Module 1 Script

Getting to Know You and Steps to Making Your Dreams Come True

*\*\*DEPENDING ON YOUR PLATFORM YOU CAN DO THESE ACTIVITIES VIA ZOOM, ON PAPER, WHITEBOARD ETC*

**Slide 1: Making Proud Choices, Module 1 Getting to Know You and Steps to Making Your Dreams Come True**

Welcome to Making Proud Choices! My name is…

In this program, you will learn important tools to protect yourself and others from unplanned pregnancy, and sexually transmitted diseases-STDs- Including HIV, the virus that causes AIDS.

Before we get started let's do a short icebreaker to get comfortable being together online.

**Slide 2: Icebreaker**

*Ask the students to share their favorite upcoming holidays. Students can respond via chat, whiteboard, etc*.

**Slide 3: Activity A: Welcome and Program Overview**

Making Proud Choices is a program that focuses on Knowledge, attitudes, and prevention skills to prevent pregnancy, HIV, and other STDs, Relationship issues, Sexual behavior, Decision making and negotiating in difficult decisions. It's designed to teach specific information about ways to reduce your risk of getting pregnant or becoming infected with STDs, including HIV. Although STDs can be prevented, many young people don’t take precautions because they don't believe they are at risk of getting an STD. Anyone can get an STD, or HIV from having unprotected intercourse with a partner who is infected.

Unplanned pregnancies can be prevented too. Many teen parents have been able to create successful lives for themselves and their children, especially when they have the support of some caring adults. It's easier to reach your goals if you postpone having a child, or, if you're already a parent, postpone having another child. If you're going to have sexual intercourse, it’s critical to use birth control to prevent unplanned pregnancy and protection such as latex or polyurethane/ polyisoprene condoms and dental dams.

**Slide 4: Discussion Question**

*Ask students to brainstorm and answer the following question*

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

*Ask students if they have any questions before moving on.*

**Slide 5: Activity B: The Talking Circle**

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

*Explain what the talking circle is and model it by beginning with yourself*

**My name is \_\_\_and I am \_\_\_. When referring to me, please use pronouns \_\_\_ or \_\_\_. I like to… (share something you enjoy doing).**

**Slide 6: Activity C: Creating Group Agreements**

We’re going to be talking about sexuality, pregnancy, and STDs- topics that sometimes can cause people to feel nervous or uncomfortable. What guidelines or agreements can we put in place to help make sure that everyone in the group feels safe, comfortable and able to participate.

*Have students brainstorm a list of agreements or guidelines for the group to follow. Be sure to cover confidentiality, right to pass, and respecting diversity.*

**Slide 7: Activity D: Making Proud Choices! Be Proud! Be Responsible! Brainstorm**

The title of this program is Making Proud Choices! In this activity we are going to do brainstorming. In brainstorming, you just saw whatever comes to mind about a particular issue or question. I want you to brainstorm the answer to three questions.

What does it mean to make proud choices?

What does it mean to be “proud”?

What does it mean to be responsible?

**Slide 8: Activity D continued**

*Start another discussion and ask*

What are the benefits of making proud choices and engaging in proud and responsible behaviors? What do we gain by being proud and responsible?

**Slide 9: Activity E: Brainstorming About Teens and Sex**

*Introduce activity by saying:*

We are going to do some more brainstorming, you just say whatever comes to mind about the issue or question. The first is why do you think some teens your age are having sex?

*When they finish summarize by saying:*

As we can see, there are many reasons teens have sex. Regardless of the reasons, if they don’t use protection to prevent unplanned pregnancy or STD’s, they can face consequence that could make it harder to accomplish their hopes and dreams for the future. Let’s look at some of the possible consequences of sex.

*Now ask:* What are the consequences of sex? *Record answers*

*Summarize by saying:* As we can see by your lists, there are many reasons teens have sex. We can also see there are many consequences of having sex. Yet there are some proud and responsible strategies for preventing these consequences. You did a great job with these brainstorm. Now let’s examine our goals and dreams and see how having unprotected sex can have an impact on them.

**Slide 10: Activity F: Goals and Dreams Timeline**

Everything and everyone has a past, present, and future. This next activity will help you take a closer look at your past, present, and future. This is a timeline that will help you think about what you have already accomplished in the past year and what you want to accomplish in the future.

*Make sure students have a pen and paper to write on and ask them to divide the paper into 3 sections. Give students 1-2 minutes to complete each section*.

There are three sections. In the first section, write your age and anything you’ve already accomplished (big or small) that's meaningful to you. (playing on a soccer team, getting certain grades).

In the second section you will imagine yourself 5 years from now. That will be 20\_\_. Write down your age in 5 years. Think of at least one thing you hope to have achieved 5 years from now. Write down at least one goal in this section.

In the third section imagine yourself 10 years from now. That will be 20\_\_. Write down your age in 10 years. Think of at least one thing you hope to have achieved 10 years from now. Write down at least one goal in this section.

**Slide 11: Activity E: Continued**

*Have the students share with the class and encourage them to share one goal from the last two sections of their timelines, and ask*

Looking ahead in 5 years, what goal do you want to achieve? How about in 10 years? Share a few of your goals with your group.

*Then say*

I want you to choose one of your goals from the timeline and write it on the back of your timeline. Next to that goal, write two things you must do to achieve it.

*Instruct the students to share their goal and strategies for achieving it.*

*Be sure to provide support to anyone who seems to be struggling with the activity.*

*In round- robin fashion let each student share a goal and some strategies for how to achieve these goals.*

*Complement the students for their answers and summarize the activity by saying:*

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

**Slide 12: Activity G: Brainstorming obstacles to your goals and dreams**

*In this part have students brainstorm obstacles that can interfere with them achieving their goals and dreams.*

*Depending on your platform, use what is most useful and have students write their obstacles. Ask*

What obstacles can you think of that may get in the way of your goals?

*Give some time to brainstorm, and record all answers without repeating any.*

*Ask* How can we avoid these obstacles?

*Pick a few of the key obstacles and discuss ways to avoid, overcome, or reduce them. If there are any teen parents in the group, ask them to discuss ways they have been able to manage the additional responsibility of raising a child and still accomplish their goal.*

**Slide 13: Summarize**

For the rest of the program we will be looking at ways to overcome obstacles so you can reach your goals. If you decide to have sex, you can avoid obstacles such as unplanned pregnancy and STDs by choosing not to do anything risky and always using latex condom and other protection.

Module 2 Script

The Consequences of Sex: HIV Infection

\**Please use script from curriculum starting on page 53*

Module 3 Script

Attitudes About Sex, HIV & Condom Use

Slide 1:

This is the third module and it’s called Attitudes about Sex, HIV and Condom Use. In this module, you will learn more about HIV transmission, prevention, and risky behaviors. You will also have an opportunity to give advice using what you will learn regarding HIV and safer sex strategies. There are two activities in this module. In the first, there will be some brainstorming, a video, and responsive questions. In the second, there will be a group activity.

Slide 2: First, we are going to watch the video [Why Use a Condom?](https://www.youtube.com/watch?v=N7_PT8LoCsc&feature=youtu.be) During the video, please listen for more information on the previous topics - body fluids, transmission, methods, reasons for choosing - as well as information on how to identify possible risky behaviors.

*Click on video link*

*Slide 3:* Let’s discuss the following questions

Slide 4: Now let’s watch another video. Please take notes for yourselves about the people sharing their stories.

S*lide 5: Have students answer discussion questions*

*Slide 6: Review take away points.*

**Activity B:**

*Prior to beginning this activity, it would be helpful to have students pre-assigned to break out groups. You will also have to decide how the breakout groups will have their scenarios with them in the room.* You can have students take pictures of the slide with the scenario, have them write it on a piece of paper or copy it into the chat.

*Depending on the number of students and groups, you can adjust the number of scenarios each group does.*

Slide 7:

This group activity is a chance to practice solving HIV-related problems as a way to improve your ability to safely resolve risky situations and behaviors. I will randomly place you in groups that will meet in breakout rooms. First, let’s go over the necessary information as a class.

Slide 8:

Based on what you have learned so far, you will give advice to someone who has questions about HIV, AIDS or condoms.

In this activity, you will take the role of Koko, the expert on HIV, AIDs and condoms, who has an HIV Information Hotline called Calling Koko. You will provide the solution to the concerns of one of these callers.

*Slides 9-14 have the scenarios written out. Assign one to each group*.

Slide 9:

**Scenario #1**

I’ve heard that young people are at risk for HIV and the number of HIV cases among young people is growing. What’s the surest way I can protect myself?

Slide 10:

**Scenario #2**

My girlfriend and I have been going out for a year. We really love each other, and both want to have sex. I trust her, but I’m concerned about HIV.

My girlfriend and I are 14 years old, and neither of us has tattoos, and we don’t use drugs. We’ve been thinking about having sex, but only with each other. Do we have to worry about HIV?

Slide 11:

**Scenario #3**

Five months ago, I had sex with someone for the first time. We didn’t use condoms. I didn’t really enjoy it, and he never even called me again.

Now I have a new boyfriend and he wants me to have sex, too. Is it possible that I might have been exposed to HIV when I did it before? Now, I’m anxious that I might be infected with HIV. What do I tell my boyfriend? What should I do?

Slide 12:

**Scenario #4**

I am 15 years old, and my girlfriend and I have never had vaginal sex. We do other things, though, including oral sex. Before, we just wanted to make sure that she didn’t get pregnant.

We had never really thought about infections like HIV. But, now I hear that teens my age are getting sexually transmitted diseases. Is oral sex safe? How do we protect ourselves from STDs?

Slide 13:

**Scenario #5**

I recently found out that a friend of mine is HIV positive and that she’s had the virus for years. She’s smart, fun to be around and has only had sex with two guys her whole life.

Now I’m afraid to be with anyone because if someone like her can get HIV, how can I know who’s safe and who isn’t? If she has HIV, then anyone could get it! I’m scared to date! What should I do?

Slide 14:

**Scenario #6**

I’m a senior this year and plan to go to college, but I did something the other night that was really stupid. I had a couple of beers and then somebody handed me a joint. Everyone else was smoking, too. It was powerful stuff! I had never used drugs before.

The next thing I knew I was in the bedroom with this basketball player I kind of had a thing for. We ended up having sex, and I don’t even know if we used protection, because I was so high that I forgot to ask. I heard he does this type of thing a lot.

Now he barely even speaks to me. I’m afraid that I could have gotten pregnant or infected with an STI like HIV. What should I do?

Slide 15:

As a group, you will discuss and decide on your advice. One person will write down and share out the advice you would give to the caller. Group members may unmute or chat to share. Your final decision should be one that your group can agree on. Remind the callers that they can make proud and responsible choices.

Groups will have 5-7 minutes to prepare. Are there any questions?

*Assign students to rooms. Take time to pop into breakout rooms to check on group progress. Give them a 60 second warning before time is up.*

Slide 17:

Okay everyone, we are all back in the larger group and it’s time to share out what advice you would give for your scenario. We will go in order. After the group gives their response I encourage the rest of you to chat in additional information that could be helpful if the group didn’t already include it. I will read out the information from the chat.

*Have student read their scenario out loud as you share the slide.*

**Scenario 1**, you will go first.

I’ve heard that young people are at risk for HIV and the number of HIV cases among young people is growing. What’s the surest way I can protect myself?

*Make sure the following are addressed:*

*The surest protection is abstinence.*

*If you choose to have sex, you must use a latex condom.*

*Don’t share needles or works.*

Does anyone have any questions about this scenario?

**Scenario 2**, you’re next.

My girlfriend and I have been going out for a year. We really love each other, and both want to have sex. I trust her, but I’m concerned about HIV.

My girlfriend and I are 14 years old, and neither of us has tattoos, and we don’t use drugs. We’ve been thinking about having sex, but only with each other. Do we have to worry about HIV?

*Make sure the following are addressed:*

*Commitment in a relationship is not always an effective form of protection.*

*Safer sex will reduce your risks of pregnancy, HIV and other STIs.*

*Talk to your partner about condoms.*

*Use latex condoms every time you have sex.*

Does anyone have any questions about this scenario?

**Scenario 3,** you’re up.

Five months ago, I had sex with someone for the first time. We didn’t use condoms. I didn’t really enjoy it, and he never even called me again.

Now I have a new boyfriend and he wants me to have sex, too. Is it possible that I might have been exposed to HIV when I did it before? Now, I’m anxious that I might be infected with HIV. What do I tell my boyfriend? What should I do?

*Make sure the following is addressed:*

*Get tested for HIV now, and again in 6 months.*

*If the test is positive, seek medical help immediately.*

*Avoid future risk of infection by using a latex condom every time you have vaginal, oral or anal sex.*

Does anyone have any questions about this scenario?

**Scenario 4** is next.

I am 15 years old, and my girlfriend and I have never had vaginal sex. We do other things, though, including oral sex. Before, we just wanted to make sure that she didn’t get pregnant.

We had never really thought about infections like HIV. But, now I hear that teens my age are getting sexually transmitted diseases. Is oral sex safe? How do we protect ourselves from STDs?

*Make sure the following is addressed:*

*Oral sex can transmit STIs, including HIV.*

*Practicing safer sex can protect you against pregnancy, HIV and other STIs.*

*Other things can lead to intimacy and orgasm without risking getting pregnant, or infected with HIV or another STI.*

Does anyone have any questions about this scenario?

**Scenario 5,** your turn.

I recently found out that a friend of mine is HIV positive and that she’s had the virus for years. She’s smart, fun to be around and has only had sex with two guys her whole life.

Now I’m afraid to be with anyone because if someone like her can get HIV, how can I know who’s safe and who isn’t? If she has HIV, then anyone could get it! I’m scared to date! What should I do?

*Make sure the following is addressed:*

*You can’t tell if a person has HIV by looking.*

*Look for a relationship, not a sexual partner.*

*If you decide to have sex, use a latex condom every time.*

Does anyone have any questions about this scenario?

**Scenario 6,** you are the last to go.

I’m a senior this year and plan to go to college, but I did something the other night that was really stupid. I had a couple of beers and then somebody handed me a joint. Everyone else was smoking, too. It was powerful stuff! I had never used drugs before.

The next thing I knew I was in the bedroom with this basketball player I kind of had a thing for. We ended up having sex, and I don’t even know if we used protection, because I was so high that I forgot to ask. I heard he does this type of thing a lot.

Now he barely even speaks to me. I’m afraid that I could have gotten pregnant or infected with an STI like HIV. What should I do?

*Make sure the following is addressed:*

*Get tested for pregnancy, STIs and HIV.*

*Resist peer pressure to drink alcohol or do drugs. Alcohol and drugs affect your decision making, and you may end up doing things that you regret.*

*Use latex condoms if you decide to have sex.*

Does anyone have any questions about this scenario?

Great job supplying specific ways to address risky behaviors!

Module 4 Script

Strategies for Preventing HIV Infection: Stop, Think and Act

*\*Please use script from facilitator curriculum starting on page 85*

Module 5 Script

The Consequences of Sex: STD’s

**PREPARATION:**

Choose a platform (Zoom or Google Meet) and check how students will access the session (posting on Google Classroom, email reminder, etc). Decide how you will handle questions - if you will collect via chat box, and respond during the session, or create a “Question Box” for students to be able to submit questions via Google Forms, and provide responses in future sessions or online (Google Classroom or email). Alternatively, students may submit questions via email, Instagram, or other preferred platforms. Review materials and test out any links to external media (video clips, etc). Gather needed materials (paper and pen/pencil; penis model, condoms and lubricant, as well as tissues or wipes; and socks). This material is written to be presented by two facilitators, in approximately 45-60 minutes. Facilitators should decide in advance which person will present, and which will record responses and monitor the chat box.

**PRESENTATION:**

**(Slide 1: Introduction)**

*(Camera view on)*

“Hi! Welcome to module 5 of Making Proud Choices. I’m \_\_\_\_\_\_, and this is my co-facilitator, \_\_\_\_\_\_, and today, we will be learning about sexually transmitted diseases (STDs), also known as sexually transmitted infections (STIs). When we’re finished, you will be able to:

-Identify the signs and symptoms of the most common STDs;

-Identify how STDs, including HIV, are transmitted, and how they can be prevented;

-Understand your risk for sexually transmitted diseases;

-Demonstrate the steps for correct use of a condom; and

-Identify how condoms can prevent STDs, including HIV, and pregnancy.

To do that, we’re going to watch some videos, review some information, do some activities, and watch a condom demonstration. But first, we’re going to do a short icebreaker.”

**(Slide 2: Icebreaker - Superpowers)**

*(Switch to sharing screen, and slides)*

“One of the things we’ve been talking about is how to make responsible decisions. All of you already have a superpower that can help protect you - your brain! But if you could choose one other superpower to have, what would it be? We’re going to take 15 seconds to think, and then please respond in the Zoom poll that will pop up.”

*(PAUSE, then open poll. Give students 15 seconds, then close poll and display answers).*

Provide validation for students’ responses: “Wow! Some great responses here!”

**(Slide 3: Brainstorm)**

“Let’s do a quick brainstorm - how many STDs can you name? Please type them into the chat box, and I’ll record them on the whiteboard (or Jamboard, if using Google Meet)”  *(\*alternatively, if working with a small group, encourage them to come off of mute and share verbally)*

*(Open white board; PAUSE for student responses and record; students will likely get some of them correct, but make sure to write down all of the answers)*

Validate responses: “You have a lot of information about this topic already! Let’s watch a short video together now, and learn some more.”  *(\*alternatively, if working with students who might not have a stable connection, or might have a challenge accessing video, skip the video, and spend more time verbally explaining the subsequent slides.)*

**(Slide 4: Videos and Discussions)**

Play each video and debrief with questions after each:

1.“What are STDs? #FactCheck”: <https://www.youtube.com/watch?v=7Sbgg8icODY>

Ask: What is something new you learned about STIs?

1a.If you have extended time, also watch “STD Prevention Beyond Condoms”: <https://www.youtube.com/watch?v=41cFmDTABJY> Same Follow up question as above.

2. “Getting Tested for STD’s” <https://www.youtube.com/watch?v=_EKnKJ-Wb-g&feature=youtu.be>

Ask: What is one take-away about getting tested?

3. “STD Prevention Beyond Condoms” <https://www.youtube.com/watch?v=41cFmDTABJY&feature=youtu.be>

Ask: What were some reasons to use abstinence that were shared in the video?

What are some ways, besides using external condoms, to protect yourself from STIs?

\*Optional Video: “Getting Tested”: <https://www.youtube.com/watch?v=YXtLEwxBrYA>

Ask:

What important messages were shared about getting an STI and/or living with an STI?

How might it feel to find out you have an STI?

How might it feel to tell someone you have an STI?

How might it feel to have a partner disclose an STI? Before engaging in a sexual

behavior? After engaging in a sexual behavior?

What could you do if you found out you or a partner had an STI?

How do respect and healthy communication fit in to conversations with a partner

about STIs and testing?

How can you apply what you learned about communication to your relationships?

Wrap reviewing Take-Away’s:

* STIs are common and often people who have an STI don't know it or don't have symptoms. Condoms offer protection from STIs.
* Getting tested is the only way to know if you have an STI. Some STIs can be cured and will go away with medication. Some cannot be cured but medication can help manage the symptoms.
* Talking about STIs is an important way you can protect yourself, your partner(s) and your relationship. Talking about STIs may bring up emotions so it’s important to be respectful and open during these conversations

**(Slide 5: List of STDs)**

“Now that we’ve learned a little more about STDs, let’s talk more about them. You brainstormed a great list earlier, and got a lot of these right. This is a list of the most common STDs: chlamydia, gonorrhea, syphilis, HPV, HIV, herpes, trichomoniasis and hepatitis B. You may notice that they’re in different colors - would anyone like to guess what those colors mean? You can type in the chat box.”

*(PAUSE briefly for student responses - may include “how you get them” or “who gets them”)*

“Great guesses! The colors are actually the types of STDs. there are three types of STDs: the purple are bacterial, caused by bacteria, which can be cured with antibiotics; the blue are viral, caused by a virus, which cannot be cured; and the green is parasitical, caused by parasites, and which can be cured with medicine. As you can see, chlamydia, gonorrhea and syphilis are bacterial, so they can be cured with medicine; trichomoniasis is parasitical, and can also be cured; and HIV, HPV, herpes and hepatitis B are all viral, so would stay in the body forever, although some of their symptoms can be managed with medication.”

“So, what do you notice about all of the viral STDs? (PAUSE)They all start with the letter H!”

**(Slide 6: How Do People Get STDs)**

“Let’s talk about HOW people get STDs. There are 4 ways to get an STD: 1. sex: oral, vaginal and anal; 2. Mother-to-child; 3. sharing needles; and 4. skin-to-skin, for some STDs.”

*(PAUSE to let students process)*

“I want to make an important point here: ANYONE who has unprotected sex can get an STD, but people your age acquire half of all new infections each year.” *(can also provide local/updated statistics)*

**(Slide 7: Symptoms)**

“Here’s a list of some of the symptoms of STDs *(read through as time permits)*, but it’s important to remember that often, a person has NO symptoms, and you cannot tell if someone has an STD.”

**(Slide 8: How Can You Protect Yourself)**

“Let’s talk about how you can protect yourself. Abstain from vaginal, oral and anal sex.

Use a latex or polyurethane/polyisoprene condom every time you have vaginal, oral or anal sex.

Some STDs can be prevented. There is a vaccine that can prevent hepatitis B. There is also a vaccine that protects young people against most types of HPV that cause genital warts or lead to cervical cancer.” (*mention where students can access vaccination services)*

**(Slide 9: Why Would We Want to Avoid Getting an STD)**

“Now, let’s think about why people might want to avoid getting an STD. Please chat in your responses *(\*come off mute for smaller group)*, and I’ll record them on the whiteboard (Jamboard).”

(*Open white board; PAUSE for student responses and record. Students may focus on the social aspects - embarrassment or loss of partner. If students do not mention the following, list verbally or add to the whiteboard, depending on time:*

*Increased risk of getting HIV; Death (syphilis, AIDS); Blindness (syphilis); Paralysis (syphilis, AIDS); Brain damage (syphilis, AIDS); Cervical cancer (HPV); Pelvic inflammatory disease (gonorrhea, chlamydia); Infertility (gonorrhea, chlamydia); Ectopic pregnancy (gonorrhea, chlamydia); Chronic pelvic pain (from PID); Liver disease (hepatitis B); Child born with an STD (blindness, brain damage, death); Embarrassment; Odor and discharge; Loss of relationship)*

Validate responses: “You have come up with a lot of good reasons to avoid getting an STD. I want to make it clear that no one chooses to get an STD, and some people have gotten STDs from sex that was against their will.”

**(Slide 10: 4 Important Facts)**

“Now, just to recap what we’ve talked about so far:

1. Anyone can get an STD. Young people ages 15-24 make up half of all new STD cases. You or a partner can have an STD and not know it. Many people with STDs have no symptoms.

2. STDs increase the chance of HIV infection. They sometimes cause blisters or sores on or around the genitals which can become a point of entry for HIV during sex.

3. STDs can have serious emotional and physical consequences, including possible death in the case of AIDS and syphilis. The consequences for women are especially harsh and include things such as pelvic inflammatory disease, ectopic pregnancy, cervical cancer, infertility, chronic pelvic pain, and possible transmission of the STD to her baby.

4. Some STDs cannot be cured. This includes HIV.”

**(Slide 11: If You Choose…)**

“Remember: if you choose to have sexual intercourse, the proud and responsible thing to do is

always use a latex or polyurethane/polyisoprene condom. Not having sex is the surest way to prevent an STD.”

*(PAUSE, switching back to camera view from shared screen)*

That’s a lot of information! Before we move on to our next activity, let’s take a quick stretch break.” *(model stretching in your seat, moving your arms)*

**(Slide 12: The Transmission Game)**

“Now that you’ve learned more about what STDs are, we’re going to do an activity. All you will need is a pen or pencil and a piece of paper.”

(*\*IF TIME PERMITS*: Warm up with a brief “discussion” (via chat box or, if students wish to respond verbally, taking them off mute), with the “Unfinished Sentences” (If I had a condom in my pocket or purse, my partner would think…; I could convince my partner to use a condom if I…; You can make using condoms fun by…; If I asked whether my partner was having sex with other people, the response might be…; If I asked my partner to use a condom, the response would be…; People do not like to use condoms because…). With larger groups, utilize the breakout room feature for this exercise.)

*(NOTE: the following is intended for small groups where students will know each others’ names; if working with larger groups, or groups of students who might not know their classmates, use the Large Group Adaptation that follows)*

“If your birthday is between January and March, please write the letter ‘A’ at the top of the paper. If your birthday is between April and June, please write the letter ‘C’ at the top of the paper. If your birthday is between July and September, please write the letter ‘U’ at the top of the paper. If your birthday is between October and December, please write the letter ‘D’ at the top of the paper. When you’re done, give me a thumbs up.”

*(PAUSE for students to write; write an example and display on screen)*

“Great! Now below that, please write the names of one, two or three other people in the group.”

*(PAUSE, giving students approximately 1 minute to write names; write an example using made-up names, and display on screen)*

“Okay, now I’d like everyone to hold up their pieces of paper so they’re visible on the screen. Super. Now, I’d like the students who have the letter D to keep your papers visible. Everyone else may put their papers down.”

*(PAUSE briefly)*

“For the purposes of this exercise, anyone with the letter D has been diagnosed with an STI. Any of the rest of you with one of the “D Students’” names written on your paper may have been exposed. Please check your papers.”

*(PAUSE to give students a chance to look at their papers. If students seem unsure, walk them through the process, using students’ names if known.)*

“Okay, thank you D Students - you may put your papers down. Any of the students who had one of the D Students’ names written on their paper, please hold your papers up.”

*(PAUSE to give students time to follow the direction)*

“Anyone with their paper up, if you have the letter A at the top of your paper, in this exercise, you chose abstinence, so your exposure did not result in contracting an STI. A Students, you may put your papers down. Other students, please keep your papers up.”

*(PAUSE to give students time to follow the direction)*

“Anyone with their paper still up, if you have the letter C at the top of your paper, in this exercise, you chose to use condoms, so your exposure did not result in contracting an STI. C Students, you may put your papers down. Other students, please keep your papers up.”

*(PAUSE to give students time to follow the direction)*

“Okay, anyone with their paper still up, you should have the letter U at the top of your paper. In this exercise, you chose to to have unprotected sex - oral, anal or vaginal sex without a condom - so your exposure to the STI has resulted in an infection.”

*(PAUSE to give students time to process)*

“You all did a great job with that! I want to make it clear that this was just an exercise - your letters came from your birth month, not your sexual activity or history. Let’s take a quick stretch break, and then we’ll talk more about the exercise.”

*(PAUSE to give students time to stretch; model stretching your arms or moving your head).*

“Let’s start with the D and U students: How did it feel to imagine you had been infected with an STD?

*(PAUSE to give students time to respond, preferably by speaking/coming off of mute. You may offer the option of responding in the chat box if they feel more comfortable. Some may mention shame, anger or embarrassment; validate all feelings they express. If they seem hesitant to share, you can prompt them by asking if they felt embarrassed, even though it wasn’t real life.)*

“Thank you for sharing those responses. A and C students, how did you feel about possibly being infected? How did you feel when you got the news that you had ‘protected’ yourself?”

*(PAUSE to give students time to respond, preferably by speaking/coming off of mute. You may offer the option of responding in the chat box if they feel more comfortable. Some may mention happiness, relief, feeling proud or responsible; validate all feelings they express. If they seem hesitant to share, you can prompt them by asking if they felt relieved, even though it wasn’t real life.)*

“For all of the students, I want to ask: what did you learn from this activity?”

*(PAUSE to give students time to respond, preferably by speaking/coming off of mute. You may offer the option of responding in the chat box if they feel more comfortable. Some may mention that they learned how easily transmitted STIs are, or how you don’t know if someone has an STI. Offer supportive, encouraging responses to all of their comments. If they seem hesitant to share, you can prompt them by asking if they felt this was realistic. Make sure the importance of using protection - condoms or dental dams - for every sex act, every time is discussed. Reiterate that birth control does NOT protect against STIs.)*

“Thank you all for sharing - you have some really great thoughts on how this might feel for someone. I want to repeat that this was only a game, and only to give you an example of how STIs can be easily transmitted. No one chose their letter, and having the letter D does not mean anything in real life. Great job, everyone!”

*(Switch back to sharing the screen, and go to slide 13)*

*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\**

*Large Group Adaptation: Have each student write down a number between 1 and 6; and a letter (A, if birthday between Jan-Mar; C, if birthday between Apr-Jun; U, if birthday between Jul-Sept; or D, if birthday between Oct-Dec). Circle that number/letter combination. Then have them choose two other numbers (not their original number) and write those below the circled number. Ask students to look at their circled number/letter combination. Ask for one student who had the letter D to identify themselves, and share their number. Inform the class that anyone with a D has been diagnosed with an STI, and anyone with that number has been exposed. Ask if any students with that number have the letter A, and explain that because they chose abstinence, their exposure did not result in contracting an STI. Ask if any students have the letter C, and explain that because those students chose to use condoms, their exposure did not result in contracting an STI. Ask if any students have the letter U, and explain that because they chose to have unprotected sex (oral, anal or vaginal sex without a condom), their exposure to the STI has resulted in infection.*

*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\**

*(ALTERNATIVE, if working with younger students, or students who might feel stigmatized, use the “Health Care Provider Exercise” (see asynchronous materials): assign each student (or group of students) a patient and each patient a letter - writing it out ahead of time, posting the list on the shared screen - then follow the process of the game as above.)*

**(Slide 13: Agree / Disagree)**

“For the next activity we’re going to do, I’d like everyone to fold their papers in half, so that the writing from the previous exercise is on the inside. *(Demonstrate).* Now, on the front, please write “AGREE”, and then flip the paper over and write “DISAGREE.” *(Demonstrate).*

*(PAUSE to give students a chance to follow the directions)*

“Great. Now, I’m going to read 6 statements. If you agree with the statement, please hold the AGREE side of your sign, and if you disagree, hold up the DISAGREE side.” *(alternatively, thumbs up/down in the chat box, or via “responses” on Zoom)*

“1: It is hard to convince a sexual partner to use a condom.”

*(PAUSE to give students time to display their answers.)*

“Can a couple of people share why they answered the way they did? You can come off of mute, or type in the chat box.”

*(Give 1-3 students time to respond, depending on how much time or interest there is. Student responses may include that it’s hard, because the person might not like how it feels; they’re afraid of losing their partner, or disappointing them; the partner doesn’t think it’s important; it’s a couple who already use birth control or sex that will not result in pregnancy, so condom use doesn’t matter. Make sure to respond to and either validate or gently correct all responses. Repeat for each of the statements until all 6 statements have been responded to and discussed. For more guidance for instructor responses, refer to the script in MPC.)*

2. Condoms are effective at preventing HIV infection.

*(Student responses may include that they don’t know; reinforce that condoms are effective at preventing STDs, including HIV)*

3: Sex can feel good if you use condoms.

*(Student responses may include disagreement; respond that sex with condoms can feel different, but it can feel good to know you’re being safe and protecting yourself and your partner)*

4: Most people know how to use condoms correctly.

*(Student responses may vary; reinforce that like any skill, being able to do something correctly depends on knowing how to do it, and practicing the skill, which we will learn more about next)*

5: If you know your sexual partner very well, you shouldn't have to use a condom.

*(Student responses may include agreement; gently respond that anyone can have an STD, many people who have STDs don’t know they’re infected; if there are concerns about being perceived to not trust a partner, or being interpreted as accusing the partner of infidelity, point out that people may have been infected before their current sexual relationship)*

6: If someone looks healthy, you shouldn't have to use a condom.

*(Student responses may include agreement; gently respond that anyone can have an STD, many people who have STDs don’t know they’re infected and don’t look sick)*

**(Slide 14: Amaze video)**

“The last thing we’re going to do today is learn how to use a condom correctly. First, we will watch a short video, and then, if we have time, I will demonstrate using a penis model.”

*(PLAY video, “Condoms: How to Use Them Effectively”* [*https://www.youtube.com/watch?v=oaLdNErJ-Fk*](https://www.youtube.com/watch?v=oaLdNErJ-Fk) *)*

**(Slide 15: Steps for Using a Condom/Instructor Demonstration)**

*(Switch back to camera view)*

“Now, I’d like to demonstrate the correct way to put on a condom. I’m going to use a penis model here *(fingers, banana or other phallic item if penis model unavailable)*. I’m going to ask my co-facilitator to read each of the steps as I do the action.”

*(Arrange penis model, condom and lubricant, if using, in view of camera, placing the penis model on a table or other surface. Follow the action of each step below as co-facilitator reads them.)*

“1. Check the expiration date and make sure the condoms are latex or polyurethane /polyisoprene. If a condom is expired, don’t use it.

2. Open the package carefully to avoid tearing. Never use your teeth or a sharp object.

3. Make sure condom is on the proper side to roll down correctly. You can check with a finger to make sure it’s facing the right way to be able to roll down. If you do start rolling it down on the wrong side - if it doesn’t roll - throw it away and use a new condom.

4. Pinch the tip of the condom to create space (½ inch) for semen.

5. Squeeze a few drops of water-based lubricant inside the tip. Never use oil-based lubricants, like lotions or Vaseline.

6. Continuing to squeeze the tip, roll the condom down to the base of the penis. The penis must be erect/firm/hard to put on the condom. Apply water-based lubricant to the outside of the condom, if desired. Lubricant can make sex more comfortable and pleasurable for both partners.

7. Check during intercourse to make sure the condom isn’t slipping. Condoms come in sizes, and you may need to try a different size if this happens. If a condom has slipped off during sex, you may be at risk for STDs or pregnancy, and should follow up with a healthcare provider.

8. Immediately after ejaculation, hold the condom firmly at the base of the penis and pull the penis out before it gets soft. Not doing this could allow some of the semen to spill out of the condom.

9. Roll off the condom away from your partner. Wrap in tissue and throw it away. Do not re-use. Again, do not re-use condoms. You should use a new condom for every sexual act, oral, vaginal or anal. Also, do not flush them in toilets, as they could clog the toilet.

Does anyone have any questions?”

*(PAUSE to give students time to process, and ask any questions.)*

“Practicing any skill before you need to use it is a great way to be prepared, and that’s true for condom use skills. If you have access to condoms, you can follow the steps in the video, which you can find on Amaze.org. You can use a banana, a water bottle, two fingers, or an erect penis. If you'd like to practice these skills at home, but don’t have access to condoms, you can use a sock with a toilet paper tube, water bottle, hand or even your own foot.

*(Show students partially rolled up sock, and briefly demonstrate on your hand)*

“If no one has any more questions, I want to thank you all for participating today. I hope you learned more about STDs and how to protect yourself, and make safe and responsible choices, because you’re worth it!”  *(Optional: include a reminder for the following module)*

Module 6 Script

The Consequences of Sex: Pregnancy

1. Module Introduction
2. Activity A - Myths & Facts About Pregnancy
3. Activity Introduction
4. Myths & Facts About Pregnancy Statements
5. Activity B - Tanisha & Shay (Optional Activity,Skipped)

1. Activity C - Birth Control Methods
2. Activity Introduction
3. Abstinence
4. Prescribed Methods
   1. IUD
   2. Implant
   3. Shot (Depo-Provera)
   4. Vaginal Ring
   5. Birth Control Patch
   6. Birth Control Pill
5. OTC Methods
   1. External Condom
   2. Internal Condom

6.3 Sponge

6.4 Spermicides

V. Activity D - Attitudes about Contraception

VI. Module Conclusion

**I. Module Introduction**

The two main learning objectives of this module are to (1) distinguish the myths from facts about pregnancy and (2) identify specific birth control methods that may be used to prevent pregnancy. Before the class begins, review the birth control methods and myth/fact statements so that you are confident and comfortable discussing their content. Also, become familiar with current federal and state laws surrounding pregnancy options.

Introduce the module to students. Explain the learning objectives and that you will begin with an interactive myth/fact activity. You will utilize the polling feature to collect the students’ response. Afterwards, you will transition into the birth control methods “demo”. You will discuss the prescribed and OTC options listed in the curriculum, while showing the accompanying slides. Lastly, review and summarize the module content.

**II. Activity A: Myths & Facts About Pregnancy**

1. **Activity Introduction**

**Instructions:** Display the myth/fact statements with the poll feature. For each statement, direct students to select their response. Share the majority’s answer and ask students why they made this selection. You can supplement their explanations with those provided in Appendix A. After all the statements are completed, let the students know that they are doing a great job and knew a lot of correct information. The more they know about the consequences of sex and STDs, the better they will be at avoiding them.

**Script:** Before we begin our myth and fact and activity, let’s review what myth and fact actually mean. A myth is a statement that is untrue, while a fact is a statement that is true. Statements will appear on your screen and you will choose whether you think the statement is a myth or fact.

1. **Activity A - Myths & Facts About Pregnancy**

A girl can get pregnant before she has her first period - FACT

You can’t get pregnant/get someone pregnant the first time you have sex – MYTH

You can get pregnant even if the penis is pulled out before ejaculation – FACT

You can’t get pregnant if you have sex standing up – MYTH

You can’t get pregnant if you and your partner are both having sex for the very first time – MYTH

Douching (cleaning the vagina) after intercourse can prevent pregnancy – MYTH

You can’t get pregnant unless you have an orgasm (come) – MYTH

If a girl misses her period, she is definitely pregnant – MYTH

Gay and lesbian teens don’t need to know how to avoid pregnancy – MYTH

There’s no safe time of the month to have sex and avoid pregnancy – FACT

You can’t get pregnant if you swallow semen - FACT

Having anal instead of vaginal intercourse is a good strategy for preventing pregnancy – MYTH

1. **Activity B - Tanisha & Shay** Skipped
2. **Activity C - Birth Control Methods Demo**
3. **Activity Introduction**

**Script:** We are going to discuss various methods of birth control, but before we do we’d like to clarify a few things: this activity is designed to give each of you factual information about birth control so you can make your own informed decisions when the time comes. Talking about birth control does not mean I assume any of you are having sex; there are probably differing experiences throughout this group. Some may have never had sex and don’t want to anytime soon; others may have had sex, but not always by choice; some may even be parents already. Regardless of where you stand, it’s important for all people to understand factual information about birth control, so we can make our own informed decisions about having children now and in the future.

We know that personal values and beliefs about birth control vary- which is fine. Some people don’t believe in birth control for various reasons, such as going against their religious believes, while other people have no opinion on it. No matter what you believe, at some point, most of us will decide to have sex- and therefore it is important for us all to know how to protect ourselves, which is why we’ll be learning about all the different methods currently available.

**Instructions:** Ask students to brainstorm birth control methods. Record them in two columns. Then, explain that birth control methods fall into two different groups: prescribed methods, which you have to see a healthcare professional to get, and OTC methods that can be purchased by anyone at stores, clinics, or online. Explain that we won’t be going into every specific detail about each method, but will give a brief overview so everyone is aware of their options. Methods will be discussed in order of effectiveness, or how well they work to prevent pregnancy.

1. **Abstinence**

* The safest and most effective pregnancy & STD prevention method
* Is personal & can be defined in many different ways. For purposes of this class, we’ll be defining abstinence as not engaging in any type of sexual activity
* requires you to avoid any behaviors that may result in the exchange of bodily fluids or skin-to-skin touching (so there is no risk for pregnancy or STD transmission)
* Requires skill: you need to have a clear understanding of your reasons for saying no and be able to communicate that effectively to partners
* Is still important to have a backup method on hand in case you do decide to have sex, so you can protect yourself

1. **Prescribed Methods**

**Instructions:** Explain what prescribed methods are. When discussing the individual methods (prescribed or OTC), do not try to communicate every fact or piece of information. This is an overview. Let participants know they will get a more thorough education when/if they go to a health center to obtain contraception.

**Script:** Next, we have prescribed methods. Prescribed methods require you to get a prescription from your doctor or visit the office for the provider to place the method for you. The way most of these methods work is by regulating hormones involved in the reproductive process to decrease the likelihood of pregnancy. It is important to realize that while this process is highly effective at prevention pregnancy, these hormonal methods do NOT protect against STDS, so it’s important to use a condom every time you have sex, in addition to hormonal methods. Research has shown that when teens use long-acting methods like the IUD or implant, teen pregnancy rates decrease. Hormonal methods are safe and effective, but may cause some side effects- particularly if you smoke cigarettes. These side effects can be irregular periods, nausea/ headache/ dizziness, breast tenderness, mood changes, or blood clots. Remember that we are briefly going over each method and are not your doctor-you should to talk to your healthcare provider about options, side effects, and what is right for you. Remember, we’ll be going from most effective to least effective.

**5.1** **IUD**

* An IUD is an intra-uterine device, which is a small t-shaped piece of plastic or metal that is inserted into the uterus by a healthcare professional
* There are 2 kinds of IUDs:

**(1) Non-hormonal:** The ParaGard IUD contains copper rather than hormones, which works to create an environment in the uterus that is very hard for sperm to survive and for a fertilized egg to attach to the wall (which needs to happen to create a pregnancy). Once a doctor inserts this IUD for you, you are protected from pregnancy for up to 12 years.

**(2) Hormonal:** Hormonal IUDs do similar things in the uterus as copper, but they also release hormones that stop your body from releasing eggs. There are several different brands of hormonal IUDs, like Liletta, Skyla, and Mirena. Depending on which one someone gets, they can be effective from 3-5 years.

* Does NOT protect against STDS- pregnancy only- so remember to also use a condom!
* Also, when your body is first adjusting to an IUD, your period may be heavier or more painful- one of the things your provider should discuss with you

**5.2 Implant**

* A thin match-like stick that is placed just under the skin on the inside of your upper arm.
* Works by releasing hormones to prevent the body from releasing eggs
* Can stay in place and be effective for up to 3 years
* May cause periods to be irregular or stop
* Does NOT protect against STDS- pregnancy only- so remember to also use a condom!

**5.3 Shot (Depo-Provera)**

* Hormonal shot given every 3 months
* Can be highly effective if given on time
* May cause periods to be irregular or stop
* Does NOT protect against STDS- pregnancy only- so remember to also use a condom!

**5.4 Vaginal Ring**

* Another hormonal method, like the pill and patch, except this time the hormones are absorbed through the vaginal wall.
* Small, flexible ring that you insert into your vagina yourself.
* Sits below the cervix for 3 weeks, before you take it out for the 4th week and have your period.
* Does NOT protect against STDS- pregnancy only- so remember to also use a condom!

**5.5 Birth Control Patch**

* Works just like the pill, but instead of swallowing pill, you absorb the hormones through your skin
* Small, Band-Aid like sticker that you wear on your body for 3 weeks, before taking it off and not wearing one the 4th week, when you have your period.
* Does NOT protect against STDS- pregnancy only- so remember to also use a condom!

**5.6 Birth Control Pill**

* 24-Hour dose of hormone that works by preventing the ovaries from releasing an egg
* Must take one pill around the same time every day
* When first starting, you should use a backup method for the first 7 days to protect from pregnancy
* If you miss one day, take 2 pills together the next day
* If miss more than one day, use a backup method for 7 days to prevent pregnancy, and it may be a good idea to talk to your doctor about finishing the rest of the pack. These are things your provider should discuss when first prescribing.
* NEVER use another person’s birth control pills- even your mother/ sister/ aunts- each can be very different and the one chosen is safe for you, but someone else’s may not be.
* Does NOT protect against STDS- pregnancy only- so remember to also use a condom!

1. **Over the Counter (OTC) Methods**

**Instructions:** Explain what OTC methods are. When discussing the individual methods, again, do not try to communicate every fact or piece of information. This is an overview.

**Script:** OTC methods **c**an be bought by anyone or any age, at most pharmacies, supermarkets, online, clinics, etc. with no prescription needed. Some of these (condoms) will protect you from STDs as well as pregnancy, since they are barrier methods (they provide a barrier between you & your partners’ body parts & fluids).

**6.1 External Condom**

* Latex sheath that fits outside the body, over the penis to prevent semen from entering the partners body
* Should be put on as soon as the penis is erect (remember- pre-ejaculate from myth/ fact?) and removed only after ejaculation
* Latex is the most common material condoms are made of, but polyurethane and polyisoprene condoms are also available and will work to protect you just as effectively
* Lambskin condoms DO NOT provide any protection against HIV- so please stay away from them

**6.2 Internal Condom**

* A soft, loose-fitting polyurethane sheath that lines the vagina or anus.
* Polyurethane is a plastic that is strong and unlikely to tear during use, and also much less likely to cause allergic reactions as compared to latex
* Can be inserted right before sex, or up to 8 hours ahead of time!
* Steps for use:

1. Check Expiration Date
2. Rub outside of package to spread lubricant onto the condom
3. Open carefully by tearing at the notch on the top right of the package
4. Make sure you see two rings- outer ring covers the area around the opening of the vagina, the inner ring is used to help you insert and hold the condom in place during sex.
5. To insert, you can squat, raise one leg, sit, or lie down. Practice and see what feels best for you!
6. While holding the condom at the closed end, grasp the flexible inner ring and squeeze it with the thumb and second or middle finger so it becomes long and narrow.
7. Insert the inner ring into the vagina and use your index finger to push it up into your vagina as far as it will go. It will fit into place right under your cervix. Be sure the sheath is not twisted. Leave the outer ring on the outside of the vagina- about a half inch of the sheath should remain on the outside of your vagina.
8. You’re ready to have sex! Guide your partner’s penis into the condoms opening with your hand to make sure that it enters properly. Be sure that the penis is not entering on the side, between the sheath and the vaginal wall.
9. To remove the condom, place your finger under the outer ring. Twist it and pull it out. Wrap it in tissue and throw away.

* The internal condom can also be used for STD protection during anal sex! The same steps apply to placing an internal condom in the anus.

**6.3 Sponge**

* Dual Method- barrier and spermicide
* Wash your hands, then wet the sponge with clean water and squeeze until it foams up. Then fold the sponge and insert it into the vagina, as you would a tampon.
* Can be inserted 24 hours before sex and must be left in place for 6 hours after sex, which helps allow for a little more flexibility & spontaneity with sex
* Do not leave the sponge in for more than 30 hours!
* Does NOT protect against STDS- pregnancy only- so remember to also use a condom!
  1. **Spermicides**
* There are several ways spermicide can be purchased (foam, cream, gel, suppositories)
* Works by killing sperm cells before they can reach the egg
* Nonoxynol-9 is the substance that kills the sperm, which can be harsh and cause allergic reaction or irritation for some people- which would unfortunately increase the risk of STD infection
* Need to be applied each time you have sex
* Somewhat less effective than hormonal methods, but still available widely and an option if you aren’t able to use hormonal methods

1. **Activity D - Attitudes about Contraception**

**Script:** We have learned that there are many methods of birth control or contraception. Attitudes and beliefs often get in the way of using birth control, especially condoms, even when people know a lot about it. This activity is designed to help you look more closely at your own attitudes and beliefs.

For each statement indicate (however educator determines) if you agree or disagree.

**Instructions:** After students have indicated whether they agree or disagree for each statement, ask for volunteers from both sides to give their reasons. If all participants choose the same position, ask them to guess what reasons people int e opposing position may have. Follow up with the information after each discussion statement in the manual, starting on page 147.

1. **Module Conclusion**

**Script:** To wrap up, let’s review a few things:

How does someone decide whether to use birth control and which method to use?

Other than the external condom, the other methods are to be used by people with ovaries, uteruses and vaginas. How can their partners be involved in the process of using birth control?

If you decide to have vaginal sex, you will need to worry about unintended pregnancy and STDs. To avoid those consequences, it’s important to know of and use properly different birth control methods. Remember to use a condom (latex, polyurethane, polyisoprene- NO lambskin) in addition to other methods, since condoms are the only way to reduce your risk of STDs. We want you to reach all your goals, and a pregnancy or an STD may get in your way. It’s up to you to protect yourself. Now you know how!

**Appendix A**

**Myth & Fact Statements with Supplemental Responses**

**A girl can get pregnant before she has her first period - FACT**

A girl may begin releasing an egg 14 days before her first period so it is possible to get pregnant even if she hasn’t had her period yet.

**You can’t get pregnant/get someone pregnant the first time you have sex – MYTH**

Of course you can! It happens every day.

**You can get pregnant even if the penis is pulled out before ejaculation – FACT**

It does work in theory, but it’s very difficult for many people, especially teens and younger men, to actually pull the penis out before they ejaculate.

**You can’t get pregnant if you have sex standing up – MYTH**

Sperm doesn’t care what position you are in. Any time semen comes in contact with the vagina, you can’t get pregnant. There are no exceptions to that rule.

**You can’t get pregnant if you and your partner are both having sex for the very first time – MYTH**

It doesn’t matter if both partners have never had sex before. You can get pregnant if you engage in sexual intercourse without using protection.

**Douching (cleaning the vagina) after intercourse can prevent pregnancy – MYTH**

Douching will not prevent pregnancy. In fact, it can even help carry sperm up into the uterus and increase the chances. The vagina keeps itself clean naturally, so douching isn’t necessary or recommended. It can throw off the vagina’s natural balance and can even lead to infection.

**You can’t get pregnant unless you have an orgasm (come) – MYTH**

It doesn’t matter if you enjoy the sex or don’t. You can get pregnant if you engage in penis-in-vagina intercourse.

**If a girl misses her period, she is definitely pregnant – MYTH**

Cycles can be irregular or even skip a month from time to time. If a girl has had sex and then misses a period, she could be pregnant. She should get tested right away and see a doctor is the test was positive.

**Gay and lesbian teens don’t need to know how to avoid pregnancy – MYTH**

For many different reasons gay and lesbian teens sometimes engage in penis-in-vagina sex and they have to worry about pregnancy if they do.

**There’s no safe time of the month to have sex and avoid pregnancy – FACT**

There is no absolutely safe time of the month to have sex and avoid pregnancy.

You can’t get pregnant if you swallow semen - FACT

The only way you can get pregnant is if sperm cells enter the vagina, usually during sexual intercourse, and then fertilize an egg cell.

**Having anal instead of vaginal intercourse is a good strategy for preventing pregnancy – MYTH**

This is not a wise pregnancy prevention strategy because the behavior is high risk for STDs. Yes, it’s true you can’t get pregnant but the lining of the anus is thin and lubricates less than the vagina so it’s easy for STDs to enter body that way.

Module 7 Script

Developing Condom Use and Negotiation Skills

*\*Please use script from facilitator curriculum starting on page 151*

Module 8 Script

Enhancing Refusal and Negotiation Skills

**Activity A**

*Slide 2*

Talking about condom sue can be difficult. However, it is very important that you talk with your partner about condoms and safer sex. Having an open, honest discussion can help avoid misunderstandings.

We are going to work on a strategy for getting your partner to agree to use condoms, without blaming, arguing or getting into a fight.

Earlier we reviewed the SWAT technique for negotiating safer sex and “S” part of the SWAT technique: Say “NO”.

Now let us review the other steps of SWAT: “W”, which is Explain Why, “A”, which is Provide Alternatives, and “T”, which is Talk It Out.

*Slide 3*

Let us start talking with “Explain Why”- Give clear reasons to support your choice, which is the “W” part of the SWAT technique. These slide shows examples of explanations you might offer for why you are saying no to unsafe sex.

We will go around the group and I would like each of you read aloud an example of an explanation that you can offer to a partner. When saying the statement, say it like you really mean it.

*Slide 4*

Let’s move on to Provide Alternatives,- Suggest something else, which is the “A” part of the SWAT technique. This slide gives examples of alternative action you might provide instead of having sex. Once again, we will go around the group, and I would like each of you to provide an example of an alternative action statement. When you say the statement, say it like you really mean it.

*Slide 5*

Now let’s work on the last part of SWAT: Talk It Out- Discuss your feelings, which is the “T”. These are examples of how you might discuss your feelings about practicing safer sex. We will go around the group and I would like each of you to read aloud an example of a talk it out statement.

*Slide 6*

Now we are going to see 2 short videos. Watch what happens, take note of how the characters handle the situation, the things they say and how they say them.

*Slides 7-8*

Are you ready to have sex?: <https://www.youtube.com/watch?v=LV5IoN-Hds0&feature=youtu.be>

Ask: What factors into a person's decision about when and with whom to have sex?

What are some of the factors people might consider when deciding when and with whom to have sex?

How to talk about Safer sex: <https://www.youtube.com/watch?v=GTFixZ2Ic9Q&feature=youtu.be&list=PL3xP1jlf1jgLGmP1Dl6w_XoQ0pYs7ad_->

Ask: How did the couples in the video negotiate safer sex?

What strategies could you use to negotiate safer sex?

How might someone react if their partner asked them to use condoms? Dental dams? Internal condoms? Lube?

How could and when would you start the conversation about using condoms with a partner? Other safer sex methods like dental dams or lube?

It sounds like you are ready for the roleplays we will be doing shortly.

**Activity B**

*Slide 9*

Shortly we are going to roleplay some situations to practice using these techniques in pressure situations. Try to incorporate everything you have learned so far. Be creative in your approach.

\*Ask participants to define roleplaying.\*

Roleplaying is a technique that can help you learn what it feels like to be someone else or to practice how to handle a situation that is new, difficult or in some way stressful.

You should do your best to feel, sound and behave like the person you are roleplaying. You are trying to behave in a way that will help you and everyone else learn.

*Slide 10-24*

Read your role carefully and think about how that person would really behave.

Do your best to stay in character through the whole roleplay.

Don’t let comments and laughter distract you.

Really try to feel and act like the person you are playing.

Try things that you might not try ordinarily

Use SWAT

*For the rest of the slides, assign each participant a partner and have them choose a roleplay. Once partners and roleplays have been decided break the youth into breakout rooms and give them five minutes to practice the roleplay.*

*Once they return from the breakout rooms have each group read the scenarios they will be acting out. Then have each group share what they came up with in their breakout sessions and process each roleplay with the questions on the slide after each scenario.*

*After roleplays have ended summarize the activity with the following statement:*

You have learned a lot in this program. Your roleplays show that you have picked up quite a few skills also. I hope that you remember and use your knowledge and skills whenever the need arises.

Sexual identification and orientation do not matter when negotiating safe sex practices. All couples have to communicate and negotiate. All couples who have decided to have sex must take steps to avoid negative consequences, regardless of their sexual orientation. In a healthy relationship and when you really care about your partner, it’s usually easier to talk about safer sex. It’s important to choose relationships where both parties care about each other’s goals, health an d values.

**Activity C**

*Slide 25*

*Brainstorm suggestions that would make talking to a partner about using condoms easier.*

*Slide 26*

*Brainstorm ways to avoid pregnancy, STIs and HIV.*

*Slide 27- Slide 28*

There is no doubt that using condoms and other protection is a good idea because they make sex safer. It is important to choose latex or polyurethane condoms and use them correctly.

You may have to overcome your partners’ reluctance. But, if you choose to have vaginal, anal or oral sex; using a condom or dental dam, is the first and most important step.

*Have participants brainstorm suggestions that would make talking to a partner about using condoms easier.*

Think about what you want to say ahead of time. Sort out your own feelings about using condoms and other protection before you talk with your partner.

Choose a time to talk before anything sexual happens.

Decide how you want to start the conversation. You might say, “I need to talk with you about something that is important to both of us”, “I’ve been hearing a lot lately about safer sex. Have you tried condoms?” or “I feel kind of embarrassed, but I care too much about you not to talk about this”.

The best time to discuss protection is before the first kiss, and certainly before any touching below the waist.

Once you both agree to use condoms, do something positive and fun. Go to the store together. Buy lots of different brands and colors. Plan a special day when you can experiment. Just talking about how you’ll use all of those condoms can be a turn-on.

*Slide 28-Slide 29*

We’ve covered a lot of information in the program. However, I want you to remember 5 very important things:

1. Unplanned pregnancy, HIV and other STDs are consequences of unprotected sex that can sometimes make it harder to reach your future goals and can also harm your health.
2. Whatever you’ve had to overcome in life, you can use that strength to make proud and responsible choices to avoid these consequences.
3. Even if you’ve had sex in the past, you can choose to abstain from sexual intercourse at this point in your life.
4. If you’re going to have sex, that choice comes with the responsibility to use protection- condoms and dental dams to prevent pregnancy.
5. Strive to have healthy relationships. Choose to be with someone who cares about your goals and your health. Talk about using protection at a calm time and don’t wait until just before during sex.

**Activity D**

*Slide 30*

*Ask each participant to share how something learned in the group will help in achieving goals and dreams for the future.*

Thank the participants for their attendance and let them know how much enjoyed working with them.

“Those were good responses. I am very proud of each and every one of you. Thank you for being part of this program. Now you can teach your friends and family what you’ve learned here.

I have faith that you’re going to make the proud and responsible choice to always practice safer sex whenever you decide to have intercourse with someone.

Remember, practicing safer sex is the proud and responsible choice to make and will help you achieve your dreams.