Marcos—Pressure from Friends**

**Marcos:** Your friends talk a lot about sex. You think you must be the last person on earth that hasn't made a move on a girl. Your friend Ben, especially, brags a lot about how much sex he's had. You're embarrassed about being a virgin and you are sick of being teased by the guys. You are definitely not ready to have sex. Your uncle, who you are pretty close to, told you sex is special—you don't just do it with anyone. Besides, he said guys have better sex when they are older and with someone they love and admire. You almost wish you lived on a different planet where people could just have relationships during high school and not have the pressure for sex.

**Ben:** Everyone thinks what you say about hitting it with lots of girls is true. It makes you feel big—gives you rank. Yeah, you know you exaggerate to your buddies. You've had sex twice, and, well, it was sort of quick and sketchy. But what the heck; why not? This is what guys do. You're starting to wonder about your friend Marcos. Is he gay or something?

**Marcos has had *Love Notes*. Write assertive responses for him to use when harassed by Ben. MAKE IT REAL.**

**Ben:**

**Marcos:**

**Ben:**

**Marcos:**

**Ben:**

**Marcos:**

**Ben:**

**Marcos:**

**Use any information you have learned that is useful:** Facts on how many are doing it, parts of intimacy and its relationship to good sex, what maturity means, being true to yourself, knowing that pressuring and taking advantage of girls or guys (whether straight or LGBTQ) is wrong, not wanting the complications of adding sex to relationships, wanting to avoid STDs or a pregnancy, etc.



## RESOURCE 12f

**First Role-Play Demonstrations (Ineffective)****A. Setting the scene:**

You and your boyfriend/girlfriend have been going out for awhile. You've been kissing a lot and you really like him/her. You enjoy a lot of the same interests and the relationship is a lot of fun, but you aren't ready to have sex. In fact, you just don't want to get that serious while you're still in high school. But, you don't want to lose the relationship and sometimes you think you're just behind everyone else. You're in his/her basement watching a movie. You've been kissing and touching and parent(s) aren't home.

Person 1: Why are you stopping now?

Person 2: Because I don't want to go any further.

Person 1: Why not? I thought you liked being with me.

Person 2: Yeah, I do. It's a fun relationship. There's so much I like about us being together.

Person 1: Then why not go all the way? You know I'll use protection.

Person 2: I just don't want to.

Person 1: Come on. Sex is part of being close. Don't you trust me?

Person 2: I trust you.

Person 1: Everyone who's this close has sex. What's the matter with you?

Person 2: I know I know... I'm really behind socially. But... I just don't know.

Person 1: Hey, I'll use protection. There's nothing to worry about. I care about you. I can show you.

Person 2: Well... I guess so... but, I'm a little afraid.

**B. Setting the scene:**

You're at a party with a girl you really like. You met as freshmen on the basketball team. She's come out, but you're still questioning and not sure. You've been developing a cool relationship. You can really talk, you both love dancing and going to parties aside from your sports interests. Tonight you're at a party. Parents aren't home and some people are leaving—maybe to have sex. She talks you into going upstairs and you start kissing and touching. You're not ready to have sex and want to go back to the party.

Person 1: Hey, let's go upstairs where we can take a break and be alone for a little while.

Person 2: Okay, and then let's come back and dance.

Person 1: (Upstairs in bedroom) You know I really like you. We've got something so special.

Person 2: I wish you'd stop touching me there.

Person 1: Why? It must feel good. I've been looking forward to being alone like this.

Person 2: I'm not ready to get that involved.

Person 1: Don't you care about me? I thought you did.

Person 2: I do. I do really like you.

Person 1: Then loosen up. You're too uptight. I can make you feel good.

Person 2: I don't know...

Person 1: Hey, it's not like we can get pregnant. It's safe. Just a way to show our feelings. What are you afraid of?

Person 2: Well, I guess so... I guess I shouldn't worry.

**RESOURCE 12g**  
**Role-Play Scenarios**

Write responses and then act out.

**A. Setting the scene:**

You and your partner have been going together a while now. It's your six-month anniversary. You really like each other. You are alone in a park, no one is there, it's a warm balmy night and the stars are out. Your partner wants to have sex, but you are definitely not ready.

Person 1: It's great being out here under the stars.

Person 2:

Person 1: I love being alone with you and holding you.

Person 2:

Person 1: I've been looking forward to this night. It's our six-month anniversary.

Person 2:

Person 1: Let's make it special. Let's make love.

Person 2:

Person 1: I just want to feel you and get closer.

Person 2:

Person 1: Why not? You can trust me. I've been tested.

Person 2:

Person 1: Your feelings must not be the same.

Person 2:

**B. Setting the scene:**

Jasmine likes Marcus but wants a relationship where they have more fun. It seems like all they do is spend time alone getting physical. And, she always told herself that when she does decide to have sex, she'd insist on condoms. This afternoon, they are alone at her mom's apartment. They are in her bedroom and kissing. Things are heating up.

Marcus: What's the matter. Why are you pulling away?

Jasmine:

Marcus: Hey babe, you know I care about you.

Jasmine:

Marcus: Come on babe, we got something special. You got to show me.

Jasmine:

Marcus: You can trust me. I'm clean. Are you accusing me of something?

Jasmine:

Marcus: I don't know why I bother with you.

Jasmine:

RESOURCE 12h  
**Exit a Risky Situation**

Jake (or Maria) is at a party and has been drinking. \_\_\_\_\_ has been dancing with someone who is really hot. Later in the evening they find themselves off in a room, and she/he is really coming on to him/her sexually. Despite the alcohol, \_\_\_\_\_ has got a feeling they should stop things. They hardly know each other. \_\_\_\_\_ always planned to wait on sex until he/she was older. But \_\_\_\_\_ has never had someone come on so strong and doesn't exactly know what to do or say—but knows getting out of there is a good idea.

**This time you write the dialogue for exiting this risky situation.  
Include actions too:**

Person 1

Person 2:

Person 1:

Person 2:

Person 1:

Person 2:

Actions:

Making it Clear:

- Don't be wishy-washy; say no; stay on-point
- Repeat your intentions clearly—repeat again if necessary
- Body language and tone of voice matches words—show you mean it
- Say what you'd like to do instead: "Let's go outside and do such and such."
- Stand up, push the person away—and leave (fight back if necessary)



## RESOURCE 12j

## Tips to Avoid Sliding

1. Sexual desires are normal and natural for everyone. Young guys especially think about sex a lot.
2. It's easy to be blinded by chemistry and hormones. Remember the **3-6-9 Rule!** Wait on big decisions!
3. Have a clear boundary and a stopping point in mind before you're with someone. It's hard to stop once you're in the heat of the moment.
4. Think about your sexual values—what does sex or deepening levels of physical intimacy mean to you? Get your thoughts together now so that you can communicate them.
5. Have an honest discussion early with your partner about your values, boundaries on physical intimacy, and how you want to pace it.
  - Bring it up once you cross from just friends into physical affection.
6. Are you on the same page about your feelings for one another? Actions speak louder than words. Is this person acting in a way that shows genuine interest, respect and caring for you?
  - Don't lie. Don't settle. Don't use.
  - It's not fair to get involved with someone who wants it to mean a lot more.
7. Before touch moves further down the scale of physical intimacy, talk about it. Make it a decision and not a slide.
8. You need a **plan** to **pace** it slowly:
  - What are the ground rules on **touch**? What's okay and what is not?  
— Touching skin-on-skin moves you into the danger zone for going further.
  - What are the ground rules on **time**? Balance the amount of time alone making out with doing fun things together.  
— Making out for long periods of time will increase sexual arousal. You'll likely go further than you intended.
9. Have one or two exit strategies/refusal skills to use just in case you're in a situation that is leading toward sex that you are unsure about.
  - What could you say or do to exit?
10. Alcohol or other substances **will** lower your inhibitions and make it more likely to slide into unplanned sex that you might regret.
  - What are your rules about alcohol, especially when you are in situations with a partner?
11. If you have sex, make it a decision you both agree on **before** you have sex.
  - Have a solid agreement on condom use.
  - Obtain and be on birth control. Get tested for STDs.
12. Talk seriously about what you would do in the event of a pregnancy. Too many find out they are on different pages about raising the child, adoption, or abortion.
13. If you are attracted to the same gender, everything here applies to you. Sliding into sex carries emotional and health risks. Taking it slow and making real decisions is smart for everyone.

**No one regrets waiting on sex or waiting longer.  
Live by the 3-6-9 Rule: Wait on big decisions.**

RESOURCE 12k  
**Straight Talk**

**Are you entirely confident that you (and/or your partner) are willing to use condoms correctly each and every time to reduce risks of STDs?**

- Condoms significantly reduce your risks for HIV.
- Contraceptives give *zero* protection from STDs. Condoms are a must.

**Have you, as a female, obtained the most effective form of birth control from a health care provider? Are you both committed to prevention?**

- Longer acting forms of contraception are available today. Find out what is best for you.
- Most require scheduled attention (e.g. take pills daily, new implant every 3 or 5 years, etc.)

**Are you committed to being tested regularly, since most STDs have no symptoms? Especially every time you have a new sexual partner? Have you insisted your partner be tested? Are you confident your partner won't cheat?**

- Every time you have sex, you are exposed to all of your partner's past partners. So, if a former girlfriend or boyfriend *of your partner* had chlamydia three months ago, or HIV, guess what? It could now be yours. If a partner cheats, all his or her exposures are yours, too.
- If a partner refuses testing and condoms, it's a danger sign.

**What will you do if you conceive a child? You can always dump a partner, but a child can't. Have you *talked and agreed* about:**

- The importance of waiting to have a child (or a second child)?
- Whether you'd commit, parent together and work toward marriage?
- Your views on adoption and abortion? Do you see eye to eye?
- How it feels to a child to have a parent (typically father) disappear?

**Make Decisions, Have a Plan.  
Don't Just Slide and Let Things Happen.**