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Acknowledgements

Teen Talk Middle School would not have been possible without significant support from the following individuals for their help with editing, content development, translation, graphic design, and activity prototyping: Edna Acri, Server Ahmed, Gina Allendorf, Maria Jose Amundarain, Jessica Bowen Bazyl, Tamar Besson, Nancy Brown, Valerie Brown, Paulina, Bouzas, Elena Cornejo, Brandy Harris, Diana Holguin-Meza, Rusty Hopewell, Cheri Livingston, Margaret Marshall, Glenda Ortez-Galan, Anthony Ross, Sharla Smith and Miguel Torres. We are also grateful for support and resources from the following organizations and institutions: Answer (Rutgers University), A Place in the Middle, Ravenswood City School District, Redwood City School District, San Mateo County Health Department, San Mateo County Office of Education, Sequoia Teen Wellness Center, Sequoia Union High School District, and Sex, Etc.

We would be remiss if we did not acknowledge the more than 90,000 students who have participated in Health Connected's programs over the last 25 years.

We'd also like to thank the Adolescent Sexual Health Working Group (ASHWG) for their thorough, legal compliance review of this curriculum.

About the Curriculum

Health Connected strives to ensure all young people feel confident and supported to make informed decisions about their own sexual health. This requires honest, unbiased, medically accurate information. It also requires a safe place for teens to articulate their values and ample opportunities to engage with the adults in their lives about sexual health.

Importance of Comprehensive Sexuality Education

Without honest, unbiased, medically accurate information, young people are left vulnerable to sexually transmitted infections (STIs), including HIV; unintended pregnancy; sexual coercion; abuse; and exploitation. Young people are constantly bombarded with confusing and conflicting messages about sexuality, while adults are often unable or unwilling to discuss these important topics with them.

As with all of Health Connected's courses, this curriculum is medically-accurate, free of racial and ethnic biases, is designed to be in compliance with California Education Code requirements, and aligned with applicable California Health Education Content Standards. The Teen Talk Middle School (Teen Talk MS) course is designed to equip middle school students with the knowledge and skills necessary to make informed sexual health decisions as they progress through adolescence to explore their independence and personal growth.

Teen Talk MS lessons are consistent with youth culture today. The curriculum was designed for youth in diverse racial or ethnic groups. Teen Talk MS is appropriate for youth considered at "high risk" for STIs and/or pregnancy, as well as youth who live in counties with lower rates of STIs and teen pregnancy.

Goals and Objectives

Teen Talk MS allows students to integrate scientifically accurate information with their own personal, family, and community values about sexuality and healthy relationships.

The immediate goals of the Teen Talk MS course are to help participants:

- Increase knowledge and decision-making capacity all methods of STI and pregnancy prevention
- Increase knowledge about accessing clinical services
- Increase knowledge and communication skills about sexual safety and consent
- Increase skills to communicate with peers, partners, and trusted adults about sexual issues and behavior

Over the long-term, Teen Talk MS is intended to help participants:

- Build skills that will help them navigate complex personal decision-making as they mature, and
- Build a foundation for safe, healthy, and satisfying relationships in the future.

Theoretical Framework

Teen Talk MS is primarily based on the Health Belief Model and Social Learning Theory¹. Students are encouraged to examine what they believe are the benefits of and barriers to a given behavior as well as ways to overcome those barriers. They receive information that helps them expect positive outcomes for a given behavior, like using birth control or remaining abstinent. Additionally, participants look at ways to make responsible choices and work on increasing their feelings of self-efficacy, while recognizing that decisions that leave them vulnerable can have serious consequences.

Health Connected also recognizes that emotional skills and social skills are key to youth's healthy development. All Health Connected curricula incorporate Social and Emotional Learning (SEL), a pedagogical approach which aims to develop students' ability to understand and manage their emotions and social lives.² Students who are socially and emotionally competent can: form and maintain healthy relationships, solve everyday problems, work cooperatively, and communicate with others. They are aware of their own feelings, needs, attitudes, and values, and care about themselves and others.³ Health Connected recognizes that learning these skills is a lifelong process. As such, we provide opportunities for students to build their social and emotional competence by emphasizing respect for all identities and abilities, and by discussing healthy relationships and communication throughout the curriculum.

Teen Talk MS is also based on the large body of research by Douglas Kirby, who identified 17 key characteristics consistent among curriculum-based programs that are effective at preventing teen pregnancy and STIs⁴. Health Connected used Kirby's 17 Characteristics as a guide to develop Teen Talk MS.

Target Population & Need

Teen Talk MS has been developed over 28 years of working directly with middle school students in San Mateo County, a large socioeconomically and racially diverse county in the San Francisco Bay Area. In addition to ensuring that young people have access to medically accurate information that allows them to make life-long decisions about sexuality, Teen Talk MS seeks to address several important ongoing sexual health challenges:

¹ Rosenstock, I.M., Strecher, V.J. & Becker, M.H. (1988). Social learning theory and the health belief model. *Health Education Quarterly*, 15(2), 175-183.

² Elias, J. M., et. al. (1997). *Promoting Social and Emotional Learning: Guidelines for Educators*. Alexandria, VA: Association for Supervision and Curriculum Development.; What is SEL? (2017). In CASEL: *Educating Hearts. Inspiring Minds*. Retrieved from www.casel.org.

³ Ibid.

⁴ Kirby, D. (2007). *Emerging Answers 2007: Research Findings on Programs to Reduce Teen Pregnancy and Sexually Transmitted Diseases*. Washington, DC: National Campaign to Prevent Teen and Unplanned Pregnancy.

- Nationally, 39.5% of high school students (grades 9-12) have ever had sex, and 3.4% had sex before age 13.⁵
- Nationally, among currently sexually active students (those who have had sexual intercourse in the past 3 months), only 53.8% reported that they used a condom the last time they had sex, while 13.8% reported not using any method of birth control the last time they had sex.⁶
- Also, among currently sexually active students nationwide, 18.8% had consumed alcohol or used drugs before their last sexual intercourse.⁷

Information for Instructors

Curriculum Overview

Teen Talk MS uses participatory teaching methods that actively involve the students and allow for discussion and reflection. Teen Talk MS was designed for students 12-14 years old to:

- Increase knowledge and decision-making capacity about pregnancy prevention, STI protection, and birth control
- Reduce misinformation and myths about sexual health topics
- Increase comfort communicating with parents or other trusted adults
- Teach tolerance and respect
- Increase refusal and negotiation skills
- Clarify personal values
- Increase self-efficacy to engage in protective sexual health behaviors
- Increase knowledge about accessing clinical services

Appropriate Group Size, Frequency, Age Groups, and Demographics

Teen Talk MS is designed to be implemented with 7th or 8th grade students in a school or community-based organization classroom setting and can be provided to diverse demographic groups. Teen Talk MS follows a similar outline to the next curriculum in Health Connected's sexual health series, Teen Talk High School, providing a foundation in these topics for high school students. It was not designed for small group settings or one-on-one teaching, although many of the activities can be modified to reach smaller groups if necessary.

Implementation

Teen Talk MS consists of 12 sessions and 43 activities. Although Teen Talk MS is broken down into separate topics, most of the lessons are interdisciplinary and span several topic areas. For instance, abstinence is addressed in most of the lessons even if a specific lesson is focused on a different topic.

The curriculum gives instructors flexibility in addressing the different topic areas by allowing them to choose between several activities for each lesson, as well as sometimes offering alternate approaches to the activity (e.g., lecture vs. group activity). For example, in Lesson 4, Not Having Sex: Abstinence, instructors can choose between the activities "What is Sex?" or "Abstinence Posters." Instructors can base their decisions on the classroom personality (e.g., quiet vs. more vocal), classroom structure (e.g., small vs. large groups), instructor comfort level or expertise, student maturity, and other factors.

⁵ Kann, L., McManus, T., Harris, W., et al. Youth Risk Behavior Surveillance – United States, 2017. MMWR Surveill Summ 2018;67(No. 8)

⁶ Kann, L., McManus, T., Harris, W., et al. Youth Risk Behavior Surveillance – United States, 2017. MMWR Surveill Summ 2018;67(No. 8)

⁷ Ibid.



Presentation

Depending upon how instructors choose lessons, the course should be delivered over a minimum of 10 hours. It is strongly recommended that the program spans at least 10 days (approximately an hour a day), rather than several hours a day for a shorter period of time. Of course, the instructor's speed in covering these lessons, as well as the students' speed in completing them, will vary greatly. The times given should be used as a guide.

The lessons are laid out in a logical sequence and should be conducted in the order provided. It is recommended (for credit) to reinforce the messages given in class.

Mixed Gender Groups

It is strongly recommended that Teen Talk MS be taught in mixed gender groups. The advantage of teaching in a mixed gender environment is that it models and helps students practice effective communication among different genders. Most young people will need to be able to discuss these sensitive topics with peers and parents/guardians of another gender. Mixed gender classes foster mutual respect and understanding among all genders. Single gender groups can sometimes create a feeling of secretiveness and mystery between the genders and one gender may be left feeling confused and curious about what another gender is learning.

In addition, delivering the content in separate gender environments can create significant challenges for students who either do not identify with a specific gender or who are transitioning from one gender to another. California Education Code requires that school-based sexual health education programs be accessible to students of all orientations and gender identities. Providing the course in a mixed gender environment helps students of all gender identities feel included in the experience.



Teaching Students with Disabilities

According to California Education Code, instruction and materials must be appropriate for students with disabilities and be accessible to them. This includes, but is not limited to, "the provision of a modified curriculum, materials and instruction in alternative formats and auxiliary aids." "Disability" refers to the inability to perform an activity because of some mental or physical disorder. Individuals with disabilities have the same needs, desires, and sexual feelings as people without disabilities. It is important that instructors acknowledge that individuals with disabilities are sexual people with sexual needs. Please modify Teen Talk MS where necessary to meet the needs of all of your students. Alternatively, Health Connected offers the Teen Talk Adapted for All Abilities (Teen Talk AAA) curriculum designed for students with moderate to severe learning differences. Contact us for more information about bringing Teen Talk AAA to your school or program.

Available in Spanish

All of the Teen Talk MS activities that contain either a handout, written visual component, or a statement that needs to be read out loud to students have been translated into Spanish. The entire curriculum can be taught in Spanish as long as the instructor can read the instructor guidelines in English. According to California Education Code, instruction must be made available on an equal basis to English learners. Please be sure all of your students are being reached.

Teaching Tolerance and Respect

Teen Talk MS is based on the belief that every person is valuable in society. The curriculum, as well as the instructor, must teach that making fun of, discriminating against, and bullying others is harmful. Teen Talk MS emphasizes empathy for those who are often discriminated against, such as persons living with HIV, transgender individuals, or those who identify as gay, lesbian, or bisexual. Teen Talk MS follows the guidelines of the American Psychological Association, which state that people do not choose their sexual orientation or gender identity.

Throughout the curriculum, we use the pronoun “they” instead of “he/she.” Until recently, this was not grammatically correct, however it is now recognized as a generally accepted pronoun to ensure students of all gender identities feel included and respected.

Parent Notification

Per the California Healthy Youth Act (adopted on October 1, 2015), as of January 1, 2016, California requires comprehensive sexuality education be taught at least once in middle school and once in high school.

In California, parents/guardians must be notified if their child is going to receive sexuality education at the beginning of the school year or at least 14 days before instruction begins, allowing parents time to review all curricula/teaching materials and decide if their child will participate. If a parent does not want their child to participate, it is the responsibility of the parent to notify the school and the child should be given an alternative assignment. The law states that districts/schools may not send out a permission slip or “opt-in” letter. A sample parent/guardian notification letter that you may adapt is located in the Appendix.

Minors’ Sexual and Reproductive Rights in California

At the printing of this edition of Teen Talk MS, minors of **ANY AGE** in California may consent for medical care related to the prevention or treatment of pregnancy (California Family Code Section 6925). That includes consenting to birth control and abortion services. However, minors must be 12 years of age or older in order to consent to their own STI testing and treatment (California Family Code Section 6925). Additionally, public schools in California may not require parent permission to excuse a minor during the school hours for confidential services, which include appointments for sexual and reproductive services. (66. Ops. California Atty. Gen. 244 (1983); 87 Ops. California Atty. Gen 168 (2004).)

Teen Talk MS includes information on youth sexual and reproductive health resources and clinics for the different geographic regions of the San Francisco Bay Area in California (Peninsula, San Francisco, East Bay, and South Bay). It is an essential part of any good comprehensive sexuality education program to provide students with information on where to obtain sexual and reproductive health care, such as birth control, pregnancy testing, STI testing and treatment, etc. If you live outside of the Bay Area, please create your own list of local sexual and reproductive health services (including name, location, phone number, and website if available), while paying close attention to teen-friendly clinics or clinics that are tailored to the specific needs of adolescents.

In California, teens qualify for Family Planning, Access, Care and Treatment or Family PACT. Family PACT is state-sponsored insurance that provides no-cost family planning services. Be sure to tell your students not only where to obtain these services but that these services are often free, confidential and do not require parental consent.

Instructor Resources

ACLU of Northern California

www.aclunc.org

Resources for parents and community members about sex education in California.

Advocates for Youth

www.advocatesforyouth.org/teens

Creates programs and promotes policies that help young people make informed and responsible decisions about their sexual and reproductive health.

Answers, Rutgers University

www.answers.rutgers.edu

Answer is a national organization dedicated to providing and promoting comprehensive sexuality education to young people and the adults who teach them.

California Latinas for Reproductive Justice

www.californialatinas.org

A statewide policy and advocacy organization whose mission is to advance California Latinas' reproductive health and rights within a social justice and human rights framework.

Center for Disease Control and Prevention

www.cdc.gov/std/

The Division of STD Prevention at the CDC provides national leadership, research, policy development, and scientific information to help people live safer, healthier lives through the prevention of STDs and their complications.

Center for Relationship Abuse Awareness

www.stoprelationshipabuse.org

Provides education and specialized trainings on prevention and awareness around domestic violence.

Gay, Lesbian, and Straight Education Network (GLSEN)

www.glsen.org

GLSEN works with instructors, policy makers, community leaders, and students to address anti-LGBT behavior and bias in schools.

It's Your (Sex) Life

www.itsyoursexlife.com

Provides reliable, objective sexual health information to young adults. The site is developed by MTV with founding partners in the Case Foundation, Bill and Melinda Gates Foundation, and others.

National Campaign to Prevent Teen Pregnancy

www.teenpregnancy.org

Aims to improve the well-being of children, youth, and families by reducing teen pregnancy.

National Human Trafficking Resource Center (NHTRC)

www.traffickingresourcecenter.org

A national, anti-trafficking hotline and resource center serving survivors and survivors of human trafficking and the anti-trafficking community in the United States.

Planned Parenthood Federation of America

www.plannedparenthood.org

Provides reproductive health information, services, sexuality education resources, information on birth control and more.

Sex, Etc.

www.sexetc.org

Provides information by and for teens, on a variety of sexual health issues.

Sexuality Information and Education Council of the United States (SIECUS)

www.siecus.org

SIECUS is a leading national nonprofit organization which affirms that sexuality is a natural and healthy part of living. SIECUS develops, collects, and disseminates information, promotes comprehensive information about sexuality, and advocates the right of individuals to make responsible sexual choices.

Sexually Transmitted Disease Control Branch

www.std.ca.gov/

The Sexually Transmitted Diseases Control Branch is part of the California Department of Public Health and provides statewide STD consultation, surveillance, educational, screening, and mobile clinic programs aimed at the prevention, treatment, and interruption of sexually transmitted diseases.

Teen Health Rights

www.teenhealthrights.org

Provides resources and information to health care providers about California laws pertaining to minor consent, confidentiality, child abuse reporting, and other adolescent health concerns.

We're Talking Teen Health

www.pamf.org/teen

Medically-accurate health information written by teens, provided by the Palo Alto Medical Foundation.

Sessions & Activities

Session 1: Introduction, Values Clarification, Parent Communication, and Resources

Goals

- Create a safe space for students to discuss sexual health topics and the legal requirements of adults to ensure their safety
- Provide opportunities for students to ask sexual health questions throughout program without embarrassment
- Determine baseline knowledge of sexual health topics
- Afford practice in identifying and articulating their personal beliefs and values within a peer environment
- Inform students of their reproductive and sexual health rights and resources
- Establish the importance of maintaining an open dialogue with parents and trusted adults when communicating about sexuality and relationships

Objectives

At the end of this session, students will be able to:

- Set group agreements that create a safe and inclusive environment for all youth.
- Understand California mandated reporting requirements.
- State 2 values they hold about sexual health, relationships, or gender/sexuality.
- Provide the names of 2 local health care providers where they can access confidential medical services.
- Utilize the Anonymous Question Box.

Why Is This Important?

This session establishes the foundation of safety and openness for the entire course. The Teen Talk MS program works best when students are able to express themselves without fear of being put down, humiliated, or laughed at. It is important to establish or reiterate any school discrimination policies, particularly regarding sexual orientation, gender and gender identity, and ethnicity.

This session helps students understand the sources of their beliefs and values and practice articulating their personal beliefs in a peer environment. While this can feel uncomfortable for some students, it is critical that students have opportunities to consider their own values about gender, sexuality, and relationships in a facilitated classroom environment. This practice will help them build confidence in communicating their values with peers and partners.

Additionally, this session establishes parents and trusted adults as resources for students throughout their adolescence and into adulthood. Parents play an integral role in students' knowledge and attitudes about sex and sexuality. High quality school-based sexuality education provides opportunities for all students to receive unbiased, medically accurate information about their bodies and about how to interact respectfully with their peers. Parents and trusted adults provide a necessary sounding board for students to understand and articulate their personal values about sexuality and relationships. Parents and trusted adults also provide a support system for students to process and reflect on the experiences they have throughout adolescence and beyond about their sexuality and relationships with peers and partners. The parent interview, "Back in the Day," opens the lines of communication and establishes a foundation for future conversations students may have with their parents or a trusted adult about sexual health and relationships.

Lastly, it is important that students understand that although they may be a minor, they still have legal rights to access a variety of confidential health services. Explaining students' rights to access confidential medical care is

required under California Education Code and must be accompanied by school policies which support such access to confidential medical care such as excused absence policies, record-keeping, and proper communication with parents about student rights.

Note to Instructor: The parent interview can be assigned at any time during the Teen Talk MS program. This is designed to be two-day assignment, so the instructor should be prepared to check it after each section is completed. It is encouraged to assign this homework early on to give students plenty of time to complete the assignment or brainstorm solutions if they are having a difficult time identifying who to interview.

Materials Needed

- Class agreements written on large poster paper or classroom writing surface
- A writing surface (e.g., white board, Smartboard)
- Dry erase markers or another classroom writing implement
- Anonymous Question Box
- Scratch paper cut into 2" x 2" pieces, one for each student

Pretest

- Photocopies of Pretest, one for each student
- How to Score Pretest

Values Clarification Activity

- Agree and Disagree Signs – 2 signs or a set of signs for each student
- List of value statement

Back in the Day

- Photocopies of Back in the Day worksheet, one for each student; Spanish copies as needed

Clinics and Resources


- Photocopies of Clinic List and Teen Resources worksheet, one for each student

Preparation

- Decorate a box for students to place their anonymous questions in each day.
- Cut scratch paper into 2" x 2" squares. Cut enough to give one piece to every student during each session.
- Display the class agreements in a visible location, where they can remain throughout the course.
- Photocopy Pretest back-to-back, one for each student

Values Clarification Activity

- Read over the list of statements to get a sense of which ones will be best for your class to discuss. You should be able to do 5-10 statements in 20 minutes. Use as many or as few as you wish.
- Place a sign with the word, "AGREE" on one side of the room and a sign with the word "DISAGREE" on the opposite side.
- Be sure to become familiar with medical terminology students may not be familiar with, to help with clarification during values activity.
- When using this activity, keep in mind that not all students are/will be in relationships with the opposite sex. When appropriate, modify language to include diverse types of couples.



Back in the Day

- Photocopy Back in the Day worksheet, one for each student; Spanish versions as needed

Clinics and Resources

- Photocopy Clinic List and Teen Resources worksheet back-to-back, one for each student

Total Instruction Time

Minimum time: 50 min

Maximum time: 75 min

Activity and Time Needed

Class Agreements: 5-10 min

Anonymous Question Box: 5 min

Pretest: 10-15 min


Values Clarification: 15-20 min.

Giving Your Parents "The Talk": 5 min.

Back in the Day: 5-10 min.

Clinics and Resources: 5 min

Session 1 Wrap-Up: 5 min.



Activity 1.1: Introduction and Group Agreements

Objective: To set the ground rules for the program and create a safe space for students to speak openly throughout the course.

1. **Introduce Teen Talk MS.** Tell students that for these two weeks, the class will be discussing human sexuality and sexual health topics. Some students may have already discussed with their parents or previous programs some of the topics we will cover during Teen Talk MS, for some students, this may be brand new information.
2. **Describe the class agreements and expectations.** Teen Talk MS works best when students are able to express themselves without fear of being put down, humiliated, or laughed at. As you are explaining the group agreements, make sure to establish or reinforce any discrimination policies, such as anti-homophobic or anti-gender discrimination policies. Using the group agreements, you have posted on poster board or a class writing surface, explain the following expectations and ground rules.
 - **Respect:** Respect means no put-downs, no hate language, and no swear words. Listen while the teacher or other classmates are talking. No interruptions. Remember that everyone has the right to their own values and their own opinions. Talking about bodies, sex, and pregnancy in a classroom can feel a little weird or embarrassing, especially on the first day. Everyone has questions and emotions about sexual health. Please be sensitive and kind to your classmates, and use language that does not exclude or insult certain identity groups.
 - **Confidentiality:** Comments made by students in the classroom should stay in the classroom. No gossiping outside of class about a particular question or comment from an individual student. Information given by the teacher can be shared. Frame it as an opportunity for students to be sexual health leaders of their schools.
 - **Reporting:** The instructor is required by law to report to Child Protective Services (CPS) if students say they have been abused, raped, or neglected or they are thinking about suicide – in other words, if someone is hurting them or they are thinking about hurting themselves.

Although state laws vary, the legal age of consent to have sex in California is 18. In California, a teacher must file a report if a student 13 years old or younger is having sex with anyone older than them. A teacher must file a report if a student is 14 to 15 years old having sex with someone 21 or older. This is not about getting someone “in trouble;” it’s about getting them the help that they need.

Define consent as: Active (“yes” to sex is given), based on equal power (of consent age, sober, not in a vulnerable position - awake), a choice (not pressured) and a process (on going conversations of what is okay and not okay; able to change their mind at any time).

- **Communication:** Encourage students to practice communicating about these topics with their peers and partners, and to discuss the issues raised in class with their parents/guardians or other trusted adults. Tell students that parents/guardians are a great resource for *values* related to sex and sexuality.
- **Ask Questions:** There are no dumb questions. No personal questions about the instructor or classmates are allowed. Sometimes the instructor may not know the answers to all of the questions, in which case the instructor will do some research and share the answer when the instructor finds it. This is a perfect segue to introduce the Anonymous Question Box in the next activity.

1) Respect

- One microphone
- No judging
- Use inclusive language

2) Confidentiality

3) Reporting

- 13 or younger with anyone older
- 14 or 15 with anyone 21 or older



Legal age
of **consent**
in CA is **18**

4) Communication

- With parent(s) and other trusted adults
- With peers and partners

5) Ask questions

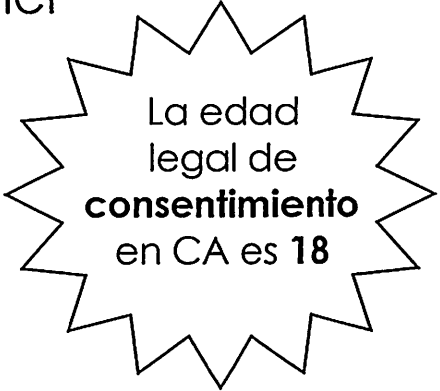
1) Respeto

- Un micrófono
- No juzgar a otras personas
- Utilizar palabras inclusivas

2) Confidencialidad

3) Requisitos de reportar

- 13 años o menos con cualquier persona mayor
- 14 o 15 años con cualquier persona mayor de 21 años



La edad
legal de
consentimiento
en CA es **18**

4) Comunicación

- Con tus padre(s) y otros adultos de confianza
- Con los compañeros y parejas

5) Haz preguntas

Activity 1.2: Anonymous Question Box

Objectives: To provide students with an outlet to ask questions regarding sexual health if they are not comfortable asking their question during the session.

1. **Introduce the Anonymous Question Box.** The Anonymous Question Box is a way for students to ask questions that they may not feel comfortable asking during class time, though students are encouraged to ask lots of questions during class time as well.
2. **Describe the Question Box Guidelines.** Explain that you will provide every student with a piece of scratch paper during every Teen Talk MS session. Give students the following directions for how to use the Question Box:
 - Everyone must put a paper in the box. If students do not have a specific question at that time, they can write a topic of interest, e.g., “birth control”, or “no question. This ensures that questions remain anonymous.
 - No names. Students should not write their name or the name of anyone else when submitting a question. Questions are anonymous and are not to be used to hurt or embarrass others. Questions with names in them will not be read aloud.
 - No personal questions should be asked of the instructor. Personal questions will not be read aloud.
 - Nobody can take anything out of the Question Box, except for the instructor.
3. **Pass out scratch paper and set aside time at the end of class** on the first day for students to write their questions. For the remaining sessions, you will pass out scratch paper at the beginning of the session so that students have the entire class period to think of a question.
4. **Collect the questions.** Walk around to each students’ desk so they can put their question in your Question Box or ask them to place their question in the box on their way out of the classroom.
5. **Read through the questions you receive and remove any personal questions or questions with names before the next day’s session.** Be sure to separate students’ questions by class period if you have multiple classes/periods.

Note to Instructor: It is recommended that you maintain the rule of anonymity established for the Anonymous Question Box by *not* comparing handwriting or watching what students write. Punishing students for writing “inappropriate” or “rude” questions should be avoided, as this only loses the students’ trust in the process and takes away from the safe environment you have created. Unless a student has written a direct threat to someone else or has written something to suggest they may not be safe, please honor the rules and purpose of the box.

Activity 1.3: Pretest

Objectives: To assess students' knowledge about conception, contraception, STIs, consent and sexuality.

1. Explain to students that you will be passing out a test to see how much they know about sex and sexuality and to determine what they need to learn. If they have questions about what certain words mean, then you can answer them. If they don't know the answer to a question, they should mark "Not Sure."

Let them know that they will take the same test on the last day of Teen Talk MS to see how much they've learned and how their feelings about sexual health has changed.

2. Pass out the tests to each student. Give students 10-15 minutes to complete the test.
3. If you have time, collect the tests and review the answers together as a class.

Teen Talk Middle School Pre-Test

School _____ Date _____ Grade _____

Gender _____ Ethnicity _____ City where you live _____

Did you have Health Connected's Puberty Talk course in 5th or 6th grade? ☐ Yes ☐ No ☐ Not sure

1. It is possible to get pregnant or get someone pregnant:
 - A. The first time having vaginal sex
 - B. When a person is on their period
 - C. If semen gets near the vaginal opening
 - D. All of the above
 - E. Not sure
2. To use a condom correctly, a person should:
 - A. Pinch the tip
 - B. Only use one at a time
 - C. Keep it safe in a wallet
 - D. Only A & B
 - E. Not sure
3. People urinate from which opening?
 - A. Anus
 - B. Cervix
 - C. Urethra
 - D. Testicle
 - E. Not sure
4. Which of the following lowers your risk of pregnancy AND STIs, including HIV?
 - A. Birth control pill
 - B. Condom
 - C. Not having sex
 - D. Only B & C
 - E. Not sure
5. Name two local CLINICS where a teen can go for FREE and CONFIDENTIAL birth control, STI testing/treatment, pregnancy testing and counseling.
 1. _____
 2. _____
6. Teens need permission from their parent or guardian to get sexual health services from a clinic.
 - ☐ True
 - ☐ False
 - ☐ Not sure
7. Some birth control methods are effective for 3 or more years.
 - ☐ True
 - ☐ False
 - ☐ Not sure
8. Emergency contraception is a pill taken after sex to help prevent pregnancy.
 - ☐ True
 - ☐ False
 - ☐ Not sure
9. HIV can be passed to another person through saliva.
 - ☐ True
 - ☐ False
 - ☐ Not sure
10. You can always tell if a person has an STI by looking at them.
 - ☐ True
 - ☐ False
 - ☐ Not sure
11. A person must be at least 18 years old to buy condoms.
 - ☐ True
 - ☐ False
 - ☐ Not sure
12. Sending sexual pictures to someone without their consent is an example of sexual assault.
 - ☐ True
 - ☐ False
 - ☐ Not sure

*There are no correct answers
to the following questions.*

Answer how you feel.

13. I can talk about sexual health with my parent(s) or a trusted adult.

☐ Yes
☐ No
☐ Not sure

14. I can talk about sexual health with a current or future partner.

☐ Yes
☐ No
☐ Not sure

15. I would speak up if I'm not comfortable being touched in a sexual way by a peer or partner.

☐ Definitely would
☐ Probably would
☐ Probably would not
☐ Definitely would not

16. I would tell a friend to stop if they were making fun of someone for being gay or transgender.

☐ Definitely would
☐ Probably would
☐ Probably would not
☐ Definitely would not

Teen Talk Middle School Pre-Examen

Escuela _____ Fecha _____ Año escolar _____

Género _____ Etnicidad _____ Ciudad donde vives _____

¿Participaste en el programa de la Pubertad de Health Connected en 5° o 6° grado? ☐ Sí ☐ No ☐ No sé

1. Es posible quedar embarazada o embarazar a alguien:
 - A. La primera vez que tiene sexo vaginal
 - B. Cuando alguien está en su periodo
 - C. Si semen se acerca a la apertura vaginal
 - D. Todas las anteriores
 - E. No estoy seguro
2. Para usar un condón de manera correcta, una persona debe:
 - A. Apretar la punta
 - B. Utilizar uno a la vez
 - C. Guardarlo seguramente en una cartera
 - D. Sólo A & B
 - E. No estoy seguro
3. ¿Las personas orinan de cuál apertura?
 - A. Ano
 - B. Cérvix
 - C. Uretra
 - D. Testículo
 - E. No estoy seguro
4. ¿Cuál de los siguientes disminuye el riesgo del embarazo Y las ITS, incluyendo el VIH?
 - A. Pastilla anticonceptiva
 - B. Condón
 - C. No tener sexo
 - D. Sólo B & C
 - E. No estoy seguro
5. Nombra dos CLÍNICAS locales donde un adolescente puede ir para métodos anticonceptivos, pruebas y tratamiento de ITS, pruebas de embarazo y asesoría de manera GRATUITA y CONFIDENCIAL.
 1. _____
 2. _____
6. Los adolescentes necesitan permiso de sus padres/tutores para obtener servicios de salud sexual en una clínica.
 - ☐ Verdadero
 - ☐ Falso
 - ☐ No estoy seguro
7. Algunos métodos anticonceptivos son efectivos por 3 años o más.
 - ☐ Verdadero
 - ☐ Falso
 - ☐ No estoy seguro
8. La anticoncepción de emergencia es una pastilla que se toma después del sexo para ayudar a prevenir un embarazo.
 - ☐ Verdadero
 - ☐ Falso
 - ☐ No estoy seguro
9. VIH se puede transmitir a través de saliva.
 - ☐ Verdadero
 - ☐ Falso
 - ☐ No estoy seguro
10. Siempre si puede percibir si una persona tiene una ITS sólo al verla.
 - ☐ Verdadero
 - ☐ Falso
 - ☐ No estoy seguro
11. Una persona tiene que tener por lo menos 18 años para comprar condones.
 - ☐ Verdadero
 - ☐ Falso
 - ☐ No estoy seguro
12. Enviar fotos sexuales a alguien sin su consentimiento es un ejemplo de agresión sexual.
 - ☐ Verdadero
 - ☐ Falso
 - ☐ No estoy seguro

Continúa al otro lado

No hay respuestas correctas para las
siguientes preguntas.

Responde conforme cómo te sientes.

13. Yo podría hablar sobre salud sexual con
mi(s) padre(s) o un adulto de confianza.

- ☐ Sí
- ☐ No
- ☐ No estoy seguro

14. Yo podría hablar sobre salud sexual con
una pareja actual o futura.

- ☐ Sí
- ☐ No
- ☐ No estoy seguro

15. Yo diría algo si yo estuviera incómodo por
haber sido tocado sexualmente por un
compañero o una pareja.

- ☐ Definitivamente sí
- ☐ Probablemente sí
- ☐ Probablemente no
- ☐ Definitivamente no

16. Yo le diría a un amigo que pare si estuviera
burlándose de alguien por ser gay o
transgénero.

- ☐ Definitivamente sí
- ☐ Probablemente sí
- ☐ Probablemente no
- ☐ Definitivamente no

Teen Talk Middle School – ANSWER KEY

School _____ Date _____ Grade _____

Gender _____ Ethnicity _____ City where you live _____

Did you have Health Connected's Puberty Talk course in 5th or 6th grade? ☐ Yes ☐ No ☐ Not sure

1. It is possible to get pregnant or get someone pregnant:

- A. The first time having vaginal sex
- B. When a person is on their period
- C. If semen gets near the vaginal opening
- ☒ D. All of the above
- E. Not sure

2. To use a condom correctly, a person should:

- A. Pinch the tip
- B. Only use one at a time
- C. Keep it safe in a wallet
- ☒ D. Only A & B
- E. Not sure

3. People urinate from which opening?

- A. Anus
- B. Cervix
- ☒ C. Urethra
- D. Testicle
- E. Not sure

4. Which of the following lowers your risk of pregnancy AND STIs, including HIV?

- A. Birth control pill
- B. Condom
- C. Not having sex
- ☒ D. Only B & C
- E. Not sure

5. Name two local CLINICS where a teen can go for FREE and CONFIDENTIAL birth control, STI testing/treatment, pregnancy testing and counseling.

1.

2.

6. Teens need permission from their parent or guardian to get sexual health services from a clinic.

- ☐ True
- ☒ False
- ☐ Not sure

7. Some birth control methods are effective for 3 or more years.

- ☐ True
- ☐ False
- ☐ Not sure

8. Emergency contraception is a pill taken after sex to help prevent pregnancy.

- ☐ True
- ☐ False
- ☐ Not sure

9. HIV can be passed to another person through saliva.

- ☐ True
- ☒ False
- ☐ Not sure

10. You can always tell if a person has an STI by looking at them.

- ☐ True
- ☒ False
- ☐ Not sure

11. A person must be at least 18 years old to buy condoms.

- ☐ True
- ☒ False
- ☐ Not sure

12. Sending sexual pictures to someone without their consent is an example of sexual assault.

- ☒ True
- ☐ False
- ☐ Not sure

Activity 1.4: Values Clarification

Objectives: To assess students' knowledge about conception, contraception, STIs, consent and sexuality. Establish a environment that may help foster development of compassion and empathy.

There are two alternatives for how to facilitate this activity. Option 1 involves students getting out of their seats and moving around the room. Option 2 allows students to stay in their seats for the duration of the activity. You can select one of these options based on your physical classroom set-up (how easy it is to move around the classroom) or your students' ability to focus on the activity when moving around the room.

Before beginning this activity, determine which option you will use and prepare the materials accordingly. Select up to six statements from the list below, which you will read to the class during the activity.

For both activity options:

1. Begin by writing the word "Values" on the board.
2. Ask students, "What is a value?" (e.g. a belief about what is right or wrong, a moral, an ideal, a rule by which you live your life, how you think things should be.)
3. Ask, "What are some values people hold?" (e.g. A person should never drink and drive. A person should be married before they have sex. The truth should always be told. You should never pressure someone to have sex.)
4. Ask, "Where do we learn our values?" Write answers on board around the word "value." Students commonly brainstorm: family, friends, self, teachers, neighborhood, religion, culture, TV/movies, music, social media, pornography, etc.

Option 1 – Interactive Discussion

1. Create two signs, AGREE and DISAGREE. Post the AGREE sign on one side of the room and the DISAGREE sign on the other side of the room.
2. Explain to the class:
 - We are going to do an activity to help us think about our values regarding some topics that may be related to sexual health.
 - I will read a statement twice to give you an opportunity to consider how you feel about the statement and move to the side which closely aligns with how you feel about the statement. There is no middle. If you can't decide, choose a side and tell the class why you have mixed feelings.
 - Do not pressure people to move to the same side as you. Think independently and do not let your peers pressure you.
 - If you hear an opinion that makes you change your mind, you may quietly move to the other side at any time.
 - After everyone has chosen their side, I will ask people to raise their hands and a few people from each side will share their opinions. It's very important that we are mindful of our group agreements and are respectful and quiet when people are sharing.
3. Read each statement twice and allow some time for students to move to the side they closely align with.

4. Once students have chosen a side, ask for volunteers from each side to explain why they chose to move to that side.
 - To help students feel comfortable speaking about their opinions in front of their classmates, you can ask students to “pair share” (share with the person standing next to them) for 30 seconds about why they moved to that side.
 - Don’t force anyone to speak, even if no one volunteers.
 - If no one volunteers, ask the class why someone might agree or disagree with that statement.
 Note to Instructor: If there are only one or two students standing on one side, the instructor should go to that side and stand next to them. Explain to the class that “no one stands alone” and you want to recognize and appreciate that it can be hard to have an opinion that is different from all of your classmates or friends. Remind them that even if they are the only person in this classroom with that opinion, they are not the only person in the world who holds that value. If no one picks one side, ask the class to explain why someone might hold that opinion, even if no one is standing on that side.
5. After discussing students’ opinions of each statement, ask everyone to move to the center of the room before you read the next statement. This closes the discussion on one statement and defines the beginning of the next statement discussion.
6. Repeat this process for 5-10 statements, depending on students’ attention level, the depth of discussion and class time availability.
7. After completing all of your selected statements, ask students to return to their seats for a discussion about the activity. Ask students:
 - How did participating in this activity make you feel?
 - How do we let others know what our values are?
 - Communication
 - How we live our lives
 - What keeps us from expressing our values?
 - Embarrassed
 - Unsure about our own values
 - Don’t think others will agree
 - How can/do you use your values in your everyday life? In a sexual situation?
 - Be sure of them ahead of time
 - Make decisions based on what’s important to you
 - Speak up when you think something is wrong
 - Don’t let others intimidate you

Option 2 – Large Group Discussion

1. Create two signs, **AGREE** and **DISAGREE**, for each student in the class. Hand out a set (AGREE and DISAGREE) to each student.
 Note to Instructor: This option may work best if you wish to focus the discussion on one (or just a few) of the value statements.
2. Explain to the class:
 - We are going to do an activity to help us think about our values regarding some topics that may be related to sexual health.

- I will read several sentences that have to do with this topic. If you agree with the sentence, then hold up the AGREE sign. If you disagree with the sentence, then hold up the DISAGREE sign.
 - For this activity, there is no “both” – I want you to try your best to pick AGREE or DISAGREE.
 - Once everyone had made their choice, I will ask for a few AGREE volunteers and a few DISAGREE volunteers to raise their hand and share with everyone why they feel that way. No one is required to share their opinion.
 - It’s very important that we are mindful of our group agreements and are respectful and quiet when people are sharing.
 - You can change which sign to hold up during our discussion, if you change your mind.
3. Read each statement twice to give students an opportunity to consider how they feel about the statement then ask students to hold up the side which most closely aligns with how they feel about the statement.
 4. Once students have held up their signs, ask for volunteers from each group to explain why they chose to hold up that sign.
 - To help students feel comfortable speaking about their opinions in front of their classmates, you can ask students to “pair share” (share with the person standing next to them) for 30 seconds about why they held up that sign.
 - Don’t force anyone to speak, even if no one volunteers.
 - If no one volunteers, ask the class why someone might agree or disagree with that statement.
 Note to Instructor: If there are only one or two students holding up one of the signs (i.e., they are a significant minority), the instructor should acknowledge and appreciate that it can be hard to have an opinion that is different from all of your classmates or friends. Remind them that even if they are the only person in this classroom with that opinion, they are not the only person in the world who holds that value.
 5. After discussing students’ opinions of each statement, ask everyone to put their signs down on their desk (if they haven’t already). This closes the discussion on one statement and defines the beginning of the next statement discussion.
 6. Repeat this process for 5-10 statements, depending on students’ attention level, the depth of discussion and class time availability.
 7. After completing all your selected statements, ask students to hand in their signs for a discussion about the activity. Ask students:
 - How did participating in this activity make you feel?
 - How do we let others know what our values are?
 - Communication
 - How we live our lives
 - What keeps us from expressing our values?
 - Embarrassed
 - Unsure about our own values
 - Don’t think others will agree
 - How can/do you use your values in your everyday life? In a sexual situation?
 - Be sure of them ahead of time
 - Make decisions based on what’s important to you
 - Speak up when you think something is wrong
 - Don’t let others intimidate you

Values Clarification: AGREE or DISAGREE Statements

Select 5-10 statements from the list below based on the following criteria:

- Grade of class
- Maturity of class
- School/community norms
- Existing knowledge base of class

Everyone should learn how to cook, clean, and do laundry, regardless of their gender.
Todos, de cualquier género, deberían de aprender a cocinar, limpiar y lavar la ropa.

It's OK for a guy to cry over a breakup.
Está bien si un hombre llora porque se acabó su noviazgo.

Girls should always try to look their best.
Las chicas deben de tratar siempre de vestirse lo mejor que puedan.

People at my school are free to be themselves.
Las personas en mi escuela son libres de ser ellos mismos.

There are good role models for teens in the media.
Los adolescentes pueden encontrar buenos modelos a seguir en los medios.

Parents should talk to their kids about sexual health.
Los padres deben de hablar con sus hijos sobre el sexo.

It is normal to masturbate.
Está bien si una persona se masturba.

Texting a partner all the time shows that you love them.
Mandar textos constantemente a una pareja significa que la ama mucho.

In a relationship, one partner should take the lead.
En una relación, una persona debe de ser el/la líder.

Sex should be something special.
El sexo debe de ser algo especial.

I would like to marry someone who is a virgin.
Me gustaría casarme con alguien que es virgen.

It's obvious when someone wants to have sex.
Es obvio cuando alguien quiere tener sexo.

Kissing and touching will eventually lead to sex.
Los besos y las caricias llevan a sexo.

Middle School students are mature enough to have sex.
Estudiantes en la secundaria son suficientemente maduros para tener sexo.

It's OK to have sex with a lot of people.
Está bien tener sexo con muchas personas.

A person should be able to express their gender however they want to.
Una persona debería de poder expresar su género como quiera.

People should always get tested for STIs before having sex.
Las personas siempre deberían de hacerse una prueba de ITS antes de tener relaciones.

It's easy for teens to get sexual health services (e.g. condoms, STI testing, birth control).
Es fácil para los adolescentes recibir servicios de salud sexual (e.g. condones, pruebas de ITS, anticoncepción).

Clinics should notify parents before giving a teen birth control.
Las clínicas deben de notificar a los padres de un joven antes de recetarle anticonceptivos.

Preventing pregnancy is a female's responsibility.
Es responsabilidad de la mujer prevenir un embarazo.

Having a baby with someone is a good way to make them stay in the relationship.
Tener un bebé con alguien es una buena forma de hacer que esa persona se quede en la relación.

People my age can be good parents.
Los adolescentes de mi edad pueden ser buenos padres.

Activity 1.5: Giving Your Parents “The Talk”

Objectives: Understand the value of having a trusted adult to talk about sex. Identify trusted adults in their life to talk about sex. Gain skills for discussing the topic of sexuality and sexual health with adults.

1. Explain to the class:

- As you grow through adolescence, it's important they identify a trusted adult in their life because they may have more questions regarding their health in the future.

2. Ask the class:

- *What are some benefits to discussing sex with your parents/trusted adult?*
 - It's a good way to develop a strong relationship with them. If you can talk to your parents about sex, you can talk to them about most things.
 - They might have had some life experiences that they could give you advice about.
 - They can help you make good decisions.
 - You don't have to talk about your personal experiences or their personal experiences. The conversation can focus on sharing ideas about teen pregnancy, protection, when to have sex, communicating about sex, decision-making skills, and values, etc.
- *What are the potential drawbacks to talking about sex with your parents/guardians?*
 - It might be awkward.
 - You might not want to hear your parents talk about sex.
 - They may have the wrong information.
 - They might start to lecture instead of listen.
 - You might not agree with their values.
- *What are some ways you could bring up the topic?*
 - Find a time when he/she is not distracted or busy.
 - Tell them you have some important questions and ask them to set aside some time.
 - Say, “I have some questions I'd like to ask you about sex. It doesn't mean I'm having sex, I just want to talk to you about it.”
 - Bring up something you saw on TV, in a movie, in a song, etc. Say, “I saw this scene in a movie, and I was wondering what you thought of it.”
 - Ask simple questions at first, then work up to harder questions.
 - Know that it's OK to feel nervous. They probably feel nervous too.
- *What should you do if your parents/guardians discuss values that you don't agree with?*
 - Even though you may not agree with them, it's important to listen and let them finish.
 - Try repeating some of what you just heard before saying something new.
 - Sometimes you must agree to disagree. You can say, “I can see what you're saying, but I don't agree. I think that...”
 - If your parent/guardian starts to lecture or yell, just gently remind them that you're just asking questions.
- *Who else could you talk to if you feel you can't discuss sex with your parents/guardians?*
 - For some people, it might be better to look for advice and information from another adult you can trust (aunt, uncle, grandparent, another relative, a friend's parent, or teacher)

Activity 1.6: Back in the Day

Objectives: Initiate a conversation with a parent or trusted adult about sexual health topics.

1. Explain to the class:

- You will be passing out a worksheet for students to complete with their parents or a trusted adult.
- The worksheet is an interview meant to foster communication about sex with a trusted adult.
- If there is not a parent available to interview, students can interview another adult they trust (guardian, grandparent, aunt, uncle, older brother/sister). The person they interview should ideally be someone they can go to in the future if they have questions about things related to sexual health and relationships and should be at least 18 years old.
- Since this is an interview, you will need to find a time to talk with your parent or trusted adult, not just give them the questions to answer on their own.
- Let your parent or trusted adult know that you will need to interview them and give them the questions to think about before you actually interview them.
- The homework will be checked twice (at the instructor's discretion) to see that it is being completed appropriately. Two interviews should be done on two different days.
- Since the information they discuss will be personal, you will provide credit for simply completing the interview (not on the specific responses).

2. Pass out the Back in the Day worksheet. Give students the length of the course to complete the assignment, so that it's due on the final session.

3. Have students spend a few minutes writing down one of their own questions for #13 on the back page of the assignment. Some examples of questions they can ask are:

- How old were you when you first fell in love?
- Have you ever known anyone who got an STI?
- What did you know about birth control and condoms when you were my age? Did you use them?

4. Use the wrap-up questions listed in Session 12 to discuss with students how the interview is going mid-week and on the final turn in day.

BACK IN THE DAY...

Directions: Please interview a parent/guardian or an adult you trust over age 18 for this activity.

Student's Name: _____ Trusted Adult's Name: _____

Talk #1. Due: _____ Adult signature: _____

1. What did you do in your free time when you were my age?
2. What did you want to be when you grew up?
3. What did your parents/guardians teach you about puberty and body changes?
4. What is one thing you wish you knew about puberty when you were my age?

Reflection: What are two things you learned from your trusted adult? . . .

Talk #2. Due: _____ Adult's signature: _____

5. Did you have sex education or family life education in school? What was it like?
6. What is one thing you wish you knew about sexual health when you were my age?
7. How has the subject of gender changed since you were a child?
8. Did you know anyone who was bullied because of their sexual orientation or gender identity?
9. Is there anything you wish you had done differently in your friendships or romantic relationships when you were my age?

Reflection: In what ways are your trusted adult's past experiences similar or different to your own? . . .

Continue on other side



Talk #3. Due: _____ Adult signature: _____

10. How do you feel about the messages media (TV, music, movies, internet) send youth today?
11. Did you ever feel pressured to do something you didn't want to do? How did you handle it?
12. If someone pressures me to do something sexual, can you give me some suggestions of what to do or say?

Reflection: How has this conversation changed your thinking? „

Thank you for having this important conversation! Almost done...



Check out these great parent resources to help continue this important conversation:

Health Connected:	www.health-connected.org/parents and www.lets-talk.how
Palo Alto Medical Foundation:	www.pamf.org/parenting-teens/sexuality
Essential Access Health:	www.talkwithyourkids.org
Advocates for Youth:	www.advocatesforyouth.org/parents-sex-ed-center-home
American Sexual Health Association:	www.ashasexualhealth.org/parents



This section below is for your trusted adult to fill out after completing the interview.

I have talked through all of the questions on this homework sheet with my student.

Adult's signature: _____

Do you think this homework helped you and your student talk more openly about sexual health and relationships?

☐ YES

☐ NO

CUANDO TENÍAS MI EDAD...

Instrucciones: Por favor entrevista a un padre/tutor o un adulto en que confías que tiene 18 años o más para esta actividad.

Nombre del estudiante: _____ Nombre del adulto: _____

Plática #1. Fecha límite: _____ Firma del adulto: _____

1. ¿Qué hacías en tu tiempo libre cuando tenías mi edad?
2. ¿Qué querías ser de grande?
3. ¿Qué te enseñaron tus padres/tutores sobre la pubertad y el desarrollo del cuerpo?
4. ¿Qué es una cosa que hubieras querido saber sobre la pubertad/sexualidad cuando tenías mi edad?

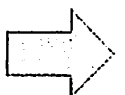
Reflexión: ¿Qué son dos cosas que aprendiste de tu adulto de confianza? ¿"

Plática #2. Fecha límite: _____ Firma del adulto: _____

5. ¿Tuviste educación sexual o educación para la vida familiar en tu escuela? ¿Cómo era?
6. ¿Cómo ha cambiado el tema del género desde que eras niño?
7. ¿Conocías a alguien que sufrió acoso por su orientación sexual o identidad de género?
8. ¿Hay algo que hubieras hecho diferente con respecto a tus amistades o relaciones románticas cuando tenías mi edad?

Reflexión: ¿Cómo es semejante o diferente la experiencia de tu adulto de confianza a la tuya? ¿"

Continúa al otro lado



Plática #3. Fecha límite: _____ Firma del adulto: _____

9. ¿Cómo te sientes sobre los mensajes que los medios (TV, música, películas, internet) transmiten a los jóvenes hoy?
10. ¿Alguna vez te sentiste presionado a hacer algo que no querías hacer? ¿Cómo lo manejaste?
11. Si alguien me presiona a hacer algo sexual, ¿me puedes dar alguna sugerencia de qué hacer o decir?

Reflexión: ¿Cómo ha cambiado tu forma de pensar después de esta conversación? .”

¡Gracias por tener esta conversación importante! Casi termino...



Existen muchos buenos recursos en línea para ayudar a padres y sus hijos a continuar esta conversación. Aquí están algunos para ayudarte a comenzar:

Health Connected:	www.health-connected.org/parents and www.lets-talk.how
Palo Alto Medical Foundation:	www.pamf.org/parenting-teens/sexuality
Essential Access Health:	www.talkwithyourkids.org
Advocates for Youth:	www.advocatesforyouth.org/parents-sex-ed-center-home
American Sexual Health Association:	www.ashasexualhealth.org/parents



Tu adulto de confianza debe de llenar la sección aquí abajo después de completar la entrevista.

Yo he abarcado todas las preguntas contenidas en esta tarea con mi estudiante.

Firma del adulto: _____

¿Crees que esta tarea les ayudó a hablar más abiertamente sobre la salud sexual y las relaciones?

☐ SÍ

☐ NO

Activity 1.7: Clinics and Resources

Objectives: To give students a list of reproductive and sexual health services within their local area, including national resources addressing the curriculum topics covered in Teen Talk MS.

Note to Instructor: It is strongly advised that users of Teen Talk MS use the blank template to create a list of local services in their own area for students receiving the Teen Talk MS curriculum. Many county departments can assist in gathering this information, as well as Family PACT: www.familypact.org. You may want to highlight clinics that are welcoming to LGBTQ+ students. You may be able to find this information by calling their office or checking their website.

1. Explain to the class:

- You will be passing out a resource worksheet for them to keep if they have future questions regarding sexual health topics.
- The resource sheet details local clinics a minor of **ANY AGE** has the right to access for medical care related to the prevention or treatment of pregnancy.
- However, minors must be 12 years or older to consent to their own STI testing and treatment.
- Parent permission is **NOT** required for a minor to be excused during school hours for confidential services which include appointments for sexual and reproductive services.
- Although parental notification or permission is not required for these confidential services, encourage your students to talk with a parent/guardian/trusted adult about their medical concerns and questions.

2. Pass out the Clinic and Resource Lists.

3. Ask the class:

- What are some sexual health services a youth may receive from one of these clinics?
- Which one of these clinics would you most likely go to?
- If you needed to go to a clinic, how would you get there?
- What are some qualities that would be important to you in a clinic?

SF Peninsula Teen Clinics

Parents' permission is **NOT** required (but we encourage you to talk with them!)
Services are **FREE** and **CONFIDENTIAL**

Daly City

- Daly City Youth Health Center
www.dalycityyouth.org
(650) 877-5700
350 90th St. (3rd Floor)
- Kaiser Teen Clinic (*members only*)
www.kaiserpermanente.org
(650) 301-4475
395 Hickey Blvd.

South San Francisco

- Planned Parenthood South SF
www.ppmarmonte.org
(877) 855-7526
435 Grand Ave.

San Mateo

- Planned Parenthood San Mateo
www.ppmarmonte.org
(650) 235-7940
29 Baywood Ave.

Redwood City

- Fair Oaks Health Center
www.sanmateomedicalcenter.org
(650) 578-7141
2710 Middlefield Rd.
- Kaiser Teen Clinic (*members only*)
www.kaiserpermanente.org
(650) 299-2025
910 Marshall Rd. (Birch Building)
- Planned Parenthood Redwood City
www.ppmarmonte.org
(650) 503-7810
2907 El Camino Real
- Sequoia Teen Wellness Center
www.co.sanmateo.ca.us/sequoiatwc
(650) 366-2927
200 James Ave. (at Sequoia HS)

East Palo Alto

- Ravenswood Family Health Center
www.ravenswoodfhc.org
(650) 330-7400
1885 Bay Rd. (Suite A)

Palo Alto

- MayView Community Health Center
www.mayview.org
(650) 327-8717
270 Grant Ave.

Mountain View

- MayView Community Health Center
www.mayview.org
(650) 965-3323
900 Miramonte Ave. (2nd Floor)
- Planned Parenthood Mountain View
www.ppmarmonte.org
(650) 948-0807
225 San Antonio Rd.

Sunnyvale

- Lucile Packard Teen Clinic (Stanford)
www.stanfordchildrens.org/en/service/teens-and-young-adults
(650) 497-2701
1195 W. Fremont Ave

San Jose

- Kaiser Teen Clinic (*members only*)
www.kaiserpermanente.org
(408) 362-4740
276 International Cir.
- Planned Parenthood Blossom Hill
www.ppmarmonte.org
(408) 281-9777
5440 Thornwood Dr. (Suite G)
- Planned Parenthood Mar Monte
www.ppmarmonte.org
(408) 274-7100
2470 Alvin Ave. (Suite 80)
- Planned Parenthood Eastside
www.ppmarmonte.org
(408) 729-7600
3131 Alum Rock Ave.
- Planned Parenthood San Jose Central
www.ppmarmonte.org
(408) 287-7526
1691 The Alameda

www.familyPACT.org – Find local clinics and sign up for the state-funded Family PACT program
www.myhealthmyinfo.org – Utilize confidential services at your pediatrician or doctor's office

Local Teen Clinics

Parents' permission is **NOT** required in CA (but we encourage you to talk with them!)
 Services are **FREE** and **CONFIDENTIAL**

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www.familyPACT.org – Find local clinics and sign up for the state-funded Family PACT program
www.myhealthmyinfo.org – Utilize confidential services at your pediatrician or doctor's office

Clínicas de la Península de SF

NO se requiere permiso de tus padres (¡pero te animamos a hablar con ellos!)
Los servicios son **GRATUITOS** y **CONFIDENCIALES**

Daly City

- **Daly City Youth Health Center**
www.dalycityyouth.org
(650) 877-5700.
350 90th St. (3rd Floor)
- **Kaiser Teen Clinic (exclusivo para miembros)**
www.kaiserpermanente.org
(650) 301-4475
395 Hickey Blvd.

South San Francisco

- **Planned Parenthood South SF**
www.ppmarmonte.org
(877) 855-7526
435 Grand Ave.

San Mateo

- **Planned Parenthood San Mateo**
www.ppmarmonte.org
(650) 235-7940
29 Baywood Ave.

Redwood City

- **Fair Oaks Health Center**
www.sanmateomedicalcenter.org
(650) 578-7141
2710 Middlefield Rd.
- **Kaiser Teen Clinic (exclusivo para miembros)**
www.kaiserpermanente.org
(650) 299-2025
910 Marshall Rd. (Birch Building)
- **Planned Parenthood Redwood City**
www.ppmarmonte.org
(650) 503-7810
2907 El Camino Real
- **Sequoia Teen Wellness Center**
www.co.sanmateo.ca.us/sequoiatwc
(650) 366-2927
200 James Ave. (at Sequoia HS)

East Palo Alto

- **Ravenswood Family Health Center**
www.ravenswoodfhc.org
(650) 330-7400
1885 Bay Rd. (Suite A)

Palo Alto

- **MayView Community Health Center**
www.mayview.org
(650) 327-8717
270 Grant Ave.

Mountain View

- **MayView Community Health Center**
www.mayview.org
(650) 965-3323
900 Miramonte Ave. (2nd Floor)
- **Planned Parenthood Mountain View**
www.ppmarmonte.org
(650) 948-0807
225 San Antonio Rd.

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- **Lucile Packard Teen Clinic (Stanford)**
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(650) 497-2701
1195 W. Fremont Ave

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276 International Cir.
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www.ppmarmonte.org
(408) 281-9777
5440 Thornwood Dr. (Suite G)
- **Planned Parenthood Mar Monte**
www.ppmarmonte.org
(408) 274-7100
2470 Alvin Ave. (Suite 80)
- **Planned Parenthood Eastside**
www.ppmarmonte.org
(408) 729-7600
3131 Alum Rock Ave.
- **Planned Parenthood San Jose Central**
www.ppmarmonte.org
(408) 287-7526
1691 The Alameda

www.familyPACT.org – Identifica clínicas locales e insíbete para el programa de Family Pact
www.myhealthmyinfo.org – Utiliza los servicios confidenciales con tu medico u otro consultorio médico

Clínicas Locales

NO se requiere permiso de tus padres (¡pero te animamos a hablar con ellos!)
Los servicios son **GRATUITOS** y **CONFIDENCIALES**

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sitio web: _____
teléfono: _____
dirección: _____

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sitio web: _____
teléfono: _____
dirección: _____

 **www.familyPACT.org** – Identifica clínicas locales e insíbete para el programa de *Family Pact*
www.myhealthmyinfo.org – Utiliza los servicios confidenciales con tu médico u otro consultorio médico

Bodies, Birth Control & STIs

General Info
kidshealth.org/en/teens/sexual-health

All About Puberty
plannedparenthood.org/learn/teens/puberty

AMAZE-ing Videos
amaze.org

Mobile Apps

Clue
 menstrual cycle tracker

They2ze
 trans-inclusive health resources

awkwardornotapp.org
 parent communication guide

Respect Effect
 practice healthy relationship skills

Mental Health Support

Help Anytime, Any Reason
kidshelpline.com.au/teens

Stories & Info
walkinourshoes.org

Crisis Textline
 text HOME to 741-741

National Suicide Prevention Lifeline
suicidepreventionlifeline.org/chat
 1 (800) 273-8255

Gender & Sexual Identities

Find Community Near You!
lgbtcenters.org/LGBTcenters

The Trevor Project
thetrevorproject.org
 1 (866) 488-7386
 text START to 678-678

Gender Spectrum
genderspectrum.org/explore-topics/teens

LGBTQ+ Youth Initiative
sendtherightmessage.ca

Relationships & Sexual Safety

Love is Respect
loveisrespect.org

That's Not Cool
coolnotcoolquiz.org

National Human Trafficking Hotline
humantraffickinghotline.org
 1 (888) 373-7888 (TTY: 711)
 text BEFREE to 233-733

Pregnancy & Parenting

Legal Guide for Teens
teenhealthrights.org

Judgement-Free Talkline
all-options.org
 1 (888) 493-0092



El Cuerpo, Métodos Anticonceptivos & ITS

Información General
kidshealth.org/es/kids/puberty-esp.html

Cuerpos y Cambios
plannedparenthood.org/es/temas-de-salud/para-adolescentes/pubertad

Videos sobre Salud
amaze.org/es

Aplicaciones Móviles

Clue aplicación
 sigue tu periodo

myPlan aplicación
 apoyo para relaciones saludables

Apoyo de Salud Mental

Terapeutas Hispanohablantes Locales
latinxtherapy.com

Línea Nacional de la Prevención del Suicidios
suicidepreventionlifeline.org/help-yourself/en-espanol/
 1 (888) 628-9454

Género & Identidad Sexual

Información LGBTQ+
plannedparenthood.org/es/temas-de-salud/para-adolescentes/lgbtq

Relaciones & Seguridad Sexual

El Amor es Respeto
espanol.loveisrespect.org

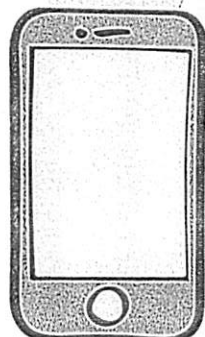
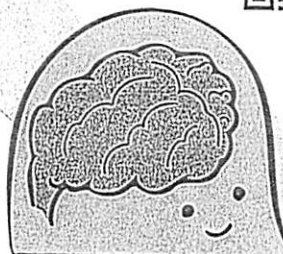
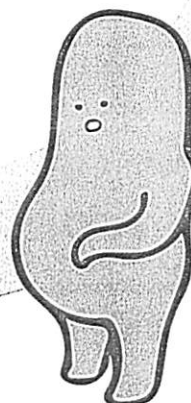
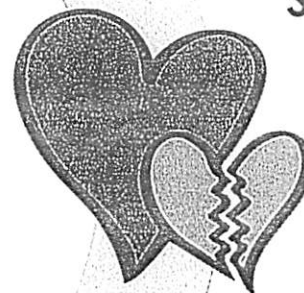
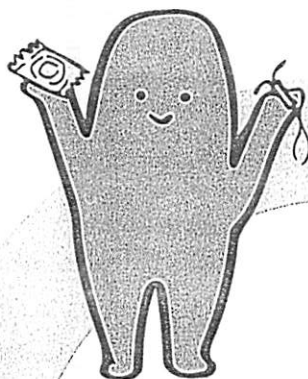
Línea de Apoyo para Asalto Sexual
rainn.org/es
 1 (800) 656-4673

Trata de Personas
humantraffickinghotline.org/obtena-ayuda
 1 (888) 373-7888 (TTY: 711)
 text BEFREE to 233-733

Embarazo

Embarazo Saludable
kidshealth.org/es/teens/pregnancy-esp.html

Opciones de Embarazo
accesswhj.org/access-en-espanol
 1 (888) 442-2237



Recursos para Teen Talk Middle School

¡Escanéame para más!



Session 1 Wrap-Up

Objectives: To review the topics discussed during the first session and address any questions that may have come up.

1. Ask the class:
 - What was one new thing you learned today?
 - Was there anything that surprised you today?
 - What is one thing you learned about personal values?
 - Can you name two sexual health clinics?
2. Explain what you'll be covering during the next session.
 - In the next session, we will answer your questions that you put in the Question Box in a few minutes.
 - Discuss and/or review sexual and reproductive anatomy.
3. Remember to give students 5 minutes before the end of the session to write questions for the Question Box. Collect Question Box papers from every student in the Question Box.

Session 2: Sexual and Reproductive Anatomy

Goals

- Learn about the diversity and functions of the sexual and reproductive systems
- Recognize that differences in sexual and reproductive body parts among people are normal and do not affect reproductive ability

Objectives

At the end of this session, students will be able to:

- Describe sexual and reproductive body part functions and locations.
- Describe the process of human conception using proper anatomical and physiological terminology.

Why Is This Important?

This session is important to provide adolescents comfort in understanding the basic functions of sexual and reproductive anatomy. With the correct terminology and functional knowledge, people are better equipped to maintain healthy sexuality. This also establishes the common appropriate language for the body parts that will be discussed throughout the course, which is helpful when for future lessons on contraception and sexually transmitted infections and how each can affect the body.

Although these diagrams depict typical male and female anatomy, it is important to recognize that not all bodies look the same, and there is significant diversity in human sexual anatomy. It is also important to remind students that some men have female anatomy and some women have male anatomy – this is the difference between gender (feeling/identity) and sex (the physical body).

Materials Needed

- Anonymous Question Box
- Scratch paper cut into 2" x 2" pieces, one for each student
- Projection technology (projector/laptop or SmartBoard)
- Anatomy diagrams in accompanying digital materials

Anatomy Match-Ups Homework

- Anatomy Match-up Homework with female and male diagrams, one for each student

Pin the Part on the Pelvis

- Male and female internal and external sexual and reproductive anatomy diagrams (projected or optional: enlarged as laminated poster – 2 ft. x 2 ft.)
- Anatomy labels, written or typed in large size (optional: laminated with Velcro attached)

Preparation

- Screen Anonymous Question Box questions from the previous session and prepare responses.
- As the instructor, you may determine which activities to present during this session. Flexibility with these activities may depend on classroom environment, typical learning style or available class time.
- Enlarge the internal and external anatomy diagrams, if not using a projector or SmartBoard (optional: laminated poster with Velcro for anatomy labels).

Anatomy Match-up Homework

- Photocopy Male and Female Match-Up worksheets. Copy the male and female diagrams back to back. To avoid having to repeatedly flip the handout over to read the instructions, copy the instructions onto a separate sheet.

Conception and Pregnancy Stages

- Photocopy Conception and Pregnancy Stages handouts back-to-back. Copy the pregnancy flipbook on separate pages.

Additional Activities

Pin the Part on the Pelvis

- Write and cut out labels for anatomy diagrams (optional: laminate and attach Velcro strips)
- Review the lecture notes for Sexual and Reproductive Anatomy and Physiology until you feel comfortable with the material. You do not have to be an expert to deliver the activities, but your comfort with the terminology will help students feel more comfortable learning.

Who Am I?

- Paper and pencil for each student
- Who Am I? game clues

Total Instruction Time

Minimum: 65 min.

Maximum: 90 min.

Activity and Time Needed

Anonymous Question Box: 5 min.

Session 1 Review: 5 min.

Lecture: Sexual and Reproductive Anatomy and Physiology: 30-45 min.

Anatomy Match-up Homework: 10 min.

Conception and Pregnancy Stages: 15 min.

Session 2 Wrap-Up: 5 min.

Additional Activities

Pin the Part on the Pelvis: 20-30 min.

Who Am I?: 10-15 min.

Puberty Charades: 5-10 min.

Activity 2.1: Anonymous Question Box

Objectives: To provide students with an outlet to ask questions regarding sexual health and sexuality if they are not comfortable asking their question during the session.

1. Hand out Question Box scratch paper to each student at the beginning of the session. Let students know that you are providing scratch paper at the beginning of class so that they can write down any questions they have during the session.
2. Select 4-5 questions to answer during the first 5 minutes of class, however the goal is to answer all questions submitted to the Question Box by the end of the course.
3. Use the following guidelines for answering questions:
 - **Pre-screen:** Read through all of the questions before you answer them. This allows you to remove personal questions or questions with names in them. You don't want to be caught off guard. Prescreening also gives you an opportunity to rephrase questions, if necessary, and do any research required to answer the question in full. It also allows you to pre-select questions as a way to introduce or supplement a topic and to control when issues get covered.
 - **Rephrase:** If a question uses discriminatory or offensive language, rephrase it to address the issue in a more respectful way. If a question uses slang, try to reword it using scientific terms. If a question gives so many details that it might breach the anonymity agreement, leave out those details.
 - **Redirect:** Address *every* question in some way. Do your best to give a full, unbiased answer. Never miss an opportunity to remind students how diseases are spread, ways to avoid pregnancy, and that people always have to ask permission to touch or do something sexual with someone.
 - **Be Real:** If you don't know the answer to a question, simply say so. You lose credibility if you make up information or only tell half the story. Acknowledge that you cannot completely understand what it's like to be a pre-teen today. Instead of trying to be "cool," ask students for more information about specific slang and issues that they face. If a question is about a situation that would require reporting to CPS, tell the students that they have the right to report that behavior to you or another trusted adult. Remind them that you are there to help protect them and that no one should have to deal with that situation alone.
 - **Be Inclusive:** Use nonjudgmental language. Answer questions as if you know there is at least one student who: never plans to have kids; never plans to get married; is LGBTQ+; doesn't know their biological parents; is sexually active; has been raped or sexually assaulted, etc. Be aware of your verbal and nonverbal reactions to questions like laughing, shaking your head, or saying "You're too young to ask that." You could be communicating powerful judgments and assumptions. Instead of belittling questions, try to affirm and legitimize the questions. You can say, "Many people ask this question," or "This is an important question."

Activity 2.2: Lecture: Sexual and Reproductive Anatomy and Physiology

Objectives: Describe sexual and reproductive body part functions and locations. Recognize that differences in sexual and reproductive body parts among people are normal and do not affect reproductive ability.

1. Introduce the class by informing them that they will be discussing the sexual and reproductive physiology. There will be a lecture to go along with the diagrams to better locate where these body parts are and how they function.
 Note to Instructor: The terms below are for instructor use and are written in teen-friendly language should questions arise while presenting diagrams or the anatomy match-ups.
2. Remind students that sexual and reproductive physiology starts to become more mature during puberty. Define puberty as a healthy part of adolescent development that most people will go through and that involves physical and emotional changes. Mention to the classes that some of them may have already started these changes.
3. Go through each diagram and descriptions separately being mindful of previous sexual abuse triggers by not using fingers to point to body locations. It is better to help students locate body parts on the diagrams using a pen or pencil as a pointer.
4. Be inclusive and deliberate in your language about the physical bodies. Make sure students understand that we are discussing biological sex and body parts, not gender. Remind students that some men are born with female anatomy, some women are born with male anatomy, and some people are born with a mixture of male and female characteristics.

MALE BODIES

Sperm—The sex cell that male bodies start producing in the testicles during puberty.

Testicles—The two glands that produce sperm and testosterone. They are located outside of the male body in the scrotum.

Scrotum—The pouch of skin that holds the testicles and regulates the temperature of the sperm inside of the testicles by moving closer and further from the body.

Epididymis—The coiled tube attached to the outside of the testicles. This is where the sperm mature and grow their tails.

Seminal Vesicle—The gland that produces fluids that mix with the sperm to create semen. These proteins and sugars feed the sperm and help them to stay alive inside the vagina, uterus and fallopian tubes.

Vas Deferens—The tubes that run from the testicles to the seminal vesicle. Mature sperm cells travel through these tubes before joining up with seminal fluid in preparation for ejaculation. This is also the tube that is cut if the male body has a vasectomy.

Prostate Gland—The gland located at the base of the bladder, just inside of the anus. This gland helps produce the fluids to make semen. It is also a common spot for cancer in older male bodies.

Cowper's Gland—This gland is located at the top of the urethra inside a male body. It is the gland that produces pre-ejaculatory fluid or "pre-cum" just before ejaculation.

Urethra—In all bodies, this is the tube that carries urine from the bladder outside of the body. In male bodies, the tube is also connected to the seminal vesicle to carry semen and pre-ejaculatory fluid (pre-cum) outside of the body. Since pre-cum contains sperm cells, the recommendation is to always have the penis covered when near the vagina, anus, or mouth to prevent getting or spreading STIs and undesired pregnancy.

Penis—The organ that hangs outside of a male body, above the testicles. It is made of spongy tissue that fills up with blood and becomes erect when the body gets sexually excited, similar to the clitoris in a female body. When fully developed penises are erect, they are usually about five to seven inches long.

Glans—The head or “tip” of the penis.

Shaft—The penile body minus the glans.

Foreskin—The piece of skin that covers the head of the penis. Some parents choose to have their baby’s foreskin removed at birth. This is called circumcision.

Bladder—The organ that is connected to the kidneys and holds urine before it is released through the urethra.

Semen—The fluid that contains sperm mixed with fluids from the seminal vesicle and prostate gland. This is what comes out during ejaculation. Each ejaculation contains from 200 to 500 million sperm.

Pre-ejaculatory fluid (pre-cum)—The small drop of liquid created by the Cowper’s gland to clean out the urethra before ejaculation. This fluid does not contain sperm but can pick up live sperm from previous ejaculations.

Erection—When the spongy tissue in the penis fills up with blood and becomes stiff. It usually occurs during sexual arousal, but a male body can get an erection any time, even while sleeping.

Ejaculation—When semen, usually about a teaspoon, comes out of an erect penis.

FEMALE BODIES

Egg—The female sex cell. Female bodies are born with all of the egg cells they will ever have, but they don’t start releasing eggs (ovulating) until puberty.

Ovaries—The two almond-shaped glands that store and release egg cells and hormones. A female body has about 400,000 egg cells. At puberty, a female body starts releasing egg cells about once a month, called ovulation.

Fallopian Tubes—The tubes or passageway an egg travels from the ovaries to the uterus. This is usually where fertilization occurs.

Endometrium—The bloody tissue that lines the inside of the uterus. It will cushion and nourish a fertilized egg if the female body gets pregnant. It sheds and drips out of the vagina (the period) if there is no fertilized egg.

Uterus—The strongest muscle in the female body. The endometrium lines the inside of the uterus and is shed during menstruation. This is where a fetus grows and develops if the female body is pregnant.

Cervix—The muscle at the opening of the uterus, located at the back of the vagina. The hole in the middle of the muscle is very tiny, except when a person is about to give birth when it opens to about 10 cm.

Vagina—The stretchy and muscular passage that connects the outer sex organs to the cervix and the uterus. It is also known as the birth canal. Menstrual blood passes through the vagina, and a penis is inserted here during vaginal intercourse. The walls of the vagina produce fluids to clean the vagina. When a female body is sexually excited, the walls of the vagina produce fluids for lubrication. This organ expands in width and length during arousal, sexual intercourse and childbirth.

Vulva—This includes the labia, clitoris, and urethral openings; located on the outside of the female body. This is often confused with the vagina.

Clitoris—A nerve bundle that is the most sensitive part of the female body. It contributes to orgasm. The head of the clitoris is usually about the size of a pea and is located at the top of the vulva where the soft folds of the labia meet. The body of the clitoris divides into 2 “legs” that reach inside the body up to more than 5 inches. When a female body is sexually excited, the clitoris becomes filled with more blood than usual and becomes harder, similar to how the penis gets erect.

Clitoral Hood—The piece of skin that covers the clitoris to protect it, because it is so sensitive. It is located where the inner labia meet and form a hood over the clitoris.

Outer Labia—The outer folds of skin and fatty tissue that mostly cover the vulva. When a female body reaches puberty, pubic hair will likely grow there. They contain sweat and oil-secreting glands and become covered with hair after puberty. Outer labia can be many different shapes, sizes, and colors. They may be sexually sensitive.

- Inner Labia**—The inner folds of spongy tissue that cover the openings to the urethra and the vagina to help protect from bacteria and infections. They are sensitive and fill up with blood when a female body is sexually excited.
- Urethra**—The tube that connects the bladder to the outside of the female body. The opening to the urethra is located below the clitoris and above the opening to the vagina.
- Hymen**—The thin piece of skin or membrane that surrounds or partially covers the opening to the vagina. Some female bodies have more skin and some have less. This skin can stretch open or tear during first intercourse, during masturbation, or through nonsexual activities, such as while playing sports.
- Vaginal discharge**—The fluid that comes out of the vagina every day. It can change in consistency and color depending on the time of the month. This fluid is produced by the walls of the vagina and helps to clean out any unwanted bacteria or particles. It can be normal or signal infection.
- Vaginal fluid**—The liquid that is produced by the walls of the vagina when sexually excited. This fluid keeps the vagina lubricated during vaginal sex.
- Menstruation (Period)**—The shedding of the endometrium in the uterus through the vagina. It occurs on average every 28 days, but the frequency can range between 21-31 days, and can last 2-7 days. Menstruation, also called a “period,” begins at puberty (average age 12) and continues until menopause (average age 50).

MALE AND FEMALE BODIES

- Anus**—The opening to the rectum where stool comes out.
- Rectal Fluids**—The mucus that lines the rectum.
- Pubic hair**—The hair that begins to grow around the genitals on all bodies during puberty.
- Orgasm**—The peak of sexual arousal when all the muscles that were tightened during sexual arousal relax, causing a very pleasurable feeling. This can happen during sexual touching or sexual intercourse. It's sometimes called “coming.” During an orgasm, many people's heart rates increase, their breathing quickens, and their blood pressure rates rise. Muscles throughout their bodies spasm, especially those in the vagina, penis, uterus, and anus. Semen may spurt out of the penis (ejaculation), and vaginal fluid may flow out of the vagina.

LAS PARTES MASCULINAS

- Espermatozoide**—Célula reproductiva masculina que los hombres empiezan a producir en sus testículos durante la pubertad.
- Testículos**—Dos glándulas que producen el espermatozoide y la testosterona. Están ubicadas en la parte externa del cuerpo masculino, en el escroto.
- Escroto**—Bolsa de piel que contiene los testículos y regula la temperatura de los espermatozoides adentro de los testículos al moverlos más cerca o más lejos del cuerpo.
- Epidídimo**—Tubo en espiral unido a la parte externa de los testículos. Aquí es donde los espermatozoides maduran y desarrollan sus colas.
- Vesícula Seminal**—Glándula que produce fluidos que se mezclan con espermatozoides para crear semen. Estas proteínas y azúcares alimentan a los espermatozoides y los ayudan a sobrevivir cuando están en la vagina, en el útero y en las trompas de Falopio del cuerpo femenino.
- Conducto Deferente**—Tubo que va desde los testículos hasta la vesícula seminal. Este tubo se corta durante un procedimiento conocido como una vasectomía.
- Próstata**—Glándula localizada en la base de la vejiga, adyacente al ano. Esta glándula ayuda a producir los fluidos que hacen semen. Es un lugar común para cáncer entre hombres mayores.
- Glándula de Cowper**—Glándula localizada en la parte superior de la uretra en el cuerpo masculino. Es la glándula que produce el fluido pre-eyaculatorio, también conocido como pre-semen, previo a la eyaculación.

Uretra— En todos cuerpos, es el tubo que transporta la orina de la vejiga al exterior del cuerpo. En el cuerpo masculino, este tubo además está conectado a la vesícula seminal para transportar el semen y el líquido pre-eyaculatorio (pre-eyaculado) fuera del cuerpo. Ya que el fluido pre-eyaculado contiene células de esperma, la recomendación es tener el pene siempre cubierto cuando está cerca de la vagina, ano o boca para evitar contagiar o contagiarse de ITS o evitar un embarazo no deseado.

Pene—Órgano masculino que cuelga fuera del cuerpo, encima de sus testículos. Está hecho de tejido esponjoso que se llena con sangre cuando se excita sexualmente, igual que el clítoris del cuerpo femenino. Los penes completamente desarrollados, cuando están erectos, usualmente miden de 5 a 7 pulgadas de largo.

Glande—Cabeza o “punta” del pene.

Tronco— Cuerpo del pene, menos el glande.

Prepucio—Trozo de piel que cubre la cabeza del pene. Unos padres elijen quitar el prepucio de sus hijos al nacer. Esto se llama circuncisión.

Vejiga—Órgano que está conectado a los riñones y que contiene la orina antes de que salga a través de la uretra. Este órgano se expande en tamaño y dimensión durante la excitación, relaciones sexuales y durante el parto.

Semen—Fluido que contiene células de espermatozoides mezcladas con fluidos de la vesícula seminal y la próstata. Esto es lo que sale durante una eyaculación. Cada eyaculación contiene desde 200 millones hasta 500 millones de espermatozoides.

El fluido pre-eyaculatorio (pre-semen) —Gota de líquido creada en la glándula de Cowper que limpia la uretra de orina antes de la eyaculación. Este fluido no contiene espermatozoides pero puede arrastrar espermatozoides de eyaculaciones previas.

Erección—Cuando el tejido del pene se llena de sangre, crece y endurece. Esto usualmente ocurre durante la excitación sexual, pero puede ocurrir en cualquier momento como cuando tiene la vejiga llena o cuando está durmiendo.

Eyaculación—Cuando el semen del pene; cada eyaculación produce aproximadamente una cucharadita de fluido.

LAS PARTES FEMENINAS

Óvulo—Célula reproductiva femenina. El cuerpo femenino nace con todos los óvulos que tendrá en la vida, pero los óvulos no salen de los ovarios (ovulación) hasta la pubertad.

Ovarios— Dos glándulas que guardan y liberan óvulos y hormonas. El cuerpo femenino tiene aproximadamente 400,000 óvulos. Al llegar a la pubertad, los óvulos empiezan a salir de estas glándulas.

Las trompas de Falopio—Tubos que conectan los ovarios al útero. Los óvulos viajan por este tubo y es donde normalmente ocurre la fertilización.

Endometrio—Tejido de sangre que recubre las paredes interiores del útero. Este tejido sirve para amortiguar y ofrecer nutrientes a un óvulo fertilizado durante el embarazo. El endometrio es expulsado cada mes si no hay un óvulo fertilizado (menstruación o regla).

Útero— Músculo más fuerte en el cuerpo femenino. El endometrio recubre el interior del útero y se derrama durante la menstruación. Aquí es donde un feto crece y se desarrolla.

Cérvix—Músculo conocido como el cuello del útero localizado al fondo de la vagina. La apertura en medio de este músculo usualmente es muy pequeña, excepto durante el parto cuando se abre hasta 10 cm.

Vagina— Pasaje musculoso y elástico que conecta los órganos externos con el cérvix y el útero. También es conocida como el canal del parto. La sangre menstrual pasa a través de la vagina y el pene se introduce aquí durante las relaciones sexuales vaginales. Cuando el cuerpo femenino está sexualmente excitado, las paredes de la vagina producen otros fluidos para la lubricación.

Vulva— Incluye los labios menores y mayores, el clítoris y la apertura de la uretra. La vulva es frecuentemente confundida con la vagina.

Clítoris— Es un grupo de nervios, los cuales son los más sensibles en el cuerpo femenino. El clítoris contribuye al orgasmo. La cabeza del clítoris, usualmente es del tamaño de un chícharo y está localizado en la parte superior de la vulva donde se unen los labios. El cuerpo del clítoris se divide en dos piernas que llegan hasta

cinco pulgadas adentro del cuerpo. Cuando el cuerpo femenino está sexualmente excitado el clítoris se pone rígido e inflado, parecido a la erección del pene del cuerpo masculino.

Capa de Clítoris— Pedazo de piel que cubre al clítoris y lo protege porque es muy sensible. Está localizado donde los labios internos se unen y forman una capa encima del clítoris.

Labios Externos— Pliegues exteriores de piel y tejido adiposo que cubren la mayoría de la vulva. Cuando el cuerpo femenino alcanza la pubertad, el vello púbico crece. Estos contienen sudor y glándulas oleosas. Se cubren de vello durante la pubertad. Los labios externos pueden ser de diferentes formas, tamaños y colores, también pueden ser sexualmente sensibles.

Labios Internos— Pliegues interiores de tejido esponjoso que cubren la apertura de la uretra y la vagina. Los labios interiores son sensibles y se llenan de sangre cuando está sexualmente excitada.

Uretra— Tubo que conecta la vejiga al exterior del cuerpo femenino. La apertura de la uretra está localizada debajo del clítoris y arriba de la apertura vaginal.

Himen— Pedazo delgado de piel que cubre parcialmente la entrada de la vagina. Algunos cuerpos femeninos tienen más piel, y otros tienen menos. Este pedazo de piel se puede estirar y abrir; se puede romper durante la primera relación sexual, durante la masturbación o durante actividades no sexuales, como cuando se juegan deportes.

Flujo vaginal— Fluido que sale de la vagina todos los días. Este flujo puede cambiar de consistencia y color dependiendo del día del mes. Este fluido es producido por las paredes de la vagina y ayuda a limpiar bacteria o partículas no deseadas. Monitoreando este flujo, se pueden detectar infecciones.

Fluidos vaginales— Líquido producido por las paredes de la vagina cuando el cuerpo femenino está sexualmente excitado. Este fluido mantiene la vagina lubricada durante el sexo vaginal.

Menstruación (Regla)— El derramamiento del endometrio en el útero por la vagina. Comienza durante la pubertad (promedio de 12 años de edad) y ocurre cada mes que un óvulo no es fertilizado hasta llegar a la menopausia (promedio de 50 años de edad).

LAS PARTES MASCULINAS Y FEMENINAS

Ano— La apertura del recto por donde salen los desperdicios fecales.

Los fluidos rectales—Mucosas que cubren el recto.

Vello púbico— Vello que comienza a crecer alrededor del área genital durante la pubertad.

Orgasmo— El orgasmo ocurre cuando la excitación sexual alcanza el clímax, cuando los músculos que estaban apretados se relajan, causando una sensación agradable. Esto ocurre durante el contacto sexual o durante las relaciones sexuales. Esto también es conocido como “venirse”. Durante un orgasmo, el ritmo cardíaco de muchas personas aumenta, respiran más rápido y la presión arterial sube. Los músculos de todas partes del cuerpo se contraen, especialmente los músculos de la vagina, pene, útero y ano. El semen brota del pene y fluidos vaginales descienden de la vagina.

Activity 2.3: Anatomy Match-Up

Objectives: Name the major sexual and reproductive anatomy parts and their functions.

Note to Instructor: This should ideally be assigned as homework and the answers reviewed in class, but this can be done as a class activity if necessary.

1. Instruct students to fill in the blanks with the words listed at the bottom of their handouts by matching them to the correct definitions.
2. Pass out Anatomy Match-Up Homework to each student.
3. Specify a time limit and then review the correct answers with students upon completion.

FEMALE ANATOMY MATCH-UP

Name _____ Period _____ Date _____

Directions: Match the following definitions with the words listed below.

- _____ 1) The part of a female body where a fetus grows and where the menstrual lining (endometrium) develops.
- _____ 2) Two almond-shaped glands that store and release egg cells and hormones.
- _____ 3) The only human body part that has no purpose other than providing pleasure. This body part also becomes erect, like the penis, during sexual arousal.
- _____ 4) The passageway that an egg cell travels through ("egg highway") on its way to the uterus.
- _____ 5) The sexual organ that creates its own lubrication when the female body is sexually excited. Menstrual blood also flows through it to leave the body. This organ expands in width and length during arousal, sexual intercourse and childbirth.
- _____ 6) The "gateway" between the uterus and the vagina that opens up to 10 centimeters during childbirth to let the baby pass through.
- _____ 7) The outermost folds of skin that make up the vulva; they have pubic hair growing on them. They contain sweat and oil-secreting glands and become covered with hair after puberty.
- _____ 8) The inner folds of skin that make up the vulva; they cover the opening of the urethra and the vagina to protect it from bacteria and infections; they also fill up with blood when the female body is sexually excited.

OVARIES

CLITORIS

CERVIX

VAGINA

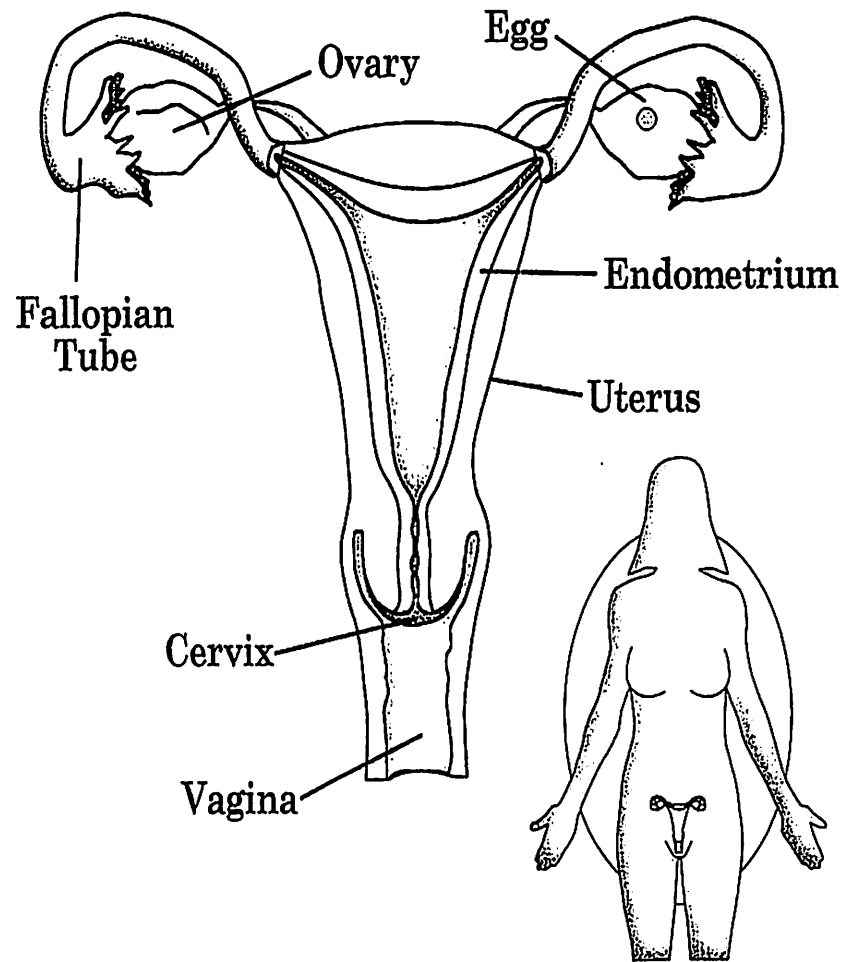
INNER LABIA

OUTER LABIA

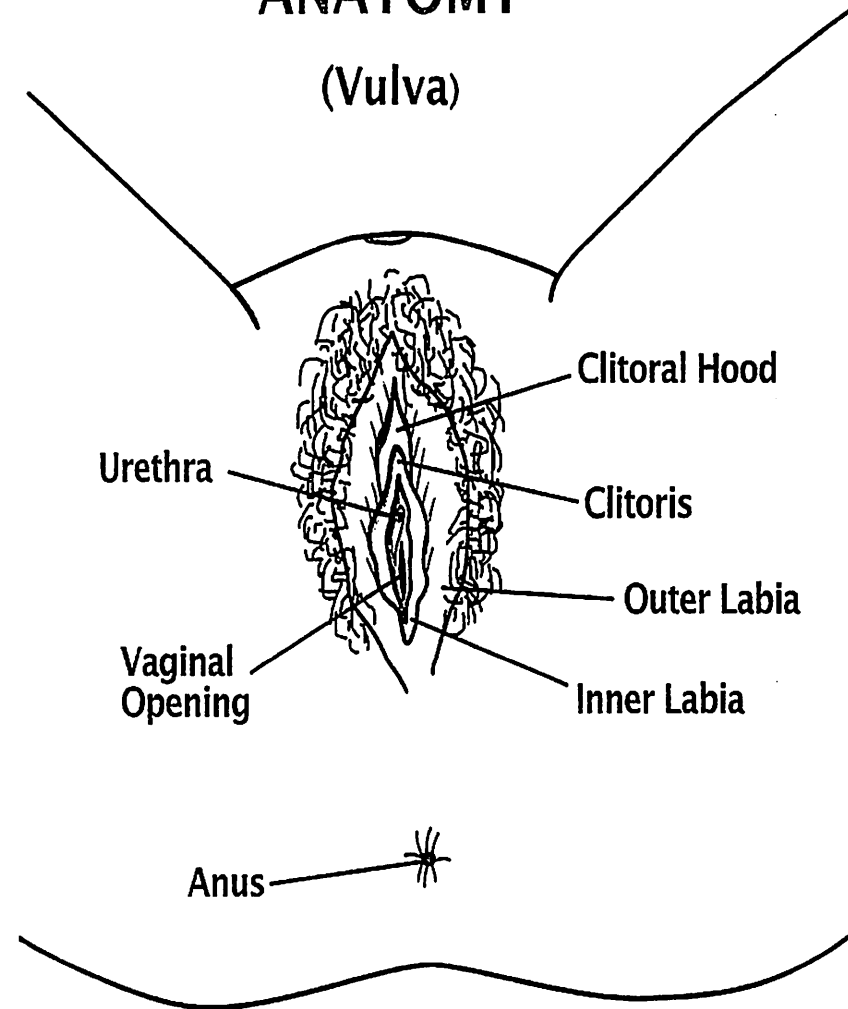
UTERUS

FALLOPIAN TUBES

INTERNAL FEMALE ANATOMY



EXTERNAL FEMALE ANATOMY



Everyone's vulva is unique, so don't judge yours by the pictures you see

FEMALE ANATOMY MATCH-UP ANSWER KEY

UTERUS

1. The part of a female body where a fetus grows and where the menstrual lining (endometrium) develops.

OVARIES

- 2) Two almond-shaped glands that store and release egg cells and hormones.

CLITORIS

- 3) The only human body part that has no purpose other than providing pleasure. This body part also becomes erect, like the penis, during sexual arousal.

FALLOPIAN TUBES

- 4) The passageway that an egg cell travels through ("egg highway") on its way to the uterus.

VAGINA

- 5) The sexual organ that creates its own lubrications when the female body is sexually excited. Menstrual blood also flows through it to leave the body. This organ expands in width and length during arousal, sexual intercourse and childbirth

CERVIX

- 6) The "gateway" between the uterus and the vagina that opens up to 10 centimeters during childbirth to let the baby pass through.

OUTER LABIA

- 7) The outermost folds of skin that make up the vulva; they have pubic hair growing on them. They contain sweat and oil-secreting glands and become covered with hair after puberty.

INNER LABIA

- 8) The inner folds of skin that make up the vulva; they cover the opening of the urethra and the vagina to protect it from bacteria and infections; they also fill up with blood when the female body is sexually excited.

MALE ANATOMY MATCH-UP ANSWER KEY

TESTICLES

- 1) The pair of glands that produce sperm cells and testosterone.

URETHRA

- 2) For males and females, the tube that carries urine from the bladder outside of the body. For males, the tube that carries urine, semen, and pre-ejaculatory fluid ("pre-cum") out of the male body.

EPIDIDYMIS

- 3) The place where sperm cells become mature ("Sperm High School").

VAS DEFERENS

- 4) The tube that sperm cells travel through ("sperm highway") before joining up with seminal fluid in preparation for ejaculation.

PENIS

- 5) The organ that becomes erect during sexual arousal and transports semen during ejaculation and urine during urination.

SCROTUM

- 6) The pouch of skin that protects the testicles and holds them at the correct body temperature to aid in the production of sperm.

FORESKIN

- 7) The fold of skin that covers the head of the penis; it is removed if a male is circumcised.

MALE ANATOMY MATCH-UP

Name _____ Period _____ Date _____

Directions: Match the following definitions with the words listed below.

- _____ 1) The pair of glands that produce sperm cells and testosterone.
- _____ 2) For males and females, the tube that carries urine from the bladder outside of the body. For males, the tube that also carries semen and pre-ejaculatory fluid (pre-cum) outside of the body.
- _____ 3) The place where sperm cells become mature ("Sperm High School").
- _____ 4) The tube that sperm cells travel through ("sperm highway") before joining up with seminal fluid in preparation for ejaculation.
- _____ 5) The organ that becomes erect during sexual arousal and transports semen during ejaculation and urine during urination.
- _____ 6) The pouch of skin that protects the testicles and holds them at the correct body temperature to aid in the production of sperm.
- _____ 7) The fold of skin that covers the head of the penis; it is removed if a penis is circumcised.

PENIS

URETHRA

TESTICLES

SCROTUM

FORESKIN

EPIDIDYMIS

VAS DEFERENS

ANATOMÍA FEMENINA

Nombre _____ Periodo _____ Fecha _____

Instrucciones: Lee las descripciones y pon la palabra correcta en el espacio.

- 1) La parte del cuerpo femenino donde un feto crece y donde desarrolla el tejido menstrual (endometrio).

- 2) Las dos glándulas que guardan y liberan óvulos y hormonas.

- 3) La única parte del cuerpo humano que es solamente para el placer. Cuando el cuerpo femenino está sexualmente excitado, esta parte se erecta y se hincha similarmente al pene.

- 4) El pasaje por el que óvulo fertilizado viaja en su camino hacia el útero.

- 5) El órgano sexual que crea su propia lubricación cuando el cuerpo femenino está sexualmente excitado. La sangre menstrual también fluye por esta parte para salir del cuerpo. Este órgano se expande en tamaño y dimensión durante la excitación, relaciones sexuales y durante el parto.

- 6) La parte en la base del útero que tiene una pequeña abertura en su centro. Esta parte se abre hasta 10 centímetros para que un bebé puede salir.

- 7) Los pliegues externos de piel que son parte de la vulva y que tienen pelo púbico. Estos contienen sudor y glándulas oleosas. Se cubren de vello luego de la pubertad.

- 8) Los pliegues menores de piel que son parte de la vulva y que cubren la vagina para protegerla de bacterias.

OVARIOS

CLITORIS

CÉRVIX

VAGINA

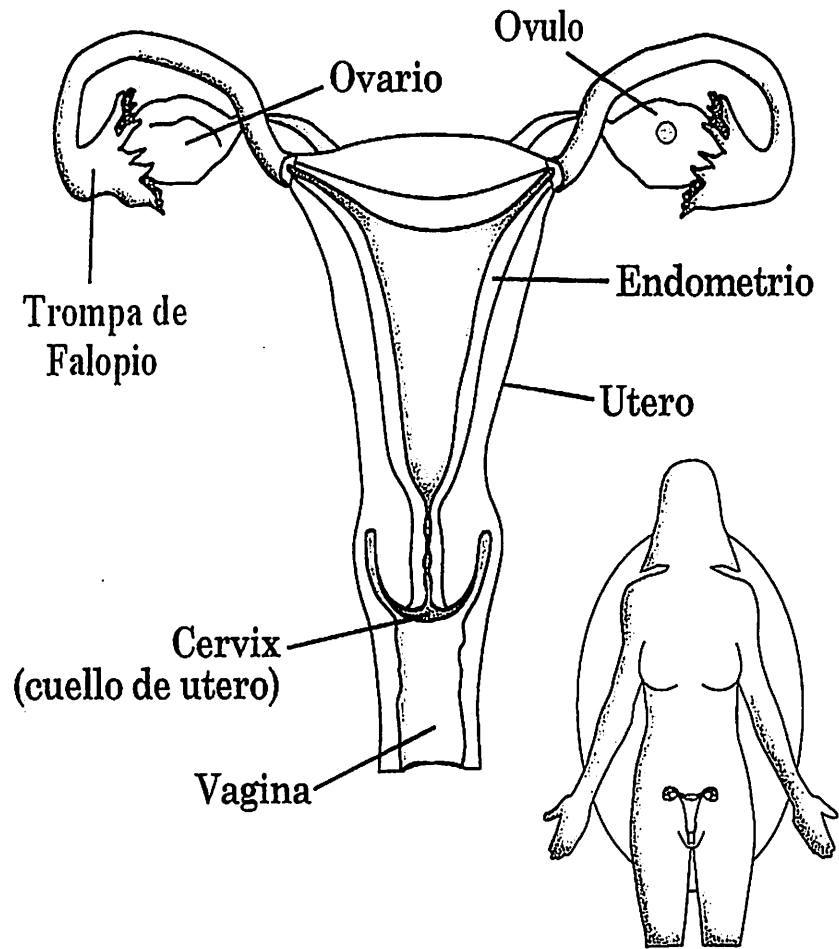
LABIOS MENORES

LABIOS MAYORES

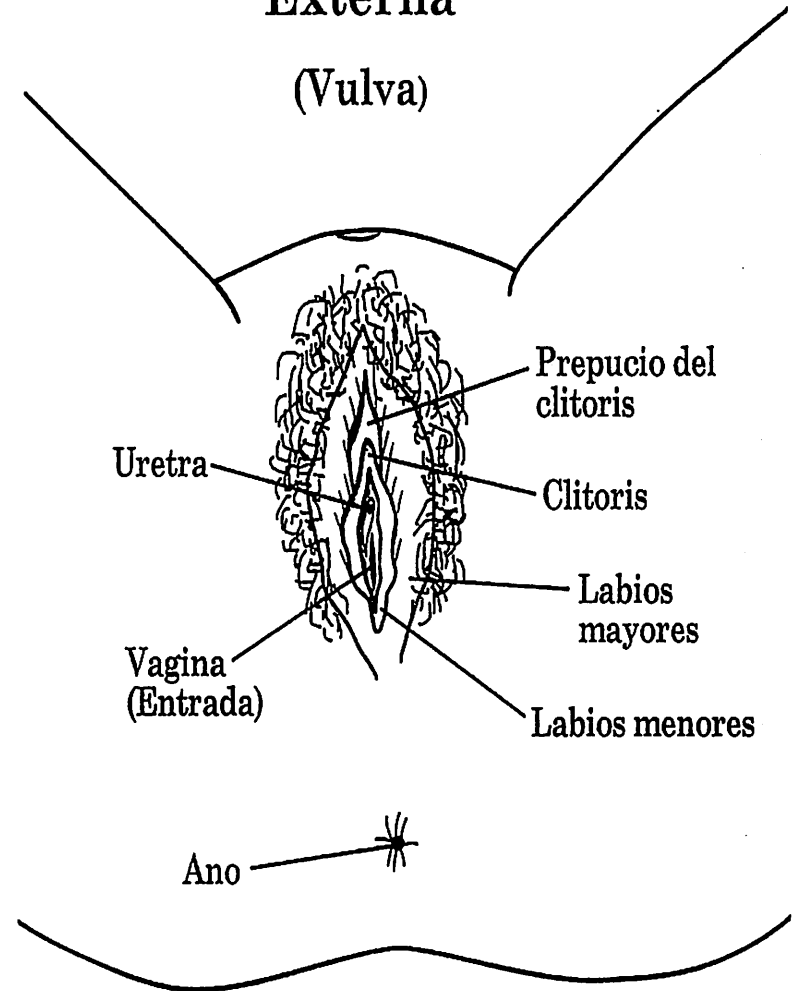
ÚTERO

TROMPAS DE FALOPIO

ANATOMIA FEMININA INTERNA

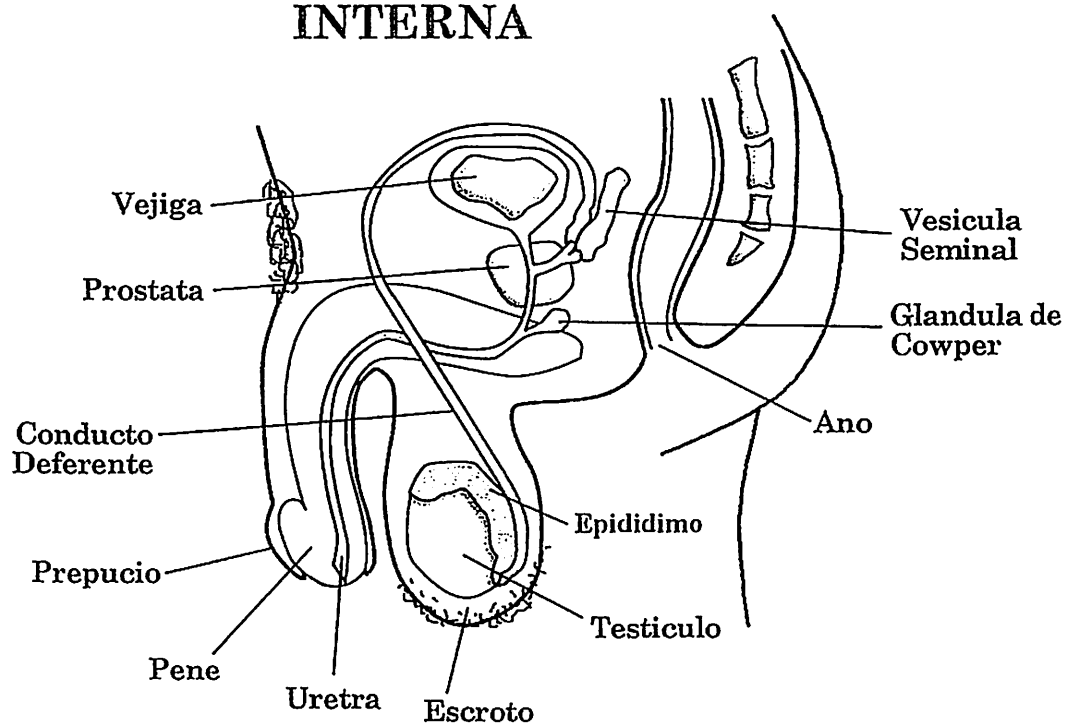


Anatomia Feminina Externa



La vulva de cada mujer es unica, asi que no compares la tuya con las fotos que ves

ANATOMIA MASCULINA INTERNA



Activity 2.4: Conception and Pregnancy Stages

Objectives: Understand vocabulary words: ovulation, fertilization, conception, and pregnancy. Learn the different stages of fetal development and pregnancy.

Note to Instructor: This discussion should be done after the Lecture: Anatomy and Physiology.

1. Ask students, “Can anyone tell us how someone becomes pregnant?” Most of the students will know about the sperm and egg meeting, but it’s important to connect it to the whole process.

Notes to instructor: Remember there are many different values when it comes to pregnancy. Be mindful that some students may consider pregnancy a positive life event and some students might not.

2. Explain to the class that today’s activity will illustrate the conception process and outline stages of fetal development.

Part 1 – Lecture

3. Explain to the class that this lecture will review different stages of fetal development.
4. Use the facts below to facilitate a lecture and discussion about the different stages of fetal development. A PowerPoint guide is available in the accompanying digital materials.

Process of Conception:

Ovulation: Approximately once a month, a mature egg is released from one of the two ovaries in the female body. Female bodies can ovulate at any time during the month, but it generally occurs about two weeks before the person’s next menstrual period. The egg travels into the fallopian tube where it remains until it unites with a single sperm during fertilization. The egg can be fertilized for up to 24 hours after ovulation. If no sperm is present, the egg breaks apart and will be expelled during menstruation, along with the endometrium.

Fertilization: The union of sperm and egg, which usually occurs following intercourse. Sexual arousal causes the penis to become erect, enabling it to enter the vagina, and causes the vagina to expand and produce additional fluid to help the sperm reach the egg. When one sperm unites with the egg, its protein coating changes to prevent other sperm from entering. Sperm can live within the fallopian tubes for days just waiting for an egg.

Implantation: Within 24 hours after fertilization, the egg begins dividing rapidly into many cells. It remains in the fallopian tube for about three days. This fertilized egg, called a zygote (solid ball of cells) travels to the uterus and becomes a blastocyst (hollow ball of cells). Pregnancy occurs when these cells attach to the wall of the uterus, called the endometrium. At this point, the endometrium becomes thicker and the cervix is sealed by a plug of mucus. The developing baby is called an embryo from the moment of implantation until the eighth week of pregnancy and from then until the moment of birth it is called a fetus.

Fetal Development:

First Trimester

At the end of 1 month:

- The embryo is $\frac{1}{4}$ inch in length and about the size of a poppy seed
- Heart, digestive system, backbone, and spinal cord begin to form
- Placenta, sometimes called the “afterbirth,” begins to form

At the end of 2 months:

- The embryo is $1\frac{1}{4}$ inches long and about the size of a kidney bean
- Eyes, nose, lips, ears, and teeth are forming
- Heart is functioning

At the end of 3 months:

- Fetus is $2\frac{1}{2}$ to 3 inches long and about the size of a ping pong ball
- Arms, hands, fingers, legs, feet, and toes are forming
- By this stage, a fetus has developed most of its organs and tissues

Second Trimester

At the end of 4 months:

- Fetus is $6\frac{1}{2}$ to 7 inches long and about the size of an avocado
- Fetus is developing reflexes such as sucking and swallowing
- Biological sex is identifiable
- Skin is bright pink, transparent, and covered with soft, downy hair

At the end of 5 months:

- Fetus is 8 to 10 inches long
- Hair begins to grow on head
- Pregnant female body begins to feel fetal movement
- Internal organs maturing
- Eyebrows, eyelids and lashes appear
- Fetus would still not be able to survive outside the womb

At the end of 6 months:

- Fetus is 11 to 14 inches long
- Weighs about $1\frac{3}{4}$ to 2 pounds
- Eyes can open occasionally
- for short periods of time
- Fetus is able to hiccup

Third Trimester

At the end of 7 months:

- Fetus is 14 to 16 inches long
- Weight is about $2\frac{1}{2}$ to $3\frac{1}{2}$ pounds
- Fat layers are forming
- Organs are maturing
- If born now, fetus is considered a premature baby and will require very special care

At the end of 8 months:

- Fetus is $16\frac{1}{2}$ to 18 inches long
- Weight is about 4 to 6 pounds

- Tremendous brain growth
- Most body organs are now developed except for the lungs
- Movements are strong enough to be visible from the outside

At the end of 9 months:

- Fetus is 19 to 20 inches long
- Weight averages 7 to 7-1/2 pounds
- Lungs are mature
- Baby is now fully developed

Approximately 10 months:⁸⁹

- Fetus is considered full term at the 37th week
- Brain and lungs are continuing to mature
- More vaginal discharge and occasional contractions
- Important brain development happens during the last weeks of pregnancy
- A baby's brain at 35 weeks weighs only two-thirds of what it will weigh at 39 to 40 weeks
- By 37 weeks the fetus has a firm hand grip and the heart has beat more than 50 million times.
- By 38 weeks, the fetus weighs about 6¾ pounds and measures about 19 inches from head to heel.
- Babies born after 39 weeks have fewer health problems than babies born early
- Babies born after 39 weeks will also have an easier time feeding and staying warm.
- Labor is initiated by the fetus, ideally around 40 weeks, leading to childbirth.
- At full-term birth, newborn babies typically weigh between 6 and 9 pounds and measure between 18 and 21 inches from head to heel.

The Birth Process: During the birth process, hormones are produced to start labor which causes the uterus to contract. These contractions help thin and open the cervix at the bottom of the uterus. The cervix opens to about 10 centimeters and then the uterus, along with the pregnant person's own efforts, will push the baby through the vaginal canal.

⁸⁹The Endowment for Human Development. (2017). Prenatal Summary, DOI: <https://www.ehd.org/prenatal-summary.php>

⁹ March of Dimes. (2017). Pregnancy 39 weeks. DOI: www.marchofdimes.org/pregnancy/pregnancy-39weeks.aspx

Lecture in Spanish:

Proceso de Concepción:

Ovulación: Aproximadamente una vez al mes un óvulo maduro sale de uno de los ovarios del cuerpo femenino. Los cuerpos femeninos pueden ovular en cualquier momento durante el mes, pero generalmente ocurre dos semanas antes de que el cuerpo femenino tenga su periodo menstrual. El óvulo viaja hacia la trompa de Falopio donde permanece hasta que se une con un espermatozoide durante la fertilización. El óvulo puede ser fertilizado hasta 24 horas después de ovular. Si no hay semen presente, el óvulo es desintegrado y expulsado por medio de la menstruación, junto con el endometrio.

Fertilización: La fertilización ocurre cuando el espermatozoide y el ovulo se unen después del sexo vaginal o anal. La excitación sexual causa que el pene tenga una erección para facilitar la entrada a la vagina. También causa que la vagina se amplíe y produzca más fluido para que el semen pueda llegar al óvulo. Cuando un espermatozoide se une con el óvulo su capa de proteína cambia para prevenir que entre otro espermatozoide. Los espermatozoides pueden vivir dentro de las trompas de Falopio por varios días esperando por un óvulo.

Implantación: Durante 24 horas después de la fertilización, el óvulo comienza a dividirse rápidamente en muchas células. El óvulo fecundado, llamado un cigoto (células sólidas) puede permanecer dentro de las trompas de Falopio por tres días. Después, el cigoto viaja hacia el útero y se convierte en un blastocito (células huecas). El embarazo ocurre cuando el blastocito se implanta a la pared del útero, o al endometrio. El endometrio que es hecho de sangre, se hace grueso y el cuello uterino es sellado por el moco cervical. Desde el momento que ocurre la implantación hasta las ocho semanas de embarazo, el feto que se está formando se llama embrión. Después de ocho semanas hasta que se nace, se le llama feto.

Desarrollo Fetal:

Primer Trimestre

Al final del primer mes:

- El embrión mide 1/4 pulgadas de largo y es cerca del tamaño de una semilla de amapola
- El corazón, el sistema digestivo, y la médula espinal comienzan a formarse
- La placenta comienza a formarse

Al final del segundo mes:

- El embrión mide 1-1/8 pulgadas de largo y es cerca del tamaño de un frijol
- Ojos, nariz, labios, oídos y dientes comienzan a formarse
- El corazón funciona

Al final del tercer mes:

- El feto mide 2 1/2 -3 pulgadas de largo y es cerca del tamaño de una pelota de golf
- Brazos, manos, dedos, piernas, pies y dedos de los pies comienzan a formarse
- En esta etapa el feto ha desarrollado la mayoría de los órganos y tejidos

Segundo Trimestre

Al final del cuarto mes:

- El feto mide 6 1/2-7 pulgadas de largo aproximadamente es del tamaño de un aguacate
- El feto está desarrollando el reflejo de chupar y tragar
- El sexo del feto se puede identificar
- La piel es bien rosada, transparente y está cubierta con pelo suave

Al Final del quinto mes:

- El feto mide 8-10 pulgadas de largo
- Cabello comienza a crecer en la cabeza
- El cuerpo femenino comienza a sentir movimientos del feto
- Los órganos internos comienzan a crecer
- Cejas, parpados y pestañas comienzan a aparecer
- El feto todavía no puede sobrevivir afuera del cuerpo femenino

Al final del sexto mes:

- El feto mide 11-14 pulgadas de largo
- El feto pesa aproximadamente 1 $\frac{3}{4}$ -2 libras
- Los ojos pueden abrirse de vez en cuando por un corto tiempo
- El feto puede tener hipo

Tercer Trimestre

Al final del séptimo mes:

- El feto mide 14-16 pulgadas de largo
- El feto pesa aproximadamente 2 $\frac{1}{2}$ -3 $\frac{1}{2}$ libras
- Capas de gordura comienzan a formarse
- Los órganos están bien formados

Si el feto nace entre 23-35 semanas, es considerado un bebé prematuro y requiere cuidado especial

Al fin del octavo mes:

- El feto mide 16 $\frac{1}{2}$ -18 pulgadas de largo
- El feto pesa 4-6 libras
- El cerebro crece rápidamente
- La mayoría de los órganos están desarrollados, excepto los pulmones
- Movimientos/patadas son bien fuertes los cuales se pueden ver desde fuera

Al fin del noveno mes:

- El feto mide 19-20 pulgadas de largo
- El feto pesa aproximadamente 7-7 $\frac{1}{2}$ libras
- Los pulmones están completamente desarrollados
- El bebé está completamente formado

Aproximadamente 10 meses:¹⁰¹¹

- Con 37 semanas el feto es considerado a término
- El cerebro del bebé y los pulmones continúan desarrollándose
- Se produce mayor flujo vaginal y contracciones ocasionalmente
- Se produce un importante desarrollo cerebral durante la última semana del embarazo
- Con 35 semanas, el cerebro del bebé pesa sólo dos tercios de lo que debería pesar en las semanas 39 a 40
- Con 37 semanas, el feto tiene una firme empuñadura y el corazón ha latido más de 50 millones de veces
- Con 38 semanas, el feto pesa aproximadamente 6 $\frac{3}{4}$ libras y mide aproximadamente 19 pulgadas de la cabeza al talón
- Los bebés que nacen luego de 39 semanas tienen menos problemas de salud que los bebés que nacen antes
- Los bebés que nacen luego de 39 semanas será más fácil alimentarlos y mantenerlos calientes

¹⁰ Prenatal Summary, 2017. The Endowment for Human Development. DOI: <https://www.ehd.org/prenatal-summary.php>

¹¹ Pregnancy 39 weeks. 2017. March of Dimes. DOI: www.marchofdimes.org/pregnancy/pregnancy-39weeks.aspx

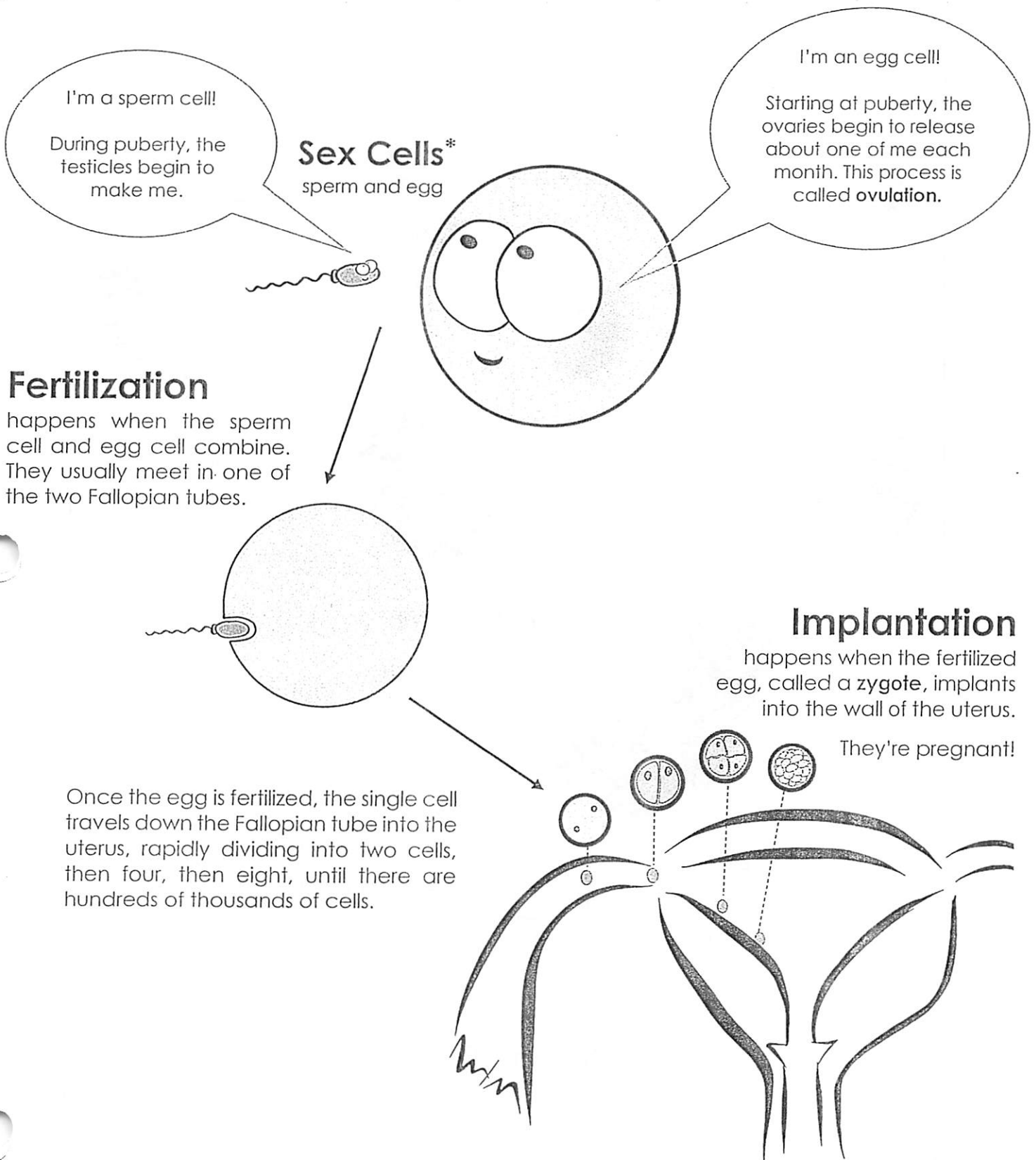
- El parto es iniciado por el feto, idealmente alrededor de la semana 40 lo que conlleva al nacimiento del bebé
- En un nacimiento a término completo, el recién nacido típicamente pesa entre 6 y 9 libras y mide entre 18 a 21 pulgadas de la cabeza al talón

El proceso de nacimiento: Durante el proceso de nacimiento, algunas hormonas son producidas, las que causan que el útero se contraiga e inicie el parto. Estas contracciones ayudan a adelgazar y abrir el cuello del útero. El cuello uterino, o cérvix, se abre hasta cerca de 10 centímetros y el útero, junto con los esfuerzos del cuerpo femenino, empuja al bebé por el canal vaginal.

Part 2 – Flipbook

5. Pass out the Process of Conception and Pregnancy Stages handouts to each student and instruct the students to read through the handout front and back.
6. After 5-7 minutes, pass out the pregnancy stages flipbook and go over with the students how to assemble the flipbook. They should cut along the dotted lines until they have 12 small sheets of paper, each with a different stage of pregnancy. Remind the students that these sheets should go in order: title page, month 1 – month 10, birth. Once the sheets are all cut out and ordered with the title page on top, students should align the left side of the sheets and staple together along the left edge. The right side of the sheets should look like a staircase.
7. Once the flipbook is assembled, explain that the next step is for the students to use their Pregnancy Stages handout to add at least one interesting fact they learned about each stage of pregnancy on the left page. For example, for end of month 1, a student can write, “The embryo is the size of a poppy seed” on the back of the title page, aka the left page of the flipbook. Repeat this for each of the stages, including birth.

PROCESS OF CONCEPTION



*Remember, sex cells are made up of only **one** cell.
That means they don't really have eyes or brains or mouths!

STAGES OF PREGNANCY

A pregnancy usually lasts about 3 trimesters or 40 weeks. Explore the development of an embryo into a fetus!

First Trimester



End of month 1:

- Embryo is $\frac{1}{4}$ inch in length
- About the size of a poppy seed
- Heart, digestive system, backbone, and spinal cord are starting to form

End of month 2:

- Embryo is $1\frac{1}{4}$ inches long
- About the size of a kidney bean
- Eyes, nose, lips, ears, and teeth are forming



End of month 3:

- Fetus is $1\frac{1}{2}$ to 3 inches long
- About the size of a ping pong ball
- Arms, hands, fingers, legs, feet, and toes are forming



Second Trimester



End of month 4:

- Fetus is $6\frac{1}{2}$ to 7 inches long
- About the size of an avocado
- Fetus is developing reflexes such as sucking and swallowing

End of month 5:

- Fetus is 8-10 inches long
- Hair, eyelashes, and eyebrows begin to appear
- Pregnant person can feel fetal movement



End of month 6:

- Fetus is 11 to 14 inches long
- Eyes can open for short periods of time
- Fetus can hiccup

Third Trimester



End of month 7:

- Fetus is 14 to 16 inches long
- Organs are maturing
- If born now, fetus is considered a premature baby and will require special care

End of month 8:

- Fetus is $16\frac{1}{2}$ to 18 inches long
- Tremendous brain growth
- Most organs, except the lungs, are fully developed

End of month 9:

- Fetus is 19 to 20 inches long
- Lungs are mature
- Baby is now fully developed

Approximately 10 months:

- Brain and lungs continuing to mature
- Uterine contractions lead to labor

The Birth Process

During childbirth, hormones are produced to start labor which causes the uterus to contract. These contractions help thin and open the cervix at the bottom of the uterus. The cervix opens to about 10 centimeters and then the uterus, along with the pregnant person's own efforts, will push the baby through the vaginal canal.

EL PROCESO DE LA CONCEPCIÓN

¡Soy un espermia!

Durante la pubertad, los testículos empiezan a producirme.

Las células sexuales*
espermia y óvulo

¡Soy un óvulo!

Durante la pubertad, los ovarios me sueltan uno a la vez mensualmente. Esto se llama **ovulación**.

La fecundación

ocurre cuando el espermia y el óvulo se combinan. Por lo general, se juntan en una de las dos trompas de Falopio.

La implantación

ocurre cuando el óvulo fecundado, llamado el **cigoto**, se sujeta a la pared del útero.

¡Está embarazada!

Una vez que el óvulo está fecundado, una sola célula viaja por la trompa de Falopio hasta el útero y se divide rápidamente en dos, después en cuatro, después en ocho, hasta cuando hayan cientos de miles de células.

*Recuerda, las células de sexo son hechas de una sola célula.
¡Eso quiere decir que no tienen ni ojos, ni cerebro, ni boca!

LAS ETAPAS DEL EMBARAZO

Un embarazo normalmente dura alrededor de 3 trimestres o 40 semanas. ¡Explora aquí cómo se desarrolla un embrión hasta ser feto!

Primer Trimestre



Fin del 1^{er} mes:

- El embrión tiene ½ cm de largo
- Tamaño de una semilla de ajonjolí
- Corazón, aparato digestivo, columna vertebral y médula espinal están por formarse

Fin del 2^{do} mes:

- El embrión tiene 3 cm de largo
- Del tamaño de un frijol rojo
- Ojos, nariz, labios, orejas y dientes se forman



Fin del 3^{er} mes:

- El feto mide entre 3 a 7.5 cm
- Del tamaño de una pelota de ping pong
- Brazos, manos, dedos, piernas y pies están formándose



Segundo Trimestre



Fin del 4^{to} mes:

- El feto mide entre 16.5 a 18 cm
- Del tamaño de un aguacate
- El feto desarrolla reflejos, como chupar y tragar

Fin del 5^{to} mes:

- El feto mide entre 20 a 25 cm
- Empiezan a aparecer pelo, pestañas y cejas
- La persona embarazada puede sentir el movimiento fetal

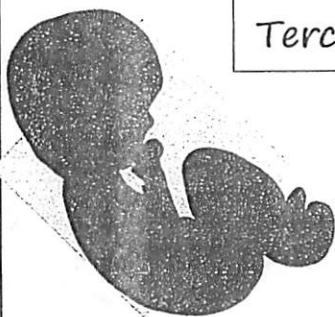


Fin del 6^{to} mes:

- El feto mide entre 28 a 35.5 cm
- Los ojos abren durante periodos cortos
- Puede tener hipo



Tercer Trimestre



Fin del 7^o mes:

- El feto mide entre 35 a 40 cm
- Los órganos están madurando
- Si nace ahora, el bebé se considera prematuro y requiere atención especializada

Fin del 8^o mes:

- El feto mide entre 40 a 45 cm
- Crecimiento rápido del cerebro
- La mayoría de los órganos, excepto que los pulmones, están totalmente desarrollados

Fin del 9^o mes:

- El feto mide entre 48 a 50 cm
- Los pulmones están maduros
- El bebé está totalmente desarrollado

Aproximadamente 10 meses:

- El cerebro y los pulmones siguen madurándose
- Contracciones del útero llevan hacia el parto

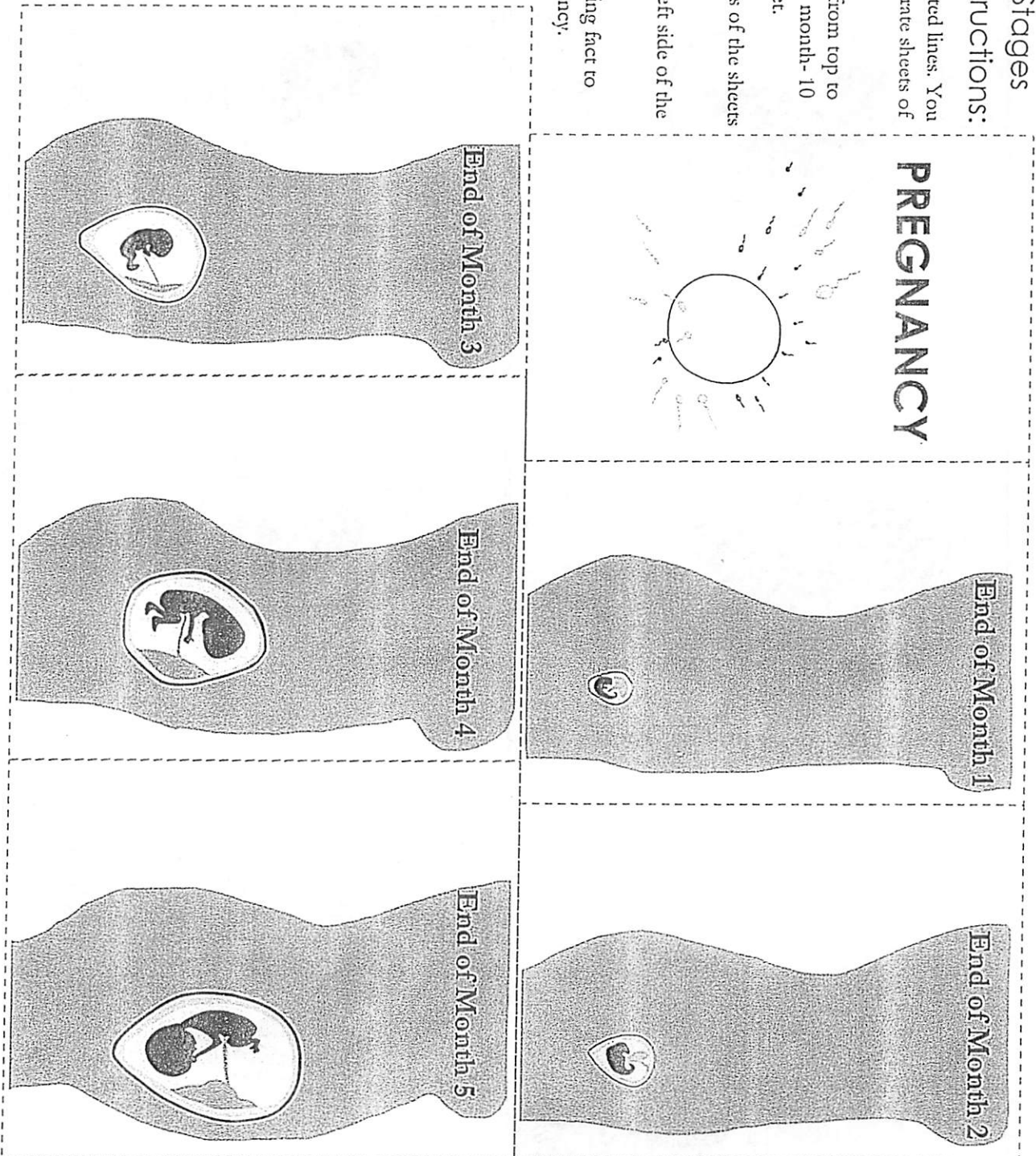
El proceso del nacimiento

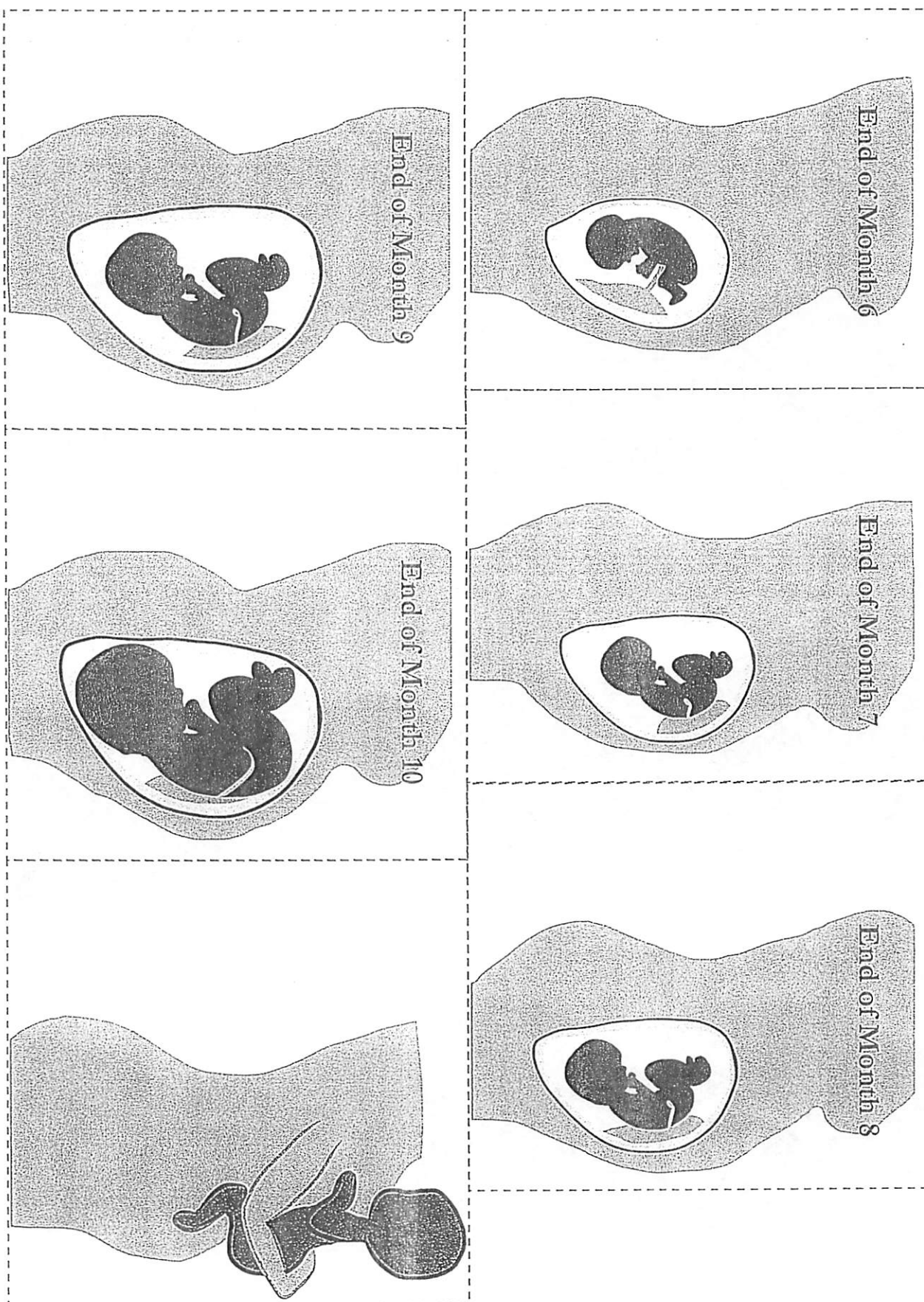
Las hormonas inducen el parto, causando contracciones en el útero. Estas contracciones ayudan adelgazar y abrir el cérvix debajo del útero. El cérvix se abre hasta alrededor de 10 centímetros y después el útero, junto con los esfuerzos de la persona embarazada, empujarán al bebé a través del canal vaginal.

Pregnancy Stages

Flipbook instructions:

1. Cut along the dotted lines. You should have 12 separate sheets of paper.
2. Order the sheets from top to bottom: title page, 1 month- 10 months, ending sheet.
3. Align the left sides of the sheets together.
4. Staple down the left side of the stack of sheets.
5. Add your interesting fact to each stage of pregnancy.
6. Flip and enjoy!

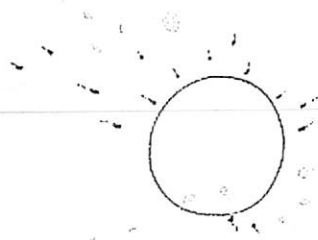




Etapas del Embarazo, Instrucciones para el *Folioscopio*:

1. Corta en la línea punteada.
Debes tener 12 hojitas individuales.
2. Acomoda las hojitas con el siguiente orden: portada, 1^{er} mes - 10^o mes, contraportada.
3. Alinea el lado izquierdo de cada hoja.
4. Engrapa el lado izquierdo de la pila de hojas.
5. Agrega un hecho interesante a cada etapa del embarazo.
6. ¡Voltea las hojas y disfruta!

EMBARAZO



Fin del 1^{er} mes



Fin del 2^{do} mes



Fin del 3^{er} mes

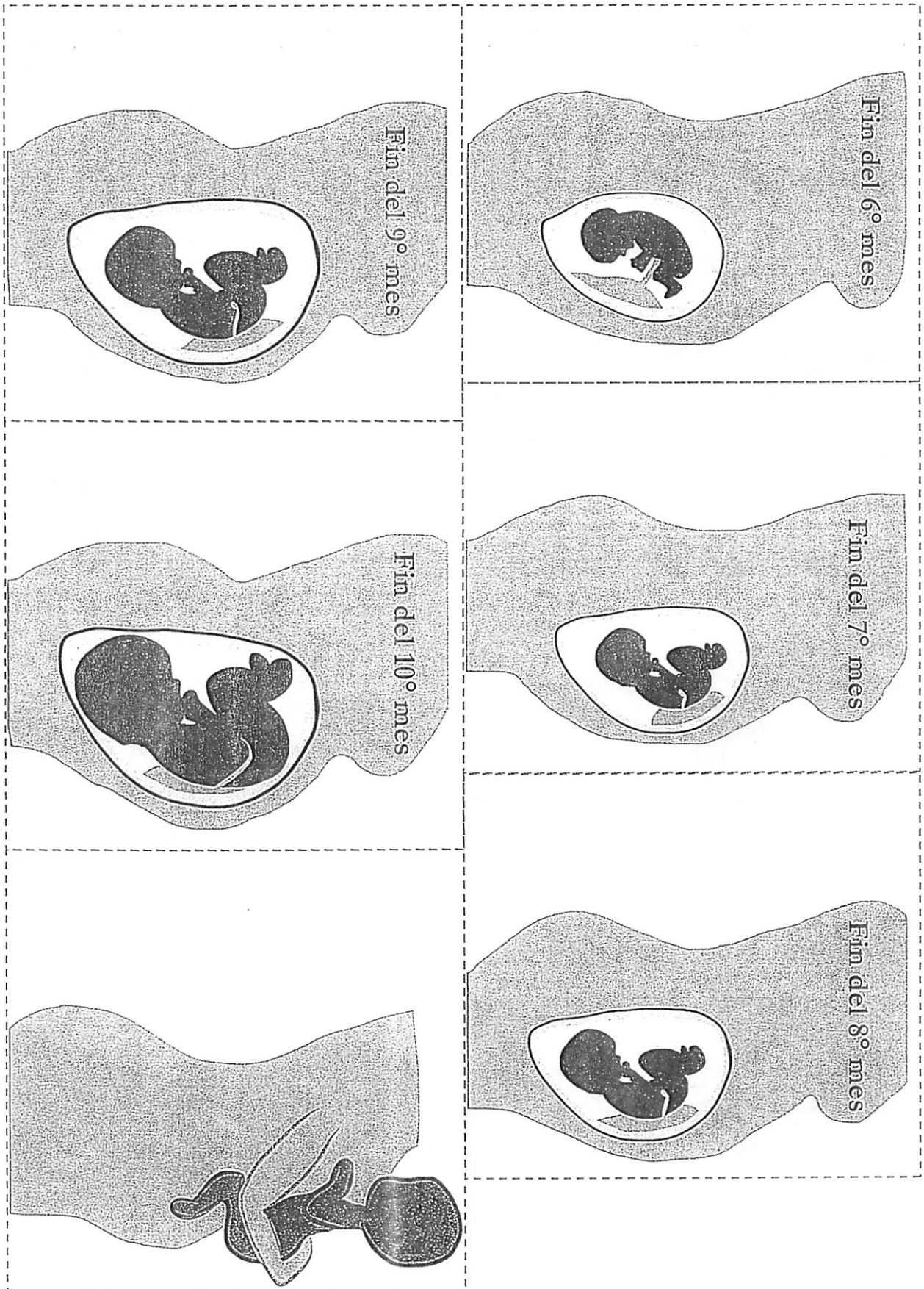


Fin del 4^o mes



Fin del 5^{to} mes





Additional Activity 3: Puberty Charades

Objectives: Review the different body changes that all bodies might experience during puberty.

Note to Instructor: Puberty Charades cards can be found in the accompanying digital files. Print prior to this activity.

1. Introduce this activity by defining puberty as the process of changing from a child's body into an adult body. Puberty happens through a series of body changes that occur over several years. Today we are going to review some of those changes.
2. Ask the class: Who can tell us how to play charades? (Charades is a game in which a student will review a sheet of paper with a clue written on it and they need to act out that clue. The student cannot use words, noises, or sign language to act out their clue. The rest of the class has to guess what clue the student is acting out).
3. Tell the students that the clues include some changes all bodies experience, some that happen mostly to female bodies or mostly to male bodies. We have avoided changes that might make someone feel uncomfortable to act out. Ask for volunteers to act out the body changes clues.
4. This activity is great as a review or as a way to fill in extra time at the end of a class.

Puberty Body Changes Clues

- Sweating more
- Body odor
- Facial hair
- Chest hair
- Armpit hair
- "Cramps"
- Getting smarter
- Getting taller
- Mood swings
- Acne or pimples
- Growing pains
- Hips get wider and waist gets narrower
- Shoulders get wider
- Voice gets deeper
- Muscles get bigger
- Ovulation begins

Session 2 Wrap-Up

Objectives: To review the topics covered during the second session and address any questions that may have come up.

1. Remind students to write down their questions for the Question Box, if they haven't already.
2. Ask the class:
 - What is one thing you learned about male bodies? Female bodies?
3. Explain what you'll be covering during the next session.
 - In the next session, we will answer your questions that you put in the Question Box in a few minutes.
 - We will also discuss the diversity of sexual and gender identities.
4. Collect the Question Box questions.



Session 3: Gender and Sexual Identities

Goals

- Understand the diversity of sexual identities and the importance of being inclusive of all gender and sexual identities
- Understand that sex, gender, gender expression, and sexual orientation are different and each fall on a spectrum of identities
- Analyze cultural impact on attitudes about gender, orientation and expression

Objectives

At the end of this session, students will be able to:

- Define sex, gender, gender expression and sexual orientation.
- Describe what LGBTQ+ means.
- Articulate their values held about sexual orientation and gender identity.
- Advocate for safe environments for all people to feel safe.

Why Is This Important?

This session establishes a common understand and language of sexual orientation, gender identity and expression (SOGIE). This topic is presented early on in Teen Talk MS to establish a foundation of understanding of these topics throughout the rest of the course. Gender, sexual identity and sexual orientation can be uncomfortable topics for some middle school students to discuss, perhaps because of their personal values or understanding of what specific terms mean. As a result, some students might make homophobic comments or actions. Remind students that homophobia of any kind will NOT be tolerated in your classroom. Remind students of the agreements from Session 1, which help to create a safe and respectful space for all students to learn.

Materials Needed

- Anonymous Question Box
- Scratch paper cut into 2" x 2" pieces, one for each student
- Projection technology (DVD player and TV, laptop/projector or SmartBoard)
- A writing surface (e.g., white board, Smartboard)

What I Know About SOGIE Definitions

- What I Know About SOGIE worksheet, one for each student

Straightlaced Film

- AGREE and DISAGREE signs
- Sexuality values statements
- *Straightlaced* Film; Can order or stream at www.groundspark.com/straightlaced.

Preparation

- Screen Anonymous Question Box questions from the previous session and prepare responses.
- Read through sexuality terms and become familiar with definitions and common student questions regarding sexuality.

What I Know About SOGIE

- Photocopy What I Know About SOGIE, one for each student

Straightlaced

- Preview the film, *Straightlaced* prior to showing to students to gauge if material is appropriate for educational setting.
- Place AGREE and DISAGREE signs around room

Additional Activities

A Place in the Middle

- *A Place in the Middle* Film, buy or stream on <http://aplaceinthemiddle.org/> or stream from YouTube <https://www.youtube.com/watch?v=9JqObHiBin8>
- Preview the film, *A Place in the Middle*, prior to showing to students.

Total Instruction Time

Minimum: 75 min.

Maximum: 100 min.

Activity and Time Needed

Anonymous Question Box: 5 min.

Session 2 Review: 5 min.

Genderbread Identity Prezi: 15-20 min.

What I Know About SOGIE: 15-20 min.

Straightlaced Film: 30-50 min.

Session 3 Wrap-Up: 5 min.

Additional Activities

A Place in the Middle Film: 25-35 min.

Activity 3.1: Anonymous Question Box

Objectives: To provide students with an outlet to ask questions about sexual health and sexuality if they are not comfortable asking their question during the session.

1. Hand out Question Box scratch paper to each student at the beginning of the session. Let students know that you are providing scratch paper at the beginning of class so that they can write down any questions they have during the session.
2. Select 4-5 questions to answer during the first 5 minutes of class, however the goal is to answer all questions submitted to the Question Box by the end of the course.
3. Use the following guidelines for answering questions:
 - **Pre-screen:** Read through all of the questions before you answer them. This allows you to remove personal questions or questions with names in them. You don't want to be caught off guard. Prescreening also gives you an opportunity to rephrase questions, if necessary, and do any research required to answer the question in full. It also allows you to pre-select questions as a way to introduce or supplement a topic and to control when issues get covered.
 - **Rephrase:** If a question uses discriminatory or offensive language, rephrase it to address the issue in a more respectful way. If a question uses slang, try to reword it using scientific terms. If a question gives so many details that it might breach the anonymity agreement, leave out those details.
 - **Redirect:** Address *every* question in some way. Do your best to give a full, unbiased answer. Never miss an opportunity to remind students how diseases are spread, ways to avoid pregnancy, and that people always have to ask permission to touch or do something sexual with someone.
 - **Be Real:** If you don't know the answer to a question, simply say so. You lose credibility if you make up information or only tell half the story. Acknowledge that you cannot completely understand what it's like to be a pre-teen today. Instead of trying to be "cool," ask students for more information about specific slang and issues that they face. If a question is about a situation that would require reporting to CPS, tell the students that they have the right to report that behavior to you or another trusted adult. Remind them that you are there to help protect them and that no one should have to deal with that situation alone.
 - **Be Inclusive:** Use nonjudgmental language. Answer questions as if you know there is at least one student who: never plans to have kids; never plans to get married; is LGBTQ+; doesn't know their biological parents; is sexually active; has been raped or sexually assaulted, etc. Be aware of your verbal and nonverbal reactions to questions like laughing, shaking your head, or saying "You're too young to ask that." You could be communicating powerful judgments and assumptions. Instead of belittling questions, try to affirm and legitimize the questions. You can say, "Many people ask this question," or "This is an important question."

Activity 3.2: Genderbread Identity Prezi

Objectives: Explore how the following topics are related and distinct: sex assigned at birth, gender, expression, and orientation.



1. Explain to the class: Now that we have discussed different values regarding sexual health and reviewed male and female sexual and reproductive systems, we are going to explore the differences between sex, gender, expression, and orientation using a Prezi.
2. Describe that a Prezi is a computer program that details information in a more interactive way than a PowerPoint. The information will move around as we learn more specific details about certain topics.

Title Slide "Gender and Sexual Identities"

- There are four key aspects to understand --- Sex, Gender, Expression and Sexual Orientation.
- Each of the four categories can be connected, but also distinct.
- Most of these identities have two opposing ends, but there are many people who tend to fall somewhere in between. It is also possible for people to identify outside of these identities.

Slide "Please Note"

- The identities covered in this Prezi are not the only ones that exist.
- If you know of any identities that do exist that you do not see in our Prezi, please know that they are valid, we just may not be covering it.

Slide "Sex"¹²

- Sex and gender are often confused or just lumped together, but they are actually separate parts of one's identity.

Slide "Body parts, hormones, DNA"

- Your biological sex, or sex assigned at birth, is typically determined medically by your body parts, hormones, and DNA.

Slide Spectrum "Male – Intersex – Female"

- Biological sex falls on a spectrum, meaning there is a range.
- We typically discuss this spectrum as "Male" "Female" and "intersex."
- Let's discuss each of these in more detail.

Slide "Male"

- For someone who is assigned "male" at birth they will usually have certain body parts, hormones and DNA.
- Let's review them.

Slide "Body Parts"

- Pair share/ask students to raise hands and answer: What are some of those male body parts?
- Answers can include: scrotum, penis, testicles, epididymis, vas deferens, prostate gland, foreskin.

Slide "Hormones"

- The hormone higher in male bodies is testosterone.

- This hormone is responsible for many of the changes that males go through during puberty. For example: voice getting deeper, muscles getting bigger, chest and facial hair.

Slide “DNA”

- The chromosomes that males typically have are “XY.”

Slide “Female”

- For someone who is assigned “female” at birth they will usually have certain body parts, hormones and DNA.
- Let’s review them.

Slide “Body Parts”

- Pair share/ask students to raise hands and answer: What are some of those female body parts?
- Answers can include: uterus, vagina, cervix, Fallopian Tubes, endometrium, labia, clitoris, clitoral hood, hymen, ovaries.

Slide “Hormones”

- The hormones higher in female bodies are estrogen and progesterone.
- These hormones are responsible for many of the changes that females go through during puberty. For example: breast tissue development, ovulation and menstruation, hips getting wider and waist getting narrower.

Slide “DNA”

- The chromosomes that females typically have are “XX.”

Slide “Intersex”¹³

- Someone whose body formed differently than most other male bodies or female bodies.

Slide “Born with a mixture”

- This means being born with a mixture of body parts, hormones, and DNA.
- This doesn’t mean that people can be born with both sperm cells and egg cells. Intersex people cannot impregnate themselves.
- Some very common types of intersex conditions are: enlarged clitorises, undescended testicles that don’t produce sperm, having an extra x or y chromosome, or boys who begin to grow breasts and maintain a high-pitched voice when they reach puberty.

Slide “Intersex Video”

- We are going to watch a video of four young people who are intersex discussing their experiences.
- Remind students to please be respectful because intersex is very common and we do not know everyone’s experiences in this room.

Slide “Gender”

- Gender identity is different than biological sex.
- Gender is how someone feels inside.

¹³ Gender Spectrum. (2016). Understanding Gender. Retrieved from <https://www.genderspectrum.org/quick-links/understanding-gender/>

Slide “Woman”; “Man”

- Some people identify as a “woman.”
- Some people identify as a “man.”

Slide “Cisgender”

- If someone is cisgender, that means that their sex assigned at birth matches their gender identity, or how they feel inside.
- For example: if someone is born with female body parts, hormones, and DNA and they also identify as a woman.

Slide “Transgender”

- If someone’s sex assigned at birth does not match with their gender identity, or how they feel inside, they might identify as “transgender.”
- For example: if someone is born with female body parts, hormones, and DNA, and inside they feel like a man.
- There are many different ways that people understand their trans* identity. Let’s us learn about this more.

Slide “Transgender/Trans* Video”

Note to Instructor: trans* is an umbrella term for transgender-spectrum people; this can include people who identify as transmen, transwomen, transmasculine, transfeminine, transgender, etc.

- We are going to watch a video about two young people who identify as trans* and their experiences going to school, coming out to friends and family, and learning to be comfortable with themselves.
- Remind students to please be respectful because we do not know everyone’s experiences in this room.

Slide “Non-Binary”

- Binary refers to a system of two options. In our society, the two dominant gender options are “man” and “woman.”
- Non-binary refers to someone who does not fit into this “man-woman” binary because they do not identify with either of the dominant genders.

Slide “Non-Binary Umbrella”

- Non-binary is an umbrella term that includes many different identities; and refers to people who do not identify inside the “man-woman” binary.
- Examples of different identities that fall under this umbrella are: gender fluid, gender queer, agender, and gender neutral.
- Let’s discuss a couple of these in more detail.

Slide “Gender Queer & Gender Fluid”

- For some people feel that they have characteristics of both men and women, or that they do not fit into either of the two dominant gender categories.
- For some people their experience of gender changes over time. They might call themselves gender fluid to refer to their experience of gender changing.

Slide “Agender & Gender Neutral”

- For some people, gender is not important, and they prefer to relate to people as a humans being rather than member of a gender category.
- Some people do not identify with a gender at all.

- For example, they feel neither like a “man” or a “woman” or both.

Slide “Expression” → “How someone communicates..”

- How someone communicates their gender to the outside world.
- This is separate from gender identity.

Slide “Masculine”

- Pair share/ ask the class to raise hands and answer: what are some ways that a person can express their gender in a masculine way?
- Examples include: sports (weightlifting, football, baseball), clothes (baggy or loose fitting, neutral colors, suits, ties), facial hair, muscles.

Slide “Feminine”

- Pair share/ ask the class to raise hands and answer: what are some ways that a person can express their gender in a feminine way?
- Examples include: sports (ice skating, ballet, dance, volleyball), clothes (dresses, scarves, bras, skirts, high heels), make-up.

Slide “Androgynous”

- Some people may choose to express their gender with a mixture of masculine and feminine elements.
- This is referred to as androgynous.
- Here are some photos of people who are dressing with a mixture.

Slide “Attraction” → “Who someone is...”

- There are two main types of attractions people feel: romantic and sexual
- Romantic attractions are when someone feels “in love” or emotionally drawn to someone.
- Sexual attractions are when someone feels “turned on” or physically drawn to someone. The term “sexual orientation” describe a person’s identity associated with their sexual attractions.
- Sometimes people fall in love with the same people they find themselves sexually attracted to. Sometimes, people fall in love with multiple genders, but are sexually attracted to one gender. This is an example of when romantic and sexual attraction are not the same.

Slide “Heterosexual”

- This term refers to someone who is attracted to the other gender.
- For example: men who are attracted to women, and women who are attracted to men.
- I do not say “straight” in this class because “straight” implies that any other identity is somehow bent or crooked, when all of these orientations are natural.

Slide “Gay or Lesbian”

- This term refers to someone who is attracted to their same gender.
- “Gay” can refer to men who like men, or to women who like women.
- “Lesbian” typically only refers to women who like other women.

Slide “Bisexual”

- Bi means two.
- This term refers to people who are attracted to two genders, typically “men” and “women.”

Slide "Asexual"

- This term refers to people who do not experience sexual attraction. This is also an umbrella term: there are many different ways that people experience asexuality.
- This does not mean they do not fall in love; they can want to be in a relationship that is romantic, they could want to snuggle and have intimacy, they just might not want to do anything sexual.

Slide "Pansexual"

- Pan means any or all.
- This term refers to people who can find many different people attractive, regardless of their gender or biological sex.
- For example, someone who is pansexual might find themselves attracted to men, women, non-binary people, trans* people, gender queer people, and many more!

Slide "How can we make sure all students feel SAFE and VALUED at our school?"

- Pair share/ask students to raise hands and answer: How can we make sure all students feel SAFE and VALUED at our school?

Note to Instructor: Emphasize the idea of "respect." Respect means treating people the way that you want to be treated, even if you do not agree with them or have different values than them.

Session 3 Wrap-Up

Objectives: To review the topics covered during the third session and address any questions that may have come up.

1. Remind students to write down their questions for the Question Box, if they haven't already.
2. Ask the class:
 - What does SOGIE stand for?
 - What does LGBTQ+ stand for?
 - What can you do to build tolerance and acceptance towards the LGBTQ+ community?
3. Explain what you'll be covering during the next session.
 - In the next session, we will answer your questions that you put in the Question Box in a few minutes.
 - We will discuss the definitions of sex and define abstinence, or not having sex.
4. Collect the Question Box questions.

Session 4: Not Having Sex: Abstinence

Goals

- Understand what risks can be associated with specific types of sex
- Learn that not having sex (abstinence) is the most effective way to prevent against pregnancy and STIs

Objectives

At the end of this session, students will be able to:

- Define oral, anal, and vaginal sex.
- Define and articulate at least 2 benefits of abstinence.
- Discuss ways to deal with pressure to have sex and alternatives to having sex.

Why Is This Important?

This session provides a basic introduction to three types of sex. It helps to establish these definitions early on so students know exactly what you are talking about during later discussions. Certainly, there are other ways to be sexual, but in this session, we will focus on these three to discuss how to reduce the risk of pregnancy and STIs.

It is also important to mention that some STIs can be spread even without having sex such as through kissing (oral herpes) or genital skin-to-skin contact (HPV, genital warts, genital herpes). HIV can be transmitted through contact with blood as well.

Press to students that NO SEX (abstinence) is the only certain way to prevent unintended pregnancy and significantly reduce the risk of STIs.

Materials Needed

- Anonymous Question Box
- Scratch paper cut into 2" x 2" pieces, one for each student
- Projection technology (DVD player and TV, laptop/projector or SmartBoard)
- A writing surface (e.g., white board, Smartboard)

Sexual Behaviors Tree

- Copies of Sexual Behaviors worksheet, one for each student
- Copies of Think About It worksheet, one for each student

Preparation

- Screen Anonymous Question Box questions from the previous session and prepare responses.

What Is Sex?

- Photocopy Sexual Behaviors and Think About It worksheets back-to-back, one for each student.

Additional Activities

Abstinence Posters

- 4-6 Easel paper
- Markers
- Choose prompts for posters to discuss with students

- Reasons why teens choose to have sex
- Reasons why teens choose NOT to have sex
- Reasons why a teen would have a baby
- Ways a teen couple can show they like or love each other WITHOUT having sex
- Some other options for prompts include:
 - Ways to know for sure that someone wants to have sex with you
 - Reasons teens pressure each other for sex
 - Ways someone knows they are ready for sex
 - Write poster prompts on easel papers

Opinions About Abstinence

- Paper, one for each student

Total Instruction Time

Minimum: 30 min.

Maximum: 35 min.

Activity and Time Needed

Anonymous Question Box: 5 min.

Session 3 Review: 5 min.

Sexual Behaviors Tree: 15-25 min.

Session 4 Wrap-Up: 5 min.

Additional Activities

What is Sex?: 10-15 min.

Abstinence Posters: 15-20 min.

Opinions About Abstinence: 10-15 min.

Activity 4.1: Anonymous Question Box

Objectives: To provide students with an outlet to ask questions about sexual health and sexuality if they are not comfortable asking their question during the session.

1. Hand out Question Box scratch paper to each student at the beginning of the session. Let students know that you are providing scratch paper at the beginning of class so that they can write down any questions they have during the session.
2. Select 4-5 questions to answer during the first 5 minutes of class, however the goal is to answer all questions submitted to the Question Box by the end of the course.
3. Use the following guidelines for answering questions:
 - **Pre-screen:** Read through all of the questions before you answer them. This allows you to remove personal questions or questions with names in them. You don't want to be caught off guard. Prescreening also gives you an opportunity to rephrase questions, if necessary, and do any research required to answer the question in full. It also allows you to pre-select questions as a way to introduce or supplement a topic and to control when issues get covered.
 - **Rephrase:** If a question uses discriminatory or offensive language, rephrase it to address the issue in a more respectful way. If a question uses slang, try to reword it using scientific terms. If a question gives so many details that it might breach the anonymity agreement, leave out those details.
 - **Redirect:** Address *every* question in some way. Do your best to give a full, unbiased answer. Never miss an opportunity to remind students how diseases are spread, ways to avoid pregnancy, and that people always have to ask permission to touch or do something sexual with someone.
 - **Be Real:** If you don't know the answer to a question, simply say so. You lose credibility if you make up information or only tell half the story. Acknowledge that you cannot completely understand what it's like to be a pre-teen today. Instead of trying to be "cool," ask students for more information about specific slang and issues that they face. If a question is about a situation that would require reporting to CPS, tell the students that they have the right to report that behavior to you or another trusted adult. Remind them that you are there to help protect them and that no one should have to deal with that situation alone.
 - **Be Inclusive:** Use nonjudgmental language. Answer questions as if you know there is at least one student who: never plans to have kids; never plans to get married; is LGBTQ+; doesn't know their biological parents; is sexually active; has been raped or sexually assaulted, etc. Be aware of your verbal and nonverbal reactions to questions like laughing, shaking your head, or saying "You're too young to ask that." You could be communicating powerful judgments and assumptions. Instead of belittling questions, try to affirm and legitimize the questions. You can say, "Many people ask this question," or "This is an important question."

Activity 4.2: Sexual Behaviors Tree

Objectives: Define sexual behaviors including oral, anal, and vaginal sex. Discuss possible risks associated with each type of sexual behavior. Discuss abstinence and the process of sexual decision-making.

1. Introduce the activity by telling students that we are going to talk about sexual behaviors. There are many different ways people may define “sex,” but today we are going to focus on sexual behaviors more broadly, including the possible risks associated with each behavior.
2. Display the “Sexual Behaviors Tree.” It is available in a PowerPoint in the accompanying digital materials, or you can draw or project the image onto the board.
3. Discuss the “roots” of the tree. Explain that any time a person engages in a sexual behavior, they should first check-in with their own thoughts and feelings. Some people will experience attraction and arousal, notice their five senses, and have complicated emotions. These “roots” of sexual behavior originate in our brains. This is why our preferences and sexual feelings are unique to each of us. It is very normal for a person to feel some physical signs of attraction and arousal when they think they might like someone. Someone may experience a faster heartbeat, flushed cheeks, increased perspiration, and/or an erection (blood rushing to the penis, causing the penis to stand up and become sensitive; or blood rushing to the clitoris and inner labia, causing these parts to become more sensitive).
4. Discuss the “trunk” of the tree. Explain that people need to consider their values before making decisions about sex. This will help them determine what personal boundaries they do not want to cross. It is important for partners to express these boundaries to each other so their decisions can be respected. Without communication, a person may not know their partner’s boundary is different than their own, and they may unknowingly pressure their partner. Sexual experiences are much better when partners listen to and respect each other. Trust builds as people communicate and realize that their partner will respect them.
5. Explain why **CONSENT** is at the center of the tree. Consent is permission or a mutual agreement to do something, and it is required before engaging in any sexual behavior with a partner. If a person wants to participate in a sexual behavior, they should ask the other person for consent and respect their answer. It is completely normal to feel a bit nervous when initiating physical contact, and someone should discuss these feelings with their partner. Partners may also have conversations about their expectations for preventing pregnancy and/or STIs, as these are two possible outcomes of sexual behavior with a partner.
6. Describe the four “branches” of the tree:
 - **Sexual Touching** – This includes hand-to-genital contact (hand touching a penis, vulva, or anus) and genital skin-to-skin contact (touching or rubbing naked genitals against another person’s naked genitals)
 - **Oral Sex** – Using a mouth on a penis, vulva, or anus
 - **Vaginal Sex** – Inserting a penis into a vagina
 - **Anal Sex** – Inserting a penis into an anus
7. Ask the class which sexual behaviors can transmit Sexually Transmitted Infections (STIs), and shade in the inner “leaves” of the branch accordingly. Explain that STIs are infections that can be passed through sexual fluids and genital skin-to-skin contact, but we will have a more detailed discussion about STIs in a future session. The inner “leaves” of all four sexual behaviors should be colored in.

8. Ask the class which sexual behaviors can cause pregnancy, and shade in the outer “leaves” of the branch accordingly. Remind students that it takes one sperm cell, one egg cell, and one uterus to grow a pregnancy. Students should color in the outer “leaves” of sexual touching, vaginal sex, and anal sex. Oral sex cannot lead to pregnancy. See FAQs below for more explanation.

9. Ask for a volunteer to read aloud the sentence at the bottom of the page: “Not engaging in any sexual behaviors with a partner is the only 100% effective method to prevent pregnancy and/or lower the risk of contracting an STI.” Remind students that this includes oral sex and sexual touching, not just penetrative types of sex. Including “with a partner” is important to distinguish from solo sexual behaviors like masturbation, which cannot lead to pregnancy or STIs.

Note to Instructor: Often people use the term “abstinence” to refer to not engaging in sexual behaviors with a partner. However, youth are taught to abstain from many things, including drugs and alcohol. We use the phrases “not engaging in any sexual behaviors with a partner” and “not having sex” throughout Teen Talk to represent the practice of sexual abstinence because we want to be clear about what behavior choices can reduce a person’s risk of pregnancy and STIs.

10. Instruct the class to complete the backside of the worksheet, titled “Think About It.” Remind students that, although these are their own thoughts, they should still be respectful since their views may be different than their classmates. Discuss the six questions as a class.

- List as many ways as you can think of to show love or affection to a partner without any sexual behaviors.

- Hugging
- Kissing
- Cuddling
- Holding hands
- Giving compliments
- Saying “I love you”
- Going on dates
- Watching a movie together
- Cooking dinner together

Note to Instructor: If students mention sending or receiving nude photos (“sexting”) as an answer here, remind them that nude photos of bodies under 18 years of age are considered child pornography, and it is illegal to have or send photos like this. Reassure students that curiosity about the naked body is normal, but there are some risks associated with sending sexually explicit pictures or texts. Ask the class:

- *It is true that there is no risk of pregnancy or STIs when it comes to nude photos, but can we think of any other possible outcomes that might result from sending nudes?* (e.g. punishment at school and/or home, possible police involvement)
- *What should someone do if they want to reduce the risk of getting in trouble for having nude photos on their devices?* (e.g. erase the photos, tell friends not to send sexual material, report to trusted adult)

- Think of at least two reasons why SOME young teens have sex.

- They want to know what it feels like
- They feel ready and mature
- They want to fit in (*What percent of high school students in CA do you think have had sex? – 32%²⁵ which shows that MOST are waiting even though there is a perception that everyone in high school has sex*)

²⁵ Power to Decide. (2015). California Data. Retrieved from <https://powertodecide.org/what-we-do/information/national-state-data/california>

- They think it will make them look cool (*Who are they trying to look cool for?*)
- They want to lose their virginity (*Why might someone want this? What do people mean when they say this? What does a person actually "lose"?*)
- They feel pressure to have sex from friends or a partner (*Is it ever OK to pressure someone into sex? – NO!*)
- Think of at least two reasons why **MOST** young teens **WAIT** to have sex.
 - They don't want to get an STI
 - They don't want to get pregnant or get their partner pregnant
 - They don't feel ready or mature enough
 - They are waiting until marriage or a committed relationship
 - It is against the law because they are under age 18
 - It is against their personal values
 - It is against their religious views
 - It is against their parent's rules or wishes
 - They are afraid (*What might a young person be afraid of regarding sex?*)
 - They are unsure or uncomfortable with their gender or sexual identity (*Do you think it is easier or harder for LGBTQ+ teens to find partners? Why?*)
- Describe why it is important to consider the tree's roots and trunk when deciding whether or not to have sex.
 - It helps someone consider their inner feelings and attractions
 - It helps someone determine whether they are ready to have sex
 - It helps someone examine their own beliefs and understand why they want to have sex
 - It helps someone reflect on their own values and their partner's values in order to make this decision
 - It helps someone reflect on the outcomes of their decision
- If someone is choosing not to have any type of sex, what might make it hard to stick to that decision? What might make it easier?

Makes it hard:

 - Want to show them love and don't know other ways
 - Being in a relationship and having the opportunity arise
 - Their partner wants to have sex
 - Peer or partner pressure
 - Pleasure

Makes it easier:

 - Remind themselves about the "roots"
 - Not being in a relationship
 - Both people agree to wait to have sex
 - Worried about the possible outcomes: pregnancy, STIs, reputation
 - Remembering values
 - Talking about values with a partner before having sex
- Define the word "consent" and explain why it is at the center of all sexual behaviors.
 - Because checking-in with a person and asking for permission shows respect
 - Because a person needs consent to do anything sexual with someone else
 - Because sexually touching someone without their permission is illegal (this is considered sexual assault)

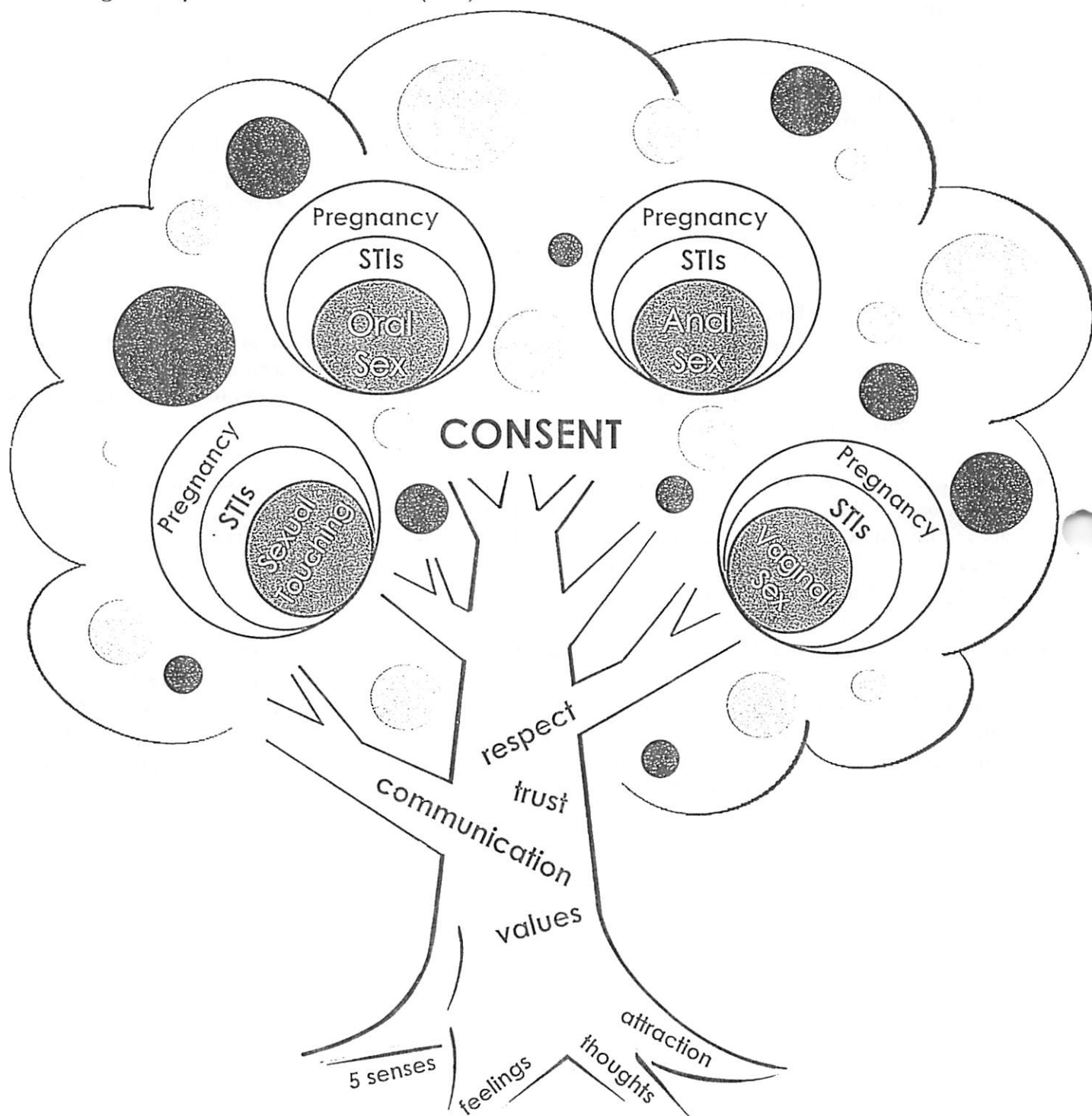
Discuss the following Frequently Asked Questions (FAQs) with the class:

- **Why can't someone get pregnant during oral sex?** — There are no tubes in the body that connect the mouth, throat, or stomach to the reproductive organs. If a person had semen around their mouth when they performed oral sex on a vulva, it is possible for sperm cells to enter the vagina. However, for the purpose of this activity, we will consider these sexual behaviors as isolated activities between two partners.
- **How could somebody get pregnant during anal sex or sexual touching?** — We include these sexual behaviors when talking about pregnancy risk because, although it is rare for a pregnancy to occur these ways, it is still possible:
 - **Anal Sex** — The anus is the opening where feces comes out, and it leads inside the body to the rectum. Anything that goes into the anus, including semen, must eventually come out. Anal sex between a male body and a female body carries a risk of pregnancy because the anus and vaginal opening are so close together (about an inch apart), and semen could drip out of the anus and into the vagina, potentially causing a pregnancy. There is no risk of pregnancy between male bodies when engaging in anal sex.
 - **Sexual Touching** — The penis can release two different sexual fluids: semen and pre-ejaculate, both of which can transport sperm cells. If a penis touches a vulva while either of these fluids are present, sperm cells may enter the vagina. The same is true with hand-to-vulva contact if fluid from the penis is present on the hand. There is no risk of pregnancy between two male bodies or between two female bodies when engaging in sexual touching.
- **If a male and female have unprotected vaginal sex, why don't they always become pregnant?** — A female body will not always get pregnant from unprotected vaginal sex because they might not be ovulating around that time. It could also be that the sperm did not survive inside of the female body long enough to fertilize an egg. In general, a person having vaginal intercourse has an 85-90% chance of getting pregnant or causing a pregnancy if they have unprotected sex for one year.²⁶
- **Do all of these sexual behaviors carry the same risk for STIs?** — No, some sexual activities carry a greater risk for STI transmission than others. Unprotected anal sex can easily transmit STIs such as HIV, so it carries the greatest risk. Unprotected vaginal and oral sex can also be risky for passing STIs. Using a condom or dental dam to have protected sex greatly reduces this risk. Hand-to-genital contact does not commonly transmit STIs, although it is still possible. Genital skin-to-skin contact can also pass STIs with or without the presence of sexual fluids.

²⁶ Trussell, J. (2011). Contraceptive failure in the united states. *Contraception*, 83(5), 397-404. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3638209/>

Sexual Behaviors

Directions: Shade in the layers of the leaves to show which sexual behaviors have a chance of causing pregnancy or transmitting Sexually Transmitted Infections (STIs).



Not engaging in _____ is the **only 100%** effective method to prevent pregnancy and/or lower the risk of contracting an STI.

Think About It

Name: _____ Date: _____ Period: _____

Directions: Brainstorm and answer the questions below.

1) List as many ways as you can think of to show love or affection to a partner without any sexual behaviors:

4) Describe why it is important to consider the tree's roots and trunk when deciding whether or not to have sex.

2) Think of at least two reasons why **SOME** young teens have sex:

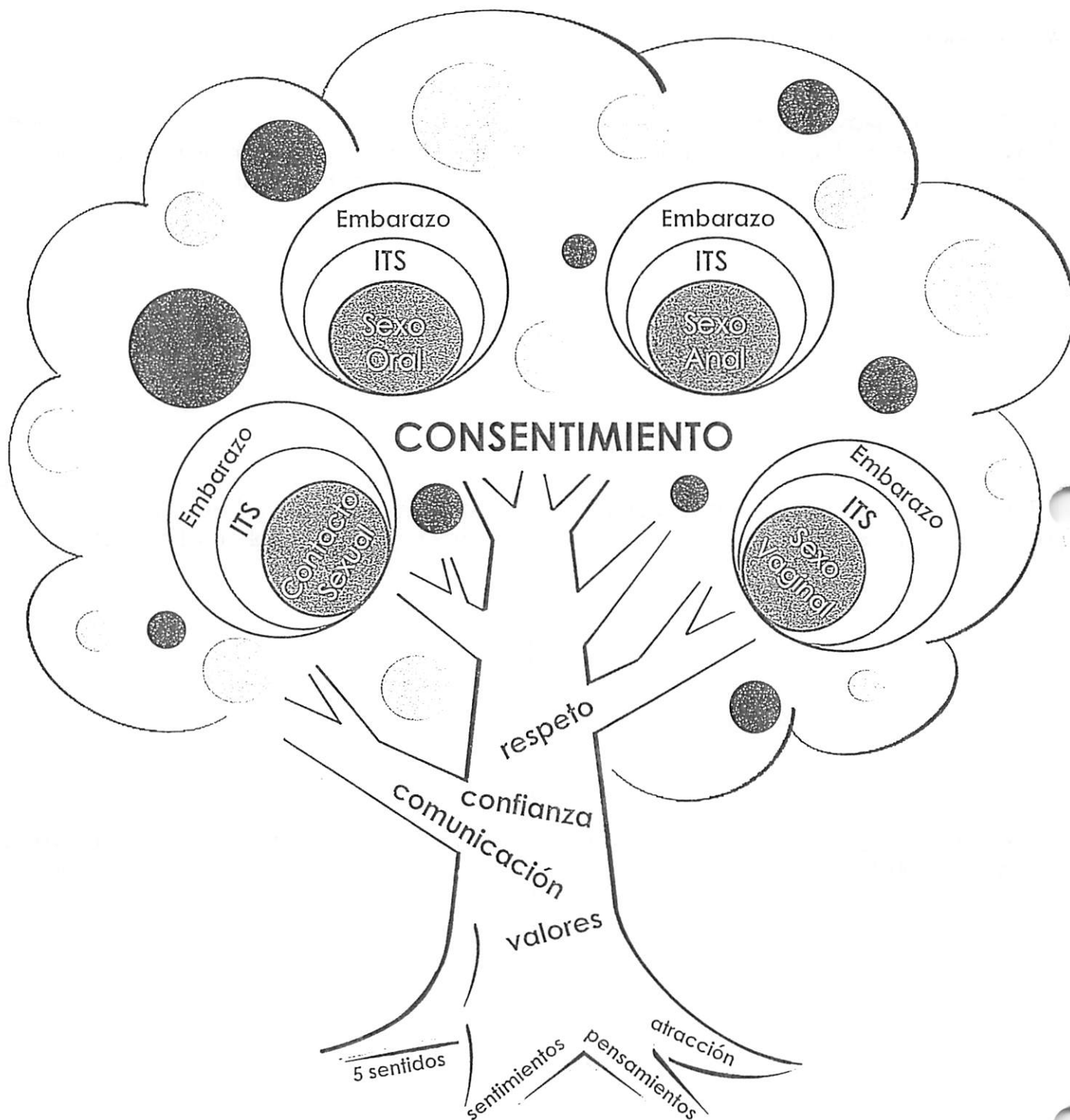
5) If choosing not to have any type of sex, what might make it difficult to stick to this decision? What might make it easier?

3) Think of at least two reasons why **MOST** young teens **WAIT** to have sex:

6) Define the word "consent" and explain why it is at the center of all sexual behaviors.

Conductas Sexuales

Direcciones: Pinta las capas del árbol para mostrar si las siguientes conductas sexuales tienen algún riesgo de embarazo o Infecciones de Transmisión Sexual (ITS).



No realizar _____ es el único método que es **100%** efectivo para prevenir un embarazo y/o reducir el riesgo de las ITS.

Piénsalo

Nombre: _____ Fecha: _____ Periodo: _____

Direcciones: Piensa y escribe respuestas para cada de las siguientes preguntas:

1) Haz una lista de todas las formas en que uno puede mostrar amor o afecto hacia una pareja sin tener conductas sexuales:

4) Describe por qué es importante considerar "el tronco y las raíces" del árbol cuando alguien está decidiendo si tener o no relaciones sexuales.

2) Piensa en dos razones o más por las que **ALGUNOS** adolescentes tienen sexo:

5) ¿Si uno decide no tener ningún tipo de sexo, que cosas podrían hacer mantener esa decisión más difícil? ¿Que podría hacerlo más fácil?


3) Piensa en dos razones o más por las que la **MAYORÍA** de los adolescentes **ESPERAN** para tener relaciones sexuales:

6) Define la palabra 'consentimiento' y explica por qué está en el centro de todas las conductas sexuales.

Additional Activity 3: Opinions About Abstinence

Objectives: Discuss how different people feel about abstinence. Describe your own opinions about abstinence.

1. Say to students, "Abstinence means 'not having sex,' but people's definitions of sex and waiting to have sex are all different. This activity is going to help you define what sex and waiting to have sex means."
2. Instruct students to write down and complete each of the following sentence stems on a piece of paper. Ask students not to write down their names on this paper. Optional: Students can cut out 7 strips of paper for each sentence stem.
 - When people say "having sex" they mean...
 - Waiting to have sex...
 - People my age having sex...
 - If someone says they are a virgin, they mean...
 - Having a baby at my age...
 - My parents think sex...
3. Allow students to work for 7-10 minutes to fill in each of the sentence stems and turn in their papers. Once you have all the papers, go through and read several of them aloud to the class to allow the students to hear what others wrote.
4. Ask any of the following questions for a class discussion:
 - Was there any response that was surprising to you?
 - How common do you think it is for teens your age to be having sex?
 - Does it matter to you what other people think about having sex? Why or why not?
 - Does oral sex count as having sex? Why or why not?
 - Is it easy to wait to have sex? Why or why not?
 - What is an acceptable age for someone to start having sex?
 - Can someone choose to stop having sex even if they have had sex before?
 - Is it OK to have sex before marriage? If you're not in a committed relationship?
 - Should schools be able to teach students about other methods of protection besides abstinence? Why or why not?
5. Have students write and complete the following sentence stem. Explain that this sentence will not be collected and is simply an opportunity for the students to reflect on their own decision to have sex or wait to have sex.
 - If I'm with someone, I think it's OK to _____, but not to_____.



Session 4 Wrap-Up

Objectives: To review the topics covered during the fourth session and address any questions that may have come up.

1. Remind students to write down their questions for the Question Box, if they haven't already.
2. Ask the class:
 - What is 100% effective in preventing a pregnancy and significantly lowering the risk of an STI?
 - How can a person show love or affection for a partner without having sex?
3. Explain what you'll be covering during the next session.
 - In the next session, we will answer your questions that you put in the Question Box in a few minutes.
 - Additionally, we will start learning about the most common STIs and how a person can protect themselves if they choose to have sex.
4. Collect the Question Box questions.

Session 5: Birth Control

Goals

- Learn about all FDA approved birth control methods and their effectiveness rate
- Determine which birth control methods offer STI protection

Objectives

At the end of this session, students will be able to:

- Name 3 kinds of contraception.
- Describe the proper use of 1 birth control method and where to get it.
- State the effectiveness rate for 1 birth control method and whether or not it offers protection from STIs.
- Understand differences between hormonal, barrier or behavior birth control methods.

Why Is This Important?

Students will learn that there are several methods of preventing a pregnancy and that certain ones may be easier to use depending on their body and lifestyle. It is important for students to know that these birth control methods are easily accessible at a local health clinic in California and students can qualify for free birth control through the Family PACT (Planning, Access, Care, Treatment) program.

While abstinence is the best way to prevent a pregnancy, many methods are FDA-approved and proven to be very effective at preventing pregnancy. If students have the most up-to-date medically accurate information on birth control, they will be more likely to obtain birth control and use it correctly, which can lower the rates of unplanned pregnancies.²⁷

Preventing a pregnancy isn't necessarily a goal for all students, but there are many other reasons someone may choose to use birth control. Students will be able to weigh the pros and cons of each method and determine which method might be best for them or their partner to use if trying to prevent a pregnancy now or in the future.

Materials Needed

- Anonymous Question Box
- Scratch paper cut into 2" x 2" pieces, one for each student
- A writing surface (e.g., white board, Smartboard)
- Projection technology (laptop/projector or SmartBoard)
- Birth control samples

All About Birth Control

- Photocopies of All About Birth Control worksheet, one for each student

Preparation

- Screen Anonymous Question Box questions from the previous session and prepare responses.
- Collect birth control method samples. Local clinics or various birth control method distributors may offer samples. Some methods can be purchased at local drug stores. If you aren't able to get samples of the birth control methods, you may use pictures.

²⁷ Reduced Disparities in Birth Rates Among Teens Aged 15–19 Years — United States, 2006–2007 and 2013–2014. MMWR Morb Mortal Wkly Rep 2016;65:409–414. DOI: <http://dx.doi.org/10.15585/mmwr.mm6516a1>
Teen Talk Middle School, 2019

Additional Activities

Birth Control Brainstorm

- Birth Control Grid worksheet, one for each student
- Photocopy Birth Control Grid worksheet, one for each student

Birth Control Sequences

- Birth Control Steps color-coded cards
- Use the Birth Control Sequences Guide to print out each step for each method. Each method should be printed on the same color paper. For example, all of the “condom” steps should be printed on yellow paper and all of the “patch” steps should be printed on red paper etc. and cut out into strips for each step.

Birth Control Acronyms

- Easel paper, one for each group
- Markers
- Decide ahead of time which birth control methods you will assign so that every group has a similar amount of work to do.

Total Instruction Time

Minimum: 55 min.

Maximum: 60 min.

Activity and Time Needed

Anonymous Question Box: 5 min.

Session 5 Review: 5 min.

All About Birth Control: 40-45 min.

Session 6 Wrap-Up: 5 min.

Additional Activities

Birth Control Brainstorm: 30-45 min.

Birth Control Sequences: 10-15 min.

Birth Control Acronyms: 15-20 min.

Activity 5.1: Anonymous Question Box

Objectives: To provide students with an outlet to ask questions about sexual health and sexuality if they are not comfortable asking their question during the session.

1. Hand out Question Box scratch paper to each student at the beginning of the session. Let students know that you are providing scratch paper at the beginning of class so that they can write down any questions they have during the session.
2. Select 4-5 questions to answer during the first 5 minutes of class, however the goal is to answer all questions submitted to the Question Box by the end of the course.
3. Use the following guidelines for answering questions:
 - **Pre-screen:** Read through all of the questions before you answer them. This allows you to remove personal questions or questions with names in them. You don't want to be caught off guard. Prescreening also gives you an opportunity to rephrase questions, if necessary, and do any research required to answer the question in full. It also allows you to pre-select questions as a way to introduce or supplement a topic and to control when issues get covered.
 - **Rephrase:** If a question uses discriminatory or offensive language, rephrase it to address the issue in a more respectful way. If a question uses slang, try to reword it using scientific terms. If a question gives so many details that it might breach the anonymity agreement, leave out those details.
 - **Redirect:** Address *every* question in some way. Do your best to give a full, unbiased answer. Never miss an opportunity to remind students how diseases are spread, ways to avoid pregnancy, and that people always have to ask permission to touch or do something sexual with someone.
 - **Be Real:** If you don't know the answer to a question, simply say so. You lose credibility if you make up information or only tell half the story. Acknowledge that you cannot completely understand what it's like to be a pre-teen today. Instead of trying to be "cool," ask students for more information about specific slang and issues that they face. If a question is about a situation that would require reporting to CPS, tell the students that they have the right to report that behavior to you or another trusted adult. Remind them that you are there to help protect them and that no one should have to deal with that situation alone.
 - **Be Inclusive:** Use nonjudgmental language. Answer questions as if you know there is at least one student who: never plans to have kids; never plans to get married; is LGBTQ+; doesn't know their biological parents; is sexually active; has been raped or sexually assaulted, etc. Be aware of your verbal and nonverbal reactions to questions like laughing, shaking your head, or saying "You're too young to ask that." You could be communicating powerful judgments and assumptions. Instead of belittling questions, try to affirm and legitimize the questions. You can say, "Many people ask this question," or "This is an important question."

Activity 5.2: All About Birth Control

Objectives: Name three kinds of birth control and describe how to use them. Differentiate between the most effective and least effective methods of birth control. Differentiate between methods that do and do not protect against STIs.

Note to Instructor: In the first Additional Activity in this section, Birth Control Brainstorm, there is a comprehensive discussion of all methods. These notes can be used to teach students alongside this activity but if time is restricted, these notes from Additional Activity 1 can be read prior to teaching and serve as background information for Activity 6.2.

1. Explain to the class: Now that we've discussed different ways that person can be at risk of a pregnancy, today's session we will learn about different methods of birth control.
2. Ask for a few volunteers to explain what they think birth control is. Birth Control are methods of protection a person can use throughout their life to protect against pregnancy and some that also protect against sexually transmitted infections or STIs.

Note to Instructor: Many health clinics in California provide these methods free of charge to low income clients (including teens) through the Family PACT program. Family PACT is a state sponsored health insurance program that only covers reproductive health services, such as birth control, STI tests and treatments, pregnancy tests, etc.
3. Explain we will have a chance to learn about all the different methods a person may choose to prevent pregnancy, starting with the most effective methods.

Note to Instructor: You do not need to go into detail about each method; just provide a basic overview. Use your own judgement based on the knowledge and maturity level of your class.
4. Pass out the All About Birth Control worksheet to each student.
5. Start explaining information with the most effective method in the center and help student fill in the remaining information by using birth control samples, a pelvic model, and a condom training model to explain how methods are used correctly. Have students take notes on their worksheet.
6. The following information can be used as a guide to help students understand how each method works. However, please refer to the All About Birth Control: Answer Key to know how students should summarize their information on their All About Birth Control chart.

Additional Activity 1: Birth Control Brainstorm

Objectives: Name three kinds of birth control and describe how to use them. Differentiate between the most effective and least effective methods of birth control. Differentiate between methods that do and do not protect against STIs.

1. Explain to the class: Now that we've discussed different ways that person can be at risk of a pregnancy, today's session we will learn about different methods of birth control.
2. Ask for a few volunteers to explain what they think birth control is. Birth Control are methods of protection a person can use throughout their life to protect against undesired pregnancy and some that also protect against sexually transmitted infections or STIs.
 Note to Instructor: Many health clinics in California provide these methods free of charge to low income clients (including teens) through the Family PACT program. Family PACT is a state sponsored health insurance program that only covers reproductive health services, such as birth control, STI tests and treatments, pregnancy tests, etc.
3. Write the following bolded categories on the board leaving space under each one. Describe the categories to students before they begin brainstorming.
 Note to Instructor: You do not need to go into detail about each method; just provide a basic overview. Use our own judgment based on the knowledge and maturity level of your class.
 - 100% Guaranteed (*Methods that have a 100% effectiveness rate*)
 - Rubber Ducky (*Barrier methods*)
 - Scrambled Eggs (*Hormonal methods*)
 - Sperminator (*Methods that kill sperm*)
 - Forever, Baby (*Methods that are considered permanent*)
 - Don't Try This at Home (*Less effective methods*)
4. Have students brainstorm as many birth control methods as possible as you write their answers under the appropriate categories. Cover any methods that students missed by using birth control samples, a pelvic model, and a condom training model to demonstrate how to correctly use each method. During your presentation, have students take notes on their Birth Control Grid handouts.
5. The following information can be used as a guide to help students understand how each method works. However, please refer to the Birth Control Grid: Answer Key to know how students should summarize this information on their Birth Control Grid handouts.
6. See Discussion questions at the end of the Birth Control Guide

100% Guaranteed

- Not having sex
 - What it is: No vaginal sex, oral sex, or anal sex. No genital-to-genital contact, no semen inside the vagina or anus, near or around the vulva.
 - How it's used: This method works best if it is agreed upon ahead of time. Encourage students to communicate their boundaries, values, and reasons why they are choosing to wait before engaging in sexual activities.
 - Effectiveness: 100%
 - Where to get it: Not having sex is a birth control method that is always available, even if someone has had sex in the past. It is a personal choice and requires strong values about not having sex, self-control, and strong communication skills.
 - STI information: Not having sex or genital-to-genital contact is the best way to avoid HIV and other STIs.

Rubber Ducky

- Condom²⁸
 - What it is: A thin tube of latex that is worn over the penis throughout intercourse to catch the semen and pre-ejaculatory fluid that might come out during sex.
 - How it's used: The condom should be unrolled over an erect penis before the penis touches their partners body. Each condom should be used only once. Only one condom should be used at a time. Do not use a condom with an internal condom.
 - Effectiveness: 82-98%
 - Where to get it: Condoms are offered at teen clinics (see clinics list) and can be purchased at drug stores, pharmacies, grocery stores, and gas stations.
 - STI Information: Condoms are also effective in helping to prevent STIs. According to the World Health Organization (2016), "A large body of scientific evidence shows that male latex condoms have 80% or greater protective effect against transmission of HIV and other STIs."²⁹

- Internal Condom³⁰

Also known as insertive condom or female condom, sold as FC2

- What it is: A thin pouch of polyurethane that is placed inside the vagina or anus before intercourse and stays there during intercourse to catch the semen and pre-ejaculatory fluid that might come out during sex.
- How it's used: The inner ring should be squeezed and inserted into the vagina before vaginal sex. The outer ring stays on the outside of the vulva. The penis should go into the pouch during vaginal intercourse. If the penis is removed during sex, it's important to make sure that it goes back into the pouch. To remove, twist the outer ring to not spill semen and gently pull out the condom and dispose in the trash. Only one condom should be used at a time. Do not use a condom with an internal condom; it will cause one or both to break. For anal sex, remove the inner ring before placing the internal condom into anus.
- Effectiveness: 79-95%
- Where to get it: Internal condoms are offered at some teen clinics and at some pharmacies. However, the company is moving to a "prescription-only" model, which means they will only be available through health care providers. They are not as easily available as condoms.

²⁸ Centers for Disease Control and Prevention. (2016). Contraception. Retrieved from

<http://www.cdc.gov/reproductivehealth/contraception/index.htm>

Condoms for HIV Prevention (2016). Retrieved from <http://www.who.int/hiv/topics/condoms/en/>

Centers for Disease Control and Prevention. (2016). Contraception. Retrieved from

<http://www.cdc.gov/reproductivehealth/contraception/index.htm>

- **STI information:** Like condoms, they also reduce a person's chance of contracting STIs by reducing the amount of genital-to-genital skin contact and by reducing the amount of fluids mixed during sex.
- **Diaphragm & Cervical Cap³¹**
 - **What it is:** A dome or cap inserted in the vagina to cover the cervix, blocking the semen from entering the uterus.
 - **How it's used:** The dome or cap should be inserted into the vagina with spermicide before sex. It should be left in for about 6 hours after sex to make sure that the sperm doesn't enter the uterus.
 - **Effectiveness:** The diaphragm is 88%-94% effective. The cervical cap is 86% effective if the person has never given birth and 71% effective if she has.
 - **Where to get it:** They may be gotten at some teen clinics. A person should be fitted for a diaphragm by a healthcare provider.
 - **STI information:** Neither of these barriers reduce the risk of contracting HIV or other STIs.

Scrambled Eggs

- **Birth Control Pills³²**
 - **What it is:** A daily pill that contains hormones that stop a person's body from ovulating and can also thicken the cervical mucus to block sperm from entering the uterus. Birth control pills take 1 to 2 weeks to start working.
 - **How it's used:** A person with a uterus should take 1 pill every day at the same time for as long as they would like to reduce the chances of becoming pregnant if they are sexually active. Forgetting to take a pill or taking it late can lower its effectiveness. Some pills have a week of placebo pills and during that week a person may get their period. Other types do not have placebo pills.
 - **Effectiveness:** 91-99%
 - **Where to get it:** Birth control pills are available at teen clinics. You must have a prescription to purchase them from a pharmacy.
 - **STI information:** Birth control pills do not reduce your risk for contracting HIV or other STIs.
- **The Patch (Xulane)³³**
 - **What it is:** The patch contains hormones similar to those in the birth control pill. The hormones enter the body by being absorbed through the skin. The patch takes one to two weeks to start working.
 - **How it's used:** A person with a uterus should wear 1 patch per week for 3 weeks in a row. On the 4th week of the month, the patch should not be worn. This is the week that a person will menstruate.
 - **Effectiveness:** 91-99%
 - **Where to get it:** The patch can be gotten at teen clinics. You must have a prescription to purchase them from a pharmacy.
 - **STI information:** The patch does not reduce your risk for contracting HIV/AIDS or other STIs.
- **The Vaginal Ring (NuvaRing)³⁴**
 - **What it is:** The Vaginal Ring is a flexible plastic ring that releases hormones inside the vagina and into the body. The hormones are similar to those in the birth control pill. The ring takes 1 to 2 weeks to start working.
 - **How it's used:** The ring is squeezed, inserted in the vagina and left there for a total of 3 weeks. After 3 weeks, a person should then gently remove the ring. No ring is inserted for the 4th week.
 - **Effectiveness:** 91-99%

³¹ Ibid.

³² Ibid.

³³ Ibid.

³⁴ Ibid.

- **Where to get it:** The ring can be gotten at teen clinics. You must have a prescription to purchase them from a pharmacy.
- **STI information:** The ring does not reduce your risk for contracting HIV or other sexually transmitted infections.
- **The Shot (Depo-Provera)³⁵**
 - **What it is:** An injection of birth control hormones every 12 weeks that stops a person's body from ovulating and thickens the cervical mucus to block sperm from entering the uterus. The shot may take one to two weeks to start working.
 - **How it's used:** A person should visit their healthcare provider every 3 months to receive the injection in the upper arm or butt. They must be sure to make appointments ahead of time so that the hormones don't wear off before the next appointment.
 - **Effectiveness:** 94-99%*
 - **Where to get it:** The shot must be administered by a healthcare provider. It is available at teen clinics.
 - **STI information:** The shot does not reduce your risk for contracting HIV or other STIs.
- **Implant (Nexplanon)³⁶**
 - **What it is:** The implant is a thin, flexible plastic rod that releases a hormone into a person's arm. This hormone is similar to those in the birth control pill.
 - **How it's used:** The implant is inserted by a healthcare provider who will first give the person a local anesthetic and then inject the implant into the inner, upper arm using a special device. It is left there and works to prevent pregnancy for 3-5 years. When removed, a healthcare provider will make a small incision in the arm and gently pull out the implant.
 - **Effectiveness:** Over 99%
 - **Where to get it:** The implant can be gotten at teen clinics and must be inserted and removed by a healthcare provider.
 - **STI information:** The implant does not reduce your risk for contracting HIV or other STIs.
- **Intrauterine Device (IUD)³⁷**
 - **What it is:** IUD is a T-shaped device that stays in a uterus for several years.
 - The hormonal IUD (Mirena, Skyla, Liletta, Kyleena) works by thickening the cervical mucus to block sperm from entering the uterus, thinning the endometrium and preventing implantation of a fertilized egg. The hormonal IUD can stay inside of a uterus for 3-7 years depending on device.
 - The non-hormonal, copper IUD (ParaGard) works by killing sperm cells and irritating the uterine lining. It can also be used as a method of emergency contraception (EC), although it's not FDA approved for EC. The copper IUD can stay inside of a uterus for 10+ years.
 - **How it's used:** The IUD should be inserted and removed by a healthcare provider.
 - **Effectiveness:** Over 99%
 - **Where to get it:** The IUD can often be inserted at teen health clinics and must be inserted by a healthcare provider.
 - **STI information:** The IUD does not reduce your risk for contracting HIV or other STIs.
- **Emergency Contraception (*Plan B*, *Plan B One-Step*, *Ella*, *Next Choice*, *ParaGard*)³⁸**
 - **What it is:** Emergency contraception is a high dose of birth control hormones that reduces the chance of a pregnancy after a birth control failure such as a condom breaking, missing a birth control pill, forgetting to get the shot on time, or having unprotected sex. It works by delaying

ibid.

ibid.

³⁷ Ibid.

³⁸ Ibid.

ovulation, stopping fertilization, and/or thickening cervical mucus to block sperm from entering the uterus. This is also called EC or the morning-after-pill.

- **How it's used:** Take 1 or 2 pills (depending on brand) as soon as possible up to five days after unprotected sex. This should not be used as a regular form of birth control. The copper IUD (ParaGard) can also act as emergency contraception if it is inserted within five days after unprotected sex.

Effectiveness: 85-89% if taken up to 72 hours after unprotected sex. Emergency contraception can also continue to reduce the risk of pregnancy if taken within 5 days after unprotected sex depending on brand of emergency contraception. *Ella brand is up to 85% effective. *The exact effectiveness of emergency contraceptive pills is difficult to measure and some researchers believe the effectiveness may be lower than that reported on package labels.*

- **Where to get it:** The emergency contraception can be gotten at teen clinics. You do not need a prescription to purchase them from a pharmacy.
- **STI information:** Emergency contraception does not reduce your risk for contracting HIV or other STIs.

Sperminator

• Spermicide Products³⁹

- **What it is:** Spermicidal products that come in many different forms such as foams, vaginal films, jellies, creams, and suppositories.
- **How it's used:** Spermicide products should be inserted into the vagina prior to sex. They should not be used by themselves, but ideally should be used with other methods such as a condom.
- **Effectiveness:** 72-82%
- **Where to get it:** Spermicide products can be gotten at teen health clinics and can be purchased at pharmacies and supermarkets without a prescription.
- **STI information:** Spermicide products do not reduce your risk for contracting HIV or other sexually transmitted infections. If used many times a day, spermicide products have been shown to increase a person's risk of STI transmission, including HIV.

• Sponge⁴⁰

- **What it is:** The sponge is a round foam sponge that works by covering the cervix, preventing sperm from entering a person's uterus.
- **How it's used:** The sponge contains spermicide. It should be moistened with water and then inserted into the vagina prior to sex. The sponge should be pushed as far as it will go so that it covers the cervix. After sex, the sponge should be left in place for 6 hours to ensure that it can block as much sperm as possible.
- **Effectiveness:** 88-91% (if never given birth), 76-80% (if have given birth)
- **Where to get it:** The sponge can be gotten at some teen clinics and can be purchased at a pharmacy without a prescription.
- **STI information:** The sponge does not reduce your risk for contracting HIV or other STIs.

Forever, Baby

• Vasectomy⁴¹

- **What it is:** A vasectomy is a permanent surgical procedure for men where a healthcare provider cuts and seals the vas deferens, ensuring that sperm are not ejaculated in a man's semen.

³⁹ Ibid.

⁴⁰ Centers for Disease Control and Prevention. (2010). Coitus Interruptus (Withdrawal). Retrieved from <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr59e0528a11.htm>

⁴¹ Centers for Disease Control and Prevention. (2016). Contraception. Retrieved from <http://www.cdc.gov/reproductivehealth/contraception/index.htm>

- **How it's used:** A healthcare provider will first provide a local anesthetic, make a small opening in the scrotum and then cut each vas deferens that usually connect to the testicles. The ends of the vas deferens are then tied and sealed. The procedure takes about 30 minutes.
- **Effectiveness:** nearly 100%
- **Where to get it:** This procedure must be performed by a healthcare provider.
- **STI information:** A vasectomy does not reduce your risk for contracting HIV or other STIs.
- **Tubal Ligation⁴²**
 - **What it is:** A permanent surgical procedure where a healthcare provider ties or seals the fallopian tubes, ensuring that ovum cannot travel past the fallopian tubes and be fertilized by a sperm cell.
 - **How it's used:** A healthcare provider must use general anesthesia for this procedure. They will make incisions in the abdomen, find and seal each Fallopian tube, then stitch the incisions together.
 - **Effectiveness:** nearly 100%
 - **Where to get it:** This procedure must be done by a healthcare provider.
 - **STI information:** This procedure does not reduce your risk for contracting HIV or other STIs.

Don't Try This At Home

- **Withdrawal Method (Pull Out Method)⁴³**
 - **What it is:** This means when a person withdraws or pulls the penis out of the vagina or anus before ejaculating.
 - **How it's used:** Persons must be aware of and control the timing of ejaculation to ensure that no semen enters the vagina or anus. It can be practiced with a condom.
 - **Effectiveness:** 78-96% *This method is NOT recommended because ejaculations are difficult to control and pre-ejaculate can contain sperm.*
 - **Where to get it:** Your own self-control.
 - **STI information:** The withdrawal or pull out method does not reduce your risk for contracting HIV or other STIs.
- **Calendar Method⁴⁴**
 - **What it is:** A person carefully measures their temperature and hormone levels to determine the days in their cycle when they are ovulating and therefore more likely to get pregnant.
 - **How it's used:** A person must take their temperature and/or test their urine every day to determine the days of ovulation. After determining their cycle, they along with their partner must not have sex five days prior to ovulation, during ovulation, and five days after ovulation.
 - **Effectiveness:** 75-97% *This method is NOT recommended for young persons because a teenage menstrual cycle is not normally regular.*
 - **Where to get it:** A person must talk to a healthcare provider about how to measure ovulation accurately. Hormone testing kits and special thermometers can be purchased at pharmacies.
 - **STI information:** The calendar method does not reduce your risk for contracting HIV or other STIs.

⁴² Centers for Disease Control and Prevention. (2010). Coitus Interruptus (Withdrawal). Retrieved from <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr59e0528a11.htm>

⁴⁴ Centers for Disease Control and Prevention. (2016). Contraception. Retrieved from <http://www.cdc.gov/reproductivehealth/contraception/index.htm>

Discussion Questions:

1. Which of these methods of contraception are most effective in preventing pregnancy?
 - In descending order of effectiveness:
 - Not having sex (abstinence)
 - Vasectomy and tubal ligation (however, these are not realistic options for teenagers)
 - The IUD
 - Hormonal methods (if used correctly)
 - Condoms (if used correctly and used every time)
2. How do the hormonal methods work?
 - They change hormone levels in a female body, preventing the ovaries from releasing egg cells and thickening cervical mucus so that it is harder for sperm cells to enter the uterus.
3. Which methods help prevent pregnancy and protect against STIs as well?
 - Not having sex, condom, and internal condom
4. Which methods must you get from a healthcare provider?
 - Any hormonal method other than EC or the Pill (can obtain both without prescription in California)
 - IUD
 - Diaphragm and cervical cap
 - Vasectomy and tubal ligation
 - Internal condoms (once they become prescription-only)
5. Do you need to be 18 or have your parent's permission to get birth control?
 - For condoms – NO (in all states). You cannot be asked to show ID to buy condoms.
 - For other methods – NO (in California; check local laws if not in California)
6. Why is the withdrawal/pull-out method not as effective as other methods of birth control?
 - Withdrawal can be effective if performed perfectly EVERY time, but the effectiveness decreases significantly if not performed correctly, and it is very difficult to perform perfectly.
 - Males must know the exact point at which their body will ejaculate, which can be difficult to gauge. If the male is unable to predict this moment exactly and fails to withdraw correctly or in time, then this method is no longer effective and pregnancy can result.
7. Under what circumstances might someone want to use emergency contraception (EC)?
 - If the condom tore, broke, or slipped off during sex
 - If the female missed their regular birth control pill or took it at the wrong time
 - If the couple did not use any contraception
 - If the female was forced to have sex without a condom
8. Where can you get emergency contraception (EC)?
 - Teen clinics, your medical provider, pharmacies without a prescription (in CA)
 - Call 1-800-323-1336 or visit www.EC-help.org

Additional Activity 2: Birth Control Sequences

Objectives: Describe the correct steps for at least one birth control method. Discuss why some birth control methods might be easier or harder to use than others.

1. Explain to the class: We are going to do an activity to help visualize the steps required for some of the most common birth control methods. Tell the students you will distribute cards randomly to the class. Some students might get more than one card, but each student's card should all be the same color.
2. Instruct the students that they will group themselves in different areas of the classroom according to the color of their card (all green in one corner, blue in the front, etc.).
3. After you group yourselves by colored cards, you have will have 3-5 minutes to get in order according to which step comes first, second, etc., when using their assigned birth control method.
4. Have each group line up in order of their steps, such that the students form a circle around the perimeter of the room facing inwards towards each other. Groups should take turns reading aloud their steps in the correct order. Ask them which method their steps describe. Check their order and make corrections as necessary, or ask the other students to help make corrections.
5. Discuss any of the following questions with the class after all groups have presented:
 - Which method seems the easiest? Why?
 - Which method seems the most complicated? Why?
 - What could make it difficult for teens to access or properly use these methods?
 - What is a disadvantage of using a hormonal method? *Possible answers include:*
 - You must go to the doctor to get them.
 - They put hormones in the female body, which some people don't like.
 - They don't protect you from HIV and other STIs
 - If drugs and/or alcohol are involved, could that affect a person's ability to use these methods correctly? Explain.

Birth Control Sequences

PILL

- Go to healthcare provider
- Fill prescription
- Take one every day at the same time
- Start new package each month without interruption

PATCH

- Go to healthcare provider
- Fill prescription
- Apply to stomach, butt, upper arm, or shoulder blade
- Change once a week for 3 weeks, applying to a new location each time
- Not needed during 4th week

RING

- Go to healthcare provider
- Fill prescription
- Insert into vagina, leave for 3 weeks
- Remove and leave out for 4th week

SHOT

- Go to healthcare provider
- Get an injection
- Return in 12 weeks for next dose

IMPLANT

- Go to healthcare provider
- Have it inserted into upper inner arm
- Return in 3-5 years to have it removed

IUD

- Go to healthcare provider
- Have it inserted into uterus
- Return in 3-10+ years to have it removed

EMERGENCY CONTRACEPTION

- Condom breaks, slips off, or wasn't used
- Go to clinic or pharmacy
- Take ASAP (within 3-5 days of unprotected sex)

CONDOM

- Store in a cool, dry place
- Ask for consent
- Check package and expiration date
- Open carefully with hands
- Check the direction
- Pinch tip and roll down erect penis
- Remove carefully without spilling fluid
- Tie a knot and throw away into the trash

INTERNAL CONDOM

- Check expiration date
- Open carefully with hands
- If using for vaginal sex, squeeze inner ring and insert into vagina
- If using for anal sex, remove inner ring before inserting into anus
- Hold outer ring in place to make sure penis goes inside pouch
- Twist outer ring, remove carefully, and throw away into the trash

DIAPHRAGM

- Go to healthcare provider
- Fill prescription
- Apply spermicide
- Insert into vagina to cover cervix
- Leave in place for 6+ hours after sex
- Remove, wash, dry, and save for later use

WITHDRAWAL

- Remove penis from vagina or anus before ejaculation
- Make sure no semen gets on or near vulva
- If any semen came in contact with vaginal opening, take Emergency Contraception ASAP

NOT HAVING SEX *(Note: There is not one correct order for this method)*

- Become sexually attracted to someone
- Start dating
- Hold hands, kiss, etc.
- Talk about waiting to have sex until both partners are ready
- Decide that they are not ready to become sexually active
- Find other ways to show affection

Guía para Secuencias de Anticonceptivos

PASTILLA

- Ir a un proveedor de salud
- Obtener el método recetado
- Tomar una vez al día a la misma hora
- Empezar un nuevo paquete cada mes sin interrupción

PARCHE

- Ir a un proveedor de salud
- Obtener el método recetado
- Aplicar al abdomen, trasero, brazo o escápula
- Cambiar una vez a la semana por 3 semanas, escogiendo un nuevo sitio cada vez
- No se necesita durante la 4ª semana

ANILLO

- Ir a un proveedor de salud
- Obtener el método recetado
- Introducir en la vagina y mantener por 3 semanas
- Quitar y dejar fuera durante la 4ª semana

INYECCIÓN

- Ir a un proveedor de salud
- Recibir la inyección
- Regresar cada 12 semanas para el siguiente dosis

IMPLANTE

- Ir a un proveedor de salud
- Será insertado en la parte superior del brazo
- Regresar en 3-5 años para que sea retirado

DIU

- Ir a un proveedor de salud
- Será introducido dentro del útero
- Regresar en 3-10+ años para que sea retirado

ANTICONCEPTIVOS DE EMERGENCIA

- El condón se rompe, se desliza o no se usó
- Ir a una clínica o farmacia
- Tomar lo más pronto posible (dentro de 3-5 días de haber tenido sexo sin protección)

CONDÓN

- Guardar en un lugar fresco y seco
- Pedir consentimiento
- Revisar la envoltura y la fecha de caducidad
- Abrir con las manos, cuidadosamente
- Revisar la orientación del condón
- Apretar la punta y a la misma vez desenrollar sobre el pene erecto
- Sacar cuidadosamente sin derramar fluido
- Atar un nudo y tirarlo en el tacho de basura

CONDÓN INTERNO

- Revisar la fecha de caducidad
- Abrir con las manos, cuidadosamente
- Para sexo vaginal, apretar el anillo interno e introducir en la vagina
- Para sexo anal, quitar el anillo interno antes de introducir en el ano
- Sostener el anillo externo y asegurarse de que el pene entre en la bolsa
- Dar vuelta al anillo externo, sacar el condón con cuidado y tirarlo a la basura

DIAFRAGMA

- Ir a un proveedor de salud
- Obtener el método recetado
- Aplicar el espermicidio
- Introducir en la vagina para tapar el cérvix
- Dejarlo en su lugar por 6+ horas después del sexo
- Sacar el diafragma, lavarlo, secarlo y guardarlo para otra ocasión

COITO INTERRUPTIDO (*Note: if students need clarification of this medical terminology, explain that it is a more proper term form "acabar afuera"*)

- Retirar el pene de la vagina o el ano antes de la eyaculación
- Asegurarse que nada de semen toque o se acerque a la vulva
- Si hubo algún contacto de semen con la apertura vaginal, tomar Anticoncepción de Emergencia, lo más pronto posible

NO TENER SEXO (*Note: There is not one correct order for this method*)

- Sentir atracción sexual hacia alguien
- Empezar a salir con la persona
- Tomarse de las manos, besarse, etc.
- Hablar de esperar a tener sexo hasta las dos personas se sientan listas
- Decidir que todavía no están listas para tener relaciones sexuales
- Descubrir otras maneras de demostrar cariño

Additional Activity 3: Birth Control Acronyms

Objectives: Review all birth control methods.

1. Explain to the class what an acronym is: Taking the letters of a words and using each in turn as the first letter of a set of phrases/sentences that relate to or help describe the word.
2. Tell the class they are going to build acronyms from the different birth control method names. Give an example: CONDOM (do not assign this method to any group).
 - Careful when handling
 - Over the counter
 - Needs lubrication
 - Don't forget to use it every time you have sex
 - On the penis
 - Made out of latex or polyurethane
3. Divide the class into groups of 3-5 students each.
4. Assign each group its own method. Do not assign CONDOM to any group since it was used as a class example.
5. Allow the groups 10-15 minutes to work on their acronyms.
6. After everyone is finished, have each group present its birth control acronym to the class.
7. Read through the different acronyms and correct any mistakes.

Session 5 Wrap-Up

Objectives: To review the topics covered during the sixth session and address any questions that may have come up.

1. Remind students to write down their questions for the Question Box, if they haven't already.
2. Ask the class:
 - Can you name one hormonal birth control method? One barrier method?
 - What's the only 100% effective birth control method to prevent pregnancy?
 - What clinic would you recommend someone to go to if they needed birth control or other sexual health services?
3. Explain what you'll be covering during the next session.
 - In the next session, we will answer your questions that you put in the Question Box in a few minutes.
 - We will also discuss all legal options for a person who is pregnant in the United States.
4. Collect the Question Box questions.

Session 6: Pregnancy Options

Goals

- Identify all legal options in the United States for a person who becomes pregnant
- Discuss why or why not someone might choose a particular option if they become pregnant
- Identify resources for a person who becomes pregnant

Objectives

At the end of this session, students will be able to:

- Name all the legal options available to a person who becomes pregnant.
- Articulate 1 reason why someone may or may not choose each option.
- Articulate their beliefs and values about the different pregnancy options.
- Name 2 resources a person who becomes pregnant can seek for medical care or support.

Why Is This Important?

California Education Code requires that instructors objectively discuss all legal options available to a person who becomes pregnant. This lesson defines each of those options – become a parent, abortion, adoption, and safe surrender – and considerations an individual should be aware of for each of those options. In addition to providing information about each option for a pregnant person, the activity encourages students to consider and discuss the reasons why or why not an individual would choose each option. This is an important opportunity for students to reflect on their own values about pregnancy while learning to be respectful of other values their classmates may have. It is important to remind students (and be aware for yourself as the instructor) that students in the classroom may have already chosen one of these options for themselves or a partner or know someone who has. As such, it is critical that all participants be mindful of the facilitation and discussion of this activity.

Materials Needed

- Anonymous Question Box
- Scratch paper cut into 2" x 2" pieces, one for each student
- A writing surface (e.g., white board, Smartboard)
- Projection technology (laptop/projector or SmartBoard)
- Photocopies of Pregnancy Options worksheet, one for each student

Preparation

- Screen Anonymous Question Box questions from the previous session and prepare responses.
- Photocopy Pregnancy Options worksheet, one for each student
- Carefully read the Pregnancy Options Discussion Guide for basic information for each option.
- Laws about abortion vary widely between states and may change frequently. The content in this lesson is designed based on California's abortion laws. Be sure to check the most current laws in your state and which facilities offer the procedure in your area.

Note to Instructor: It is **VERY IMPORTANT** that instructors remain neutral on their personal views on abortion. Abortion is controversial, and expressing one's own values on this subject may offend or hurt a student. Teachers should **NOT** teach or express their own beliefs on this topic. The teacher should only teach what the legal options are for handling a pregnancy and the issues surrounding each option.

Total Instruction Time

Minimum: 30 min.

Maximum: 35 min.

Activity and Time Needed

Anonymous Question Box: 5 min.

Session 6 Review: 5 min.

Pregnancy Options: 15-20 min

Session 7 Wrap-Up: 5 min.

Activity 6.1: Anonymous Question Box

Objectives: To provide students with an outlet to ask questions about sexual health and sexuality if they are not comfortable asking their question during the session.

1. Hand out Question Box scratch paper to each student at the beginning of the session. Let students know that you are providing scratch paper at the beginning of class so that they can write down any questions they have during the session.
2. Select 4-5 questions to answer during the first 5 minutes of class, however the goal is to answer all questions submitted to the Question Box by the end of the course.
3. Use the following guidelines for answering questions:
 - **Pre-screen:** Read through all of the questions before you answer them. This allows you to remove personal questions or questions with names in them. You don't want to be caught off guard. Prescreening also gives you an opportunity to rephrase questions, if necessary, and do any research required to answer the question in full. It also allows you to pre-select questions as a way to introduce or supplement a topic and to control when issues get covered.
 - **Rephrase:** If a question uses discriminatory or offensive language, rephrase it to address the issue in a more respectful way. If a question uses slang, try to reword it using scientific terms. If a question gives so many details that it might breach the anonymity agreement, leave out those details.
 - **Redirect:** Address *every* question in some way. Do your best to give a full, unbiased answer. Never miss an opportunity to remind students how diseases are spread, ways to avoid pregnancy, and that people always have to ask permission to touch or do something sexual with someone.
 - **Be Real:** If you don't know the answer to a question, simply say so. You lose credibility if you make up information or only tell half the story. Acknowledge that you cannot completely understand what it's like to be a pre-teen today. Instead of trying to be "cool," ask students for more information about specific slang and issues that they face. If a question is about a situation that would require reporting to CPS, tell the students that they have the right to report that behavior to you or another trusted adult. Remind them that you are there to help protect them and that no one should have to deal with that situation alone.
 - **Be Inclusive:** Use nonjudgmental language. Answer questions as if you know there is at least one student who: never plans to have kids; never plans to get married; is LGBTQ+; doesn't know their biological parents; is sexually active; has been raped or sexually assaulted, etc. Be aware of your verbal and nonverbal reactions to questions like laughing, shaking your head, or saying "You're too young to ask that." You could be communicating powerful judgments and assumptions. Instead of belittling questions, try to affirm and legitimize the questions. You can say, "Many people ask this question," or "This is an important question."

Activity 6.2: Pregnancy Options

Objectives: Identify legal options for pregnancy and discuss possible consequences for each option.

Note to Instructor: It is **VERY IMPORTANT** that instructors remain neutral on their personal views on abortion. Abortion is controversial, and expressing one's own values on this subject may offend or hurt a student. Teachers should **NOT** teach or express their own beliefs on this topic. The teacher should only teach what the legal options are for a person who is pregnant and the issues surrounding each option.

1. Explain to the class that we will brainstorm the legal options a person who is pregnant has if they become pregnant and write each the ideas on the board. Go over each option in as much detail as is appropriate for the class. Define miscarriage (approximately 15.9% of teen pregnancies end in miscarriage)⁴⁵ as the spontaneous end of a pregnancy before 20 weeks. After 20 weeks, pregnancy losses are called preterm deliveries.
2. When discussing the Safe Surrender Law, display a picture of the Safe Surrender logo.
3. After reviewing facts about each option, put the students into small groups and ask each group to brainstorm the potential positives and negatives of each option for 5-10 minutes. Bring students back together for larger group discussion.
4. Discuss with the class the person who is pregnant ultimately decides which option to choose. Discuss how different people in that person's life can get involved and how to support the pregnant person's decision. The partner of the person who is pregnant will have valid and normal feelings about the pregnancy. Couples should have a discussion on which option they would choose if a pregnancy occurred **BEFORE** they have sex.

Note to Instructor: The following notes reference California laws about abortion access and timing. If teaching this lesson outside of California, please research the local laws (e.g. timing restrictions, minor access, etc.) to best inform students.

⁴⁵ Centers for Disease Control and Prevention. (2016). Pregnancy Mortality Surveillance System. Retrieved from <http://www.cdc.gov/reproductivehealth/maternalinfanthealth/pmss.html>

Pregnancy Options

Continue pregnancy and become a parent⁴⁶

- Teens may raise a baby alone, with their partner, and/or with the help of family and friends.
- A teen has the right to continue their pregnancy regardless of age, marital status, or financial situation.
- There are resources for teens who choose to have a baby and need help. Provide information on local organizations, such as TAPP: Teenage Parenting Program, WIC: Women, Infants and Children, etc.
- If one biological parent participates less than the other in raising the child, he or she may be required to pay child support.
- If a teen decides to have the baby and raise it, they should see a medical provider for prenatal care as soon as possible. Prenatal care is very important for the health of the teen and the baby!
- Prenatal care should occur as soon as a pregnancy is known or suspected and the decision is made to continue the pregnancy. Prenatal care consists of periodic check-ups with a health provider to ensure the pregnancy is developing normally and continues until delivery.

Continue the pregnancy and make an adoption plan⁴⁷

- Adoption is when a person legally takes on all the rights and responsibilities of a child who is not biologically born to them.
- This is an alternative if a teen does not feel prepared to raise a child but does not want to have an abortion.
- Birth parents give up all rights and responsibilities as legal guardians, and the decision is permanent once the adoption procedures are completed.
- Birth parents can choose an adoptive family or let a public agency choose for them.
- Birth parents can be involved in choosing the level of openness they want with the adoptive family and child (creating an adoption plan).
- Birth parents can receive help with birth and adoption expenses, help with legal and hospital documents, and counseling.
- Provide information on local organizations, such as Adopt International, Adoption Connection, The Independent Adoption Center, etc.

End the pregnancy with an abortion⁴⁸

- Abortion is ending a pregnancy by removing an embryo or fetus from the uterus.
- In California, teens DO NOT need parental notification or permission to obtain an abortion. However, the majority of teens who have abortions do it with a parent's knowledge.
- No one can legally force another person to have an abortion or prevent them from getting one (including parents or partner).
- Medical Abortion – must be done within the first 10 weeks of a pregnancy. The patient takes 2 medications; the first causes termination of the pregnancy and the second causes the pregnancy tissue to leave the uterus. This process can take a few days and is similar to a heavy period.

Hamilton, B.E., et al. (2015). Births: Data for 2014. National Vital Statistics Reports, 64(12). Retrieved from https://www.cdc.gov/nchs/data/nvsr/nvsr64/nvsr64_12.pdf

The American College of Obstetricians and Gynecologists. Frequently Asked Questions. Pregnancy options: Raising the baby, adoption, and abortion. Retrieved from <http://www.acog.org/~media/For%20Patients/faq168.pdf>

⁴⁸ Ibid.

- Surgical Abortion – although most are done in the first 12 weeks of the pregnancy, abortion is legal up to 24 weeks in California. This procedure is performed in a clinic or medical office, using a vacuum aspirator to empty the uterus with gentle suction. After 12 weeks, it is more of a surgical procedure.
- In both types, the patient MUST return to the clinic for a follow-up visit.
- Both types of abortions can be paid for through Medi-Cal or Emergency Medi-Cal (in California).
- Discussion with a partner, parents, a professional, or friend is encouraged before making a decision.
- Provide information on local abortion providers, such as Planned Parenthood and Kaiser.

Safe Surrender Law (aka Safe Haven or Newborn Abandonment Law)⁴⁹

- In California, the parent or lawful guardian of a newborn, within 72 hours of birth, may bring the newborn to a safe surrender site anonymously, without fear of prosecution⁵⁰.
- The identity of the person surrendering the child will remain confidential.
- The person who surrendered the child has 14 days to reclaim the child if they change their mind.
- Safe surrender sites include hospital emergency rooms, fire stations, or other locations designated with a posted blue Safe Surrender sign.
- The child will eventually be given to child protective services for placement in a foster home if not reclaimed within the 14 days.
- For more information on Safe Surrender, please see www.babysafe.ca.gov

Overview

- All of these options can be difficult choices to make.
- The person will make the best decision by being honest with themselves and remain true to their own values and beliefs.
- All feelings should be taken into consideration, including how this pregnancy would affect the parent's and the child's life now and in the future.
- The choice is entirely up to the person who is pregnant, but encourage talking with parents, partner, a professional, or a friend for advice.

Statistics to share with class:⁵¹

- In 2011, 5% of teens age 15-19 in the U.S. became pregnant (over 550,000 in total)
 - 60% of those pregnancies resulted in a live birth (parenting, adoption, or Safe Surrender)
 - Less than 1% of teens who gave birth chose adoption
 - The rate of teens who chose Safe Surrender is unknown, but statistically insignificant
 - 26% of those pregnancies were ended with an abortion
 - An estimated 14% of those pregnancies ended unexpectedly in a miscarriage

⁴⁹ California Department of Social Services. Safe Surrender Fact Sheet.
<http://www.babysafe.ca.gov/res/pdf/SSBFactSheet.pdf>

⁵⁰ Ibid.

⁵¹ Kost, K. & Maddow-Zimet, I. (2016). U.S. teenage pregnancies, births and abortions, 2011: National trends by age, race and ethnicity. Guttmacher Institute, Retrieved from <http://www.guttmacher.org/report/us-teen-pregnancy-trends-2011>
 Teen Talk Middle School, 2019

Session 6 Wrap-Up

Objectives: To review the topics covered during the seventh session and address any questions that may have come up.

1. Remind students to write down their questions for the Question Box, if they haven't already.
2. Ask the class:
 - Can you name the four legal pregnancy options?
 - What is one thing you learned?
 - What is one thing you learned about your values about the options available to a pregnant person?
 - How can you be supportive of other people's values about these options?
3. Explain what you'll be covering during the next session.
 - In the next session, we will answer your questions that you put in the Question Box in a few minutes.
 - We will also discuss signs of healthy or unhealthy relationships and how to deal with those situations.
4. Collect the Question Box questions.

Session 7: Sexually Transmitted Infections

Goals

- Understand what an STI is, including HIV/AIDS
- Identify what makes a STI curable or treatable
- Identify places to receive STI testing and treatment
- Discuss ways to support people who have an STI, including HIV/AIDS
- Increase the likelihood of condom use when a person decides to have sex

Objectives

At the end of this session, students will be able to:

- Name 3 STIs.
- Describe 1 cause, mode of transmission, symptom and long-term effect of STIs.
- List 2 ways a person can prevent and protect themselves from STIs.
- Demonstrate the correct steps to use a condom.

Why Is This Important?

Teens have the highest rates of STIs among all age groups, with 15-24 year olds accounting for 50% of all new STI cases⁵². To address this rate of transmission, define the known STIs, the health outcomes of each STI, typical signs and symptoms (including NO symptoms), and the most effective ways to prevent them. You will notice that we have not included pictures of physical signs of STIs as part of the content in this session. That is intentional. The most common sign of an STI is no signs or symptoms at all. In addition, research studies have demonstrated that scare tactics (e.g., showing graphic photos of infected body parts) can be counterproductive – in fact discouraging individuals from getting tested or communicating with their partner.⁵³

Although teens may know where to obtain condoms, knowing how to properly use a condom through a hands-on demo affords students the practice with the specific steps required for proper condom usage. Be sure to reiterate that, while condoms are highly effective when used correctly (Session 6 on birth control methods), they do not provide guaranteed protection from STIs. As such, it is important that teens who have sex also recognize the importance of getting tested regularly for STIs, make sure their partner is tested, and that there is communication between partners about preventing the spread of STIs.

During this lesson, it is critical to communicate that having an STI does not make someone a bad person and isn't an immediate indication of someone's character in order to reduce the negative stigma around STIs, particularly HIV. There have been significant advancements in the treatment and prevention of HIV over the last 30 years and students will learn that along with not having sex, reducing the number of sexual partners they have, and engaging in monogamous relationships (such as marriage), there are new medications like PrEP and PEP that can also significantly reduce a person's chance of contracting HIV. If a person is living with HIV, antiretroviral therapy (ART) can treat the infection and help prevent transmission of the virus to others.

If you feel need more background information on STIs and HIV/AIDS to answer students' questions, please see the CDC website (www.cdc.gov/std) or the STI Control Branch website (www.std.ca.gov).

⁵² Centers for Disease Control and Prevention. (2016). Sexual Risk Behaviors: HIV, STD, & Teen Pregnancy Prevention. Retrieved from <http://www.cdc.gov/healthyyouth/sexualbehaviors/>

⁵³ Centers for Disease Control and Prevention. (2016). Condom Effectiveness. Retrieved from <http://www.cdc.gov/condomeffectiveness/>

Materials Needed

- Anonymous Question Box
- Scratch paper cut into 2" x 2" pieces, one for each student
- A writing surface (e.g., white board, Smartboard)
- Projection technology (laptop/projector or SmartBoard)
- Copies of STI Information Sheet, one for each student
- Copies of Quick Facts About HIV/AIDS, one for each student

STI Prezi

- Accompanying digital materials, STI Prezi
- Copies of STI Prezi Notes worksheet, one for each student

Condom Demonstration

- Condom Training models, one for each student
- Condoms (e.g., lubricated and a few non-latex material condoms), one for each student

Internal Condom Demonstration

- Pelvic model, one for instructor
- Internal condom, one for instructor

Preparation

- Screen Anonymous Question Box questions from the previous session and prepare responses.
- Read through STI information Sheet and Quick Facts About HIV/AIDS

STI Prezi

- Go through STI Prezi and lecture notes prior to showing to class
- Photocopy STI Prezi Notes worksheet, one for each student

Condom Demonstration Activity

- Order class set of condom training models (can be purchased at American 3B Scientific: www.a3bs.com). It is ideal to have anatomically correct condom training models. Zucchini, bananas, or even test tubes can also be used as a substitute.
- Purchase or inquire with county Public Health Department for free condoms, one condom for each student.

Internal Condom Demonstration Activity

- Obtain female pelvic model from local clinic or Public Health Department. Female pelvic model can be purchased at American 3B Scientific: www.a3bs.com (search female condom training model). It is ideal to have anatomically correct condom training models.
- Purchase over the counter or inquire with county Public Health Department for free internal condoms.
 Note to Instructor: FC2 (the company that makes internal condoms) is moving to a prescription only model. This means that internal condoms will still be available at certain clinics and Health Departments, but not over the counter at pharmacies.

Total Instruction Time

Minimum: 85 min.

Maximum: 105 min.

Activity and Time Needed

Anonymous Question Box: 5 min.

Session 4 Review: 5 min.

STI Information Sheet: 5-10 min.

Quick Facts About HIV/AIDS: 10 min.

STI Prezi: 40-50 min.

Condom Demonstrations: 15-20 min.

Session 5 Wrap-Up: 5 min

Additional Activities

STI Brainstorm: 25 min.

STI Clues: Who am I?: 10-15 min.

Condom Steps Game: 10-20 min.

Activity 7.1: Anonymous Question Box

Objectives: To provide students with an outlet to ask questions about sexual health and sexuality if they are not comfortable asking their question during the session.

1. Hand out Question Box scratch paper to each student at the beginning of the session. Let students know that you are providing scratch paper at the beginning of class so that they can write down any questions they have during the session.
2. Select 4-5 questions to answer during the first 5 minutes of class, however the goal is to answer all questions submitted to the Question Box by the end of the course.
3. Use the following guidelines for answering questions:
 - **Pre-screen:** Read through all of the questions before you answer them. This allows you to remove personal questions or questions with names in them. You don't want to be caught off guard. Prescreening also gives you an opportunity to rephrase questions, if necessary, and do any research required to answer the question in full. It also allows you to pre-select questions as a way to introduce or supplement a topic and to control when issues get covered.
 - **Rephrase:** If a question uses discriminatory or offensive language, rephrase it to address the issue in a more respectful way. If a question uses slang, try to reword it using scientific terms. If a question gives so many details that it might breach the anonymity agreement, leave out those details.
 - **Redirect:** Address *every* question in some way. Do your best to give a full, unbiased answer. Never miss an opportunity to remind students how diseases are spread, ways to avoid pregnancy, and that people always have to ask permission to touch or do something sexual with someone.
 - **Be Real:** If you don't know the answer to a question, simply say so. You lose credibility if you make up information or only tell half the story. Acknowledge that you cannot completely understand what it's like to be a pre-teen today. Instead of trying to be "cool," ask students for more information about specific slang and issues that they face. If a question is about a situation that would require reporting to CPS, tell the students that they have the right to report that behavior to you or another trusted adult. Remind them that you are there to help protect them and that no one should have to deal with that situation alone.
 - **Be Inclusive:** Use nonjudgmental language. Answer questions as if you know there is at least one student who: never plans to have kids; never plans to get married; is LGBTQ+; doesn't know their biological parents; is sexually active; has been raped or sexually assaulted, etc. Be aware of your verbal and nonverbal reactions to questions like laughing, shaking your head, or saying "You're too young to ask that." You could be communicating powerful judgments and assumptions. Instead of belittling questions, try to affirm and legitimize the questions. You can say, "Many people ask this question," or "This is an important question."

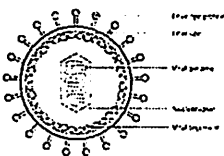

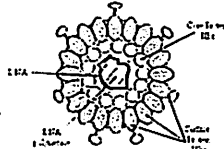
Activity 7.2: STI Information Sheet

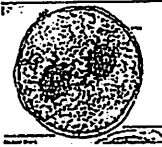

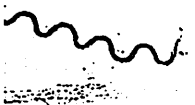
Objectives: To identify what an STI is, mode of transmission, symptoms, and long-term effects of STIs. Identify ways to protect self from STIs, including HIV/AIDS.




1. Explain to the class that each student will receive a copy the Sexually Transmitted Infections (STIs) Information sheet. This information sheet highlights the most common STIs that can be passed person to person through specific modes of transmission. The information sheet also describes signs and symptoms a person may experience if they have been exposed to a particular STI. Highlighted on this information sheet are also descriptions of how a person can best protect themselves against STIs.
2. Pass STI Information sheet out to all students to keep for reference. Instruct students to read through the information sheet for 5 minutes.
3. Ask students:
 - What does it mean when an STI is classified as viral? As bacterial?
 - What is the difference between a sign and a symptom of an infection?
 - What are some important facts about all STIs?
4. Remind students that the STI Information Sheet can serve as reference for the STI Prezi or for future use. All medical info for this resource comes from: www.cdc.gov/std/.

Sexually Transmitted Infections

**Important Facts: STIs may have NO signs or NO symptoms.
Being infected with one STI may increase the risk of HIV or other STIs.**

	STI	Route of Transmission	Signs (Can be seen) Symptoms (Can be felt)	Ways to Stay Protected
Viral STIs—Not Curable but Treatable and Preventable	Genital Herpes 	HSV-1 & HSV-2: Possible to get from contact during vaginal, anal, oral sex or skin-to-skin contact	-No Symptoms -Genital blisters -Flu-like symptoms -Painful urination	-Not having sex -Using an external or internal condom or dental dam every <i>time</i> during vaginal, anal, or oral sex -Getting tested Note: -Condoms do not cover all areas where the virus can live -May increase risk of HIV infection
	HPV Human Papilloma Virus 	Unprotected contact during vaginal, oral, anal sex or skin-to-skin contact Contact with infected genital skin, mucous membranes, or bodily fluids	-No Symptoms -Genital warts -Can lead to cervical cancer in females -Linked to oral, anal, and penile cancers	-Not having sex -Using an external or internal condom or dental dam every <i>time</i> during vaginal, anal, or oral sex -Getting vaccinated (ages 9-45) to prevent genital warts and lower the risk of HPV related cancers Note: -Condoms do not cover all areas where the virus can live
	Hepatitis B 	Exposure to infected blood or body fluids Vaginal, anal, or oral sex Blood transfusions (very rare), sharing needles, childbirth	-Abdominal pain -Dark urine -Yellowing of the skin and eyeballs	-Not having sex -Using an external or internal condom or dental dam every <i>time</i> during vaginal, anal, or oral sex -Getting vaccinated -No IV drug use -Sterile technique when using steroids, getting tattoos or piercings

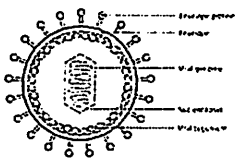

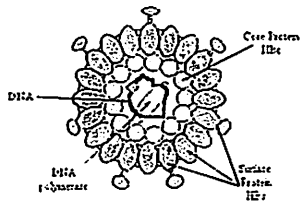
STI	Route of Transmission	Signs (Can be seen) Symptoms (Can be felt)	Ways to Stay Protected
Chlamydia 	Genital contact through vaginal, anal, or oral sex Can be passed from mother to child	-No Symptoms -Burning sensation during urination -Yellow/green discharge from the penis or vagina -Pain in the lower abdomen -Pain in the testicles -Pain in the vagina during intercourse	-Not having sex -Using an external or internal condom or dental dam every time during vaginal, anal, or oral sex -Getting tested Note: -Can cause Pelvic Inflammatory Disease and lead to infertility
Gonorrhea 	Tends to infect warm and moist areas such as the urethra, eyes, throat, vagina, anus, and the female reproductive tract Unprotected vaginal, anal, or oral sex Can be passed from mother to child	-No Symptoms -Greater urgency of urination -Pus-like discharge or drip from the penis (white, yellow, beige, or greenish) -Swelling or redness at the opening of the penis -Swelling or pain in the testicles -Persistent sore throat -Pain in lower abdomen	-Not having sex -Using an external or internal condom or dental dam every time during vaginal, anal, or oral sex -Getting tested Note: -Can cause Pelvic Inflammatory Disease and lead to infertility -Can be transmitted from a mother to a child
Syphilis 	Unprotected vaginal, anal, or oral sex Direct contact with infected sores on or in mouth, genitals, and anus	-Has a phase of no symptoms -Chancre sores can appear on the penis or vagina -Swollen lymph nodes -Body rash may occur in the advanced stages -Open sores on mucous membranes -If left untreated, it can cause damage to nervous system, heart disease, brain damage, and death	-Not having sex -Using an external or internal condom or dental dam every time during vaginal, anal, or oral sex -Getting tested to see if syphilis is in latent (hidden) phase

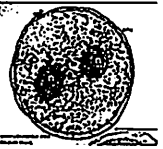

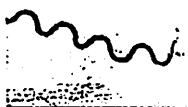
	STIs	Route of Transmission	Signs (Can be seen) Symptoms (Can be felt)	Ways to Stay Protected
Other STIs—Curable with Medication	Trichomoniasis 	Unprotected vaginal, anal, or oral sex	<ul style="list-style-type: none"> -No Symptoms -Itching inside the penis -Burning after urination or ejaculation -Penile discharge -Itching or redness of the vaginal area -Uncomfortable urination (females) -Vaginal discharge -Vaginal odor 	<ul style="list-style-type: none"> -Not having sex -Using an external or internal condom or dental dam every time during vaginal, anal, or oral sex -Getting tested <p>Note: -May increase risk of HIV infection by 2 to 4 times</p>
	Pubic Lice (Crabs) 	Vaginal, anal, or oral sex, or close genital contact Can also be passed in sheets, towels, and clothes	<ul style="list-style-type: none"> -Itching around genitals Sometimes eggs or lice can be seen on pubic hair	<ul style="list-style-type: none"> -Not having sex -Using an external or internal condom or dental dam every time during vaginal, anal, or oral sex -Getting checked by a doctor
Viral STIs—Not Curable but Treatable and Preventable	HIV Human Immuno-deficiency Virus 	<p>Fluids: Blood, semen, pre-ejaculatory fluid, vaginal fluid, rectal fluid, breast milk</p> <p>Highest Risk: Receptive unprotected anal sex, sharing needles</p> <p>High Risk: Receptive unprotected vaginal sex, oral sex with ejaculate or menstrual blood</p> <p>Moderate Risk: Unprotected oral sex with no ejaculate or menstrual blood</p> <p>Lower Risk: Protected oral sex on anus, mutual masturbation if there are no cuts on the hand</p>	<ul style="list-style-type: none"> -A lowered immune system can make someone susceptible to frequent illness or infection -Many people with HIV have no symptoms until they progress to having AIDS -Flu-like symptoms (fever, headache, sore throat, swollen lymph nodes) -Open sores in mouth -Can develop into AIDS 	<ul style="list-style-type: none"> -Not having sex -Using an external or internal condom or dental dam every time during vaginal, anal, or oral sex -Getting tested -Being monogamous or reducing number of sexual partners -No IV drug use or sharing of needles or other equipment -Sterile technique when using steroids, getting tattoos or piercings -Prevent or decrease risk of contracting HIV through the use of medication: Pre-Exposure Prophylaxis (PrEP) or Post-Exposure Prophylaxis (PEP) <p>Note: -All people are at some risk of contracting HIV and the only way to know is to GET TESTED -People with HIV can have a normal life expectancy and reduce the risk of transmitting HIV to others by taking antiretroviral medications (ART).</p>




Infecciones Transmitidas Sexualmente (ITS)

Importante: Las ITS muchas veces NO tienen síntomas.

Estar infectado con una ITS puede aumentar el riesgo de VIH u otras ITS.

ITS Virales—No son Curables Pero Sí son Evitables	ITS	Cómo Se Transmite	Signos (algo que se ve) Síntomas (algo que se siente)	Cómo Se Puede Prevenir
	Genital Herpes 	HSV-1 & HSV-2: Posibilidad de contraer durante el sexo vaginal, sexo anal, sexo oral o contacto de piel con piel de las partes genitales	-Ningún Síntoma -Ampollas genitales -Síntomas de la gripa -Dolor al orinar	-No tener relaciones sexuales -Usar un condón (tradicional o interno) o una barrera bucal cada vez que tenga sexo vaginal, anal, oral -Hacerse una prueba de ITS Nota: -Los condones no protegen todas las áreas donde el virus puede vivir -Puede aumentar el riesgo de una infección VIH
	VPH Virus del Papiloma Humano 	Contacto no protegido durante sexo vaginal, oral, anal o contacto de piel con piel Contacto con la piel infectada genital, las membranas mucosas o fluidos corporales	-Ningún Síntoma -El VPH puede causar cáncer de cuello uterino en las mujeres -Verrugas sobre los genitales -Conectado a cánceres anales, orales y del pene	-No tener relaciones sexuales -Usar un condón (tradicional o interno) o una barrera bucal cada vez que tenga sexo vaginal, anal, oral -Personas (edades 9-45) pueden vacunarse para prevenir las verrugas genitales y disminuir el riesgo de cánceres del VPH Nota: -Los condones no cubren todas las áreas donde el virus puede vivir
	Hepatitis B 	La exposición a sangre o fluidos con sangre infectado Sexo oral, sexo vaginal, sexo anal Transfusiones de sangre (muy poco frecuente), agujas compartidas, parto	-Dolor abdominal -Orina de color oscura -Coloración amarillenta de la piel u ojos	-No tener relaciones sexuales -Usar un condón (tradicional o interno) o una barrera bucal cada vez que tenga sexo vaginal, anal, oral -Vacunarse -Usar agujas estériles para esteroides, tatuajes y perforaciones

ITS Bacteriales—Curables con antibióticos	ITS	Como se Transmite	Signos (algo que se ve) Síntomas (algo que se siente)	Cómo Se Puede Prevenir
	Clamidia 	Contacto sexual por sexo oral, sexo vaginal o sexo anal	-Ningún Síntoma -Secreción amarilla o verde del pene o de la vagina -Picazón o dolor al orinar -Dolor abdominal -Dolor en los testículos -Para las mujeres, dolor a tener relaciones sexuales	-No tener relaciones sexuales -Usar un condón (tradicional o interno) o una barrera bucal cada vez que tenga sexo vaginal, anal, oral -Hacerse una prueba de ITS Nota: -Se puede pasar de una madre a un bebe -Puede causar una enfermedad inflamatoria pélvica y esterilidad en los hombres y las mujeres
	Gonorrea 	Sexo oral, sexo vaginal, sexo anal sin protección	-Ningún Síntoma -Urgencia de orinar - Secreción o goteo del pene (blanco, amarillo, beige, o verdoso) -Inflamación en la apertura del pene -Dolor o inflamación en los testículos -Dolor de la garganta -Dolor abdominal	-No tener relaciones sexuales -Usar un condón (tradicional o interno) o una barrera bucal cada vez que tenga sexo vaginal, anal, oral -Hacerse una prueba de ITS Nota: -Puede causar una enfermedad inflamatoria pélvica y esterilidad en los hombres y las mujeres -Se puede pasar de una madre a un bebe
	Sífilis 	Sexo oral, sexo vaginal, sexo anal sin protección Contacto directo con llagas infectadas en la boca, o en los genitales o ano	-Tiene una fase sin síntomas -Puede causar daños al sistema nerviosa, enfermedades del corazón, daño al cerebral, y muerte -Problemas graves si se pasa a un bebé durante el parto -Llagas pueden aparecer en el pene o la vagina - Ganglios linfáticos se pueden hinchar -Alergia en la piel	-No tener relaciones sexuales -Usar un condón (tradicional o interno) o una barrera bucal cada vez que tenga sexo vaginal, anal, oral -Hacerse una prueba de ITS para comprobar si la sífilis se encuentra en la fase latente (escondida)

	ITS	Cómo se Transmite	Signos (algo que se ve) Síntomas (algo que se siente)	Cómo Se Puede Prevenir
Otras ITS—Curable con Medicamentos	Tricomoniasis 	Sexo oral, sexo vaginal o sexo anal sin protección	<ul style="list-style-type: none"> -Picazón dentro del pene -Picazón o dolor al orinar o eyacular -Picazón en la vagina -Secreción del pene -Secreción anormal de la vagina -Mal olor en la vagina 	<ul style="list-style-type: none"> -No tener relaciones sexuales -Usar un condón (tradicional o interno) o una barrera bucal cada vez que tenga sexo vaginal, anal, oral -Hacerse una revisión médica <p>Nota: -Pueda aumentar el riesgo de infección de VIH por 2 a 4 veces</p>
	Ladillas 	Sexo oral, sexo vaginal, sexo anal y contacto cerca de los genitales También se puede transmitir en las sábanas, toallas y ropa	<ul style="list-style-type: none"> -Comezón alrededor de los partes privadas -A veces los huevos o las ladillas se pueden ver en el vello púbico 	<ul style="list-style-type: none"> -No tener relaciones sexuales -Usar un condón (tradicional o interno) o una barrera bucal cada vez que tenga sexo vaginal, anal, oral -Hacerse una revisión médica
ITS Virales—No son Curables Pero Si Son Evitables	VIH Virus de Inmunodeficiencia Humana 	Fluidos: Sangre, fluido pre-eyaculatorio, semen, fluidos vaginales, fluido rectal, leche materna Mayor Riesgo: Sexo anal receptivo sin protección, compartiendo agujas Alto Riesgo: Sexo vaginal receptivo sin protección, sexo oral con eyaculación o sangre menstrual Moderado Riesgo: El sexo oral sin protección sin eyaculación o sangre menstrual Mínimo Riesgo: Protegida sexo oral del ano, la masturbación mutua, si no hay cortadas en la mano	<ul style="list-style-type: none"> -Sistema inmunológico puede hacerse más susceptible a infecciones frecuentes -Muchas personas que tiene SIDA no presentan síntomas hasta que la SIDA está avanzado -Síntomas de la gripa (fiebre, dolor de cabeza, dolor de garganta, ganglios linfáticos inflamados) -Fuegos en la boca -Puede progresar a la SIDA 	<ul style="list-style-type: none"> -No tener relaciones sexuales -Use un condón (tradicional o interno) o una barrera bucal cada vez que tenga sexo vaginal, anal, oral -Hacerse una prueba de ITS -Ser monógamos o reducir el número de parejas sexuales -No usar drogas intravenosas ni compartir agujas u otro equipo -Usar agujas estériles para esteroides, tatuajes y perforaciones <p>Nota: -Todas las personas corren algún riesgo de contraer el VIH y la única manera de saber es hacerse la prueba del VIH -Prevenir o disminuir el riesgo de contraer o transmitir el VIH a través del uso de la medicación Profilaxis Pre Exposición (PrEP) o Profilaxis Post Exposición (PEP) -Las personas con VIH pueden tener una expectativa de vida normal si el virus es detectado temprano y continúan tomando medicina antiretroviral (ART)</p>

Activity 7.3: Quick Facts About HIV/AIDS

Objectives: To help students learn what HIV/AIDS is, how it can be transmitted and prevented, the symptoms of HIV, and the importance of getting tested. Emphasize the importance of showing respect to people living with HIV.

1. Ask the class to raise their hands if they've heard of HIV/AIDS. Ask for a few volunteers to explain some things they have heard about this disease.
2. On the whiteboard, write HIV and AIDS as shown below. Have different students raise their hand to tell you what each letter stands for and write down the correct answers (spell out what HIV/AIDS means). Explain the differences between the stages. Explain that HIV+ means that a person has been infected with HIV and that two HIV tests – a preliminary test and a confirmatory test have both come back positive.

H	A
I	I
V	D
	S

3. Pass out the Quick Facts About HIV/AIDS handout to all students to keep for reference.
4. Ask for volunteers to read aloud the definitions of HIV and AIDS. Explain further as needed.
5. Ask the class if anyone knows any body fluids that can pass HIV. Write on the whiteboard the bodily fluids that can transmit HIV: blood, pre-ejaculatory fluid, semen, vaginal fluid, rectal fluid, and breast milk. Give specific examples of how these body fluids can be passed from person to person.
6. Review the ways that HIV can and cannot be transmitted based on the fluids in the center box. Give some examples of how these fluids may be shared between bodies.
7. Ask for volunteers to share ways to prevent HIV. Emphasize that not having sex and not using intravenous drugs (e.g. needles, injection equipment) are the only certain ways to prevent contracting HIV. A person who is HIV+ can take antiretroviral therapy (ART) to treat HIV infections, live a longer, healthier life, and help prevent transmitting the virus to other people.
8. Explain the medications used to treat and prevent HIV:
 - **Pre-Exposure Prophylaxis (PrEP)** lowers the chance of contracting HIV if there is a high risk of being exposed to the virus. This can be used, for example, if a person who is HIV-negative is in an on-going relationship with someone who is HIV-positive.
 - **Post-Exposure Prophylaxis (PEP)** may be prescribed after a person who is HIV-negative was possibly exposed to HIV. This means a person will be taking antiretroviral medicines after, for example, being pricked by a needle used on a patient with HIV.
 - **Antiretroviral therapy (ART)** is used to treat HIV infections and help prevent transmitting the virus to other people. It is very important that a person who is HIV-positive takes their medication and visits a healthcare provider regularly to live a longer, healthier life.
9. Review ways to support someone living with HIV. Ask students if they can think of any other ways.
10. Point out the resources at the bottom of the worksheet, and remind students to keep this handout as a reference.

Quick Facts About HIV/AIDS⁵⁴

Human Immunodeficiency Virus

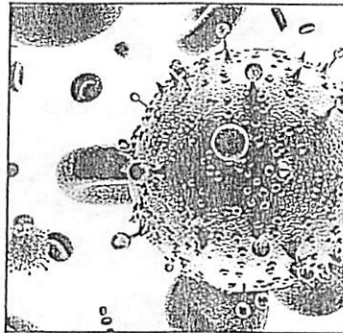
A virus that attacks the cells in the immune system. The immune system usually keeps the body strong and fights off colds, the flu, etc. When someone has HIV, their immune system gets weak and it is harder to fight off illnesses.

Acquired Immune Deficiency Syndrome

When someone with HIV starts to get sick and their immune system is very weak, a doctor may diagnose them with AIDS. Now we have many drugs to treat this disease and, with proper treatment, people with HIV can have a normal life expectancy. There is still no cure, but hopefully scientists will come up with a cure someday soon!

Ways HIV is Transmitted

- Unprotected vaginal, anal, or oral sex with someone who has HIV
- Sharing injection equipment or needles with someone who has HIV
- Pregnancy, childbirth, and breastfeeding (mother to baby)



Ways HIV is not Transmitted

- Kissing, hugging, shaking hands
- Sharing a drink
- Using a public bathroom
- Mosquito or insect bites
- Donating blood
- Being friends with someone who is living with HIV

Fluids that Transmit HIV

Blood

Semen

Pre-Ejaculate

Vaginal Fluid

Rectal Fluid

Breastmilk

How to Prevent HIV Transmission

- Not having sex
- Not using injection drugs
- Using a condom or dental dam when having sex
- Limiting the number of sexual partners
- Getting tested regularly
- Taking medication as prescribed:
 - If a person is HIV-negative
 - PrEP (pre-exposure prophylaxis) used by people who are at a higher risk of contracting HIV
 - PEP (post-exposure prophylaxis) used by people who were recently exposed to HIV
 - If a person is HIV-positive
 - ART (antiretroviral therapy) used to treat HIV and prevent transmitting the virus to others

These two are the only certain ways to prevent HIV

How to Support Someone Living with HIV

- Treat them with respect and dignity
- Include them in activities
- Listen to them
- Remind them to take their medication
- Go to their appointments with them
- Participate in an HIV/AIDS walk to fundraise for HIV/AIDS research

Resources

- HIV Information for Teens (by MTV) www.gynow.org
- Find local HIV Testing Sites & Care Services www.locator.hiv.gov
- Find a local PrEP Provider www.pleaseprepmo.org

Hechos Rápidos sobre el VIH/SIDA⁵⁵

Virus de Inmunodeficiencia Humana

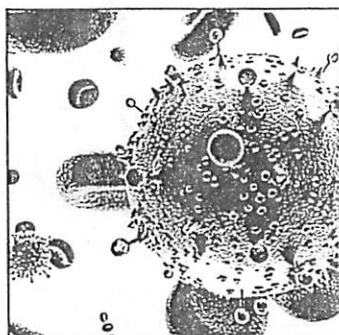
Un virus que ataca el sistema inmune. El sistema inmune normalmente mantiene el cuerpo fuerte y lucha contra la gripe y las infecciones. Cuando alguien tiene VIH, el sistema inmune se debilita y es difícil combatir enfermedades.

Síndrome de Inmuno-Deficiencia Adquirida

Cuando alguien con VIH comienza a enfermarse y el sistema inmune se debilita, un médico puede diagnosticarle con SIDA. Ahora tenemos medicamentos para tratar esta enfermedad y, con el tratamiento adecuado, las personas con VIH pueden tener una expectativa de vida normal. Todavía no existe cura, pero esperemos que los científicos encuentren cura muy pronto.

Como se transmite el VIH

- Sexo vaginal, anal u oral sin protección con alguien que tiene VIH
- Compartiendo equipo para inyectar o agujas con alguien que tiene VIH
- Embarazo, parto y lactancia (de mamá a bebé)



Como el VIH no se transmite

- Besarse, abrazarse, agarrarse de las manos
- Compartir una bebida
- Usar un baño público
- Picaduras de insectos
- Donar sangre
- Ser amigo de alguien con VIH

Fluidos que Transmiten el VIH

Sangre Semen Pre Eyaculado Fluido Vaginal Fluido Rectal Leche Materna

Como Prevenir la Transmisión del VIH

- No tener relaciones sexuales
- No usar drogas inyectables
- Usar un condón o una barrera bucal al tener relaciones sexuales
- Limitar el número de parejas sexuales
- Hacer la prueba regularmente
- Tomar los medicamentos recetados:
 - Si una persona es VIH negativa
 - PrEP (profilaxis pre-exposición)
Utilizado por personas con alto riesgo de contraer el VIH
 - PEP (profilaxis pos-exposición)
Utilizado por personas recientemente expuestas a VIH
 - Si una persona es VIH positiva
 - ART (terapia antiretroviral)
Se usa para tratar el VIH y prevenir la transmisión del virus a otros

Las únicas formas seguras de prevenir el VIH

Como apoyar a alguien que vive con VIH

- Tratarle con respeto y dignidad
- Incluirle en actividades
- Escucharle
- Recordarle que tome sus medicamentos
- Ir a citas médicas con ellos
- Participar en una carrera para recaudar fondos para investigación sobre VIH/SIDA

Recursos

- VIH Información para Adolescentes (de MTV) www.gytnow.org
- Encuentra sitios locales de pruebas VIH y servicios de salud www.locator.hiv.gov
- Encuentra un proveedor local de PrEP www.pleaseprepme.org

Activity 7.4: STI Prezi

Objectives: Identify curable and incurable/treatable STIs. Identify ways to prevent STI transmission. Establish compassion for people living with HIV.

1. Introduce today's session by explaining to the class that if someone chooses to have sex, there can be potential risks involved. We will be discussing different infections that can be passed person to person through sex, but more specifically through certain bodily fluids.
2. Explain that you will go through a Prezi to discuss what common STIs a person can get, how a person can protect themselves against these infections and where a person can get resources if they need sexual health services. A Prezi is a computer program that details information in a more interactive way than a PowerPoint. The information will move around as we learn more specific details about certain topics.
3. Pass out the STI Prezi Notes handout to each student and go through the worksheet with students as you talk through the STI Prezi.

Slide: Sexually Transmitted Infections (# 1)

- The terms STD and STI are often used interchangeably. An infection means simply that an individual has an infection, but that it has not yet developed into a disease. An infection is often the first step of a disease and occurs when either bacteria, viruses or microbes enter the body and start multiplying. It may not be causing any signs or symptoms. A disease is an infection that is actually causing symptoms.
- The use of STI is becoming more popular because the term "infection" has less negative connotations than the word "disease." When people think of a disease they often think of something you have forever, when in reality many STIs are curable, and all are treatable.

Slide: STI Basics

- While it is possible to contract an STI through sharing needles, blood transfusions, etc. the main way that they are passed is through oral, vaginal, and anal sex. STIs are NOT passed by sharing a bathroom or a drink with someone who has an STI or being around a person who has an STI.
- There are over 25 infections that are contracted primarily through sexual activity. This Prezi will only focus on 9 of the most common ones. These can be divided into two categories: curable or treatable.
- There are several steps that teens can take to greatly lower their chances of getting an STI, however not having sex is the best way.

Slide: Curable STIs (#2)

- Chlamydia, Gonorrhea and Syphilis are caused by bacteria, so they can be cured with antibiotics which can be obtained from a medical provider.
- Trichomoniasis is caused by a protozoan. It is also cured using an antibiotic which can also be obtained from a medical provider.
- Pubic Lice is a type of parasitic insect. It is cured using an insecticide which you can purchase over the counter (Nix or RID). If a stronger medication is needed, you can get a prescription from a medical provider.
- ALL STIs can make you more likely to contract HIV, because they can create openings in the body like sores, break in the skin or rashes.

Slide: Chlamydia (#3)

- Chlamydia is caused by bacteria that can create scarring inside the sexual and reproductive body parts.
 - Someone who has been diagnosed with Chlamydia several times or who has had an undiagnosed case for a long period of time might have built up enough scar tissue to prevent sperm from moving through the vas deferens, an egg from moving through the fallopian tubes, or a fertilized egg from implanting in the uterus.
 - Chlamydia is a leading cause of infertility.
- Chlamydia often shows no symptoms and is a very common curable STI, especially among young females.
- Tests for chlamydia can involve a urine specimen, a vaginal specimen, cervical specimen or anal swab if trying to detect rectal chlamydia.
- Results for the test are variable but may be a few days to 7-14 days.

Slide: Trichomoniasis

- This is the most common curable STI.
 - 3.7 million people are estimated to be infected, but only 30% experience any symptoms.
 - Is caused by protozoa, but curable with certain antibiotics.
- Can be asymptomatic for male and female.
 - For females, common symptoms may include unusual vaginal discharge or vaginal odor.
 - For males, can be painful urination or urethral discharge.

Slide: Gonorrhea

- A bacterial infection that is most commonly found among young people (age 15-29).
- Tests for gonorrhea can involve a urine specimen, a vaginal swab, a pharyngeal swab if trying to detect gonorrhea in the throat, or anal swab if trying to detect rectal gonorrhea.
- Gonorrhea and Chlamydia are both tested for using urine, so most clinics will automatically test for both of these STIs if a urine sample is given.

Slide: Syphilis

- A bacterial infection that can be cured by antibiotics in its primary, secondary, and late stages.
 - If this infection goes untreated for many years, it can develop into late stage syphilis and may cause permanent damage to the heart, brain, or other body systems. Damage to the brain and the eye can occur during any stage of syphilis.
- Congenital Syphilis can also be passed from a pregnant person to their unborn baby.
- Syphilis is detected using a blood test.

Slide: Pubic Lice

- Parasites that infest the pubic hair and cause intense itchiness.
- Shaving is not proven to remove Pubic Lice because the parasites can move to other hair on the body including underarm hair, facial hair, and eyelashes. They can also lay eggs just below the skin in the hair follicle. A medicated shampoo is used to kill all Pubic Lice and their eggs.
 - All clothes, bedding, and towels that may have been exposed to the Pubic Lice need to be washed and dried at a high temperature at the same time as the person is being treated.

Slide: Treatable STIs

- All of the STIs listed on this page are caused by viruses. Since viruses do not have cells and are not alive, they cannot technically be killed or cured.
 - However, these viruses can be treated. Treatments for viral STIs help to suppress the virus so that it doesn't spread so quickly or as often.

- ALL sexually transmitted infections can make you more likely to contract HIV because they can create openings in the body through which HIV-infected fluid can pass.

Slide: Hepatitis B

- All types of Hepatitis can cause inflammation of the liver.
- Hep B is classified as an STI because it is primarily passed through fluids mixing during unprotected sex.

Slide: Human Papilloma Virus (HPV) (#4)

- This is the most common infection of all STIs. In fact, most people will contract HPV at some point in their lives. There are over 100 different strands of the HPV virus.
- It is primarily transmitted through skin-to-skin contact.
 - This means it may be passed even if a condom is used because condoms do not cover the entire genital area.
- Some strains of HPV can cause genital warts to form.
 - These can be detected by a visual exam. This means a medical provider will simply look at the sore, bump, or wart and will be able to tell if it is caused by HPV.
- Some strains of HPV can cause cancer of the cervix, vagina, vulva, anus, penis, or throat depending on the area of exposure.
 - Medical providers recommend all female-bodies receive Pap tests every 3 years once they turn 21. A Pap test is done using a speculum to widen the vagina, then taking a swab of the cervix to get a sample of cells. The cells are then tested in a lab to determine if they are cancerous or precancerous. There is no HPV test available for bodies without a cervix.
- A vaccine is available to protect against 9 of the most dangerous strains of HPV. It is recommended that people of all genders between ages 9-45 receive this vaccine because it's the best prevention method.
 - It is a series of 2-3 injections over several months. You must receive all your shots to be protected.

Slide: Herpes (#5)

- Herpes is primarily transmitted through skin-to skin contact. Herpes is often asymptomatic, but it can even be transmitted when no blisters are present. The risk of transmission is much greater if a sore is present.
- This virus is not curable, meaning a person may have occasional outbreaks of painful blisters for the rest of their life.
 - HSV-1 is usually oral herpes. Many people have this strain of Herpes in their blood from a young age. It can be passed through intimate contact like kissing or oral sex, or through indirect contact like sharing drinks or chapstick. Many people refer to oral herpes as "cold sores." HSV-1 can be passed to the genital area through oral sex.
 - HSV-2 is usually genital herpes. This strain is typically passed through sexual contact, and can be passed even when a condom is used (e.g., condom doesn't cover all skin areas at risk for transmission and acquisition). It may cause blisters to form around the vulva, inner thighs, anus, penis, testicles, mouth or throat depending on the area of exposure.
- Medical providers can test for Herpes by a visual exam of present blisters, or a blood test for the virus.

Slide: HIV (#6)

- This virus attacks the immune system and kills off CD4+ cells that are a special type of white blood cells. This makes a person unable to fight off illnesses or heal when they become sick or injured.
 - A person does not die of HIV or AIDS; they may die of other illnesses like a cold or pneumonia because their immune system is too weak to heal their body.

- HIV can be tested for by blood, oral fluid or urine.⁵⁶
 - Most HIV tests (rapid tests and at-home tests) are looking for HIV antibodies.
 - The oral swab test means that a medical provider will take a swab of the skin cells on the inside of a person's cheek and test for the presence of HIV antibodies. This test can easily be done and test results are ready in 20 minutes.
 - An at-home test involves a person pricking their finger to collect a blood sample and sending it by mail to a licensed laboratory, then calling in anonymously as early as the next day for the results.
 - The blood test is more accurate; there are some tests that look for both HIV antibodies and antigens. Antigens are foreign substances that cause your immune system to activate test and is a part of the infection (phase between infection and developing HIV antibodies). Test results may take 2-6 weeks
 - A nucleic acid test (NAT) looks for the actual virus in the blood and not the antibodies. This is not routinely used for screening individuals unless they had a high-risk exposure or early HIV symptoms. Test results may take 7-28 days for a NAT to detect HIV. It's best to take this test with an antibody test if a negative result was found.

Slide: HIV and AIDS are Different (#7)

- A person can have HIV and be very healthy. Testing HIV+ simply means the virus is in your blood.
- A person is only diagnosed with AIDS when they actually start getting sick. This happens once the virus has killed off too many of their white blood cells and their immune system is very weak.
- Taking antiretroviral medications (ART) can dramatically prolong life expectancy of a person who is living with HIV. ART can help people with HIV live a longer and healthier life, and can help reduce the likelihood of HIV transmission to others. Like all medications, there may be side effects so it is important to discuss with a healthcare provider.

Slide: Only Six Body Fluids Can Pass HIV (#8)

- Blood, semen, vaginal fluid, breast milk, rectal fluid, pre-ejaculatory fluid.
 - These fluids are not exchanged through casual contact or even kissing someone with HIV.
 - HIV cannot be transmitted through saliva, tears or sweat that is not mixed with the blood of a person with HIV. There could be a slight risk of transmission by deep open mouth kissing (saliva with HIV+ blood) if both people have an open sore in their mouth.

Slide: Medications can lower the risk of contracting HIV

- There are also medications to reduce the risk of HIV infection before or after exposure to the virus (known as PrEP and PEP).
- Pre-exposure prophylaxis (PrEP) is a medication that a person who is HIV negative (HIV-) can take before potential exposure to the virus.
 - For example, an HIV- partner can take PrEP to lower their risk of contracting the virus through unprotected sex with their HIV+ partner.
 - People should continue to use condoms while on PrEP for more effective protection.
- Post-exposure prophylaxis (PEP) is a medication that a person who is HIV- can take soon after potential exposure to the virus.
 - For example, an HIV- partner can take PEP to lower their risk of contracting the virus through unprotected sex with their HIV+ partner (e.g. the condom broke).

Slide: Treat People with HIV the Way You Want to be Treated (#9)

- People with HIV/AIDS have an illness just like any other illness, such as cancer, heart disease, or the flu.
- Some people may treat those who are HIV+ badly because they are afraid of catching it, or because it can possibly be contracted through sexual activity.
 - Stress that people cannot get HIV from casual contact, sharing drinks, or even kissing.
- Brainstorm ways students could help people with HIV or AIDS, for example volunteering at an HIV/AIDS organization, sending a card, visiting patients in the hospital, etc.
 - Some organizations to recommend are: Avert (avert.org), AIDS United (aidsunited.org), Red (red.org), San Francisco Aids Foundation (sfaf.org)

Slide: HOW else can a person get an STI?

- Blood transfer – sharing drug needles, tattoo needles, and tattoo ink can pass HIV and Hepatitis. A person getting a tattoo should always make sure they are using a new or sterilized needle, ink and other equipment from a licensed person. Needle exchange programs offer new clean needles at no cost.
 - Any physical contact that involves blood is an activity that could pass HIV and Hepatitis.
 - Discuss universal precautions in handling another person's blood and bodily fluids, such as wearing gloves, having the injured person treat their own wounds, etc.
- Mother to baby – a person who is pregnant and HIV+ can take medication to reduce the risk of passing HIV to the baby during pregnancy and birth. A mother who is HIV+ would feed their child using formula instead of breastfeeding. Syphilis can also be passed from a person who is pregnant to their unborn baby; this is called Congenital Syphilis.

Slide: WHO can get an STI?

- STIs seek to infect any host body that allows it to enter. They do not discriminate or seek out certain types of people by gender, age, race or sexual orientation.
 - Some STIs affect certain groups more than others, but it is not intentional by the microbe.

Slide: CAN you have an STI and not know it? (#10)

- Yes – most STIs have no outward signs or symptoms.
- You can never know, even if you get tested, because some STIs have no tests and some STIs can take 6 weeks to show up on tests (like HIV and Herpes).
 - Pubic lice usually do have symptoms, but most other STIs do not.
- It is recommended to take a mirror and check yourself out when you are healthy so you know what your normal appearance and odor is. Knowing and being comfortable with your body can help you to be aware of signs of an infection.
 - Vaginas may have discharge daily, and the amount of discharge might vary throughout the menstrual cycle. If the smell, amount or color changes drastically, it should get checked.

Slide: SO...Get Checked by a Doctor/Provider! (#11)

- You can typically choose the gender of your doctor/provider.
- STI tests are usually urine tests as well as a visual check of your sexual parts.
 - STI tests could also involve a pelvic exam and/or Pap test for female bodies.
 - HIV and syphilis tests can be a blood draw, finger prick, or cheek swab.

Slide: WHAT can I do to protect myself from STIs?

- Not having sex (abstinence) is the best way to avoid contracting STIs. (#12)
- Using condoms correctly and consistently. (#13)
 - Remember, condoms (including internal condoms) do not cover all areas where STIs can occur.
- Communicate with your partner about sexual experiences and STI history. (#14)

- For example, maybe ask: Have you had sex before? Did you always use condoms? When was the last time you were tested? Etc.
- Maintain a healthy, committed relationship, such as marriage. Everyone involved should understand and respect the expectations of that relationship.
 - If both people are STI free they probably do not need to worry about STIs being passed between them. However, if one of the people in the relationship has sex with someone else, it could introduce an STI into the relationship.
- Do not have sex while under the influence of drugs or alcohol. This is not only illegal when a person is under 21, but can also put people at risk for sexual violence and unwanted health outcomes like STIs.
 - A person who is drunk or high cannot give consent, and may not use protection properly.

Slide: Remember...If you get an STI...

- They are very common. About 25% of all teens who have had sex will get an STI each year.
- It's important to follow the medical provider's instructions very carefully. If you don't finish the medication, you might not completely cure the STI.
- Your partner needs to get treated too! Otherwise they can give it to you again.

Slide: SO...Which clinics around here will give you a free STI test? (#15)

- Answers vary depending on location, but in California all Family PACT centers provide confidential STI testing.

STI Prezi Notes

Name _____ Period _____ Date _____

Directions: Fill in the worksheet following along with the STI Prezi.

1. STI = S _____ T _____ I _____
2. Curable STIs can be cured by _____ or _____.
3. Chlamydia can cause _____, which means being unable to get pregnant or get someone else pregnant.
4. Some types of HPV can cause _____ or _____.
5. Two types of Herpes: 1) _____ 2) _____
6. HIV attacks the _____ system and makes it _____.
7. When a person's immune system is extremely weak from HIV, they may have _____.
8. If someone has HIV, is their saliva safe? _____
9. Is it safe to hug or hang out with someone who is HIV+? _____
10. Who can get an STI? _____
11. Someone can have an STI and not know because many STIs don't have _____!
12. How often should sexually active teens get tested?

13. What's the best way to prevent getting or passing STIs? _____
14. How else can someone stay protected from STIs? _____
15. Everyone has the RIGHT to ask about their partner's _____.
16. Name two clinics where teens can get an STI test.

Notas de la Prezi sobre ITS

Nombre _____ Periodo _____ Fecha _____

Instrucciones: Llena la hoja mientras ves la presentación o Prezi sobre las ITS.

1. ITS = I _____ T _____ S _____
2. Las ITS son curables por _____ o _____.
3. Clamidia puede causar _____, lo que significa que alguien no puede embarazarse o embarazarse a alguien.
4. Algunos tipos del VPH pueden causar _____ o _____.
5. Dos tipos de Herpes: 1) _____ 2) _____
6. VIH ataca al sistema _____ y lo hace _____.
7. Cuando el sistema inmune de alguien es muy débil por VIH, puede ser que tiene _____
8. Si alguien tiene VIH, ¿está segura su saliva? _____
9. ¿Es seguro abrazar o pasar tiempo con alguien que es VIH+? _____
10. ¿Quién puede contraer una ITS? _____
11. Alguien puede tener una ITS y no saberlo, ¡porque muchas ITS no tienen _____!
12. ¿Con qué frecuencia debe chequearse un adolescente que es sexualmente activo?

13. ¿Cuál es la mejor forma de ni contraer ni transmitir una ITS? _____
14. ¿Cómo puede alguien protegerse de las ITS? _____
15. TODOS tienen el derecho de preguntar sobre _____ de su pareja.
16. Nombra dos clínicas donde alguien puede ir para una prueba de ITS.

STI Prezi Notes – ANSWER KEY

1. STI = Sexually Transmitted Infections

2. Curable STIs can be cured by antibiotics or insecticides.

3. Chlamydia can cause infertility, which means being unable to get pregnant or get someone else pregnant.

4. Some types of HPV can cause genital warts or cervical cancer.

5. Two types of Herpes: 1) oral herpes 2) genital herpes

6. HIV attacks the immune system and makes it weak.

7. When a person's immune system is extremely weak from HIV, they may have AIDS.

8. If someone has HIV, is their saliva safe? yes

9. Is it safe to hug or hang out with someone who is HIV+? yes

10. Who can get an STI? Anyone

11. Someone can have an STI and not know because many STIs don't have symptoms!

12. How often should sexually active teens get tested?


Every year Before every new sexual partner If something starts to look or feel different

13. What's the best way to prevent getting or passing STIs? Not having sex

14. How else can someone stay protected from STIs? Use condoms correctly every time

15. Everyone has the RIGHT to ask about their partner's past sexual experiences.

16. Name two clinics where teens can get an STI test.



Session 7 Wrap-Up

Objectives: To review the topics covered during the fifth session and address any questions that may have come up.

1. Remind students to write down their questions for the Question Box, if they haven't already.
2. Ask the class:
 - Can you name one bacterial STI and one viral STI?
 - Can you go through the steps on how to properly use a condom?
 - Where is one place a person can go to get tested for STIs?
 - How can a person and their partner protect yourselves from STIs?
3. Explain what you'll be covering during the next session.
 - In the next session, we will answer your questions that you put in the Question Box in a few minutes.
 - All methods of birth control and their effectiveness.
4. Collect the Question Box questions.

Session 8: Relationships



Goals

- Understand different forms of relationship abuse and their indicators
- Emphasize abusers' responsibility and avoid survivor-blaming
- Discuss resources to help teenagers seek help if they are in an unsafe relationship

Objectives

At the end of this session, students will be able to:

- Identify 2 signs of a healthy relationship.
- Identify 2 signs of an unhealthy relationship.
- Identify 2 ways they can support peers in abusive or violent relationships.

Why Is This Important?

This lesson helps students consider different behaviors in relationships and how to recognize unhealthy or abusive behaviors in a relationship. This lesson provides an opportunity to address how gender roles and expectations can influence behavior in a relationship and how we think relationships should be.

Intimate partner abuse can occur among any group regardless of sexual orientation, gender, socioeconomic status, race/ethnicity, religion, or culture. People of any gender can be abusive, and people of any gender can be abused. Though abuse more commonly occurs against women and among LGBTQ+ individuals, and is more commonly perpetrated by men, it's important to use either gender-neutral language or describe scenarios in which the gender of the survivor and perpetrator vary. One study shows that programs in which a man is depicted as the survivor may improve men's attitudes toward rape.⁵⁹ We've also found in our field-testing that using gender-neutral language allows young men to feel less targeted and more open to contributing to the conversation.

Instructors should be sensitive to students' individual experiences with these categories, keeping in mind that some students will have witnessed or experienced abuse first-hand. It is essential in this activity to repeatedly point out the responsibility of abusers. Students commonly express survivor-blaming attitudes, and the instructor must be vigilant in addressing those comments.

Materials Needed

- Anonymous Question Box
- Scratch paper cut into 2" x 2" pieces, one for each student
- Projection technology (DVD player and TV, laptop/projector or SmartBoard)
- A writing surface (e.g., white board, Smartboard)

Relationship Qualities Spectrum

- Writing surface or wall space to display relationship examples
- Tape
- Behavior/scenario examples

Effects of Two Versions of an Empathy-Based Rape Prevention Program on Fraternity Men's Survivor Empathy, Attitudes, and Behavioral Intent to Commit Rape or Sexual Assault. John Foubert, Jonathan T. Newberry. *Journal of College Student Development*, Volume 47, Number 2, March/April 2006.

Teen Talk Middle School, 2019

Preparation

- Screen Anonymous Question Box questions from the previous session and prepare responses.

Healthy Reasons to Want a Relationship

- Write “Reasons to Want a Relationship” on the board with “Healthy” and “Unhealthy” in two columns underneath.

Relationship Qualities Spectrum

- Option 1: Print out a full set of the relationship behaviors and scenarios and cut into strips, one set for entire class (template cards available in the accompanying digital materials)
- Option 2: Print out a full set of the relationship behaviors and scenarios and cut into strips, one for each group (template cards available in the accompanying digital materials)

BEHAVIORS

- Trust
- Respect
- Honesty
- Communication
- Laughter
- Respects your body
- Making decisions together
- Compromise
- Support
- Friendship
- Asks for consent
- Makes you feel safe
- Spending time together
- Appreciates your personal style
- Asks you how you would like to be addressed and what pronouns you use
- Jealousy
- Buys you gifts
- Calls/texts you all day
- Spend all of your free time together
- Asks for the passwords to your social media accounts
- Yells
- Lies
- Calls to check where you are all the time (constantly)

- Calls you names
- Cheats
- Criticizes you
- Criticizes your body shape or size
- Talks about you behind your back
- Tells you not to see friends and family
- Asks you to take sexual pictures
- Demands things in return
- Threatens your safety
- Threatens physical harm to you or your loved ones (including pets)
- Threatens to hurt themselves
- Threatens to “out” your sexual orientation or gender identity
- Hits you
- Slaps you
- Controls what you do

POTENTIAL SEX

TRAFFICKING:

- Asks you to do sexual things for money

SCENARIOS

- Your partner has been calling you to find out where you are.
- Your partner wants the passwords to your personal social media accounts.
- Your partner encourages you to pursue your own interests.
- Your partner demands that you spend all of your free time with them.
- You and your partner have broken up several times and now your partner wants to get back together again.
- When you make a decision, your partner supports that decision.
- Your partner says they can take care of you better than your family can.

Total Instruction Time

Minimum: 50 min.

Maximum: 65 min.

Activity and Time Needed

Anonymous Question Box: 5 min.

Session 7 Review: 5 min.

Healthy Reasons to Want a Relationship: 10-15 min.

Relationships Qualities Spectrum: 15-20 min.

What is Love? 10-15 min.

Session 8 Wrap-Up: 5 min.

Activity 8.1: Anonymous Question Box

Objectives: To provide students with an outlet to ask questions about sexual health and sexuality if they are not comfortable asking their question during the session.

1. Hand out Question Box scratch paper to each student at the beginning of the session. Let students know that you are providing scratch paper at the beginning of class so that they can write down any questions they have during the session.
2. Select 4-5 questions to answer during the first 5 minutes of class, however the goal is to answer all questions submitted to the Question Box by the end of the course.
3. Use the following guidelines for answering questions:
 - **Pre-screen:** Read through all of the questions before you answer them. This allows you to remove personal questions or questions with names in them. You don't want to be caught off guard. Prescreening also gives you an opportunity to rephrase questions, if necessary, and do any research required to answer the question in full. It also allows you to pre-select questions as a way to introduce or supplement a topic and to control when issues get covered.
 - **Rephrase:** If a question uses discriminatory or offensive language, rephrase it to address the issue in a more respectful way. If a question uses slang, try to reword it using scientific terms. If a question gives so many details that it might breach the anonymity agreement, leave out those details.
 - **Redirect:** Address *every* question in some way. Do your best to give a full, unbiased answer. Never miss an opportunity to remind students how diseases are spread, ways to avoid pregnancy, and that people always have to ask permission to touch or do something sexual with someone.
 - **Be Real:** If you don't know the answer to a question, simply say so. You lose credibility if you make up information or only tell half the story. Acknowledge that you cannot completely understand what it's like to be a pre-teen today. Instead of trying to be "cool," ask students for more information about specific slang and issues that they face. If a question is about a situation that would require reporting to CPS, tell the students that they have the right to report that behavior to you or another trusted adult. Remind them that you are there to help protect them and that no one should have to deal with that situation alone.
 - **Be Inclusive:** Use nonjudgmental language. Answer questions as if you know there is at least one student who: never plans to have kids; never plans to get married; is LGBTQ+; doesn't know their biological parents; is sexually active; has been raped or sexually assaulted, etc. Be aware of your verbal and nonverbal reactions to questions like laughing, shaking your head, or saying "You're too young to ask that." You could be communicating powerful judgments and assumptions. Instead of belittling questions, try to affirm and legitimize the questions. You can say, "Many people ask this question," or "This is an important question."

Activity 8.2: Healthy Reasons to Want a Relationship

Objectives: Distinguish between healthy and unhealthy reasons to be in a relationship.

1. Introduce today's session by telling students they will be discussing different types of relationships and what can make a relationship healthy and unhealthy.
2. Begin by brainstorming different types of relationship (e.g. friends, partners, "hooking up," "friends with benefits," long-term committed relationships, marriage, etc.). Explain to students that you can have healthy and unhealthy relationships within each of these categories.
3. Ask students, "What are some characteristics of healthy and unhealthy relationship?" and give examples to illustrate. Have students brainstorm ideas for each column by raising their hands. See the following for some suggestions:

Healthy

To feel connected with or close to someone
To feel love or share love
For friendship/companionship
To do fun things together
To talk about your feelings/problems

Unhealthy

To be popular or liked by others
Just to have sex
Because all of your friends are in relationships
To make you feel better about yourself
As a way to get gifts or money
To have control over someone
Because you are lonely

4. Discussion:

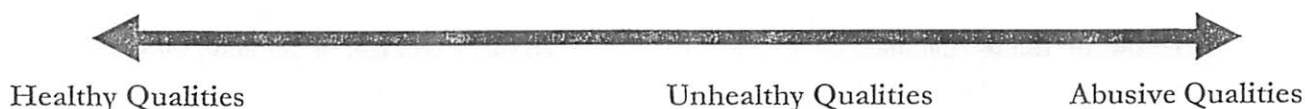
- For each point they suggest, ask the students:
 - Why is that healthy/unhealthy?
 - Are there any reasons that could belong on both lists? Which ones and why?
- You can also ask some of the following questions:
 - What's wrong with wanting a partner because all of your friends have one?
 - What's wrong with wanting a partner to make you popular?
 - What kinds of relationships do you notice that your friends or family members have?
 - Is it better to be alone than in an unhealthy relationship?
 - What qualities in a relationship are ideal for you?

Activity 8.3: Relationship Qualities Spectrum

Objectives: Understand that all relationships lie on a spectrum. Identify examples of healthy, unhealthy, and abusive behaviors.

Print out the spectrum cards and headers (“Healthy,” “Unhealthy,” “Abusive,” “Potential Sex Trafficking”) before class. There is a template for these available in the accompanying digital materials.

1. Introduce the concept of the health of a relationship as being based on a spectrum.
2. On the white board, draw the spectrum shown below. Label one end as “Healthy” and the other end as “Abusive,” and then put the label “Unhealthy” close to the “Abusive” end. Alternatively, you can print out and tape up the headers.
3. Explain that relationships can fluctuate in terms of being unhealthy or healthy, but most of the time they should lean towards the healthy end. Explain that it is normal for people to disagree and argue if it is done in a respectful way.



4. This activity can be performed in many different ways, depending on your class and time; see Options 1 - 4 below.

Part 1 – Relationship Spectrum

Option 1 – Individual and whole class (25 min.)

1. Give each student 1-2 strips of paper describing a specific behavior or scenario from the lists.
2. Call on one small group of students at a time to come up to the Relationship Qualities Spectrum and have the students tape their strips of paper where they think that behavior or scenario best fits.
3. Give students 2 minutes to pair-share ideas of what a healthy relationship looks or sounds like. Pose the following questions to help them get started:
 - a. Which behaviors or scenarios best describe healthy qualities in a relationship?
 - b. How could these qualities change to become less healthy?
4. Call on student pairs to share their answers. Clarify any inaccuracies or misperceptions that may arise.
5. Have students switch partners and give them 2 more minutes to pair-share ideas of what an unhealthy or abusive relationship looks or sounds like. Pose the following questions to help them get started:
 - c. Which behaviors or scenarios were challenging to label as unhealthy versus abusive?
 - d. What can a person do to engage in healthier behaviors?
 - e. What can you do to help your friends have healthier relationships?
6. Call on student pairs to share their answers. Clarify any inaccuracies or misperceptions that may arise (e.g., victim blaming).

Option 2 – Small groups (25 min.)

1. Make copies of a full set of the behaviors and scenarios for each group of students at a table to read and discuss.
2. Have them decide as a group where on the spectrum each behavior and scenario should be placed.
3. Go through the lists as a class, calling on each group in turn to supply their answers.
4. Give students 2 minutes to pair-share ideas of what a healthy relationship looks or sounds like. Pose the following questions to help them get started:
 - a. Which behaviors or scenarios best describe healthy qualities in a relationship?
 - b. How could these qualities change to become less healthy?
5. Call on student pairs to share their answers. Clarify any inaccuracies or misperceptions that may arise.
6. Have students switch partners and give them 2 more minutes to pair-share ideas of what an unhealthy or abusive relationship looks or sounds like. Pose the following questions to help them get started:
 - a. Which behaviors or scenarios were challenging to label as unhealthy versus abusive?
 - b. What can a person do to engage in healthier behaviors?
 - c. What can you do to help your friends have healthier relationships?
7. Call on student pairs to share their answers. Clarify any inaccuracies or misperceptions that may arise (e.g., victim blaming).

Option 3 – Individual and whole class (10-15 min.)

1. Give each student 1-2 strips of paper describing a specific behavior or scenario from the lists.
2. Call on one small group of students at a time to come up to the Relationship Qualities Spectrum and have the students tape their strips of paper where they think that behavior or scenario best fits.
3. Ask the students to look at the board and double check where all of the behaviors/scenarios are placed. Would they like to change where any of these fall on the spectrum? Why or why not?
4. Choose 4-5 statements to go over together as a class.
 - a. How could these qualities change to become healthy or less healthy?
 - b. How does the placement depend on the context?
 - i. For example: calls you names might be placed more in the middle depending on those names are. If they are pet names (like “honey” or “sweetie”) that might be healthy; if they are rude and mean (like “ugly” or “worthless”) that might be unhealthy and even abusive.

Option 4 – Whole class (10 min.)

1. Choose 5-10 statements to go over together as a class. Read the behavior or scenario out loud and ask the class where it belongs on the spectrum. Call on someone to explain the rationale.
 - a. How could these qualities change to become healthy or less healthy?
 - b. How does the placement depend on the context?
 - For example: calls you names might be placed more in the middle depending on those names are. If they are pet names (like “honey” or “sweetie”) that might be healthy; if they are rude and mean (like “ugly” or “worthless”) that might be unhealthy and even abusive.

Discussion

1. **Following the Relationship Qualities Spectrum brainstorm, make sure to mention that abusive behaviors:**
 - Occur within many types of intimate relationships: friends, partners, roommates, spouses, either current or former partners, etc.
 - Can happen once, occasionally, on and off, or every day.
 - Are about power and control, whether in person or via technology (phone, texting, email, chat, social media, etc.)
 - Can be: physical, emotional, verbal, sexual, or digital.
 - Can happen to anyone regardless of income, age, gender, sexual orientation, or race/ethnicity.
2. **To include additional points for LGBTQ+ relationships (a good resource is www.loveisrespect.org) you should mention that within a healthy relationship, your partner:**
 - Never threatens to “out” you to people.
 - Never tells you you’re not a real lesbian, gay man, trans person or however you identify because you don’t have sex the way they want you to.
3. **Conclude this activity by telling students they can put what they’ve learned into practice by encouraging friends and peers to be “up standers” who stand up for each other and by identifying and avoiding abusive relationships.** Have students list people or organizations that they can contact for help if they or someone they know may be in an unsafe relationship. These resources may include hotlines, nonprofit organizations, parents/guardians, teachers, school counselors, medical providers, and other trusted adults.

Instructor Notes for some of the behaviors/scenarios:

- **Compromise:** means working together to come to a decision that is beneficial to all people; it make not be exactly what everyone wants, but both people are satisfied with the outcome.
- **Spend all your free time together:** some students bring up the idea of “free time;” this trait might be healthy if “free time” means the time after they are done with school, homework, and extracurricular activities; this trait might be unhealthy if they are skipping school, homework, and extracurricular activities to spend time with their partner.
- **Jealousy:** Ask the students if jealousy is a behavior or an emotion? Discuss the difference between emotions and behaviors: we may not be able to control how we feel, but we absolutely can control what we do. Describe a behavioral response to jealous that is unhealthy (stalking, controlling, monitoring, etc.) and one that could be healthy (communicating feeling insecure).
- **Calls to check where you are all the time (constantly):** this behavior is a red flag and may indicate an abusive relationship in which the abuser is trying to monitor and control their partner’s behavior.
- **Calls/texts every day:** students often bring up the idea of long distance relationships; this behavior might be healthy if this is the primary way they connect because they are dating long distance. Whether this behavior is healthy or unhealthy depends on the boundaries of those within the relationship (maybe one partner loves to text and the other does not); communication is important to understand these boundaries.

- **Asks for the passwords to your social media accounts:** this could depend on the context and the level of trust in someone's relationship; consider if you asked for your partner's passwords, would you give them yours? Why or why not? If someone is asking for passwords to check up on their partner, make sure they are not cheating, etc. this is a sign of an unhealthy and potentially abusive relationship. Relationships are built on trust and honesty.
- **Asks you to take sexual pictures:** the key word is "ask," just because someone asks does not mean they have to send pictures. No one should be forced or pressured into sharing images they are uncomfortable with, just as no one should pressure someone to send images.
 Note to Instructor: Sending images or movies of someone under the age of 18 nude or semi-nude is considered distribution of child pornography under both Federal and California State law. Saving those images is considered possession of child pornography, even if those images are of your own body.
- **Threatens physical harm to you or your loved ones (includes pets):** this is a form of abuse. If someone is threatening physical harm to you or your loved ones, please talk with a trusted adult to figure out a way to safely leave that relationship. No one should be threatening your safety to get what they want.

Part 2 – Potential Sex Trafficking

1. **Define sex trafficking:** using force, fraud, or coercion to sexually exploit someone.
 - Fraud means to lie about identity, intent, wants, or expectations.
 - Coercion means the ability to make a person doubt their own gut feelings, their sense of self-worth, sense of individuality, and makes them question their own personal values, and start believing what is told to them.
 - The trafficker may plant a seed of doubt that grows and over time becomes the victim or survivor's inner voice.
2. Write "Potential Sex Trafficking" on the spectrum next to "Abusive."
3. **Describe the "warning signs" of a potential sex trafficking scenario** (these are often very similar to abusive relationships). As you describe each of the warning signs, draw an arrow from the behavior/scenario that is already taped on the relationship spectrum to the "Potential Sex Trafficking" column. Alternatively, you can regroup these cards into this section. Be sure to include the following:
 - **Buys you gifts:** often sex traffickers will make victims and survivors feel special, loved, and wanted, offering them things they need or want. After a while, the victims and survivors begins to feel like they owe the trafficker.
 - **Threatens physical harm to you or your loved ones (includes pets):** sometimes traffickers will use threats of force and violence to get what they want.
 - **Controls what you do:** traffickers will often control the victims' and survivors' sources of income and monitor what they do.
 - **Tells you not to see your friends and family:** often traffickers will slowly isolate victims and survivors from their social support, including friends and family, until the trafficker is the sole provider.

- **Demands things in return:** this goes along with buys you gifts. After victims and survivors feel indebted to the trafficker, the trafficker will demand something in return, often something sexual.
- **Asks you to do sexual things for money:** this is a very clear scenario that defines sex trafficking. Sometimes the trafficker will make victims and survivors feel like a business person, saying, "You are making us so much money!" In reality, victims and survivors will not actually receive that money; the trafficker keeps most to all of it.

Note to Instructor: The following list of traits are in a general order from healthy to unhealthy to abusive. Your own ordering may be slightly different. You can print out cards from the template in the accompanying digital materials.

Trust
Respect
Honesty
Communicates
Respects your body
Make decisions together
Laughter
Compromise
Support
Friendship
Asks for consent
Makes you feel safe
Spend time together
Appreciates your personal style
Asks how you would like to be addressed and what pronouns you use
Encourages you to do things you're uncomfortable with

Jealousy
Buys you gifts
Calls/texts every day
Spend all your free time together
Asks for the passwords to your social media accounts
Yells
Lies
Calls you names
Calls to check where you are all the time (constantly)
Cheats
Criticizes you
Criticizes your body shape or size
Talks about you behind your back
Asks you to take sexual pictures

Demands things in return
Tells you not to see your friends and family
Threatens your safety
Threatens to "out" your sexual orientation or gender identity
Threatens to hurt themselves
Threatens physical harm to you or your loved ones (includes pets)
Hits you
Slaps you
Controls what you do

Potential Sex Trafficking:
Asks you to do sexual things for money

Optional Scenarios:

- Your partner has been calling you to find out where you are.
- Your partner wants the passwords to your personal social media accounts.
- Your partner encourages you to pursue your own interests.
- Your partner demands that you spend all of your free time with them.
- You and your partner have broken up several times and now your partner wants to get back together again.
- When you make a decision, your partner supports that decision.
- Your partner says they can take care of you better than your family can.

Activity 8.4: What is Love?

Objectives: Identify examples of healthy, unhealthy, and abusive behaviors.

Note to Instructor: this activity is great as a follow up to Relationship Spectrum.

1. Ask the class for a volunteer to give two examples of healthy behaviors in a relationship. Ask for a different volunteer for two examples of unhealthy or abusive behaviors.
2. Explain that while it might seem easy to name these behaviors, recognizing them in our own relationships may be a little harder. We are going to watch a few short clips made by the One Love Foundation: "One Love works to prevent and end relationship abuse by providing compelling, relatable film-based curricula and resources that educate and spark a conversation with young people about healthy & unhealthy relationships."
3. Write a list of unhealthy relationship traits on the board:
 - Intensity
 - Put-downs
 - Anger
 - Disrespect
 - Guilt
 - Control
 - Obsession
 - Isolation
4. Choose a selection of One Love's short Couplets. They are available to stream for free at <http://www.joinonelove.org/couplets>.
5. Pause after each video and ask the class to identify the strategies being used; refer to the list of traits on the board. Ask for examples of behaviors from the Relationship Spectrum activity that also use each strategy. Use the following information (adapted from One Love) to lead a discussion:
 - Intensity: showing really strong emotions that are often extreme.
 - What are some other behaviors we talked about during the Relationship Spectrum that have a high intensity?
 - Spend all your free time together
 - Calls/texts every day
 - Calls to check where you are all the time (constantly)
 - Important things to remember:
 - Don't rush into anything, especially if someone is using pressure or manipulation.
 - Don't stop doing things that bring joy because of a partner.
 - Draw and maintain boundaries.
 - Isolation is bad.
 - Put-downs: when someone calls someone else names, bullies them, belittles them, and makes them feel inferior. Put downs are often used as a way to control someone else.
 - What are some other behaviors we talked about during the Relationship Spectrum that could be considered put-downs?
 - Calls you names

- Criticizes you
- Criticizes your body shape or size
- Important things to remember:
 - Abuse isn't just physical.
 - Emotional abuse hurts.
 - Someone should be able to feel free to express themselves without getting bullied.
- **Anger:** Everyone might feel angry or annoyed, but it is how that person deals with their anger that matters. If someone is using their anger to control or manipulate others, that behavior is abusive.
 - What are some other angry behaviors we talked about during the Relationship Spectrum? Any others?
 - Yells
 - Important things to remember:
 - You are not responsible for someone else's actions/behaviors.
 - When someone is angry they should:
 - Take time to cool off. Go on a walk. Take deep breaths.
 - Think about what is bothering them, why are they mad?
 - Discuss what is bothering them in a calm and, if possible, friendly way.
 - Listen, listen, listen.
 - Repeat what they just heard and make a plan for what can be done differently next time.
 - If someone feels unsafe or that they have to "walk on eggshells" around their partner, talk to a trusted adult and make a safety plan.
- **Disrespect:** means mistreating a partner, including making fun of them, calling them names embarrassing them (especially in front of others), and sharing private information.
 - What are some other behaviors we talked about during the Relationship Spectrum that are examples of disrespect?
 - Calls you names
 - Criticizes you
 - Criticizes your body shape or size
 - Talks about you behind your back
 - Asks you to take sexual pictures
 - Threatens to "out" your sexual orientation or gender identity
 - Important things to remember:
 - Be an upstander. If you see or hear someone being disrespectful let them know (in a respectful way of course).
 - Remember that anything we post online or send to someone else is potentially available forever. This does not give anyone the right to share someone's personal information without their consent.
- **Guilt:** is trying to make someone feel bad in order to get them to do something.
 - What are some other behaviors we talked about during the Relationship Spectrum that are examples of using guilt?
 - Threatens to hurt themselves
 - Threatens to "out" your sexual orientation or gender identity
 - Important things to remember:
 - Saying things like, "No one else will love you as much as I do," or "If you loved me you would do this" is manipulative and abusive.

- **Control:** controlling someone means having power or influence over them. If someone is in a controlling relationship/friendship, it might feel like their independence is gone.
 - What are some other behaviors we talked about during the Relationship Spectrum that are examples of using control?
 - Controls what you do
 - Demands things in return
 - Calls to check where you are all the time (constantly)
 - Threatens your safety
 - Tells you not to see your friends and family
 - Threatens to hurt themselves
 - Threatens to “out” your sexual orientation or gender identity
 - Important things to remember:
 - People in a relationship/friendship should have equal power and control. If you feel like you need to change yourself and your other relationships in order to please someone, then there is not equal power.
- **Obsession:** this is related to intensity. It is when someone is constantly thinking or worrying about someone else and it takes over their thoughts and drives their behaviors.
 - What are some other behaviors we talked about during the Relationship Spectrum that are examples of obsession?
 - Spend all your free time together
 - Calls/texts every day
 - Controls what you do
 - Demands things in return
 - Calls to check where you are all the time (constantly)
 - Tells you not to see your friends and family
 - Important things to remember:
 - Remember that jealousy is an emotion that lots of people experience. It is how someone deals with their jealousy that matters.
 - Boundaries are important to keep and maintain.
- **Isolation:** is when someone is being kept away from their social support systems, like friends and family.
 - What are some other behaviors we talked about during the Relationship Spectrum that are examples of isolation?
 - Spend all your free time together
 - Controls what you do
 - Calls to check where you are all the time (constantly)
 - Tells you not to see your friends and family
 - Important things to remember:
 - Relationships that we see in the movies and on TV are not necessarily examples of healthy relationships.
 - It is important to have a balance of “me-time” and “we-time” in a relationship. If someone doesn’t feel like they can hang out with their friends or family, then that relationship is unhealthy.

Session 8 Wrap-Up

Objectives: To review the topics covered during the eighth session and address any questions that may have come up.

1. Remind students to write down their questions for the Question Box, if they haven't already.
2. Ask the class:
 - What are some rights and responsibilities people have in relationships?
 - If your friend was in an unhealthy relationship, how would you choose to help them?
 - Who could you reach out to if you or a friend was in an unhealthy or unsafe relationship?
3. Explain what you'll be covering during the next session.
 - In the next session, we will answer your questions that you put in the Question Box in a few minutes.
 - We will also think about and discuss how print media can influence our beliefs and the ideals for what people's bodies should look like.
4. Collect the Question Box questions.

Session 9: Body Image and the Media

Goals

- Analyze how media influence our body image and cultural ideals about sex, relationships, and sexuality.

Objectives

At the end of this session, students will be able to:

- Articulate how mass media influence our perceptions of ourselves and our relationships.
- Identify 2 ways that print media set unrealistic or confining expectations about bodies, gender and sexuality.

Why Is This Important?

With the dominance of technology in many people's lives, we are inundated with images that communicate cultural ideals about gender, relationships, sexuality, and physical bodies. Adolescents can be particularly susceptible to these messages as they are developing their own identity and testing out social and romantic relationships. This session gives students an opportunity to step back and consider the messages they get from media images and how those images might affect their perceptions of reality.

Through the lens of print media advertisements, students will explore what the images communicate about bodies and sexuality. They will have a chance to strategize together ways to be critical consumers of media. This session will also give students a chance to determine what they appreciate about their body and who they are.

Materials Needed

- Anonymous Question Box
- Scratch paper cut into 2" x 2" pieces, one for each student
- A writing surface (e.g., white board, Smartboard)
- Projection technology (laptop/projector or SmartBoard)

Body Image and the Media

- Before and after images of Photoshop, filters, or retouching
- Photocopies of Body Image Inventory worksheet, one for each student

Preparation

- Screen Anonymous Question Box questions from the previous session and prepare responses.
- Review discussion questions to ask while debriefing each Body Image Inventory statement.

Additional Activities

I Just Wanna Be Me!

- Photocopies of I Just Wanna Be Me! worksheet, one for each student or group (dependent on which option instructor chooses).
- Cut ads featuring men and women from magazines or print ads from the Internet. Laminate these images so that you can have at least 20 for the entire class.

Note to Instructor: This assignment can also be given as homework. Ask students to cut out pictures from a magazine or to save images they find on the internet; they need one image featuring both males and females or two images if only one gender is shown (one image of each gender).

Total Instruction Time

Minimum: 45 min.

Maximum: 55 min.

Activity and Time Needed

Anonymous Question Box: 5 min.

Session 8 Review: 5 min.

Body Image Inventory: 30-40 min.

Session 9 Wrap-Up: 5 min.

Additional Activity

I Just Wanna Be Me!: 20-30 min.

Activity 9.1: Anonymous Question Box

Objectives: To provide students with an outlet to ask questions about sexual health and sexuality if they are not comfortable asking their question during the session.

1. Hand out Question Box scratch paper to each student at the beginning of the session. Let students know that you are providing scratch paper at the beginning of class so that they can write down any questions they have during the session.
2. Select 4-5 questions to answer during the first 5 minutes of class, however the goal is to answer all questions submitted to the Question Box by the end of the course.
3. Use the following guidelines for answering questions:
 - **Pre-screen:** Read through all of the questions before you answer them. This allows you to remove personal questions or questions with names in them. You don't want to be caught off guard. Prescreening also gives you an opportunity to rephrase questions, if necessary, and do any research required to answer the question in full. It also allows you to pre-select questions as a way to introduce or supplement a topic and to control when issues get covered.
 - **Rephrase:** If a question uses discriminatory or offensive language, rephrase it to address the issue in a more respectful way. If a question uses slang, try to reword it using scientific terms. If a question gives so many details that it might breach the anonymity agreement, leave out those details.
 - **Redirect:** Address *every* question in some way. Do your best to give a full, unbiased answer. Never miss an opportunity to remind students how diseases are spread, ways to avoid pregnancy, and that people always have to ask permission to touch or do something sexual with someone.
 - **Be Real:** If you don't know the answer to a question, simply say so. You lose credibility if you make up information or only tell half the story. Acknowledge that you cannot completely understand what it's like to be a pre-teen today. Instead of trying to be "cool," ask students for more information about specific slang and issues that they face. If a question is about a situation that would require reporting to CPS, tell the students that they have the right to report that behavior to you or another trusted adult. Remind them that you are there to help protect them and that no one should have to deal with that situation alone.
 - **Be Inclusive:** Use nonjudgmental language. Answer questions as if you know there is at least one student who: never plans to have kids; never plans to get married; is LGBTQ+; doesn't know their biological parents; is sexually active; has been raped or sexually assaulted, etc. Be aware of your verbal and nonverbal reactions to questions like laughing, shaking your head, or saying "You're too young to ask that." You could be communicating powerful judgments and assumptions. Instead of belittling questions, try to affirm and legitimize the questions. You can say, "Many people ask this question," or "This is an important question."

Activity 9.2: Body Image Inventory

Objectives: Identify unrealistic expectations of bodies in the media. Explore group understandings of body image and influences. Set realistic guidelines for self-esteem and body image.

Note to Instructor: Before class, pick out some media images to discuss with the class. They should be images of before and after Photoshop, retouching, or adding filters. These can be selfies, mainstream magazine ads, etc. Choose images that are relevant to your class and will spark an interesting and critical discussion about the use of photo altering software in media images.

1. Explain to the class that we will be talking about the different influences that affect people's body image and relationship with their body. This activity is a great bridge from the movie *Straightlaced*. However, if your class did not watch *Straightlaced*, skip the *Straightlaced* intro discussion questions.

Optional: Intro Discussion Questions about *Straightlaced*

Some of the students in *Straightlaced* discussed how looking at certain media images affect the way they and their peers feel about their bodies. For example, one student brought up dieting as a way to become skinnier, because being skinny was thought to be desirable. Another student talked about feeling pressure to lift weights and become super strong. After watching the firsts 30 minutes of *Straightlaced*, ask the students the following discussion questions:

- What are some of the messages you have noticed or been taught about how our bodies are supposed to look or feel?
 - Where do these messages come from? Are they all the same?
 - What is a woman "supposed" to look like? What is a man "supposed" to look like? Are those standards realistic? Why or why not?
 - When we talk about feeling pressure to fit into a mold that is considered "attractive," is there just one mold?
 - What are some of the molds you know of?
 - Does someone's body type determine whether they can/will be in a relationship?
2. Show the class images of before and after Photoshop, retouching, or added filters. Samples are provided in a PowerPoint in the accompanying digital materials.
 3. Ask the class the following discussion questions:
 - Who can tell me the difference between these photos? What has been altered or changed? Why do you think those specific changes were made?
 - How do you feel about using filters and retouching on your own photos before you post them to social media?
 - Do you notice retouching when you look at images in the media or on social media? How do you feel when looking at retouched images?
 - What are some reasons why people might choose to retouch their images?
 4. Explain that the next activity will explore more about how we feel about ourselves and our bodies. Remind students to be respectful throughout this next activity, especially because it can be challenging to talk about body image.
 5. Explain that each student will get a Body Image Inventory handout with 10 statements listed. This paper is anonymous; emphasize that they should NOT write their name on it. Their job is to silently read through each of the statements, reflect, and decide if it applies to them. If it does, they will check the box

next to “Y” for “yes;” if the statement does NOT apply to them, they will check the box next to “N” for “no.” Please use black or blue ink or a pencil to prevent identifying anyone.

6. Hand out the Body Image Inventory handout and give them 2-3 minutes to complete it. Tell students to turn over their sheet once they are finished.
7. Once everyone is done, instruct the students to crumple up their paper and toss it to the front of the room (or where it makes sense for your classroom). Invite them to find a crumpled piece of paper and toss it one more time, to ensure that the papers are shuffled.
8. Invite the students to pick up a different piece of crumpled paper and smooth it out. Since it is anonymous they will not know who that paper belongs to. If they get their own paper, ask them to pretend like they don't know who it belongs to. The goal is not to decipher whose paper they are holding, but to respect and acknowledge they have one of their classmate's answers in their hands.
9. Have students stand in a circle, facing inward. Emphasize that this is still a silent activity.
10. Read each statement aloud and have everyone who has “Y” marked on the paper they are holding to take one step forward into the circle. Debrief that statement. Repeat for all statements as time permits.
11. Invite the students to return to their seats for a wrap up discussion. Affirm that it is a common experience to feel insecure about ourselves. Every person is different. Everyone goes through puberty at different times and different rates, and everyone is still developing. Also, standards for beauty are different based on 1) cultural context, 2) point in time, and 3) who you ask.
12. Ask the following discussion questions to wrap up the activity:
 - How did it feel to step forward with others in the class? To be the only person stepping forward?
 - How did it feel to represent the answers of someone else?
 - Which statements had the most people stepping forward? Why do we think this is?
 - What influences how we feel about ourselves, our bodies? Where do we learn what counts as “hot” or “sexy” or “attractive” or “beautiful”? Are these sources of influences the same for everyone?
 - What are some qualities that we like about ourselves besides our appearance?
 - How can we avoid judging other people based on their appearance or their body?
13. End the activity with one final brainstorm: “How can we begin to think more positively about the body that we are in?” Be sure to cover the following talking points:
 - Celebrate what our body does for us, rather than just how it appears.
 - You can do back handsprings? That's amazing.
 - Your heart pumps so much blood through our body every second of our lives!
 - You can play a musical instrument? You couldn't do that properly if you didn't provide your body the proper fuel, rest, and nutrition that it needs in order to function optimally!
 - Look at yourself as a whole person – what do you appreciate about yourself?
 - You're kind to your friends!
 - You're really good at math/singing/dancing/recalling random animal facts!
 - You're very dedicated to your family/sports team/community group!
 - Follow people on social media who inspire you, rather than make you feel badly about yourself.
 - Practice positive self-affirmations.

- Start small. Give yourself at least one positive compliment each day. Example: “I am such a good friend.” “I am a good listener.” “I scored a goal in soccer today.” “I love how my hair looks naturally.”
- Be kind to yourself. Building up positive self-esteem takes time and commitment. Be persistent! Keep trying.
- Be creative! Write down your affirmation in a journal or planner; make a daily video blog; create craft projects, like a collage or vision board; make a poem, short story, or art piece; choreograph a dance.

14. Invite the class to crumple up the Body Image Inventory sheet they have one last time; crumple up the expectations that society may send us about how we are supposed to look and dress and act; crumple up the judgments of others; and invite them to toss these “expectations” into the recycling can.

Note to Instructor: This section is designed to begin discussions about influences on body image. There are several themes that are touched on: media, social media, peer pressure and influence, nutrition and eating, and bullying. The following suggested debriefing points offer a chance for student reflection, rather than concrete advice about nutrition or eating disorders. A resource list is provided following the worksheet. Feel free to print out copies to distribute to the class after this session.

Suggested debriefing points for each statement:



1. When I look in the mirror, I feel confident.
 - What external influences might affect how confident someone feels?
 - What are some valuable internal qualities that someone can have?
2. I have felt pressure to look, dress, or act more masculine/manly or more feminine/girly (e.g. being more muscular or wearing more makeup).
 - Different societies throughout the world and throughout history have expressed a multitude of versions of masculinity and femininity. Gender norms and definitions of beauty are always changing. Depending on when and where you are in the world, society will have different expectations.
 - What does it mean to be masculine/feminine?
 - If a person is really masculine, what does that tell us about them?
 - If a person is really feminine, what does that tell us about them?
3. There are people who look like me on the TV shows, movies, music videos, and/or YouTube channels I watch.
 - How might it feel to not see yourself represented in the media you watch?
 - Do you think people strive to look like what/who they see in the media? Why or why not?
 - Why is it important to see people like you in the media you watch?



4. An adult in my life has made comments that have made me feel insecure about my body.
 - We absorb information from the people around us, including the adults in our lives. Even if an adult is making a negative comment about their own body, that young person can start to feel like they don't measure up either.
 - Many times these comments can be phrased as helpful or as compliments, but that does not eliminate how they make someone feel about their body.
 - Adults may not intend to be hurtful, but it is important for someone to address how those comments are making them feel:
 - "When you comment on my acne I feel insecure. I prefer compliments about my accomplishments/personality/etc."
 - "I love that we have nicknames for each other; it makes me feel special. However, when you call me 'bean pole' I feel uncomfortable. I am self-conscious about my weight, and that nickname makes me feel like I don't measure up. How about we stick with our other nicknames?"
 - "Mom/Dad/Trusted Adult, I noticed how much you comment on your own appearance. While I understand you are not talking about my body, I have been feeling uncomfortable as if my own body isn't good enough."
 - Anticipate cultural expectations and norms to be brought up.



5. I have made fun of someone based on their looks or body.
 - Looking around the room, it seems that many/some/most of us have made fun of someone before.
 - Have we ever been made fun of? How did it feel?
 - What are some reasons why people make fun of other people?
 - How can we make ourselves feel better or more powerful without tearing others down?
 - What can someone do if they're being made fun of?
 - How can we support others?

6. If I post on social media, I feel more confident or comfortable when I use filters on my images.

- Revisiting our discussion from earlier, why might someone feel more confident using filters before posting an image to their social media?
- How might this affect their body image?

7. There are things about myself or my body that I wish I could change in order to fit in better.

- Why do people feel like they need to change themselves to feel more confident?
- How else could people gain confidence?
 - Becoming good at something (e.g. playing a sport, playing an instrument, drawing)
 - Creating a support system with people who are encouraging (e.g. friends, family, teachers, coaches, counselors/therapists)
 - Coping strategies to handle negative emotions (e.g. talking to a friend or counselor, taking a nap, deep breathing exercises, drinking more water)
- What things do people feel like they need to change?
- Where does this pressure come from? Some examples include:
 - Media
 - Family
 - Friends
 - Culture
 - Communities
- How could this be related to our discussion earlier about filters and Photoshop?
- How can someone resist this pressure?
 - Sometimes we might feel like we have to be “perfect” (whatever “perfect” means), however it is important to understand that social media and mainstream media often offer unrealistic images and messages. We post what we think other people would be interested in seeing, and that often means adjusting the lighting or angles or leaving stuff out.

8. I have skipped meals to try to lose weight.

- What are some reasons why someone might want to lose weight? *What about the opposite:* What are some reasons why someone might want to bulk up/gain weight?
 - To conform to society’s expectations
 - Because a doctor recommended it
 - To “make weight” for a sport
 - Because a family member/partner asked them to
 - To feel better
- Where have we seen an example of this?
- Who can someone talk to about nutrition and eating?
 - Nutritionist
 - Doctor
 - School nurse
 - Parent or trust adult

Note to Instructor: This statement is designed for students to reflect on their own ideas about health and body image, not to offer specific nutrition advice. Offer resources for students if they would like more information.

9. I have felt pressure to: (check yes if at least one of these applies to you)

- send a sexy picture of myself to someone
- ask someone to send me a sexy picture of themself

- Where does this pressure come from?
- How does it feel to be pressured in either of these ways?
- **Sending sexual pictures of someone who is under the age of 18 is actually against the law. It is considered child pornography.** Even if this image is of our own body, the image is still technically considered child pornography. If this image is saved, it is considered possession of child pornography. If this image is sent or shared with others, it is considered distribution of child pornography. It is **NEVER** okay to pressure someone to do anything sexual, including asking them to send sexual images. It is also **NEVER** okay to share another person's sexual image with others without their consent.

10. I appreciate what my body can do for me (e.g. laughing or dancing).

- What are some actions that you can do that maybe others cannot do? Some examples could include:
 - Doing the splits
 - Rolling your tongue
 - Doing a pull up

Below are some additional statements that you can add, depending on your class.

- I am usually multi-tasking while I eat, like texting or watching TV.
- When I eat, I think about how much I need to exercise to burn it off.
- Food makes me feel better when I am feeling sad.
- I know someone who feels great about their body.
- On social media, I try to portray my life as better or more exciting than it actually is.
- I've had my personal photos or text messages shared without giving my permission.

Body Image Inventory

Directions: Please do NOT write your name anywhere on this paper. Read through the following 10 statements and think about whether you have experienced any of them. Mark "Y" for YES if the statement applies to you. Mark "N" for NO if the statement does not apply to you.

- ☐ Y / ☐ N 1. When I look in the mirror, I feel confident.
- ☐ Y / ☐ N 2. I have felt pressure to look, dress, or act more masculine/manly or more feminine/girly (e.g. being more muscular or wearing more make-up).
- ☐ Y / ☐ N 3. There are people who look like me in the TV shows, movies, music videos, and/or YouTube channels I watch.
- ☐ Y / ☐ N 4. An adult in my life has made comments that have made me feel insecure about my body.
- ☐ Y / ☐ N 5. I have made fun of someone based on their looks or body.
- ☐ Y / ☐ N 6. If I post on social media, I feel more confident or comfortable when I use filters on my images.
- ☐ Y / ☐ N 7. There are things about myself or my body that I wish I could change in order to fit in better.
- ☐ Y / ☐ N 8. I have skipped meals to try to lose weight.
- ☐ Y / ☐ N 9. I have felt pressure to: (check YES if one or both of these applies to you)
- send a nude or sexy picture of myself to someone
 - ask someone to send me a nude or sexy picture of themselves
- ☐ Y / ☐ N 10. I appreciate what my body can do for me (e.g. laughing or dancing).

Inventario de Imagen Corporal

Instrucciones: Por favor **NO** escribas tu nombre en esta hoja. Lee las 10 frases y piensa si tú has experimentado algo parecido. Marca "S" si la frase te aplica, marca "N" si no te aplica.

☐ S / ☐ N 1. Cuando me veo en el espejo, me siento seguro/a en mí mismo.

☐ S / ☐ N 2. Yo he sentido presión de cambiar mi apariencia, vestirme o actuar de una manera más masculina o más femenina (e.g. ser más musculoso/a o usar más maquillaje).

☐ S / ☐ N 3. Hay gente que se parece a mí en las series de televisión, películas, videos de música y/o canales de YouTube.

☐ S / ☐ N 4. Una persona adulta que conozco ha hecho comentarios que me hicieron sentir inseguro/a de mi cuerpo.

☐ S / ☐ N 5. Yo me he burlado de alguien por su apariencia, tipo de cuerpo o tamaño de cuerpo.

☐ S / ☐ N 6. Si hago un post en las redes sociales, me siento más seguro/a con mí mismo o cómodo/a cuando uso filtros en las imágenes.

☐ S / ☐ N 7. Yo quisiera cambiar ciertas cosas de mí mismo/a o de mi cuerpo que para poder encajar mejor.

☐ S / ☐ N 8. Yo he elegido no comer para tratar de perder peso.

☐ S / ☐ N 9. Yo he sentido presión para: (marca Sí, si uno o las dos son correctas)

- mandar una foto desnudo/a o sexy de mí mismo/a a alguien
- pedirle a alguien que me mande una foto desnudo/a o sexy

☐ S / ☐ N 10. Yo aprecio mi cuerpo por las cosas que puede hacer para mí (e.g. riendo o bailando).

Body Image Resources

Sutter Health: Palo Alto Medical Foundation (PAMF)

pamf.org/parenting-teens/emotions/self-esteem&body-image/bimage-resources.html

- o PAMF website links to resources for self-esteem, body-image, and social shyness. Some of these resources are designed for parents to talk with their children about these issues.

National Eating Disorder Association (NEDA)

myneda.org

Helpline: 1 (800) 931-2237

- o NEDA connects individuals and families affected by eating disorders to a variety of resources including prevention, cures, and access to care.
- o For more information specifically on promoting a positive body image, check out:
<https://www.nationaleatingdisorders.org/developing-and-maintaining-positive-body-image>

Eating Disorders Resource Center (EDRC)

edrcsv.org/about-us/

- o The EDRC's mission is to increase awareness and understanding of eating disorders and to provide support and linkages to additional resources for early diagnosis, effective treatment, and recovery.
- o They offer weekly support groups in Los Gatos, Mountain View, and Menlo Park for folks to learn how to get control over their body image and their fear about eating.

The Body Positive

thebodypositive.org


- o The Body Positive is a national organization based in Berkeley, CA that offers a variety of resources, programs, and opportunities for young people to learn how to value their health and unique beauty. Their goal is to end the harmful consequences of negative body image including eating disorders, self-harm, and relationship violence.
- o They offer youth leadership summits, public workshops, as well as a newsletter.

About-Face

about-face.org

- o About-Face is an organization based in San Francisco equipping young women and girls with the tools to critically engage with media (media literacy) and make social change. They offer workshops, internships, and mobilize with campaigns designed to empower young women and girls to resist harmful media messages.

Additional Activity: I Just Wanna Be Me!

 *Objectives: Identify media's unrealistic expectations of men's and women's bodies. Set realistic guidelines for self-esteem and body image.*

1. Explain to the class that we will be about talking about what messages the media gives us about our bodies. Ask students to name different forms of media (e.g. TV, movies, music videos, radio, commercials, magazines, newspapers, social media, and the internet).
2. Distribute the I Just Wanna Be Me! worksheet to students.
3. Split the class into groups of 3-4 students each, and give each group five laminated images.
4. Each group should study their images and answer the questions together, listing at least three observations for each question. For #5 on the worksheet, define gender-expansive as: a person's identity or behavior that is broader than the commonly held definitions of gender and gender expression in one or more aspects of their life.
5. Give them 10 to 12 minutes to complete the activity.
6. Go through the questions on the worksheet and ask each group to share what they analyzed. Point out the website at the bottom of the "Reflection" side of the worksheet as additional resource.
7. You can also discuss the following questions:
 - Who do you think is more satisfied with their appearance – guys or girls?
 - What emotions do the male models usually show in these images? What about the female models? What messages about each gender do these emotions send?
 - Who is usually in control in these pictures? What message does that send to teens?
 - Where do we get ideas about what body types are attractive?
 - Do the men and women in the images look like people you see in your day-to-day lives? Why or why not?
 - Do these pictures represent all people? Are they diverse in age, race, gender, and ability?
 - What are some attractive qualities that don't have to do with body parts?
8. Have the students turn over their worksheet and individual answer the questions on the other side. Be aware that these answers are very private and that the students might want to keep their reflections instead of turning them in.

I Just Wanna Be Me!

Name _____ Period _____ Date _____

Directions: Analyze the images and answer the questions below, listing at least three observations for each question.

1. Describe the women in the pictures you see. What do they look like? How are they acting?
2. Do most women you know look or act like that? What effect might these pictures have on young girls?
3. Describe the men in the pictures you see. What do they look like? How are they acting?
4. Do most men you know look or act like that? What effect might these pictures have on young boys?
5. How might someone with a gender-expansive identity or expression feel by looking at these pictures?



I Just Wanna Be Me!

Reflection

Take some time to reflect and write about the following sentence stems.

1. Of all my body parts, my favorite is...

2. I like this part of my body because...

3. Aside from my body, I'm also attractive in the following ways:



For more information, visit: www.pamf.org/teen/life/bodyimage/media.html

Solo Quiero Ser Yo!

Nombre _____ Periodo _____ Fecha _____

Instrucciones: Analiza las imágenes y contesta las siguientes preguntas, escribe tres respuestas para cada pregunta.


1. Describe las mujeres en las fotos que se ve. ¿Cómo se parecen? ¿Cómo se están comportando?

2. ¿La mayoría de las mujeres que conoce se comportan de esa manera? ¿Qué efecto pueden tener estas fotos en las chicas jóvenes?

3. Describe los hombres en las fotos que se ve. ¿Cómo se parecen? ¿Cómo se están comportando?

4. ¿La mayoría de los hombres que conoce se comportan de esa manera? ¿Qué efecto pueden tener estas fotos en los chicos jóvenes?


5. Cómo alguien con una identidad o expresión de género expansiva se sentiría con estas fotos?



Solo Quiero Ser Yo! Pensamientos

1. De todas las partes de mi cuerpo, mi parte favorito es ...

2. Me gusta esta parte de mi cuerpo, porque ...



3. Aparte de mi cuerpo, yo también soy atractivo en las siguientes maneras:



Para más información, visite: www.pamf.org/teen/life/bodyimage/media.html

Session 9 Wrap-Up

Objectives: To review the topics covered during the ninth session and address any questions that may have come up.

1. Remind students to write down their questions for the Question Box, if they haven't already.
2. Ask the class:
 - What were some of the ways you observed media influencing our perception of body image, sex, and/or relationships?
 - How will this affect how you see ads in magazines, TV or online?
3. Explain what you'll be covering during the next session.
 - In the next session, we will answer your questions that you put in the Question Box in a few minutes.
 - We will also learn about what sexual violence is and how to seek resources for a person who may be in an unsafe situation.
4. Collect the Question Box questions.

Session 10: Sexual Violence Prevention



Goals

- Define the following sexual crimes: sexual harassment, sexual assault, rape, and sex trafficking
- Learn about warning signs of sex trafficking

Objectives

At the end of this session, students will be able to:

- Define consent, sexual harassment, sexual assault, rape, and sex trafficking.
- Discuss the importance of reporting sexually abusive behavior.
- Identify resources or trusted adults to seek help from if a teen or their friend is in an unsafe situation.

Why Is This Important?

In this session, we provide legal definitions of sexual harassment, sexual assault, and rape and provide statistics on the incidence of each of these crimes. Providing these definitions to students ensures that they are well-informed about legal boundaries for themselves, their partners and their peers. These topics are required to be covered by California Education Code, however some scenarios provided may not be appropriate for your class, depending on maturity level, their existing knowledge base, and community norms.

Additionally, this session introduces the international and domestic crime of sex trafficking. California is a major hub of sexual exploitation in the United States and discussion of sex trafficking is required as a component of sexual health education under the California Healthy Youth Act. In addition to understanding the definition of sex trafficking, it's also important to identify for students the warning signs of being sexually exploited or trafficked and how to seek proper help for this crime.

These topics can be difficult for people to discuss. We have intentionally used the terms “survivor” and “victim” to refer to the individual who has experienced sexual crimes committed against them and the individual who is continuing to experience sexual crimes committed against them respectively⁶⁰. The term “survivor” is added because it suggests that an individual who has experienced such a crime still maintains agency in their own life – the ability to interpret and communicate about the experience in their own way.

Be aware that this topic may be a trigger for an individual in your class who has experienced or witnessed a sexual crime. Be on the lookout for students who may seem traumatized by this topic or more isolated than usual during this activity. You may also receive questions in the Question Box that suggest a past, ongoing, or potential situation involving a sexual crime. Gently check-in with students for whom this topic may be challenging or triggering and help them seek additional resources if they are open to receiving support.

Materials Needed

- Anonymous Question Box
- Scratch paper cut into 2” x 2” pieces, one for each student
- A writing surface (e.g., white board, Smartboard)
- Projection technology (laptop/projector or SmartBoard)
- Photocopies of My Body, My Boundaries, one for each student



⁶⁰ For more information on terms “survivor” and “victim” check out these resources: <http://missey.org/>, <https://sowerseducationgroup.com/>, <https://humantraffickinghotline.org/>.

Preparation

- Screen Anonymous Question Box questions from the previous session and prepare responses.

My Body, My Boundaries

- Before doing these activities, it's important to let classes know that during the next class session they will be discussing sexual assault. This will allow sexual abuse or sexual assault survivors time to decide if they want to excuse themselves from the discussion to take care of themselves.
- Photocopy My Body, My Boundaries, one for each student

Total Instruction Time

Minimum: 45 min.

Maximum: 50 min.

Activity and Time Needed

Anonymous Question Box: 5 min.

Session 9 Review: 5 min.

My Body, My Boundaries: 30-35 min.

Session 10 Wrap-Up: 5 min.

Activity 10.1: Anonymous Question Box

Objectives: To provide students with an outlet to ask questions about sexual health and sexuality if they are not comfortable asking their question during the session.

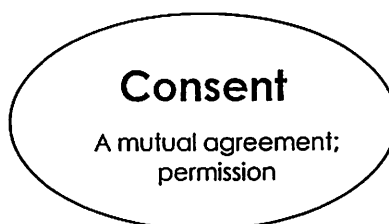
1. Hand out Question Box scratch paper to each student at the beginning of the session. Let students know that you are providing scratch paper at the beginning of class so that they can write down any questions they have during the session.
2. Select 4-5 questions to answer during the first 5 minutes of class, however the goal is to answer all questions submitted to the Question Box by the end of the course.
3. Use the following guidelines for answering questions:
 - **Pre-screen:** Read through all of the questions before you answer them. This allows you to remove personal questions or questions with names in them. You don't want to be caught off guard. Prescreening also gives you an opportunity to rephrase questions, if necessary, and do any research required to answer the question in full. It also allows you to pre-select questions as a way to introduce or supplement a topic and to control when issues get covered.
 - **Rephrase:** If a question uses discriminatory or offensive language, rephrase it to address the issue in a more respectful way. If a question uses slang, try to reword it using scientific terms. If a question gives so many details that it might breach the anonymity agreement, leave out those details.
 - **Redirect:** Address *every* question in some way. Do your best to give a full, unbiased answer. Never miss an opportunity to remind students how diseases are spread, ways to avoid pregnancy, and that people always have to ask permission to touch or do something sexual with someone.
 - **Be Real:** If you don't know the answer to a question, simply say so. You lose credibility if you make up information or only tell half the story. Acknowledge that you cannot completely understand what it's like to be a pre-teen today. Instead of trying to be "cool," ask students for more information about specific slang and issues that they face. If a question is about a situation that would require reporting to CPS, tell the students that they have the right to report that behavior to you or another trusted adult. Remind them that you are there to help protect them and that no one should have to deal with that situation alone.
 - **Be Inclusive:** Use nonjudgmental language. Answer questions as if you know there is at least one student who: never plans to have kids; never plans to get married; is LGBTQ+; doesn't know their biological parents; is sexually active; has been raped or sexually assaulted, etc. Be aware of your verbal and nonverbal reactions to questions like laughing, shaking your head, or saying "You're too young to ask that." You could be communicating powerful judgments and assumptions. Instead of belittling questions, try to affirm and legitimize the questions. You can say, "Many people ask this question," or "This is an important question."

Activity 10.2: My Body, My Boundaries

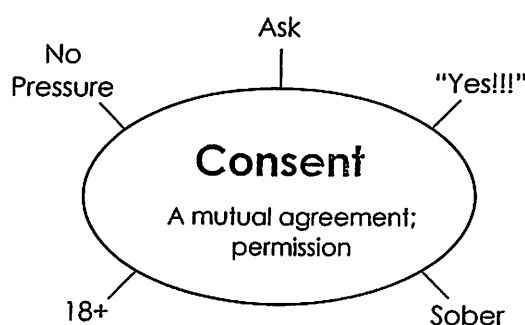
Objectives: Build awareness of sexually violent crimes. Understand people's rights to their own body. Learn about where to seek help for themselves or someone else who is experiencing sexual violence.

Note to Instructor: Some students may have extremely misogynistic (hatred towards women) views about rape. Gauge carefully whether each comment/question is genuine or meant to “get a rise” out of the class. Some students may make misogynistic comments without realizing it. Be sure to address their beliefs fairly and take adequate time to explain the reasoning behind consent laws.

1. Explain to the class that the class discussion will explore the rights a person has when it comes to their own body, especially in sexual situations. Tell the class that you will pass out a worksheet titled My Body, My Boundaries.
2. Write the word “consent” on the whiteboard. Ask students for their own definition of what sexual consent means. Remind students that consent is: active, based on equal power, a choice and a process.
3. Acknowledge to the class that there are various beliefs people have around consent and sexual violence. During Teen Talk MS, this is a safe place to discuss ideas or misconceptions they have heard, but inappropriate comments will be dealt with appropriately under your discretion.
4. Tell students that during this in-class activity they will go over the legal definitions of different sexually violent crimes where consent was not given. They will also read scenarios of teenagers who may be in unsafe situations and discuss in groups the best ways to help this person be safe.
5. Pass out My Body, My Boundaries to each student.
6. Have volunteers read the definitions of sexual harassment, sexual assault, rape, and human trafficking while the class follows along. Explain that anyone can experience any of these types of violence regardless of their gender or sexual orientation.
 - **Consent:**
 - Draw a circle on the board with the word “Consent” written in the middle.
 - Ask the class: What does the word consent mean?
 - When the class comes up with the synonym “Permission,” write it in the circle under the word consent. Explain that consent is when people mutually agree to do something sexual. This requires ongoing conversations about what they would like to do together.



- Ask the students to brainstorm the things that make up legal consent, and write them up as they are brainstormed⁶¹:
 - **Ask:** The clearest way to know whether someone wants to have sex is by asking them questions and listening to the answer. This means that someone has to ask a question, e.g. “Do you want to have sex?”
 - **“Yes!!!”:** A person must give affirmative consent – it cannot be passive. Just because a person doesn’t say “no” or “stop” doesn’t mean they are consenting.
 - **Sober:** Everyone needs to be sober and conscious, meaning a clear state of mind free from alcohol or drugs.
 - **18+:** In the State of CA, a person must be 18 years or older to give legal consent.
 - **No Pressure:** There cannot be any pressure or force. Agreement has to be voluntary and not coerced.



- **Sexual Harassment:**
 - If the person is feeling uncomfortable because of someone’s gestures or words (online, through text message, or in-person), this is considered sexual harassment.
- **Sexual Assault:**
 - In the state of California for those under the age of 18, sending nude or semi-nude pictures or movies is considered child pornography and falls under the umbrella of sexual assault, even if the images are of your own body:
 - Taking photos is considered creation of child pornography.
 - Having photos is considered possession of child pornography.
 - Sending photos is considered distribution of child pornography.
- **Rape:**
 - Penetrate means to put something inside something else.
 - Includes all three types of sex that we have talked about: oral, anal, vaginal.
- **Human Trafficking:**
 - Human Trafficking is the exploitation of someone for sex or labor using different tactics⁶²:
 - Force includes, but is not limited to abuse, assault, or confinement.
 - Fraud includes, but is not limited to false promises of work, wages, or relationships.
 - Coercion includes, but is not limited to threats of harm, psychological manipulation, or confiscating documents.

⁶¹ According to CA consent law: https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201320140SB967

⁶² National Human Trafficking Hotline. (2017). Human Trafficking. <https://humantraffickinghotline.org/type-trafficking/human-trafficking>

- Human Trafficking involves 3 different components:
 - **Action:** all facets of the act of selling a person's labor or body, including recruiting, harboring, transporting, providing, or obtaining an individual. For sex trafficking, this also includes patronizing, soliciting, and advertising an individual.
 - **Means:** force, fraud, coercion.
 - **Purpose:** labor or sexual exploitation.
- Labor Trafficking is a type of human trafficking where someone uses force, fraud, or coercion to exploit someone for labor. There is often little or no pay received for that labor and living conditions may be deplorable.
- Sex Trafficking is a type of human trafficking where someone uses force, fraud, or coercion to sexually exploit someone. Children under the age of 18 who are sexually exploited do not need to demonstrate force, fraud, or coercion. They are considered a victim regardless of these means being present.
 - Fraud means to lie about identity, intent, wants, or expectations.
 - Coercion means the ability to make a person doubt their own gut feelings, their sense of self-worth, sense of individuality, and makes them question their own personal values, and start believing what is told to them.
 - The trafficker may plant a seed of doubt that grows and over time becomes the victim or survivor's inner voice.
 - Create a possible example using a common strategy that traffickers use:
 - Trafficker gains trust → offers basic needs (shelter, food, love, money, opportunity, etc.) → over time requires something in return, using threat, force, coercion, fraud → survivor or victim feels obligated or indebted to the trafficker.
- For more information about sex trafficking and resources visit <https://sowerseducationgroup.com> or www.nationalhumantraffickinghotline.org

6. Allow students to work an additional 10-15 minutes to read through and complete the activity individually or in pairs.
7. Bring the class back together to discuss each scenario. Use the following questions and comments to guide your discussion:
 - What do we mean by sexual harassment? How does it differ from sexual assault or rape?
 - Why do you think sexual harassment is so common?
 - Is sexual harassment illegal? (Yes. The penalty depends on the situation. If touching or threat of violence or death is involved, there is the possibility of incarceration.)
 - What do most people at this school do when they see stuff like this happening?
 - What keeps us from doing or saying anything?
 - How can these types of behaviors be stopped?
 - Why is it important to report sexual harassment, sexual assault, and rape?
 - Who is a safe adult at this school to talk to if someone sexually harasses you?

For Scenario #1, the following questions might be helpful:

- Is it okay to assume someone's sexual orientation?
- What does the word "gay" mean in this scenario?
- Make sure to discuss online and in-school forms of bullying.

For Scenario #2, the following comments might be helpful:

- Remind the class that sexual harassment and assault happens in same-sex and heterosexual couples.
- Make sure to mention laws around sending nude and semi-nude pictures and movies.

For Scenario #3, the following comments might be helpful:

- The perpetrator and victim of sexual violence can be someone of any gender or sexual orientation.
- This is not an appropriate behavior or compliment for an adult to share with a young person.

For Scenario #4, the following questions might also be helpful:

- Who is the narrator of this scenario? Why might someone assume that the narrator is a woman? Could a man experience rape?
- Is it ever OK to pressure someone for sex? If not, is it actually illegal? What makes it rape?
- For some people, the line between rape and pressuring a partner for sex is blurry. What is the difference? Why do some people cross that line?
- If you are not sure your partner wants to have sex, what are some ways to find out?
- If you know someone who has been raped, what are some ways to support them?

For Scenario #5 the following are important “red flags” to address with students:

- “This guy added me online, but we didn’t have any mutual friends.” Traffickers often search for vulnerable victims; this could be online or in person. It is a clear warning sign if someone has no mutual friends or friends in common with a person trying to add them online.
- “We like all the same things.” People might have many things in common, but it is extremely unlikely that they would like ALL the same things. This might indicate that the trafficker has been cyber-stalking their victim, learning about their victim’s likes and dislikes in an attempt to get close and seem relatable.
- “He suggested we meet up soon at the mall so he could take me shopping and get my nails done.” Wanting to spend a large sum of money on someone they are just meeting is a warning sign, a red flag for potential sex trafficking. Often this behavior creates a sense of obligation for the victim to “repay” the kindness and generosity of the trafficker.
- “I only told my best friend Jazmine about the meet up because he said my parents wouldn’t understand.” Traffickers often try to isolate their victims from their networks of social support (friends and family). This could be by planting seeds of doubt in the victim’s head: their family wouldn’t understand their relationship, etc.
- “He looked like he was in college.” Traffickers may lie about their age, intentions, and motivations to get close and build trust with their victims. It is a clear red flag if someone is clearly much older than they initially said they are.
- “He said how mature I look for my age.” Traffickers may try to be charming and use money and flattery to build trust.
- “He handed me a beautiful gold necklace.” Traffickers may give expensive gifts as a way of not only building trust, but also creating a sense of indebtedness.
- “Told me he wanted to be my boyfriend officially and make me happy.” Traffickers may try to move quickly, progressing a relationship through flattery, gifts, the offer of a safe place to stay, food, or whatever the victim needs.

Students may be unaware of warning signs of sexual exploitation so it’s important to mention a few examples: being forced to have sex with someone in exchange for having a place to stay; living with an older partner who is providing all their food, constantly buying things for their partner or their partner taking care of all their needs.

- Sexual exploitation of minors happens in our communities, domestically and internationally.
 - In 2017, 705 human trafficking cases were reported in California and 544 of those were sex trafficking cases. This is the highest of any U.S. state. Within California, the highest rates are found in the San Francisco Bay Area, Los Angeles, and San Diego.⁶³
- Refer to sex trafficking resources and safe and trusted people on campus that youth can meet with if they have more specific questions or concerns about this topic.

The following are the correct answers for each scenario.

Scenario # 1: Sexual Harassment

Scenario # 2: Sexual Harassment, Sexual Assault

Scenario # 3: Sexual Harassment, Sexual Assault

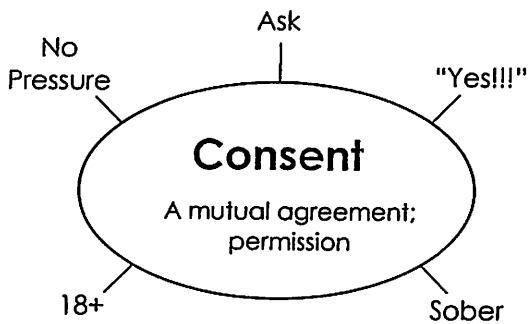
Scenario # 4: Rape

Scenario # 5: Potential Sex Trafficking

My Body, My Boundaries

Name: _____ Date: _____ Period: _____

Directions: Read each scenario carefully, underline parts that seem wrong or illegal, and identify which sexual crime is being described (some scenarios may include more than one). Then answer the questions below each scenario.



****Remember: Sexual violence is never the victim's fault.****

Help for you or a friend:

*National Assault Hotline (800) 656-HOPE
Rape Trauma Services (San Mateo County) (650) 692-RAPE
National Human Trafficking Resource Center (888) 373-7888*

- **Sexual Harassment** is doing or saying anything sexual that makes someone else feel uncomfortable. This includes name-calling, starting rumors, or making sexual jokes or gestures. It also includes unwanted communication like sexual comments, texts, or messages on social media.
- **Sexual Assault** is any unwanted sexual contact. This includes physical contact like sexual touching or kissing without consent. It also includes visual contact like flashing, showing or sending sexual pictures or movies, taking photos or videos of someone naked, or making someone touch themselves in a sexual way.
- **Rape** is any type of sex without consent. This includes penetration of a vagina, anus, or mouth using a body part or an object.
- **Human Trafficking** is forcing, tricking, or convincing someone to perform manual labor or sex work (doing sexual things for money, food, shelter, etc.). These crimes often involve threats and manipulation. If a person is doing sex work under age 18, it is considered sex trafficking regardless of other factors.

Scenario # 1: About a month ago, I posted a video on Instagram of my favorite NBA player practicing with his team. I just thought it showed off his skill, but then a bunch of other guys from school started leaving mean comments on my page, calling me "gay" because the player was practicing with his shirt off. Now they always bring it up at school and make jokes about me being gay.

Sexual Harassment _____ Sexual Assault _____ Rape _____

What could he say to his friends to make them stop? _____

they don't stop, who could he tell? _____

Scenario # 2: I'm so afraid to go to school anymore! A few weeks ago, I broke up with my girlfriend, and to get back at me, she sent some pictures of me topless to all her friends. Now everyone at school has seen them, and this group of older girls has started harassing me. At lunch they throw food at me, and when I pass them in the hallway they call me "slut" and "whore." I don't know what to do! This happens every single day. I realize I messed up by taking those pictures, but I don't think I deserve to be treated this way!

Sexual Harassment _____ Sexual Assault _____ Rape _____

What should happen to the girlfriend who sent the pictures around? _____

What should happen to the group of girls at school? _____

Scenario # 3: My uncle always has a lot of his friends over at our house. Last weekend, his close friend came up to me and told me that I'm looking really grown and sexy, and even started touching my shoulders and my butt. At first I thought it was a compliment, but it also made me feel sort of nervous. Now I'm not sure how I feel about it or if I should tell anyone what happened.

Sexual Harassment _____ Sexual Assault _____ Rape _____

Who could they talk to about what happened? _____

What could this young person have said in the moment? _____

Scenario # 4: My boyfriend and I have been dating for over a year now. I told him that I don't want to have sex until I'm married, and he accepted that. But then, a week ago, we were alone together and got a little carried away. I allowed him to take my clothes off, but when he tried to go further, I said "Let's stop, OK? I don't feel right about this." But he didn't stop. He got on top of me and put his penis inside me. As he was doing it, I was saying "Stop!" but I didn't physically push him away. I was so shocked that he wasn't listening to me! Afterwards, I didn't know if I should be mad or not. We are still together, but he doesn't even think he did anything wrong. Did he do anything wrong? I'm so confused, and I've lost all of my self-respect!

Sexual Harassment _____ Sexual Assault _____ Rape _____

What should the boyfriend have done in this situation? _____

Who can this person talk to? Who can they report this to? _____

Scenario # 5: A few months ago I met this guy online. He added me even though we didn't have any mutual friends. At first he just sent me all these funny pictures and memes, so I sent a few as well. Then one day he sent me a private message and we exchanged numbers. We've been texting a lot since then and I really like him. He's in the same grade as me, he's really cute, we like all the same things, and he's really been there for me. A week ago he suggested we meet up at the mall so he could take me shopping and get my nails done. I only told my best friend Jazmine about the meet up because he said my parents wouldn't understand. When I got to the mall I heard someone calling my name. I turned around and noticed the guy from the pictures, but he looked like he was in college. I was nervous, but it was him so we started talking. He mentioned how beautiful and mature I look for my age. Then he handed me a gold necklace and told me he wants to officially be my boyfriend and make me happy.

If you were this person's friend, what could you say or do to share your concerns with them? _____

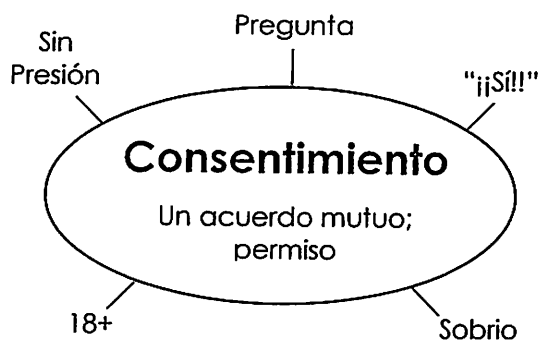
Who else could your friend talk to for additional help? _____



Mi Cuerpo, Mis Límites

Nombre: _____ Fecha: _____ Periodo: _____

Instrucciones: Lee cada escena cuidadosamente, subraya las secciones que parecen incorrectas o ilegales y marca cuál crimen sexual se describe (algunas escenas podrían incluir). Después responde a las preguntas debajo de cada escena.



****Recuerda: La violencia nunca es la culpa de la víctima.****

Ayuda para ti o un amigo:

Línea Nacional Contra el Abuso (800) 656-HOPE

Servicios de Trauma por Violación (San Mateo) (650) 692-RAPE

Centro Nacional de Recursos Contra la Trata de Personas (888) 373-7888

- **El Acoso Sexual** es hacer o decir cualquier cosa sexual que hace que alguien se sienta incómodo. Esto incluye insultos, rumores, bromas o gestos sexuales. Esto también incluye la comunicación no deseada, como comentarios sexuales, mensajes de texto, o mensajes por las redes sociales.
- **La Agresión Sexual** es contacto sexual no deseado. Esto incluye contacto físico como tocar a alguien de una manera sexual o besar a alguien sin su consentimiento. Esto también incluye mostrar el cuerpo desnudo, mostrar o enviar imágenes o películas sexuales, tomar fotos o video de alguien desnudo, o forzar a alguien que se toque sí mismo de una manera sexual.
- **La Violación** es cualquier tipo de sexo que ocurre sin tener consentimiento. Esto incluye penetración de la vagina, ano o boca usando alguna parte del cuerpo o un objeto.
- **El Tráfico Humano** es forzar, engañar, o convencer a que alguien haga trabajo manual o trabajo sexual (haciendo cosas sexuales por dinero, comida, refugio, etc.). Menudamente estos crímenes involucran amenazas y la manipulación. Si la persona que está haciendo el trabajo sexual es menor de 18 años, es considerado tráfico sexual sin importar los otros datos.

Escena # 1: Hace un mes publiqué un video en Instagram de mi jugador favorito de NBA en una práctica de básquetbol con su equipo. Pensé que sólo mostraba su talento. Pero entonces un montón de chicos de la escuela comentaron en mi página que era "gay" por ver este video porque estaba practicando sin su camisa. Ahora siempre hablan del tema en la escuela, haciendo bromas de que soy "gay".

Acoso Sexual _____ Agresión Sexual _____ Violación _____

¿Qué puede decir este chico a sus amigos para que dejen de molestarlo? _____

Si no paran, ¿a quién le puede contar? _____

Escena # 2: ¡Tengo tanto miedo de ir a la escuela! Hace un mes terminé con mi novia y luego ella envió algunas fotos de mí sin camisa a todos sus amigos para vengarse de mí. Ahora todas las personas en la escuela las han visto hasta un grupo de chicas mayores ha empezado a acosarme. En la cafetería me avientan su comida. Cuando caminé por el pasillo me llaman "marrana" y "puta". ¡Ya no sé qué hacer! Esto ocurre todos los días. Me doy cuenta que cometí un error a tomarme esas fotos, ¡pero no creo que me merezco esto!

Acoso Sexual _____ Agresión Sexual _____ Violación _____

¿Qué consecuencia debería tener la novia que envió las fotos a todos? _____

¿Y las niñas que dicen insultos? _____

Escena # 3: Mi tío siempre tiene una gran cantidad de sus amigos en nuestra casa. La semana pasada, uno de sus amigos se acercó a mí y me dijo que yo parezco muy madura últimamente. También me dijo que le estaba "calentando" y empezó a tocar mis hombros y mi trasero. Al principio pensé que era un cumplido, pero también me hizo sentir un poco nerviosa. Ahora no estoy segura de cómo me siento al respecto o si debo decirle a alguien lo que pasó.

Acoso Sexual _____ Agresión Sexual _____ Violación _____

¿Con quién podría hablar sobre lo que pasó? _____

¿Qué podría haber dicho esta persona en el momento? _____

Escena # 4: Mi novio y yo hemos estado saliendo por más de un año. Yo le dije que no quiero tener sexo hasta que me case y él aceptó eso. Pero, hace una semana, estábamos solos y empezamos a hacer más de lo pensado. Yo le permití que me quitara la ropa. Pero luego trató de hacer aún más, y le dije, "Tenemos que parar, ¿ok? Yo no me siento bien haciendo esto." Pero no paró. Se puso encima de mí y luego me metió su pene. Cuando lo hacía, le estaba diciendo, "Para", pero no lo rechacé físicamente. Yo estaba muy sorprendido de que no me hiciera caso. Después, yo no supe si debía estar enojado o no. Todavía estamos juntos, pero él ni siquiera cree que hizo nada malo. ¿Hizo algo malo? ¡Estoy tan confundido y he perdido todo mi respeto a mí mismo!

Acoso Sexual _____ Agresión Sexual _____ Violación _____

¿Qué debía de hacer el novio (perpetrador) en esta situación? _____

¿Con quién puede hablar el narrador? ¿A quién lo podrían reportar? _____

Escena # 5: Hace unos meses conocí a este tipo en línea. Me agregó, aunque no teníamos ningún amigo en común. Al principio nada más me envió unas cuantas fotos y memes, así que le envié algunas también. Después, un día me envió un mensaje privado e intercambiamos números telefónicos. Desde ese entonces, hemos estado enviando muchos textos y me cae muy bien. Él está en el mismo año escolar que yo, es muy guapo, nos gustan todas las mismas cosas y él ha estado siempre al pendiente de mí. Hace una semana, él sugirió que nos juntáramos en el centro comercial para que me compre cosas y pueda pagarme un manicure. Nada más le dije a mi mejor amiga Jazmine sobre la cita porque él dijo que mis papás no entenderían. Cuando llegué al centro comercial escuché a alguien decir mi nombre. Di vuelta y allí vi el tipo de las fotos, pero me pareció un universitario. Yo estaba nerviosa, pero sí era él y empezamos a hablar. Me dijo que soy hermosa y que parezco más grande que las otras chicas de mi edad. Después me dio un collar de oro y me dijo que quiere ser mi novio oficialmente y hacerme feliz.

Si esta persona fuera tu amiga, ¿qué podrías decir o hacer para apoyar? _____

¿Con qué otra persona podría hablar tu amiga para ayuda adicional? _____

Session 10 Wrap-Up

Objectives: To review the topics covered during the tenth session and address any questions that may have come up.

1. Remind students to write down their questions for the Question Box, if they haven't already.
2. Ask the class:
 - What were some new things that you learned from today's session?
 - How can our community (class, friends, schools, local community etc.) work to eliminate sexual violence?
3. Explain what you'll be covering during the next session.
 - In the next session, we will answer your questions that you put in the Question Box in a few minutes.
 - Practice communication skills around making informed sexual health decisions.
4. Collect the Question Box questions.

Session 11: Communication and Decision Making

Goals

- Understand the importance of communication and trust in a sexual relationship
- Practice communicating with friends and partners about sexual pressure
- Evaluate what makes someone ready for sex
- Emphasize communication with a trusted adult to support sexual health decision-making

Objectives

At the end of this session, students will be able to:

- Explain 1 reason why someone may choose to have sex and choose not to have sex.
- Provide 2 strategies for resisting pressure to engage in sexual activity by a friend or partner.
- Identify 2 ways to demonstrate affection or intimacy that do not put one at risk for pregnancy and STIs.
- Discuss decision-making process for having sex.

Why Is This Important?

This session allows students to explore the pressures to engage in sexual activity now or in the future and gives them an opportunity to consider their personal beliefs in order to make their own sexual health decisions. The activities included, will help them practice articulating their own boundaries and negotiate their preferences if they were to be in a relationship using the sexual health knowledge they have acquired thus far in the course. These activities will allow the educator to review how emotional, cognitive, social and physical development are interrelated and influence each other. By allowing students to think about and practice stating their sexual health values in a safe environment among peers, they will be better equipped to utilize these skills in their personal lives.

Materials Needed

- Anonymous Question Box
- Scratch paper cut into 2" x 2" pieces, one for each student
- A writing surface (e.g., white board, Smartboard)
- Projection technology (laptop/projector or SmartBoard)

Dealing with Pressure

- One copy of the sample Jamie & Jordan script
- Photocopies of blank scripts, one for each pair of students

My Super Future

- Photocopies of My Super Future worksheet, one for each student
- Coloring utensils (markers, crayons, colored pencils, etc.)

Preparation

- Screen Anonymous Question Box questions from the previous session and prepare responses.

Dealing with Pressure

- Photocopy Dealing with Pressure handouts, one script for each pair

My Super Future

- Photocopy My Super Future worksheet, one for each student

Are They Really Ready?

- Photocopy Am I Really Ready? worksheet, one for each student

Additional Activities*Toothpaste*

- *Toothpaste* DVD
- DVD player with projection
- Preview the film *Toothpaste* before showing it to students

Am I Really Ready? Activity

- Photocopy Are They Really Ready? question sheet, one for each group
- Photocopy Are They Really Ready? stories and cut individual sheets by story, class set; one for each group
- Photocopy Am I Really Ready? worksheet, one for each student

Total Instruction Time

Minimum: 45 min.

Maximum: 85 min.

Activity and Time Needed

Anonymous Question Box: 5 min.

Session 10 Review: 5 min.

Refusal and Rejection: 10-20 min.

Dealing with Pressure: 20-40 min.

My Super Future: 10-30 min.

Session 11 Wrap-Up: 5 min.

Additional Activities

Toothpaste Film: 30 min.

Are They Really Ready? Activity: 12-30 min.

Activity 11.1: Anonymous Question Box

Objectives: To provide students with an outlet to ask questions about sexual health and sexuality if they are not comfortable asking their question during the session.

1. Hand out Question Box scratch paper to each student at the beginning of the session. Let students know that you are providing scratch paper at the beginning of class so that they can write down any questions they have during the session.
2. Select 4-5 questions to answer during the first 5 minutes of class, however the goal is to answer all questions submitted to the Question Box by the end of the course.
3. Use the following guidelines for answering questions:
 - **Pre-screen:** Read through all the questions before you answer them. This allows you to remove personal questions or questions with names in them. You don't want to be caught off guard. Prescreening also gives you an opportunity to rephrase questions, if necessary, and do any research required to answer the question in full. It also allows you to pre-select questions as a way to introduce or supplement a topic and to control when issues get covered.
 - **Rephrase:** If a question uses discriminatory or offensive language, rephrase it to address the issue in a more respectful way. If a question uses slang, try to reword it using scientific terms. If a question gives so many details that it might breach the anonymity agreement, leave out those details.
 - **Redirect:** Address *every* question in some way. Do your best to give a full, unbiased answer. Never miss an opportunity to remind students how diseases are spread, ways to avoid pregnancy, and that people always have to ask permission to touch or do something sexual with someone.
 - **Be Real:** If you don't know the answer to a question, simply say so. You lose credibility if you make up information or only tell half the story. Acknowledge that you cannot completely understand what it's like to be a pre-teen today. Instead of trying to be "cool," ask students for more information about specific slang and issues that they face. If a question is about a situation that would require reporting to CPS, tell the students that they have the right to report that behavior to you or another trusted adult. Remind them that you are there to help protect them and that no one should have to deal with that situation alone.
 - **Be Inclusive:** Use nonjudgmental language. Answer questions as if you know there is at least one student who: never plans to have kids; never plans to get married; is LGBTQ+; doesn't know their biological parents; is sexually active; has been raped or sexually assaulted, etc. Be aware of your verbal and nonverbal reactions to questions like laughing, shaking your head, or saying "You're too young to ask that." You could be communicating powerful judgments and assumptions. Instead of belittling questions, try to affirm and legitimize the questions. You can say, "Many people ask this question," or "This is an important question."

Activity 11.2: Refusal and Rejection Skills

Objectives: Gather tools to enhance the ability to refuse anything that is unwanted, and to deal with being told “no.” Discuss why it may be hard to display refusal skills in the moment and learn different ways to practice and demonstrate these skills.

Note to Instructor: If you are working primarily with Spanish-speaking students, you may need to change the acronyms to work with your class. A Spanish version of this activity is expected early 2020.

1. Ask the class, “What strategies do people use to get what they want?” Allow the class to brainstorm different possible answers: threatening someone, bribing someone, asking nicely, etc.
2. Explain that not all these strategies are healthy, and that today we will practice two really important strategies: standing up for one’s boundaries and how to handle being rejected in a healthy way. This activity is designed to explore how to say “no” to someone we care about and what we can do if someone says “no” to us.

Part 1: Refusal Skill Building

3. Facilitate a discussion about the challenge of refusing someone:
 - What would make it difficult to say “no” to something you do not want to do?
 - Is it harder to stand up to a stranger or a friend? What about a romantic partner? An adult?
 - What strategies have you used in the past to say “no” to someone? How well did they work? What would you do differently?
4. Write the Be FIRM model on the board and explain to the class that standing up for oneself is a skill that can be learned and practiced in many different situations. Let’s explore the Be FIRM model’s steps to sticking up for ourselves:

Figure out your boundaries – the first step is to figure out your own boundaries, what you are okay doing and trying and where your limits are. Be honest and clear with yourself. If you don’t know what your boundaries are, it is hard to share those with a friend or partner.

Inform them – You can’t expect others to know how you feel unless you tell them. Use a clear and strong voice and tell your friend or partner what your boundaries are. If they ask you to do something you don’t want to do, stand up for your values using a sentence that starts with, “I won’t because” or “I don’t want to because.” There is a tendency to use an excuse (e.g. “My mom won’t let me...”) because excuses appear to work, at first. However, they signal to your friend or partner that there is wiggle room and they may continue to pressure you by breaking down your excuse.

Reason why– tell them why this is important to you (e.g. “It is against my values,” or “I am uncomfortable going further because I don’t feel I am ready”).

Make a suggestion – after saying “no,” recommend something else to do instead (e.g. go on a walk, make a snack, just kiss). Make it clear that the thing you are saying no to is the activity, not your friend or partner. You can continue to negotiate what to do until you all find a solution that both of you agree to. This is a compromise.

5. Divide the students up into pairs and have them decide who will be Partner A and who will be Partner B.

6. Project Partner B's Be FIRM scenario:

Partner B: You and your partner have been dating for two months now and things have started to heat up. You two have shared a couple of kisses, but never in front of other people. You are uncomfortable with PDA (public displays of affection) and are worried that your partner wants to kiss you in front of your friends. Use the be FIRM model to talk to them about why you are uncomfortable with PDA.

7. Instruct the pairs to use the Be FIRM model and have Partner B practice sticking up for their boundaries.
8. Debrief how someone might use the Be FIRM model with Partner B's scenario.

Figure out boundaries: uncomfortable with PDA

Inform them: "I am uncomfortable with kissing and touching in front of other people."

Reason why: "I think those moments are private and I wouldn't want to make anyone watching feel uncomfortable either."

Make a suggestion: "Maybe we can stick to holding hands when we are around others and kiss when we know we are alone."

Annotated Dialogue: "Hey, can we talk for a second? I wanted to let you know that I am uncomfortable kissing in front of other people [figure out boundary & inform them]. I think those moments are private and I wouldn't want to make anyone watching feel uncomfortable either [reason why]. Maybe we can stick to holding hands when we are around others and kiss when we know we are alone [make a suggestion]. That way we can still feel connected without so much PDA [compromise]."

9. Begin to transition to the next topic of dealing with refusal. Explain that we just focused on different strategies to stand up for ourselves. Let's now focus on the other experience of being told no. To do this, we will be playing a short game.

Part 2 – Being Rejected Skill Building

10. Introduce the amaze.org video. Explain that we are about to watch a short animated video to explore how rejection can affect someone and what they can do after being rejected.
11. Stream the video at www.amaze.org/video/healthy-relationships-rejection/. After watching the video, ask the class: "What can we do when we are upset to make ourselves feel better?"
12. Write the AFFIRM model on the board and review strategies for dealing with rejection.

Accept their decision – it may be painful or upsetting to feel rejection, but we need to respect other people's boundaries. This is the right decision for them, and it is not up to us to try to change their mind. We would want our boundaries to be respected.

Feel your Feelings – It is absolutely normal to feel upset, regretful, or even angry after experiencing rejection. Bottling up those feelings can make you feel worse in the long run and may push you towards unhealthy responses, like taking those emotions out on other people. Instead, give yourself some space and allow yourself to feel whatever it is you are feeling. Try to figure out *why you feel that way*. Are you upset because you feel embarrassed? Not good enough? Disappointed about a missed opportunity? Emotions may feel very intense at first, but gradually over time they usually calm down.

Increase self-care – While we cannot control our feelings, we can control our actions. It is important to figure out what makes you feel better when you are upset. This is part of self-care. Self-care should build you up without bringing others down. Some people may choose to be alone for their self-care, such as reading a book, going on a walk, doing yoga or other exercise, playing video games. Others may choose to engage in self-care with others, such as getting support from friends, family, or pets; talking with a counselor or therapist; community service; church; youth groups. It is important to understand the difference between positive self-care and coping strategies that are potentially harmful (e.g. drug use/excessive screen time). Self-care can offer opportunities for reflection and growth.

Reframe – Keep things in perspective and don't take the rejection personally. This rejection may be about the other person's values or boundaries, rather than about you personally. Give yourself credit for trying and remember all the times that people did say "yes" and everyone who supports you (friends and family). If people don't try, they will never have the chance to do the things they love.

Move forward – Instead of dwelling on this moment, think about the future. There are plenty of other opportunities waiting for you!

13. Project Partner A's Dealing with Rejection scenario:

Partner A: You and your partner have been dating for two months now and things have started to heat up. You two have shared a couple of kisses, but never in front of other people. You are so excited about dating them and want everyone to know! Your partner just told you they don't want to kiss in front of other people. Your feelings are hurt. Don't they like you? Think about the different strategies for dealing with rejection and respond to your partner in a respectful way.

14. Instruct the pairs to use the AFFIRM model and have Partner A practice how to respond to rejection in a respectful way.

15. Ask for volunteers to share possible responses. Offer a model of response:

"Thank you for letting me know. I am just so excited about being with you that I want everyone to know we are dating! But you are uncomfortable with kissing in public and okay with holding hands. In the future, I will do my best to remember this."

16. Wrap-up the discussion: Rejection is inevitable – at some point each of us will experience rejection and it is important to learn how to cope with how we feel when we are rejected in a healthy way.

Activity 11.3: Dealing with Pressure

Objectives: Practice communicating with friends and partners about sexual pressure. Identify ways to be affectionate that do not put one at risk for pregnancy or STIs.

1. Introduce the activity by saying that the decision to have sex or not have sex is personal and can involve many factors, including peer pressure. This activity is a way for them to learn communication skills to practice how to deal with some pressure they may experience throughout adolescence.
2. Have two brave volunteers perform the sample script (Jordan & Jamie) for the class. This will give students an idea of what their assignment will be.
3. Tell students that you will divide them into pairs and they will write their own script. Their job is to create a realistic conversation between friends within their assigned storyline.
4. Break the class into pairs and give each pair a Dealing with Pressure worksheet. If there is an odd number of students in the class, instruct the group of three to add a third character to their story so each group member has a role. There are four different prompts. Distribute them evenly so pairs are not all working on the same prompt.
5. Tell the students to read the instructions at the top and they will have about 10 minutes to write their dialogue before some pairs start performing their script.
6. Bring class back together to discuss their observations. Use the following questions to facilitate discussion.
 - Will it be easier to have this kind of conversation now that you have practiced? Why or why not?
 - What would make this conversation harder in real life?
 - Why do you think teens pressure each other to have sex or to know about sex? Why do they care?
 - If people want to be sexual with each other but not actually have sex, what are some sexual activities they can do with each other?

Dealing with Pressure – Jordan & Jamie

SAMPLE

You have been selected to help write a movie about teenage dating life. Create a realistic conversation between two best friends, Jordan and Jamie. **In this scene**, Jordan is telling Jamie that their partner keeps pressuring them to have sex even though they have decided to wait. Have Jamie give Jordan some tips so Jordan is more prepared next time their partner asks to have sex.

JORDAN: Ugh, my boyfriend keeps asking me to have sex.

JAMIE: Do you want to have sex with him?

JORDAN: Heck no! I don't feel ready and I'm just not comfortable.

JAMIE: Why don't you just tell him that?

JORDAN: Because I don't know how to say "no."

JAMIE: What do you say when he asks you?

JORDAN: I tell him "I don't know," but he still rushes me to make up my mind. It makes me feel so guilty.

JAMIE: If he has the nerve to rush you or pressure you then he sure ain't the one!

JORDAN: Oh, that's true. Should I break up with him?

JAMIE: In my opinion, yes, because you should be with someone who will wait and not pressure you. Sex doesn't make the relationship, and a good boyfriend would ask and wait til you're comfortable.

JORDAN: You're right, he's probably not the one. I'm going to break up with him. Thanks for helping me, Jamie, you're an amazing friend.

JAMIE: You know I'm always here for you!

Dealing with Pressure – Cameron & Casey

You have been selected to help write a movie about teenage dating life. Create a realistic conversation between two best friends, Cameron and Casey. **In this scene**, Casey has been trying to convince their partner to have sex, but their partner isn't ready. Have Cameron convince Casey to stop pressuring their partner to have sex.

CAMERON:

CASEY:

CAMERON:

CASEY:

CAMERON:

 CASEY:

CAMERON:

CASEY:

CAMERON:

CASEY:

CAMERON:

CASEY:

 CAMERON:

Dealing with Pressure – Alex & AJ

You have been selected to help write a movie about teenage dating life. Create a realistic conversation between two best friends, Alex & AJ. **In this scene**, Alex is joking around and making fun of AJ because AJ is waiting to have sex. Have AJ defend their reasons for not wanting to have sex.

ALEX:

AJ:

ALEX:

AJ:

ALEX:

AJ:

ALEX:

AJ:

ALEX:

AJ:

ALEX:

AJ:

ALEX:



Dealing with Pressure – Jordan & Jamie

You have been selected to help write a movie about teenage dating life. Create a realistic conversation between two best friends, Jordan and Jamie. **In this scene**, Jordan is telling Jamie that their partner keeps pressuring them to have sex even though they have decided to wait. Have Jamie give Jordan some tips so Jordan is more prepared next time their partner asks to have sex.

JORDAN:

JAMIE:

JORDAN:

JAMIE:

JORDAN:

 JAMIE:

JORDAN:

JAMIE:

JORDAN:

JAMIE:

JORDAN:

JAMIE:



Dealing with Pressure – Sam & Skylar

You have been selected to help write a movie about teenage dating life. Create a realistic conversation between two best friends, Sam and Skylar. **In this scene**, Sam is telling Skylar that the only way for Skylar to keep their partner is to have sex with them. Have Skylar stick up for their decision to wait to have sex.

SAM:

SKYLAR:

SAM:

SKYLAR:

SAM:

SKYLAR:

SAM:

SKYLAR:

SAM:

SKYLAR:

SAM:

SKYLAR:

SAM:

Entre El Amor y La Presión – Cameron & Casey

Usted ha sido seleccionado para ayudar con una película sobre la vida adolescente.

Escribe un diálogo realístico entre los amigos, Cameron y Casey. **En esta escena**, Cameron ha estado tratando de convencer a su novia a tener relaciones sexuales, pero ella no quiere. Tenga que Casey convence a Cameron de no presionar a su novia a tener relaciones sexuales.

CAMERON:

CASEY:

CAMERON:

CASEY:

CAMERON:

CASEY:

CAMERON:

CASEY:

CAMERON:

CASEY:

CAMERON:

CASEY:

Entre El Amor y La Presión – Alex & AJ

Usted ha sido seleccionado para ayudar con una película sobre la vida adolescente. Escribe un diálogo realístico entre los amigos, Alex y AJ. **En esta escena**, Alex está bromeando con AJ y burlándose de él porque está esperando tener relaciones sexuales. Ayuda a AJ a defender sus razones por no tener relaciones sexuales.

ALEX:

AJ:

ALEX:

AJ:

ALEX:

AJ:

ALEX:

AJ:

ALEX:

AJ:

ALEX:

AJ:

ALEX:

Entre El Amor y La Presión – Jordan & Jamie

Usted ha sido seleccionado para ayudar con una película sobre la vida adolescente.

Escribe un diálogo realístico entre las amigas Jordn y Jamie. **En esta escena**, Jordan esta hablando de cómo su pareja sigue pidiendo tener sexo, pero ella quiere esperarse. Hagan que Jamie le de algunos consejos a Jordan para saber que decir la próxima vez que le pida.

JORDAN:

JAMIE:

JORDAN:

JAMIE:

JORDAN:

JAMIE:

JORDAN:

JAMIE:

JORDAN:

JAMIE:

JORDAN:

JAMIE:

Entre El Amor y La Presión – Sam & Skylar

Usted ha sido seleccionado para ayudar con una película sobre la vida adolescente. Escribe un diálogo realístico entre las amigas Sam y Skylar. **En esta escena**, Sam le dice a Skylar que la única manera de mantener a su novio es tener sexo con él. Haga que Skylar cuenta sus razones para no tener relaciones sexuales.

SAM:

SKYLAR:

SAM:

SKYLAR:

SAM:

SKYLAR:

SAM:

SKYLAR:

SAM:

SKYLAR:

SAM:

SKYLAR:

SAM:

Activity 11.4: My Super Future

Objectives: Develop a plan to avoid STIs and unintended pregnancy. Reinforce awareness that decisions made now can impact the future. Empower students to take control of decisions related to sexuality and parenting. Emphasize communicating with a trusted adult to improve sexual health decision-making.

17. Explain to the class that the activity they will work on in class will help them identify their personal values and brainstorm ways to maintain healthy sexuality now and in their future.
18. Pass out My Super Future worksheet to each student and instruct them to fill it out. Tell students to answer based on their personal values. Remind students that teen parents need support and not judgment or shame. Encourage students to look up #NoTeenShame or visit: <http://noteenshame.tumblr.com/>
19. Encourage students to be creative, but remind them to keep their images classroom appropriate.
20. Ask volunteers to share their Super Future and ask them how they came to these conclusions in their comic.
21. Use the following questions to facilitate discussion:
 - Whose responsibility is it to make sure you are protected?
 - How does talking with a trusted adult help you make decisions?
 - What can you do to help achieve your goals?
 - What kind of support could help you reach your goals?
 - How can you support your peers in reaching their goals?

MY SUPER FUTURE

Name _____ Period _____ Date _____

Directions: Illustrate your future! Think about your job goals, educational goals, and family goals.

<p>In five years, I want to be _____.</p>	<p>In fifteen years, I want to be _____.</p>	<p>The trusted adult I can talk to about sex is _____.</p>
<p>If I want children, I would like to have my first (or next) child when I am _____ years old.</p>	<p>I will prevent pregnancy before I want children by _____.</p>	<p>Being a teen parent could be hard because _____.</p> <p>*Remember, teen parents deserve respect and support</p>

MY SUPER FUTURE

Nombre _____ Período _____ Fecha _____

Instrucciones: ¡ilustre su futuro! Píense en sus metas de trabajo, metas educativas y metas de la familia.

<p>¡ En cinco años, yo quiero ser _____.</p>	<p>En quince años, yo quiero ser _____.</p>	<p>El adulto en que yo le tengo confianza y que le puedo hablar desde el sexo es _____.</p>
<p>¡ Si quiero tener niños , quiero tener mi primer (o segundo) niño cuando tenga _____ años.</p>	<p>¡ Yo voy a prevenir al embarazo por _____.</p>	<p>Ser un padre adolescente puede ser difícil porque _____.</p> <p>**¡Recuerde, los padres adolescentes merecen respeto y apoyo!</p>

Additional Activity 1: Toothpaste – Film Guide

**Produced by Scenarios USA; Available at scenariosusa.com*

Objectives: Learn to negotiate safer sexual practices. Understand the importance of communication and trust in a healthy relationship.

1. Explain to the class that you will be showing them a movie about four teenagers in high school who are each thinking about having sex.
2. Instruct them to think about why each character wants to have sex and whether these are good reasons throughout the film.
3. Play *Toothpaste* for class.
4. After the film, discuss any of the following questions with the class.
 - How do you feel after watching this movie?
 - What surprised you after viewing the movie?
 - Why was it titled *Toothpaste*?
 - What character from the movie had the greatest impact on you? Why?
 - What were the differences in Carlos' and Bobby's reactions when Jennifer and Christina said they weren't ready to have sex?
 - Why do some people act like Bobby? Why do other people act like Carlos? Do you think they were brought up differently? How so?
 - How could Christina have guessed that Bobby would treat her badly? What clues did she not pay attention to?
 - Why do you think Christina wanted to have sex?
 - Do you think Christina was ready? Do you think Jennifer was ready? Why or why not?
 - Do you think Carlos was ready? Do you think Bobby was ready? Why or why not?
 - What could Christina have done immediately after having sex since they didn't use a condom?
 - What could Christina have done if she became pregnant?
 - How can a person tell if a partner really cares about them?
 - What are your responsibilities to your partner in a sexual relationship?

Additional Activity 2: Are They Really Ready?

Objectives: Prepare to respond to a sexual situation or problem faced by a person their own age. Prepare healthy advice/suggestions for dealing with the situation. Explore different ways to problem-solve and make decisions.

Note to Instructor: This activity contains true stories adapted from different people's first sexual experiences. Stories were collected from heterosexual and gay teens and reflect their individual experiences. Be sure to warn the students that homophobia of any kind will NOT be tolerated in your classroom and that students who do not act respectfully will be sent out.

The subject matter of some of these stories may be too mature for some students. Please read through the stories prior to this activity and choose the stories most appropriate for your community and class. This activity is used as a preventative discussion for youth to think about situations before potentially experiencing them. This will help them better plan for future decisions.

1. Tell students that they will work in pairs or small groups to read different stories about different people's first sexual experiences.
2. Break students into small groups of 3-4 students each. Pass out one of the Are They Really Ready? stories and a copy of the Are They Really Ready? question sheet to each group.
3. One person in each group should read their story aloud to the others, and then the whole group will discuss whether the person in the story was ready for sex or not. Students should use the list of questions to help guide their discussion.
4. Optional: Ask each group to designate one person to write down the group's answers to each question.
5. Optional: If you have time, rotate the stories through the groups to allow each group to read several of the stories before they present on the first story they read.
6. Once the groups are finished, have one volunteer from each group present their scenario to the class. The presentation should include a short summary of the story, whether or not the group felt that the person in the story was ready for sex, and several reasons for the group's decision.

Instructor guide: Are They Really Ready?

- **Nina: POSSIBLY READY**
 - Had been with her partner for a long time
 - Used birth control
 - No regrets
- **Erik: NOT READY**
 - They were intoxicated
 - They did not discuss consequences, their relationship, or possible emotions
 - Possible regret
- **Courtney: POSSIBLY READY**
 - Had been with her partner for a long time
 - Discussed consequences, their relationship, and their emotions
 - No regret
- **Jayden: POSSIBLY READY**
 - Discussed having sex with his partner
 - Used birth control and STI protection
 - No immediate regrets, but possibly regretful after they broke up
- **Veronica: NOT READY**
 - They were intoxicated
 - They did not discuss consequences, their relationship, or their emotions
 - She regretted it
- **Sara: NOT READY**
 - Did not use reliable birth control or STI protection
 - Relationship became focused on sex
 - She regretted it
- **Miguel: NOT READY**
 - Did not know his partner
 - They were intoxicated
 - Possible regret
- **Nick: NOT READY**
 - Nick experienced date rape. This is an opportunity to discuss date rape further. For more guidance on how to discuss date rape and sexual abuse, see My Body, My Boundaries activity.

Are They Really Ready?

Directions: Read through the scenario you are given and consider the items on this checklist. Someone who is truly ready to have sex should be able to say yes to everything on this list. After carefully reading through the scenario, check off the things that you feel apply, and determine whether the person in your scenario was really ready for sex.

- _____ 1) Did the person have sex because **they wanted to**, not because they felt pressured or because they wanted to show off to their friends?
- _____ 2) Did the person **ask their partner** if they were ready? Did they know for sure that their partner also wanted to have sex?
- _____ 3) Did they talk about the possible **emotions** they might experience after sex? Did they talk about how they will **treat each other** after having sex?
- _____ 4) Did the person feel **comfortable** and **safe** with their partner? Was the person able to have sex without being drunk or high?
- _____ 5) Did having sex make either person feel **uncomfortable**? If the relationship became **focused on sex**, was the couple able to stop having sex?
- _____ 6) Did the person start to develop **serious emotions** about sex or their partner? Did both people feel the same way? Were they ready for those emotions?
- _____ 7) Did the person ask their partner about past **sexual experiences**? Did the couple **create a plan** to protect themselves from STIs?
- _____ 8) If a pregnancy is a possibility, did they use a **birth control** method every time? Did they talk about what they will do if a **pregnancy** occurs?
- _____ 9) Was it **legal**? Were both people **over 18** years old? Did they **both consent** to have sex?
- _____ 10) Does the person look back at their decision to have sex with **no regrets**?

Are They Really Ready?

Directions: The following scenarios are fictional stories about teens having sex for the first time. Use the “Are They Really Ready?” worksheet to determine whether or not these teens were ready for sex. If not, what could they have done that might have resulted in a more favorable outcome for everyone involved?

Nina

I'd known Dominic for a long time, but it wasn't until 11th grade that we started going out. That was two years ago, and we've been together ever since. After about a year, we both felt we wanted to have sex. We'd nearly done it anyway. Because we were friends and talked a lot, we talked about sex too. We were both really nervous, but talking and laughing about it really helped. Plus, we were able to make sure nothing drastic happened to our relationship or our lives. Although we loved each other a lot, at age 17 we certainly weren't ready for a baby, and we didn't want put our health at risk. So, we went together to the teen clinic and sorted things out with birth control so that we wouldn't be worried. We made sure we picked the right time and the right place to do it, too. It would have been awful for someone to walk in on us during our private time. What was it like? Well, it's difficult to describe, because I'd never really felt anything like it before. I had masturbated before, but sharing myself with someone I love and respect was really different and it felt so special.

Erik

There was a huge spring break party at Paulina's house. Everyone was drinking and having a good time. I met up with Nathan, the guy that I've been seeing for a few months now, and he handed me an alcoholic drink. Nathan kept telling me to drink faster so that I could catch up to everyone else since I got there late. I didn't really like that Nathan was so pushy with the drinks, but everyone else looked like they were having so much fun, so I kept drinking with him. As the night went on, Nathan kept kissing me and saying he wanted to have sex. I had never had sex with anyone and felt that at 17 years old I might as well give it a try, but I wasn't completely sure yet. I liked Nathan a lot, and we always had a good time together, but I wanted my first time to be romantic, not a drunken hookup. We walked back into the house and found an empty bedroom. We started kissing, and before I knew it, he was putting on the condom and then we were suddenly having sex. After it was over with, I didn't feel any different. I didn't feel any closer to him or more special in our relationship. We had never even talked about getting tested for STIs beforehand! I'm a little scared now, and not sure where to go from here. I wish I had thought it through a little longer before taking that step.

Courtney

Lisa and I had been dating for over a year when we slept together for the first time. I had kissed a few guys before her, but never another woman. Let's just say that kisses from guys left me feeling bored, like there was something missing. It was a school night, but my parents were out of town, so I took the opportunity to stay over at Lisa's house. We went down to the basement and started watching a movie. Neither of us had ever been with another girl before, but she had had sex with a guy in the past. I asked her about STIs and all that, and we knew we didn't have to worry about pregnancy. About 15 minutes into the movie, we started making out and decided to move upstairs to her room. I felt nervous but excited. Lisa began to move quickly, but I stopped her and said, "We have all night. Let's take our time," and she agreed. The next morning, I woke up next to her and knew that being with a woman felt right to me.

Jayden

I lost my virginity at the age of 15 with my girlfriend at the time, who was 16. We'd dated for almost six months before we decided to go all the way, even though we had explored each other's bodies before. We had also known each other for a long time and had been good friends for years, we were very comfortable with each other. My girlfriend and I agreed that we wouldn't feel safe she wasn't on birth control, so she asked her doctor about it and had a pelvic exam. She was nervous, but said it wasn't as bad as she'd thought. I remember having to wait for a couple weeks after she started the pill before we could have sex, and during that time we came very close to having sex without any protection... We should have had some condoms nearby as a backup! My penis ended up touching her vagina and we both freaked out because there was still a chance that she could become pregnant (but luckily, she didn't). One day, I went over to her house and it happened. We started kissing and touching each other and spent about half an hour warming up. Then I attempted to put a condom on, but I didn't know what I was doing so I failed miserably (three times!) and I kept going soft from anxiety and nerves. We tried again a few minutes later and somehow managed to get the condom on properly. The whole thing lasted less than 10 minutes. I'm glad that I did it, and I don't regret what happened because we were safe about it and I was ready. However, we recently broke up, and let me tell you, those wounds aren't healing. Heartbreak hurts, and I still cry about it.

Veronica

I'm 14 years old, and I know this guy named Blake who is also 14. We first met when we were just seven and I had recently transferred to his school. I had liked him for a while, but then at a friend's camping party, we both got very drunk and I asked him if he'd make out with me. He said yes, and that he liked me too. After a while, we went into Blake's tent, and he asked me if I was ready. I knew what he meant. We messed around for a little, and the last thing I remember was him putting the condom on. The next day he gave me the cold shoulder and told me we made a mistake, that things between us were going nowhere. About two weeks later, my period was due, but it didn't come. I was scared that the condom had broken or something, but I waited it out. It was awful. After another two weeks, I asked my friend to come with me to the school nurse to get a pregnancy test. It turned out that I wasn't pregnant. The next time I saw Blake, I told him what had happened and he just said, "But you're not, so it's okay." I was so annoyed with him. I asked him what he would have done if I was. He said that he would've figured that out if it had actually happened, which made me really angry. The moral of my story is: Don't lose your virginity on a drunken one-night stand, no matter how long you've known the guy. It can lead to potentially terrible consequences and a lot of heartache.

Sara

My first time was when I was 15, and my boyfriend at the time was 17. We had been dating for six months when it happened. I'm not sure why I gave in, but one thing led to another and soon he asked me if I was ready, and I was, so I said yes. He was very gentle, and he pulled out before he came. First mistake: no condom. He started wanting sex every time we saw each other, and he never wanted to use a condom. After this went on for a while, I told him that we needed to slow down and be more careful by using protection. I never thought I would come across a guy who would be so against using a condom! He complained but we used it...*once*. I felt so much better being protected and was able to relax, but soon enough he stopped and said he couldn't feel anything. And that was the end of being safe. I confronted him about how we'd been having sex too often, and we decided to cut back to every once in a while, but this was short-lived. I didn't push the issue because the thought of not being close to him like that kept me from saying too much more about it. I regret it now. I wish I would've waited until I was more sure about him. Yes, I loved him, but I was so young and too scared to stand up for myself. Breaking up with him was the hardest thing I've ever done, but I could no longer stand feeling as though he owned me. I want to make sure that from here on out I only have sex with someone I plan to spend the rest of my life with. I don't want to feel used ever again.

Miguel

I was at this party when this girl came up to me. We talked for a while, and she seemed to like me. When the party was over, I walked with her back to her apartment. We were both a little tipsy. I wanted to make out with her, so I leaned in and tried to kiss her. She said something like, "I'm a little drunk." Taking advantage of the situation, I asked her, "Are you drunk enough to kiss me?" She laughed and said, "Yeah," and we immediately started making out. After about five minutes of that, she pulled away and asked me if I wanted to have sex. I never expected things to go this far! She asked if I had any condoms and I said yes, because I always keep a packet of condoms in my car, just in case. We got in the backseat and began to make out again. After a while, I took one of the condoms and tried to fit it onto my penis. I had never put on a condom before, so it felt kind of awkward. But it was better than risking pregnancy, especially with a one-night stand. When I pulled my penis out afterwards, I was horrified—the condom broke! Fortunately, neither of us had STIs, and she didn't get pregnant either. I was lucky that time, and after going through a scare like that, I'll know better next time. Hopefully, it will be with a girl who is looking for a relationship.

Nick

I'm 16 and about to be a junior in high school. I have always said that I wanted to have sex for the first time with someone I really cared about, so that it would really mean something. I was waiting to meet the right person to do it with. Last year I had this friend, Mariana, who was kind of like a friend with benefits. We'd done everything but sex... I just didn't want to do that with her. We were watching a scary movie and making out when suddenly I felt her on top of me. She was pulling my jeans off. I said no at first, but she has such a sweet face that I eventually gave in. So, we had sex in her basement, on the couch. I hated it. As soon as I got in my car, I started to cry. It was so awkward and wasn't enjoyable at all. It only lasted like three minutes. I really regret doing it—well, with her at least. She's on birth control, but we didn't use a condom. And Mariana has been with a lot of guys, so now I'm nervous that she gave me something. Maybe I need to get tested for STIs. Don't make the mistake of letting someone take advantage of you just because you feel bad for saying no. Do it with someone you want to do it with.

¿Están Realmente Listos?

Instrucciones: Lee la escena que tienes enfrente y considera las cosas en la lista. Alguien que es verdaderamente listo para tener sexo debe de poder contestar “sí” a cada cosa en la lista. Después de leer la escena cuidadosamente, marca una palomita al lado de las cosas que piensas que aplican y determina si la persona en tu escena era verdaderamente lista para el sexo.

- _____ 1) ¿Tuvo la persona relaciones sexuales porque realmente **quería** y no por sentirse **presionada** ni para **impresionar** a sus amigos?
- _____ 2) ¿Preguntó la persona si su **pareja estaba preparada**? ¿Supo con certeza que su pareja también quería tener sexo?
- _____ 3) ¿Habló la pareja sobre los **sentimientos** que podrían tener y cómo **se tratarían** mutuamente después de tener relaciones sexuales?
- _____ 4) ¿Se sintió la persona **cómoda** y **segura** con su pareja? ¿Pudo tener relaciones sexuales sin estar borracha o drogada?
- _____ 5) ¿Después de tener relaciones sexuales, alguno de los dos sintió **incómodo**? ¿La relación comenzó a centrarse en el sexo, ¿la pareja pudo **parar**?
- _____ 6) ¿Comenzó la persona a desarrollar **sentimientos serios** acerca del sexo? ¿Los dos sintieron lo mismo? ¿Ambos estaban preparados para esos sentimientos?
- _____ 7) ¿Hablaron sobre sus experiencias sexuales pasadas? ¿La pareja tuvo un plan para protegerse de las infecciones de transmisión sexual?
- _____ 8) Si existió la posibilidad de un embarazo, ¿la pareja utilizó **anticonceptivos**? ¿Hablaron de lo que harían si ocurriera un **embarazo**?
- _____ 9) ¿Era **legal**? ¿Ambos eran mayores de 18 años? ¿Pidieron **permiso**?
- _____ 10) ¿La persona se **arrepintió** su decisión de tener relaciones sexuales?

¿Están Realmente Listos?

Instrucciones: Las siguientes escenas son cuentos ficticiales sobre unos adolescentes que están teniendo sexo por la primera vez. Usa la hoja titulada “¿Están realmente listos?” para determinar si o no estos adolescentes estaban listos para el sexo. Si no, ¿qué hubieran podido cambiar para tener el resultado más favorable para todos los involucrados?

Nina

Había conocido a Dominic por mucho tiempo, pero no fue hasta el 11° grado que comenzamos a salir. Eso fue ya hace dos años y hemos estado juntos desde ese entonces. Después de un año, los dos sentíamos que queríamos tener relaciones sexuales. Casi lo habíamos hecho de todos modos. Como éramos amigos y hablábamos mucho, también hablábamos sobre el sexo. Los dos estábamos muy nerviosos, pero hablar y reírnos del asunto ayudó mucho. Además, nos habíamos asegurado de que nada drástico sucediera. Aunque nos amábamos mucho, no estábamos listos para un bebé a los diecisiete años y no queríamos poner nuestra salud en peligro. Así que fuimos juntos a la clínica y arreglamos todo sobre los anticonceptivos para que no hubiera ninguna preocupación. También nos aseguramos de que eligiéramos el momento y el lugar correcto. Hubiera sido terrible si alguien nos encontrara durante nuestro momento íntimo. ¿Cómo fue? Bueno, es difícil de describir en realidad, porque nunca había sentido nada parecido antes. Me había masturbado antes, pero compartir mi cuerpo con alguien a quien amo y respeto era algo muy diferente y especial.

Erik

En las vacaciones de primavera había una fiesta en la casa de Paulina. Todos estaban tomando y divirtiéndose. Yo me encontré con Nathan, el chico con quien he estado saliendo por unos meses, y él me dio una bebida alcohólica. Nathan me dijo que tomara más rápido para que pudiera alcanzar a los demás porque yo había llegado más tarde. No me gustó que Nathan estuviera tan agresivo al darme las bebidas, pero todos parecían estar divirtiéndose tanto que seguía tomando con él. Después, Nathan me estaba besando y me decía que quería tener sexo. Yo nunca había teniendo sexo antes, y sentía que a los 17 años ya era tiempo de probarlo, pero todavía no estaba completamente seguro. Nathan me gustaba mucho y lo pasaba bien con él, pero no quería estar borracho mi primera vez – quería que fuera algo romántico. Entramos a la casa y encontramos un cuarto vacío. Comenzamos a besarnos y antes de que me diera cuenta, él se estaba poniendo un condón y de repente estábamos teniendo sexo. Después, no me sentía diferente. No me sentí más unido a él, ni que nuestra relación era más especial. ¡Ni siquiera tuvimos la oportunidad de hablar de las pruebas de ITS antes! Ahora estoy un poco preocupado y no sé que hacer. Me hubiera gustado pensarlo un poco más antes de tomar ese paso.

Courtney

Lisa y yo habíamos estado saliendo por más de un año cuando tuvimos sexo por primera vez. Yo había besado a algunos tipos antes que ella, pero nunca a otra mujer. Se podría decir que los besos de los hombres me dejaron aburrida, como si algo faltara. Fue una noche de entresemana, pero mis papás estaban de viaje, así que aproveché y pasé la noche en la casa de Lisa. Bajamos al sótano y empezamos a ver una película. Ninguna de las dos habíamos tenido sexo con una mujer, pero ella había tenido sexo con un hombre en el pasado. Le pregunté sobre las ITS y todo eso, y supimos que no teníamos que preocuparnos del embarazo. Alrededor de 15 minutos después de que la película comenzó, empezamos a besarnos y decidimos cambiarnos hasta su cuarto. Me sentía nerviosa pero emocionada. Lisa empezó a avanzar rápidamente, pero la paré y le dije, “Tenemos toda la noche. Vamos a tomarlo con calma,” y ella estaba de acuerdo. La siguiente mañana, me desperté al lado de ella y sabía que estar con una mujer era lo correcto para mí.

Jayden

Perdí mi virginidad a los 15 años con mi novia de ese momento, que tenía 16 años. Llevábamos casi seis meses saliendo cuando decidimos hacerlo, aunque ya habíamos explorado nuestros cuerpos anteriormente. Nos conocíamos muy bien y éramos amigos desde hacía años, así los dos estábamos muy cómodos juntos. Mi novia y yo estábamos de acuerdo en que no nos sentiríamos cómodos si yo no usara ningún método anticonceptivo. Por eso ella habló con su médico y tuvo su primer examen ginecológico. Ella estaba nerviosa, pero resultó no ser tan malo como había pensado. Recuerdo que tuvimos que esperar un par de semanas después de comenzar las pastillas para que pudiéramos tener sexo, y durante ese tiempo casi tuvimos relaciones sexuales sin protección.... ¡Hubiéramos usado condones como respaldo! Mi pene tocó su vagina y nos asustamos porque siempre hay una posibilidad del embarazo (pero, afortunadamente, no pasó nada). Un día, fui a la casa de mi novia y sucedió. Estábamos besándonos y tocándonos y hubo mucho juego previo, como unos 40 minutos, y luego traté de ponerme un condón, pero no sabía cómo hacerlo y fallé miserablemente (¡3 veces!) y perdí la erección por la ansiedad y los nervios. Lo intentamos de nuevo unos minutos después, y esta vez pusimos el condón correctamente. Duró 10 minutos en total. Me alegro de haberlo hecho y no me arrepiento de lo que pasó, porque estábamos seguros y yo estaba listo. Sin embargo, recientemente nos separamos y, déjeme decirle, esas heridas no se curan. El desamor duele, y todavía lloro cuando pienso en ella.

Verónica

Tengo 14 años y conozco a un muchacho que se llama Blake que también tiene 14 años. Nos conocimos cuando yo tenía 7 años y apenas había cambiado de escuela. Me había gustado por un tiempo, y después en una fiesta de acampar de un amigo, los dos nos pusimos muy borrachos y le pregunté si quería besarme. Me dijo que sí y que yo le gustaba también. Después de un rato, nos fuimos a la tienda de campaña de Blake, y él me preguntó si yo estaba lista. Yo sabía lo que quería decir. Pasamos un rato explorando nuestros cuerpos y lo último que recuerdo es cuando se puso el condón. Al día siguiente, me habló de una manera muy fría y dijo que era un error, y que nuestra relación no iba a continuar. Alrededor de 2 semanas más tarde, esperaba mi periodo, pero no me bajó. Tenía miedo de que el condón se había roto o algo así, pero de todas formas esperé. Era terrible. Después de otras 2 semanas, le pedí a mi amiga que me acompañara a la enfermera de la escuela para obtener una prueba de embarazo. Resultó que no estaba embarazada. La siguiente vez que vi a Blake le conté sobre lo que había pasado y él simplemente dijo, "Pero no estás embarazada, así que está bien." Yo estaba tan molesta con él. Le pregunté qué hubiera hecho si hubiera quedado embarazada. Dijo que lo hubiera arreglado de todos modos, y me enojé aún más. La moraleja de mi historia es: no pierdas la virginidad en una noche de borrachera, no importa hace cuánto tiempo que conoces al muchacho. Puede traer consecuencias terribles y romper tu corazón.

Sara


La primera vez fue cuando tenía 15 años; mi novio de ese entonces tenía 17 años. Habíamos estado saliendo por 6 meses cuando pasó. No estoy segura por qué cedí, pero una cosa lleva a otra y, de pronto, me preguntó si yo estaba lista. Y sí estaba, así que le dije que sí. Fue realmente suave y sacó su pene antes de eyacular. El primer error: no usamos condones. Empezó a querer sexo cada vez que nos veíamos, y nunca quería usar condones. Después de un tiempo de esta rutina, le dije que realmente teníamos que tomarlo un poco más despacio y tener más cuidado. ¡Nunca pensé que llegaría a conocer a un muchacho que estuviera tan en contra de usar un condón! Se quejaba, pero lo usamos... *una vez*. Me sentí mucho mejor con protección, me pude relajar, pero de pronto él paró y me dijo que él no sentía nada. Ese fue el fin de estar protegidos. Lo enfrenté y le dije lo mucho que estábamos teniendo demasiado sexo, por lo que decidimos hacerlo sólo de vez en cuando, pero esa decisión duró poco. No lo presioné porque la idea de no estar cerca de él me impedía decir empujar el tema. Me arrepiento ahora. Me hubiera esperado hasta que yo estuviera segura de querer tener sexo con él. Sí, lo amaba, pero yo era muy joven y no pude defender mis valores en contra de él. Fue lo más difícil que yo he hecho cortar con él, pero ya no podía soportar sentir que él era mi dueño. Quiero asegurarme de que de ahora en adelante sólo voy a tener relaciones sexuales con quien yo pienso pasar el resto de mi vida. Nunca más quiero sentirme usada.

Miguel

Yo estaba en una fiesta cuando esta chica se acercó a mí. Hablamos un rato y parecía que yo le gustaba. Cuando la fiesta se acabó, caminé con ella a su departamento. Los dos estábamos un poco borrachos. Yo quería besarla, así que me acerqué a ella. Ella dijo algo como, "Estoy un poco borracha." Aprovechando de la situación, le pregunté: "¿Estás suficientemente borracha como para besar?" Ella dijo que "Sí" y comenzamos a besarnos de inmediato. Después de cinco minutos así, ella me preguntó si quería tener relaciones sexuales. ¡Nunca esperé que así llegara a tanto! Me preguntó si tenía condones, y le dije que sí porque siempre tengo un paquete de condones en mi coche, por si acaso. Nos metimos en el asiento de atrás de su coche y comenzamos a besarnos de nuevo. Después de un rato, tomé uno de los condones y traté de ponérmelo en mi pene. Nunca me había puesto un condón antes, así que lo sentí un poco incómodo. Sin embargo, era mejor que correr el riesgo de un embarazo, especialmente en una relación de sólo una noche. Pero cuando saqué mi pene, yo estaba traumatizado—¡El condón se rompió! Afortunadamente, ninguno de nosotros teníamos una infección de transmisión sexual y ella no quedó embarazada. Tuve suerte esa vez, y voy a ponerlo mejor la próxima vez. Con suerte, será con una chica que está buscando una relación.

Nick

Tengo 16 años y pronto voy a comenzar el penúltimo año de la preparatoria. Siempre he dicho que querría tener sexo por la primera vez con alguien que me importara mucho para que fuera algo significativo. Yo estaba esperando hasta que conociera la persona correcta. El año pasado, tenía esta amiga, Mariana, que era como una amiga con beneficios. Habíamos hecho todo menos sexo.... No quería hacer eso con ella. Estuvimos viendo una película de terror y besándonos cuando de repente la sentí encima de mí. Ella estuvo quitando mis jeans. Le dije que "no" al principio, pero tiene una cara tan linda que eventualmente me rendí. Entonces, tuvimos sexo en el sótano, en el sofá. E inmediatamente cuando llegué a mi coche, empecé a llorar. Era tan incómodo y no lo disfruté para nada. Duró nada más de tres minutos. Me arrepiento mucho por haberlo hecho—pues, con ella por lo menos. Ella está usando un método anticonceptivo, pero no usamos condón. Y Mariana ha estado con muchos chicos y estoy nervioso de que me contagié de algo. Tal vez debería de hacerme una prueba de ITS. No hagas el error de dejar que alguien aproveche de ti sólo porque te da pena decirle "no". Hazlo con alguien con quien quisieras hacerlo.



Session 11 Wrap-Up

Objectives: To review the topics covered during the eleventh session and address any questions that may have come up.

1. Remind students to write down their questions for the Question Box, if they haven't already.
2. Ask the class:
 - What are some reasons people choose not to have sex?
 - What important things partners should discuss before they have sex?
 - What are some ways that people can stop pressuring other people when it comes to sexual decision-making?
3. Explain what you'll be covering during the next session.
 - In the next session, we will answer your questions that you put in the Question Box in a few minutes.
 - We'll also review everything we've learned in Teen Talk MS.
4. Collect the Question Box questions.

