

STD Basketball

This lesson focuses specifically on STDs; therefore, it is recommended that your Club sequencing also include a lesson focused on the risk of pregnancy so participants develop understanding of both of these topics as risks of sexual activity.

Goal

Increase understanding of sexually transmitted diseases (STDs), including prevention, how they are contracted and treatment

Getting Ready

Gather

- Pens/Pencils, Post-its, Tape, Bag, Container to serve as a "basket"
- For Option 1 (if applicable): Journals/Notebook Paper; Optional: Music
- Optional: Prizes

Prepare

- Copy and cut "True Or False? Statements" Facilitator Resource, then place statements in a bag. Review "True Or False? Answers" Facilitator Resource.
- Draw a scoreboard on the board/chart paper.
- Place basket in the front of the room. Use tape to mark a line for participants to stand on when shooting.
- For Option 1 (if applicable): Review *Journal Reflection* and write questions on board/chart paper.
- For Option 2 (if applicable): Review *#TweetIt Reflection*.
- Review "STD Overview Chart" Facilitator Resource in "STD Handshake" lesson (LAM-HW-F7).
- Look up your state's law(s) regarding confidentiality for adolescents receiving STD testing and treatment.
- If appropriate to your site/setting, write on board/chart paper or make available to participants resources such as
 - The Centers For Disease Control (CDC)'s <https://gettested.cdc.gov/> website, where users can search for testing sites by zip code
 - The names and phone numbers for local testing resources
 - Brochures or print-outs of information from local testing resources
- If additional information about specific STDs will be useful, access or print pamphlets from the CDC: <http://www.cdc.gov/std/products/default.htm>.

Decide

- How to form groups; *Suggested Group Former: Sound Off*
- Whether to give prizes to the group(s) with the most points
- Between Option 1 or 2

MULTIPLE INTELLIGENCES

-  Interpersonal
-  Intrapersonal
-  Body/Kinesthetic
-  Verbal/Linguistic
-  Musical/Rhythmic

Knowing Yourself & Your Teens

How comfortable are you with this content? What might help you feel more comfortable?

How comfortable do you anticipate participants will be with this content? How will you support participants who are uncomfortable with this topic?

How comfortable do you feel answering participant questions? (Remember, it's okay to look for the answer together or find out and get back to them!)

What misinformation about STDs might participants have heard and/or believe?

How might your personal values and/or experiences influence your facilitation of this lesson? How difficult will it be for you to have participants share experiences, perspectives and opinions that are different from your own? Consider how to remain non-judgemental while presenting medically accurate information throughout this lesson.

Use inclusive language. Even if you have known all your participants a long time, do not make assumptions about their sexuality and who they are interested in dating. LGBTQ youth can quickly feel isolated if all relationship examples and language are only heterosexual. Use the term "partner" to refer to a romantic partner.

Consider how to support participants who share the need to access STD testing.

B

Ask

- There are more than 20 million new cases of sexually transmitted diseases each year in the United States, and about half of these are in people between the ages of 15 and 24. Why do you think that is?

Share

- Today we're going to talk about sexually transmitted diseases, or STDs.
- We're going to play a game to see what we know about STDs and to help us learn more.
- When we talk about sensitive topics like this, we need to pay extra attention to our group
- We know that sometimes when we feel uncomfortable, we can get a little silly and giggly. It's okay to be silly and giggly, but it's not okay to be disrespectful or put anyone down.
- It's not okay to put people on the spot or identify someone by name and share their personal experience.

E

Divide participants into groups. Have groups choose team names and fill them in on the scoreboard.

Show participants the bag with the statements from the "True or False? Statements" Facilitator Resource and the basket.

Share

- This bag is full of "True or False?" statements about STDs.
- Teams will take turns choosing a statement, reading it aloud, then deciding if they think it is true or false.
- When a team correctly identifies whether a statement is true or false, they will receive 2 points.

- If they can explain why the statement is true or false, they can earn a 3rd point.
- If they cannot explain why the statement is true or false, other teams can raise their hand to “steal.”
- If the team who wants to steal can provide a correct explanation, they will earn one point.
- If the team who chose the statement out of the bag gets both parts correct—the true or false and the explanation—they can send someone up to try to shoot the statement into the basket. If they make a basket, they get another point, for a total of 4 points.

FACILITATOR TIP



If “stealing” is difficult because teams argue over who put their hand up first to steal, pass out post-its to all teams who want to try to steal and have them write down their answers. Award points to all teams whose answers are true and provide useful information.

Begin playing, rotating from team to team after each statement. Use the “True or False? Answers” Facilitator Resource to provide additional information about the statements.

+ Extension goes here

End the game at the end of a round, when all teams have had the same number of turns. Review teams’ point totals, congratulate the winning team and, if applicable, pass out prizes. Remind participants that the goal of the game was to learn useful information, not just to win a prize.

R/D

FACILITATOR TIP



These reflection questions should be a review from the lesson—as long as participants answer correctly, move through them quickly. If participants do not answer correctly, pause to discuss to make sure they understand the correct answer.

Share

- We’ve talked about a lot of information today, and as we finish, I want to make sure everyone understands certain pieces of information very clearly.

Ask

- Do STDs always have symptoms? *(No)*
- When STDs do have symptoms, what might they include? *(Redness or soreness of the genitals; pain and/or burning during urination; strong-smelling or cloudy urine; abnormal discharge from the genitals or anus; genital itching; sores or blisters on or around the genitals, mouth or anus; bleeding between periods; pain during sex; muscle aches; a sexual partner with symptoms.)*
- Who needs to be tested? *(Anyone who is sexually active. Talk to a healthcare provider for specific test recommendations, as this can vary by age, biological sex, risk level, etc.)*
- When should people who are sexually active be tested? *(Regularly, even if no symptoms are present, and as soon as possible if symptoms occur. A healthcare provider can give specific recommendations for how often someone should be tested.)*
- What is the most effective way to avoid getting an STD? *(Abstain from sexual contact of any kind.)*
- If a person is sexually active, how can they reduce their risk of getting an STD? *(Correctly use latex, polyurethane or polyisoprene condoms or dental dams every time they engage in sexual activity and limit sexual activity to only one partner who has no other partners and has been tested and is not infected. Vaccines are available to prevent Human Papillomavirus (HPV) and Hepatitis B.)*

- What are 3 things a person should do if they think they may have been exposed to or infected with an STD? (*Seek medical treatment right away; tell sexual partner(s); abstain from sexual contact until they have been treated and followed all directions from their healthcare provider.*)

Ask

- Did you learn anything new today? What?
- Did anything we talked about surprise you?
- Why might a person put off getting tested for STDs or find it difficult to get tested? What advice would you have for them?
- What do you think would be the most difficult thing for someone who found out they had an STD?
- What does communication have to do with reducing the risk of STDs?

A

Option 1

Using a *Journal Reflection*, ask

- When it comes to STDs, I think the most important thing to remember is...
- I can use the information I learned today to...



FACILITATOR TIP



Consider playing music while participants write.

Option 2

Using a *#TweetIt Reflection*, have participants share what they will take away from this activity.

Extension

Spend additional time playing the game.

This lesson is adapted with permission from SHAPE America - Society of Health and Physical Educators, 1900 Association Drive, Reston, VA 20191, www.shapeamerica.org

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Sexually Transmitted Infections (n.d.) Retrieved March, 2016, from https://www.womenshealth.gov/files/assets/docs/the-healthy-woman/sexually-transmitted_infections.pdf

Briefing statistic regarding the number of sexually transmitted diseases—Source: Centers for Disease Control and Prevention, Accessed May, 2017, from <https://www.cdc.gov/std/life-stages-populations/adolescents-youngadults.htm>.

True or False? Statements

Instructions

- Copy and cut, then place in a bag.
- Statements are numbered to make it easier to locate the corresponding answer and additional information in the “True or False? Answers” Facilitator Resource.
- Consider adding statements specific to the needs of your group, the resources available in your area or local or state laws.
- Consider adding statements from “Understanding and Talking About STDs” (LAM-HW-A5). Numbers 1-15 will be the same, then additional statements will be different.



1. The best time to start thinking about STDs is as soon as possible after a person has become sexually active.

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2. The most effective way to avoid getting an STD is to use condoms.

.....

3. Using condoms correctly helps prevent the spread of STDs.

.....

4. If someone doesn't have any lubricant to use with a condom, Vaseline or baby oil can be used.

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LAM-HW-I4 Facilitator Resource



5. As long as a condom is in place before ejaculation, sexual partners are protected from STDs.

6. Someone who has an IUD or uses a hormonal method of birth control (such as the pill, patch, ring, shot or implant) is protected from both pregnancy and STDs.

7. If someone is having sex with only one other person, they do not need to be tested for STDs.

8. If a person thinks they may have been exposed to or infected with an STD, they should seek medical treatment right away, inform partners and stop engaging in sexual contact until they have been tested and treated.

9. Drinking alcohol can affect a person's risk of contracting an STD.

10. If a healthcare provider does not ask if a person wants an STD test, it's okay to ask for one.



11. STDs always have symptoms.

12. STD symptoms can include redness or soreness of the genitals; pain and/or burning during urination; strong-smelling or cloudy urine; abnormal discharge from the genitals or anus; genital itching; sores or blisters on or around the genitals, mouth or anus; bleeding between periods; pain during sex; muscle aches; a sexual partner with symptoms.

13. Teenagers can receive testing and treatment for STDs without having their parents/guardians notified.

14. STDs can be caused by bacteria, viruses or parasites.

15. Oral and anal sex are safe from STDs.

16. In some states, a person needs to be 18 to buy condoms.



17. Scientists have not yet found any vaccines to prevent any STDs.

18. As long as it is not expired and it gets washed out, it is okay to use a condom more than once.

19. If someone is really worried about getting an STD, they should use 2 condoms at the same time.

20. If a person removes a condom in the middle of sex, they are still protected from STDs.

21. When a person has one STD, they cannot get another one at the same time.

22. It's usually possible to tell when another person has an STD.



23. If a person has had an STD once, they cannot get it again.

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24. Infants can be affected by STDs.

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25. A person can get herpes from a toilet seat.

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26. If given the appropriate medical treatment, all STDs except HIV can be cured.

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27. If a person is taking medicine for an STD, they can stop taking it when their symptoms go away.

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28. If not treated, chlamydia and gonorrhea can lead to Pelvic Inflammatory Disease (PID) in females. PID is an infection of the uterus, ovaries and/or fallopian tubes.

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LAM-HW-I4 Facilitator Resource



29. Trichomoniasis is one of the most common STDs and has no treatment. It will usually go away on its own.

30. People over age 16 are automatically tested for STDs when they go to the doctor.

31. STDs are embarrassing and inconvenient but not really that serious.

32. A person infected with HIV may not have any symptoms for years.

33. If someone tests positive for an STD, it means they were cheating on their partner.

34. A person cannot get HIV from a mosquito bite.

True or False? Answers

Instructions

- Use this resource to provide correct answers and additional information.
- If participants have questions about specific STDs, the “STD Overview Chart” Facilitator Resource in the “STD Handshake” lesson (LAM-HW-F7) may be helpful.
- While discussing these statements, encourage participants to discuss STD risk, protection, testing and treatment with a healthcare provider.

1. The best time to start thinking about STDs is as soon as possible after a person has become sexually active. (FALSE)

- A person should start thinking about STDs before becoming sexually active.
- However, if someone is already sexually active, they should start thinking about STDs immediately and should get tested.

2. The most effective way to avoid getting an STD is to use condoms. (FALSE)

- Abstaining from sexual contact of any kind is the most effective way to avoid getting an STD.
- If someone is sexually active, they can reduce their risk of getting an STD by correctly using latex, polyurethane or polyisoprene condoms or dental dams every time they engage in sexual activity and limiting sexual activity to only one partner who has no other partners and has been tested and is not infected. (Dental dams are small, square pieces of latex or similar material that can be used during oral sex to block contact with body fluids).
- Condoms made from natural or lambskin materials do not protect against STDs.
- Some STDs can be spread through skin-to-skin contact even if a condom is used.
- Vaccines are available to prevent Human Papillomavirus (HPV) and Hepatitis B.

3. Using condoms correctly helps prevent the spread of STDs. (TRUE)

- Latex, polyurethane and polyisoprene condoms reduce (though do not eliminate) the risk of STDs.
- Condoms made from natural or lambskin materials do not protect against STDs.
- Condoms must be used consistently (every time sexual contact occurs) and correctly to reduce the risk of STDs.
- Correct use of a condom on a penis means putting the condom on as soon as penis is erect, leaving space at the tip, pulling right out after ejaculation, holding on to the rim while pulling out and never reusing.
- Incorrectly used condoms are more likely to break or come off during sexual activity.
- Some STDs can be spread through skin-to-skin contact even if a condom is used.

4. If someone doesn't have any lubricant to use with a condom, Vaseline or baby oil can be used. (FALSE)

- Petroleum jelly products, like Vaseline, oil-based products, like baby oil, massage oil and coconut oil, and many hand creams/lotions can damage a condom and cause it to break.
- These products are not condom-safe and should not be used.
- Water or silicone-based lubricants (Ex: K-Y Jelly) are safe to use with condoms.
- There will be an ingredient list on the side of the lubrication bottle/tube.

5. As long as a condom is in place before ejaculation, sexual partners are protected from STDs. (FALSE)

- A common condom mistake is not using a condom all the way from the start to the finish of sexual contact.
- To reduce (though not eliminate) the risk of STDs and pregnancy, a latex, polyurethane or polyisoprene condom needs to be used the entire time.

6. Someone who has an IUD or uses a hormonal method of birth control (such as the pill, patch, ring, shot or implant) is protected from both pregnancy and STDs. (FALSE)

- IUDs and hormonal methods of birth control do not provide any protection from STDs.
- STD infections occur because of contact with an infected person's body fluids, such as semen or vaginal or anal fluid, or an infected area of skin.
- Because the pill, patch, ring, shot, implant and IUD do not block contact between body fluids or skin, they do not reduce the risk of STDs.
- Although there are some STDs that can be spread through skin-to-skin contact, latex, polyurethane and polyisoprene condoms reduce the risk of STDs by serving as a barrier between body fluids.
- Condoms made from natural or lambskin materials do not protect against STDs.
- It is recommended that people using an IUD or hormonal method of birth control also use latex, polyurethane or polyisoprene condoms to reduce (though not eliminate) their STD risk.

7. If someone is having sex with only one other person, they do not need to be tested for STDs. (FALSE)

- Anyone who is sexually active is at risk for STDs, including people who have sex with only one partner, unless they know their one partner does not have an STD and they are sure their one partner is not having sex with anyone else.

8. If a person thinks they may have been exposed to or infected with an STD, they should seek medical treatment right away, inform partners and stop engaging in sexual contact until they have been tested and treated. (TRUE)

- When seeking medical treatment, it is very important for the person to talk honestly with the healthcare provider about their sexual activity and to follow all instructions for treatment and follow up.
- It is possible to request "expedited partner therapy," where a healthcare provider writes a prescription or provides medication for a partner as well.

9. Drugs and alcohol can affect a person's risk of contracting an STD. (TRUE)

- Drugs and alcohol can affect critical thinking, decision-making and judgement and lower inhibitions. This can affect a person's ability to make decisions about sex and using protection.
- A person who is under the influence may engage in more or different sexual activity than they would if they were sober, may have a harder time remembering to use a condom and/or may have a harder time remembering how to use a condom correctly.
- Additionally, drugs and alcohol can affect a person's motor skills and coordination, which can affect their ability to use a condom correctly.

10. If a healthcare provider does not ask if a person wants an STD test, it's okay to ask for one. (TRUE)

- It's not just "okay"—it's the healthy and responsible thing to do if someone is sexually active.
- Just because a healthcare provider takes a swab, urine, or blood sample, do not assume they are testing for STDs—ask to make sure!

11. STDs always have symptoms. (FALSE)

- Many STDs have no symptoms and can be detected only by a medical test.
- It is possible to have an STD and still feel completely healthy.
- Even if an STD has no symptoms, it can harm an infected person's health and be passed on to a sexual partner.
- Many STDs are curable and all are treatable.

12. STD symptoms can include redness or soreness of the genitals; pain and/or burning during urination; strong-smelling or cloudy urine; abnormal discharge from the genitals or anus; genital itching; sores or blisters on or around the genitals, mouth or anus; bleeding between periods; pain during sex; muscle aches; a sexual partner with symptoms. (TRUE)

- All of these are symptoms of STDs, although they may occur for other reasons as well.
- If a person experiences these symptoms and has been sexually active, it is very important for them to talk honestly with a healthcare provider about their sexual activity.
- It's important to remember that STDs often have only mild symptoms or no symptoms at all. Just because someone doesn't have symptoms doesn't mean they don't have an STD.

13. Teenagers can receive testing and treatment for STDs without having their parents/guardians notified. (TRUE)

- Healthcare providers are able to keep adolescents' medical information confidential, although states have different laws about at what age this confidentiality begins.
- When information is confidential, it means that the medical office or clinic does not share whether the person was there and does not share exam records, conversations, test results, and treatment.
- If an adolescent is unsure whether their information is going to be kept confidential, they can ask office or clinic staff about their confidentiality policy and tell them that they want their information to be confidential.

14. STDs can be caused by bacteria, viruses or parasites. (TRUE)

- Bacteria, viruses and parasites that cause STDs can be in a person's body without them knowing or feeling sick.
- STDs caused by bacteria can be treated and cured. Examples of STDs caused by bacteria are gonorrhea and chlamydia.
- STDs caused by viruses can be treated but not cured at the present time. Examples of STDs caused by viruses are HIV (Human Immunodeficiency Virus) and HPV (Human Papillomavirus).
- Although viral STDs cannot be cured, it is important for them to be treated.
- STDs caused by parasites can be treated and cured. Examples of STDs caused by parasites are pubic lice (crabs), scabies and trichomoniasis.

LAM-HW-I4 Facilitator Resource

15. Oral and anal sex are safe from STDs. (FALSE)

- Even though a person can't get pregnant through oral or anal sex, STDs can be transmitted.
- Abstaining from sexual contact of any kind is the most effective way to avoid getting an STD.
- Correctly using latex, polyurethane or polyisoprene condoms or dental dams every time sexual contact occurs, including oral or anal sex, and limiting sexual activity to only one partner who has no other partners and has been tested and is not infected decreases the risk of getting an STD. (Dental dams are small, square pieces of latex or similar material that can be used during oral sex to block contact with body fluids.)
- Condoms made from natural or lambskin materials do not protect against STDs.
- Some STDs can be spread through skin-to-skin contact even if a condom is used.

16. In some states, a person needs to be 18 to buy condoms. (FALSE)

- There is no age limit for buying condoms.
- Anyone, regardless of age or gender, can buy condoms and bring them to a sexual experience.

17. Scientists have not yet found any vaccines to prevent any STDs. (FALSE)

- Vaccines are available to prevent Human Papillomavirus (HPV) and Hepatitis B.
- The HPV vaccine can be given as early as age 9. If a person is interested in receiving the HPV vaccine, they can talk to a healthcare provider about it.
- The vaccine for Hepatitis B is one of several vaccines many people receive as infants. If someone did not receive the Hepatitis B vaccine and is interested in receiving it, they can talk to a healthcare provider about it.

18. As long as it is not expired and it gets washed out, it is okay to use a condom more than once. (FALSE)

- A condom should never be used more than once.
- Even if a person did not ejaculate into the condom, condoms come in contact with body fluids, including pre-ejaculate or "pre-cum" that can pass STDs or contain sperm that can cause pregnancy.

19. If someone is really worried about getting an STD, they should use 2 condoms at the same time. (FALSE)

- The friction caused by 2 condoms being used at once can cause them to break, and STD transmission and/or unintended pregnancy can occur.

20. If a person removes a condom in the middle of sex, they are still protected from STDs. (FALSE)

- A common condom mistake is not using a condom all the way from the start to the finish of sexual contact.
- To reduce (though not eliminate) the risk of STDs and pregnancy, a latex, polyurethane or polyisoprene condom needs to be used the entire time.

21. When a person has one STD, they cannot get another one at the same time. (FALSE)

- Having one STD does not prevent another one.
- It is possible to have more than one STD at the same time.
- Having another STD can increase the risk of getting or transmitting HIV.

22. It's usually possible to tell when another person has an STD. (FALSE)

- A person can have an STD and not have any symptoms, which means people may not know themselves that they are infected and other people cannot tell when someone else is infected.

23. If a person has had an STD once, they cannot get it again. (FALSE)

- For many STDs, including gonorrhea, chlamydia and trichomoniasis, a person can be treated and cured, then get it again.
- If a person is sexually active, they should be tested regularly for STDs.
- If someone finds out they have an STD, they need to tell their sexual partner(s) so they can be treated as well. It is possible to request "expedited partner therapy," where a healthcare provider writes a prescription or provides medication for a partner as well.

24. Infants can be affected by STDs. (TRUE)

- STDs can be passed on during pregnancy and birth.
- It is very important for people who are pregnant and at risk of having an STD to communicate with their doctor, be tested and treated.

25. A person can get herpes from a toilet seat. (FALSE)

- Herpes simplex virus (HSV) cannot be spread through items such as toilet seats, towels or bathtubs. It is spread through direct skin-to-skin contact, genital and oral secretions.

26. If given the appropriate medical treatment, all STDs except HIV can be cured. (FALSE)

- STDs can be caused by bacteria, viruses or parasites.
- STDs caused by bacteria and parasites can be treated and cured.
- STDs caused by viruses can be treated but not cured at the present time. Examples of STDs caused by viruses are HIV (Human Immunodeficiency Virus), HPV (Human Papillomavirus) and genital herpes.
- Although viral STDs cannot be cured, it is important for them to be treated.

27. If a person is taking medicine for an STD, they can stop taking it when their symptoms go away. (FALSE)

- It is important to finish a prescription, even if symptoms have gone away.
- When sexual partners are being treated for the same STD, it is important for them to each have their own treatment. It is possible to request "expedited partner therapy," where a healthcare provider writes a prescription or provides medication for a partner as well.

28. If not treated, chlamydia and gonorrhea can lead to Pelvic Inflammatory Disease (PID) in females. PID is an infection of the uterus, ovaries and/or fallopian tubes. (TRUE)

- PID can cause infertility and ectopic (tubal) pregnancies.

29. Trichomoniasis is one of the most common STDs and has no treatment. It will usually go away on its own. (FALSE)

- It is true that trichomoniasis is one of the most common STDs, but it is false that there is no treatment.
- Trichomoniasis can be treated and cured with antibiotics.

LAM-HW-I4 Facilitator Resource

30. People over age 16 are automatically tested for STDs when they go to the doctor. (FALSE)

- No matter how old a person is, the only way to make sure to get tested for STDs is to ask the healthcare provider to do it.

31. STDs are embarrassing and inconvenient but not really that serious. (FALSE)

- STDs can cause major health problems, including dangerous infections, sterility (not being able to reproduce), changes in the body that can lead to cancer of the cervix, anus, vulva or penis, or even death.
- While this can sound scary, remember that there are ways to prevent STDs and that after a person is tested, medical care and treatment is available.

32. A person infected with HIV may not have any symptoms for years. (TRUE)

- Some people might have a flu-like illness 2-6 weeks after infection, but other people may not.

33. If someone tests positive for an STD, it means they were cheating on their partner. (FALSE)

- If partners did not get tested before beginning a sexual relationship, one of them could have already been infected.

34. A person cannot get HIV from a mosquito bite. (TRUE)

- HIV is not transmitted by mosquitoes.
- Studies by the CDC and elsewhere have shown no evidence of HIV transmission from mosquitoes or any other insects—even in areas where there are many cases of AIDS and large populations of mosquitoes.

Pregnancy Probability

This lesson focuses specifically on pregnancy; therefore, it is recommended that your Club sequencing also include a lesson focused on STDs so participants develop understanding of both of these topics as risks of sexual activity.

Goal

Increase understanding of pregnancy risk

Getting Ready

Gather

- 2 Brown Paper Bags, Tape
- 103 small wrapped candies of one type to represent "pregnancy" and 97 of a second type to represent "non-pregnancy." Candies should feel exactly the same but look different, such as butterscotch and peppermint hard candies or plain and almond chocolate kisses.

Prepare

- Label the paper bags "A" and "B."
- Place 90 "pregnancy" candies and 10 "non-pregnancy" candies in bag A.
- Place 13 "pregnancy" candies and 87 "non-pregnancy" candies in bag B.
- Create "No Risk," "Lower Risk" and "High Risk" wall cards and hang them in the front of the room.
- Create wall cards with the 8 "Risk Scenarios" from Facilitator Resource; do not hang these.
- For additional background information, review the "Basics of Contraception" (LAM-HW-I2) and "Using Condoms Correctly" (LAM-HW-I3) lessons.

Decide

- How to form groups; *Suggested Group Former: Would You Rather?*
- For Extension (if applicable): How to form groups; *Suggested Group Former: Candy Match*

Knowing Yourself & Your Teens

How might your personal values and views on adolescent sexuality and use of contraception influence your facilitation of this lesson? Consider how to remain non-judgemental while presenting medically accurate information throughout this lesson.

How comfortable are you with this content? What might help you feel more comfortable?

How might information that participants have learned in other settings (health classes, home, faith-based settings) influence their participation in this lesson?

MULTIPLE INTELLIGENCES

-  Interpersonal
-  Intrapersonal
-  Body/Kinesthetic
-  Verbal/Linguistic
-  Visual/Spatial
-  Logical/Mathematical

How comfortable do you feel answering participants' questions? (Remember, it's okay to look for the answer together or find out and get back to them!)

Use inclusive language. Even if you have known all your participants a long time, do not make assumptions about their sexuality and who they are interested in dating. LGBTQ young people can quickly feel isolated if all relationship examples and language are only heterosexual. Use the term "partner" to refer to a romantic partner.

As you discuss pregnancy prevention, remember that pregnancy risk extends beyond heterosexual relationships. It is important for all youth, including LGBTQ youth, to have information regarding pregnancy prevention, STD prevention, and decision-making in sexual situations.

B

Share

- Today we're going to talk about the risk of pregnancy when someone is sexually active. Before we get started, I want to acknowledge a couple things.
- First, although we'll focus on pregnancy risk today, it's very important for anyone who is sexually active to pay attention to STD risk and to be aware of how to reduce their risk of contracting an STD.
- Secondly, since we are focusing on pregnancy risk today, when we talk about sexual intercourse, we'll be focusing on intercourse with potential to result in a pregnancy, or intercourse that involves a penis and a vagina.
- When we talk about sensitive topics like this, we need to pay extra attention to our group guidelines.
- We know that sometimes when we feel uncomfortable, we can get a little silly and giggly. It's okay to be silly and giggly, but it's not okay to be disrespectful or put anyone down.
- It's not okay to put people on the spot or identify someone by name and share their personal experience.

E

Divide participants into 2 equal-sized groups. Have the 2 groups stand on opposite sides of the room.

Share

- In this activity, everyone will take a pretend risk by choosing a piece of candy out of a bag.
- Do not look inside the bag or eat the candy.
- The right side of the room will choose out of Bag A, and the left side will choose out of Bag B.

FACILITATOR TIP



If you have a small number of participants, have them choose more than one piece of candy to better illustrate the difference between bags. To decrease preparation, you may also halve the number of candies you put in the bags, maintaining the same ratios between pregnancy and non-pregnancy candies.

Pass each bag around its side of the room. Once all participants have a piece of candy, share

- For this activity, taking a piece of candy symbolized choosing to engage in sexual intercourse.
- There are 2 types of candy in each bag—one represents a pregnancy and one represents no pregnancy.

Share which candy represents a pregnancy and which does not.

Ask

- What type of candy did most people in your group pull out of the bag?
- What do you think is different between Bag A and Bag B?
- What do you think this difference symbolizes?

Share

- Bag A represents the risk of pregnancy when people have unprotected sexual intercourse on a regular basis over the course of a year.
- Bag B represents the risk of pregnancy when people have sex on a regular basis over the course of a year, using a condom every time they have sex.
- This amount of pregnancy candies reflects “typical use” of condoms. “Typical use” means the way people usually use condoms, which may not include following all of the steps for using a condom correctly.

Ask

- What percent of sexual partners do you think would become pregnant if they had unprotected sex on a regular basis over the course of a year?
- What percent of sexual partners do you think would become pregnant if they had protected sex, with the “typical use” of condoms, on a regular basis over the course of a year?

Share

- Those of you that pulled a candy out of Bag A had a 90% chance of pulling a candy that represents pregnancy.
- That means that in real life, out of 100 partners having unprotected sex regularly, 90 of them would become pregnant after a year.
- Those of you that pulled a candy out of Bag B had only a 13% chance of pulling a candy that represents pregnancy.
- That means that in real life, out of 100 partners having sex using a condom regularly, 13 of them would become pregnant after a year.
- Remember, that’s the “typical use” failure rate for condoms, so if someone used a condom perfectly every time or used a more effective type of birth control, that number would be even lower.
- Hormonal methods of birth control have effectiveness rates above 90%, and the birth control implant and IUDs have effectiveness rates above 99%.
- However, these methods do not reduce the risk of STDs like condoms do. Some people choose to use both hormonal birth control or an IUD and condoms for this reason.

R

Ask

- Were you surprised to learn the actual rates of pregnancy risk? Were they higher or lower than you expected?
- How did you feel when you first got the candy?
- How did you feel once you learned which candy represented pregnancy?
- If you had known that Bag A represented a higher risk of getting pregnant, would you still have picked candy out of it? Why/why not?

D

Ask

- In this activity, how did you determine which bag to choose from?
- In real life, how do people decide whether to have sex and whether to use protection?
- What can someone do to reduce their risk of pregnancy?
- What can someone do to eliminate their risk of pregnancy?

If participants do not identify the following, add

- Abstinence is the only 100% effective way to prevent pregnancy.
- If someone is sexually active, they can reduce their risk of pregnancy through regular, correct use of a reliable method of contraception.

E

Show participants the "No Risk," "Lower Risk" and "High Risk" wall cards in the front of the room.

Share

- In our next activity, we're going to discuss some specific scenarios and whether they have high risk, lower risk or no risk of pregnancy.
- Like in our first activity, we're focusing specifically on pregnancy risk. There are other sexual behaviors not included in this activity that can increase a person's risk of contracting an STD.

Ask for 8 volunteers to come to the front of the room. Give each volunteer a "Risk Scenario" wall card from Facilitator Resource.

Have volunteers take turns reading their cards aloud. For each card, ask the large group

- Do you think this is a high, lower, or no risk scenario? Why?

Have the volunteer tape their "Risk Scenario" wall card under "No Risk," "Lower Risk" or "High Risk," depending on what the group decides. (At this point in the activity, allow the group to choose a placement based on what they think; do not provide guidance to them yet.)

R

After all scenarios are taped up, ask

- Does anyone think we should move any of these to a different category? Which ones? Why?

Using the Facilitator Resource, review the placement of each "Risk Scenario." Move scenarios to the correct categories if necessary, and help participants understand why they fit there.

As you discuss not having thought about or decided whether to have sexual intercourse, if participants do not identify the following, add

- Although it may seem like these teens aren't at much risk, they actually may be at increased risk for 2 reasons.
- First, if they haven't thought about how they'd handle a situation where a partner wants to have sex, they aren't prepared with reasons for why they would or would not have sex.
- Second, in most cases, if they haven't thought about becoming sexually active, they haven't proactively obtained contraception.
- If they do decide "in the moment" to have sex, they are less likely to have or use protection.

As you discuss the influence of drugs and alcohol, if participants do not identify the following, add

- Drugs and alcohol can affect critical thinking, decision-making and judgement and lower inhibitions. This can affect a person's ability to make decisions about sex and using protection.
- A person who is under the influence may engage in more or different sexual activity than they would have if they were sober, may have a harder time remembering to use contraception, such as a condom, and/or may have a harder time remembering how to use a condom correctly.
- Additionally, drugs and alcohol can affect a person's motor skills and coordination, which can affect their ability to use a condom correctly.

D

After reviewing all the "Risk Scenarios," ask

- What stands out to you about these scenarios and categories?
- Are there other scenarios that could be added to the high, lower or no risk categories?
- Let's talk about the "lower risk" category. What does it mean to "correctly use a reliable method of contraception every time"?

FACILITATOR TIP



As participants answer this question, use information from the "Basics of Contraception" and "Using Condoms Correctly" lessons to correct myths and misinformation.

A

Share

- Let's take a moment for personal reflection on these risk categories.
- I'm going to ask some questions, and I'll pause after each one for you to think.
- The questions are for personal, silent reflection. I will not ask you to share your responses.

Ask (have participants reflect silently)

- What pregnancy risk category would you be in? Why? *(Pause)*
- Are you comfortable with this category? Why/why not? *(Pause)*
- If you're not comfortable with it, how can you get to where you would like to be? What are you willing and able to do to reduce your risk? *(Pause)*

+ Extension goes here

Ask

- What will you take away from today?

Extension

Divide participants into groups.

Share

- Sometimes it can be challenging to talk about risky sexual behaviors.
- I'm going to share a scenario about a character named Kendall.
- Listen for pregnancy risk in Kendall's story, then discuss how you might talk to Kendall about lowering their risk.
- Choose a spokesperson to share your response with the rest of us.

Read "Kendall's Story" Facilitator Resource aloud.

Give groups time to discuss, then have them share what they would say to Kendall.

Risk Scenarios

Instructions

- Write each of the 8 risk scenarios below on a separate wall card.
 - Do not label them as High Risk, Lower Risk or No Risk or hang them up in these categories; this will happen during the activity.
-

HIGH RISK

Teens who haven't thought about whether or not they will have sexual intercourse

Teens who haven't decided whether or not they will have sexual intercourse

Teens who have vaginal sexual intercourse and do not use contraception

Teens who have vaginal sexual intercourse and use contraception only sometimes

Teens who have vaginal sexual intercourse and use unreliable methods of contraception

Teens who decide to have vaginal sexual intercourse while under the influence of drugs and/or alcohol

LOWER RISK

Teens who have vaginal sexual intercourse and correctly use a reliable method of contraception every time

NO RISK

Teens who abstain from vaginal sexual intercourse 100% of the time

Kendall's Story

Instructions

- Change names or add details as appropriate for your group.
 - Read aloud during lesson.
-

Today in Health Class, the teacher talked about condoms and how they lower risk of pregnancy and STDs. You and your friend Kendall are talking about it afterwards, and Kendall says they have had sex with a few people without a condom. Kendall isn't worried about not using a condom, because nothing bad has happened so far. Kendall says, "It's really hard to make sure you always have a condom when you need it, so I don't really worry about it unless the person I'm with has one. Plus, it's really awkward to talk about using a condom with someone when you're about to have sex. And besides, using a condom doesn't feel as good as having sex without one."

Sexting: Risks & Consequences

Goal

Increase understanding of the risks and consequences of sharing sexually explicit pictures; practice responding to situations that could result in sexting

Getting Ready

Gather

- Pens/Pencils, Journals/Notebook Paper
- For Option 2/Extension (if applicable): Notebook Paper
- Optional: Music

Prepare

- Copy and cut "Unfinished Conversations" Facilitator Resource; choose which to use.
- Review *Journal Reflection* and write questions on board/chart paper.
- For Option 2/Extension (if applicable): Copy and cut "Sexting Discussion Questions" Facilitator Resource.
- Become aware of legal implications related to sexting. (These vary by state. Many states prohibit sending or receiving sexual images of minors, which can result in young people being prosecuted for child pornography for sharing pictures of themselves or their peers.)

Decide

- How to form groups; *Suggested Group Former: Pick A Card*
- Between Option 1 or 2 for first Experience section (Option 2 is the Extension)
- Whether to use "Amanda's Story" or "Kai's Story" Facilitator Resource. Be aware that "Amanda's Story" includes the potentially triggering topic of suicide. Use your judgement and knowledge of participants in considering whether or not to use it. If you use it, identify an appropriate resource, such as a suicide hotline, to share with participants and write it on the board/chart paper.

Knowing Yourself & Your Teens

What are your personal values regarding sexuality and technology? How difficult will it be for you to have participants share experiences, perspectives and opinions that are different from your own? Consider how to remain non-judgemental in your words, tone and body language while facilitating this lesson.

Recognize that participants may identify what they perceive to be positive consequences of sexting. (Ex: "It brings us closer together.") Ask questions to engage participants in critical thinking and to help them consider safety concerns and risks associated with sexting.

MULTIPLE INTELLIGENCES

-  Interpersonal
-  Intrapersonal
-  Verbal/Linguistic
-  Musical/Rhythmic

Help participants understand that sharing photos, videos or images with sexual content can have serious consequences. Young people may not realize that viewing and/or transferring sexually explicit material with a minor subject—such as another teen—can be considered child pornography and can lead to serious legal consequences.

Be aware that sexting happens via social media/apps as well as text messages. Familiarize yourself with popular apps and how they work so you can use relevant language during this lesson.

Consider how to support participants who share personal experiences with sexting. What resources are available for additional support?

B

Ask

- How do people in romantic relationships—or people who are interested in each other—use technology in their communication?
- Is their communication through technology different than their face-to-face communication? How?

Ask (write responses on the board/chart paper)

- How would you define “sexting”?

If participants do not identify the following, add

- Sharing sexual pictures or videos with another person (or people) through digital technology, including texting, email, social media or online.

Share

- Today we’re going to talk about sexting.
- When we talk about sensitive topics like this, we need to pay extra attention to our group guidelines.
- We don’t necessarily know who has had difficult experience with this topic, either personally or with a friend or loved one, so it’s important to be patient, kind and supportive of one another.
- Remember that it is not okay to put other people on the spot or identify other people by name and share their personal experiences.

E

Option 1

Ask

- What are some reasons young people might choose to sext?
- What are some reasons young people might choose not to sext?
- What are the risks and possible consequences of sexting? How much do you think teens think about these risks and consequences?
- Are pressures to sext different for different people based on their gender and/or other factors?

Option 2

+ Extension goes here

E

Share

- I'm going to read a story about a young person's experience with sexting.
- This story might be upsetting or difficult to hear.
- Please be sensitive to how other people might respond to it.

Read "Amanda's Story" or "Kai's Story" Facilitator Resource aloud.

R/D

Ask

- How do you feel after hearing this story?
- What is your reaction to what happened in this story?
- Did anything in this story surprise you?
- Why do you think Amanda/Kai chose to share nude photos?
- If you could tell Amanda/Kai anything, what would it be?
- What would you tell the people who shared Amanda/Kai's photos?

E

Divide participants into groups.

Ask

- If someone was asked for a nude picture, how could they respond?

Share

- I have some examples of communication between people in a romantic relationship.
- Each conversation is unfinished; there is a decision to be made by one of the partners.

Pass out "Unfinished Conversations" from Facilitator Resource, one per group.

Share

- Read the conversation and spend a few minutes discussing it.
- Write down how the person could respond, then choose a spokesperson to share your response.
- If your whole group doesn't agree on one response, that's okay. You can share the different responses your group came up with.

Give groups time to work, then have them share their responses with the large group.

R/D

After all groups have shared, ask

- How easy or difficult was it to come up with responses?
- Were these responses realistic? Why/why not?
- Why might it be difficult to say, "No," if someone asked for a nude photo?
- What advice would you give a friend who was feeling pressure to sext?
- What could someone do if they received a sext they didn't want?

A

Using a *Journal Reflection*, ask

- What stands out to you about the risks and potential consequences of sexting?
- What will you take away from today?



FACILITATOR TIP



Consider playing music while participants work.

After participants have finished journaling, ask

- If someone needed help or support related to what we've talked about today, who could they talk to?

Extension

Divide participants into groups.

Give each group a "Sexting Discussion Question" from Facilitator Resource, a pen/pencil and a sheet of notebook paper. (If necessary, give groups 2 questions to make sure all questions are discussed.)

Share

- With your group, spend a few minutes discussing your question.
- Write down the main points from your discussion and choose a spokesperson to share your response with the rest of us.
- If your whole group doesn't agree on one response, that's okay. You can share the different responses you came up with.

Give groups time to work, then have them share their responses. After each group shares, ask the large group

- Do you agree or disagree with this response? Why?
- Is there anything anyone would like to add?

Amanda's Story

Instructions

- Choose "Amanda's Story" or "Kai's Story" to read aloud.
- "Amanda's Story" is a true story and includes the potentially triggering topic of suicide. Use your judgment and knowledge of participants in considering whether or not to use it.
- If you use "Amanda's Story," identify an appropriate resource, such as a suicide hotline, to share with participants. Write this resource on the board/chart paper.
- After reading and discussing "Amanda's Story," check in with participants, share that there are resources available for people who need support and show participants this resource.

Amanda Todd died by suicide at the age of 15. Before she took her life, Amanda posted a video on YouTube in which she used a series of flash cards to share her experience of being blackmailed into exposing her breasts via webcam and being bullied and physically assaulted. The video went viral after her death, resulting in international media attention.

As of September 2015, the video has been watched more than 19 million times. Her mother Carol Todd has since dedicated her time to raising awareness about the issues that affected Amanda. The following is part of a letter written by Amanda's mom, Carol Todd.

Amanda Michelle Todd (November 27, 1996 – October 10, 2012)

My daughter, Amanda Michelle Todd, took her life at the age of 15. It all started with a topless photo. She didn't know the person at the other end of her computer was taking a picture. She didn't know that he was showing it to other men. Then she started to get blackmailed into showing more of herself via her webcam. And if she didn't, then her image would be sent throughout the internet. What Amanda didn't do was tell an adult that this was happening to her. She kept it to herself.

This image and what happened thereafter was the start to the emotional breakdown of Amanda. The loss of her confidence, her spirit and her friends. The embarrassment that followed was unbearable as was the name-calling, the slut-shaming and the bullying online and offline that occurred. Eventually Amanda retreated into a shell, not being able to re-emerge as the girl she once was. As a parent and Amanda's mother, it is important to me that young people understand what can happen online and also how to protect themselves online...

...We need to always tell our young people that it is okay to admit to making a mistake and then also to support them in talking to an adult. This action is so very important before things escalate. We all need to remember that making mistakes is normal and a part of growing up. The teen years is when a lot of these [things] happen. Also that these experiences become learning experiences for the future years...

Sincerely, Carol Todd (Amanda's mom)

Kai's Story

Instructions

- Choose "Amanda's Story" or "Kai's Story" to read aloud.
- Kai's story is based on true events, with names and details changed to protect the identities of the young people involved.

Kai and Devan were sophomores in high school. They had been in a relationship for about a year, but then Devan said it was time to date other people and broke up with Kai. Kai was heartbroken and didn't understand why Devan didn't want to be in a relationship any more.

About a month after they broke up, Kai started texting Devan, trying to see if they could maybe still hang out and be friends. Kai missed all the great times they used to have together. Secretly, Kai was hoping that Devan missed hanging out, too. Maybe if they started hanging out again, they would get back together.

Kai and Devan hung out a couple times and had a great time and Kai was starting to feel like maybe Devan would be interested in dating again. One night, Devan texted Kai, "I miss you." Kai was really excited and quickly texted back, "Me too." Devan's next text asked Kai to send a nude photo. Kai was sure this meant they were on the same page and that Devan wanted to get back together. Kai took a pic and sent it.

The next day, Kai went to the varsity basketball game and was sitting with some friends, watching the game. Another student Kai didn't know very well came up, showed Kai their phone and asked, "Is this you?" Kai's heart dropped. It was the picture with the caption, "What a slut."

Kai felt betrayed and embarrassed. The person said someone had forwarded the picture to them and that lots of people had it. Kai eventually figured out that Devan had sent the photo to a friend, who forwarded it to a couple other people, and that people just kept sending it around. Kai couldn't believe this was happening.

A parent saw the photo on their child's phone and called the principal. The principal called Kai's parents and they found out about the whole thing. Kai's parents were really mad. After the principal heard Kai's side of the story, they called the police. After investigating the situation, the police arrested Devan and a couple of Devan's friends and charged them with distribution of child pornography since they were responsible for spreading the photo around.

Some students were really mean to Kai and spread rumors. Other students blamed Kai for Devan getting arrested. Kai felt so embarrassed about the whole thing and ended up switching schools.

Adapted from Ally's Story: Second Thoughts on Sexting, Aug 18, 2014, Common Sense Education, Retrieved July 2017, from https://www.youtube.com/watch?v=nsfcN2Hi_ts, and

Hoffman, J. (2011, March 26). A Girl's Nude Photo, and Altered Lives. *The New York Times*. Retrieved July, 2017, from <http://www.nytimes.com/2011/03/27/us/27sexting.html>

Unfinished Conversations

Instructions

- Copy and cut conversations, one per group.

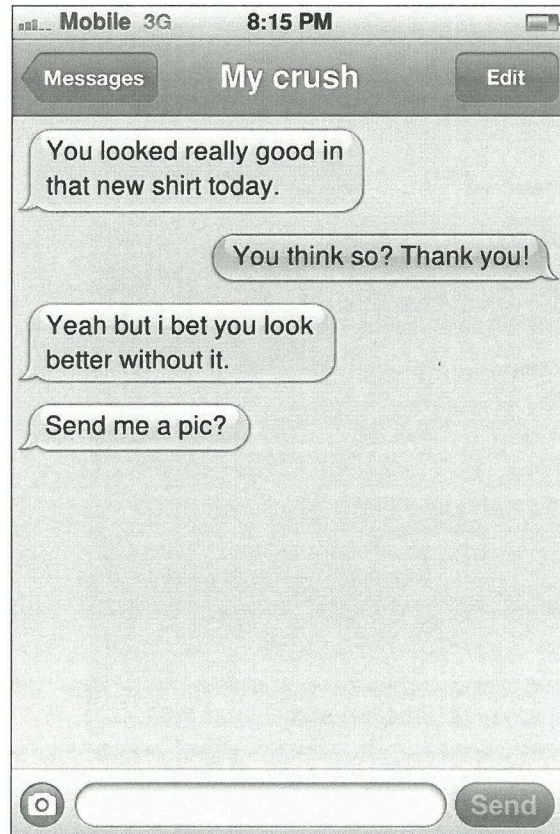
Conversation 1



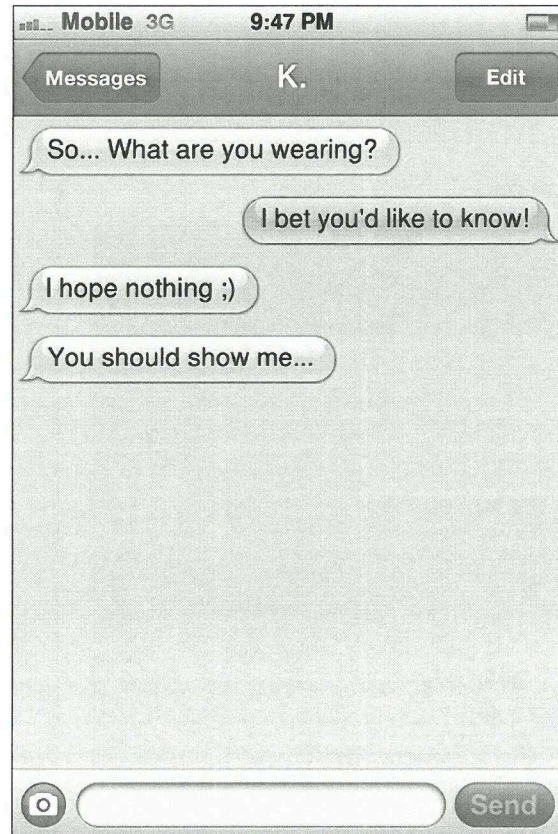
Conversation 2



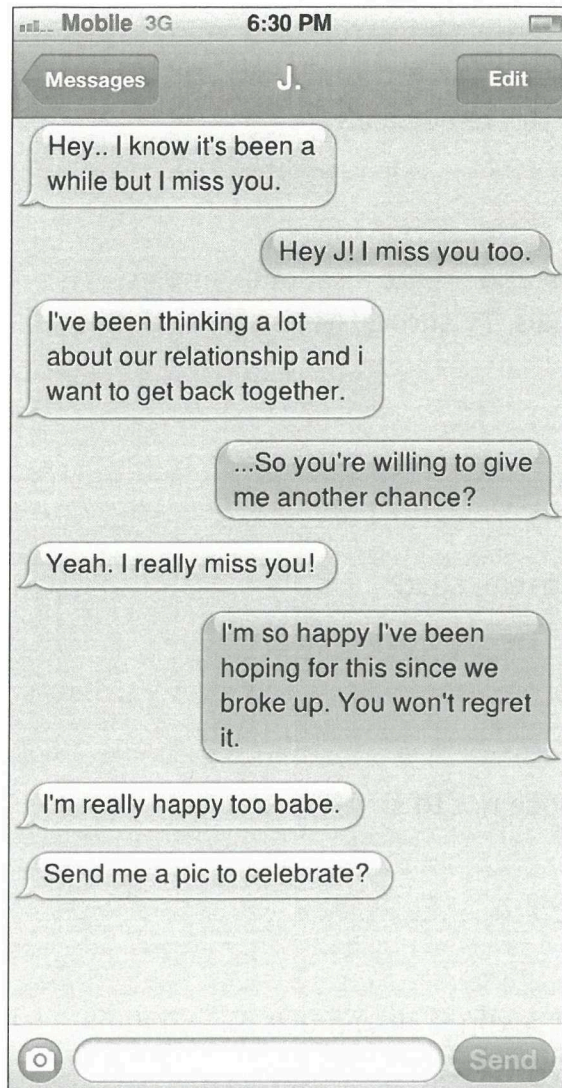
Conversation 3



Conversation 4



Conversation 5



Sexting Discussion Questions (for Extension)

Instructions

- Copy and cut. If necessary, give groups 2 questions to make sure all questions are discussed.



Think about how you've seen sexting in the media and create a list of examples. Think about movies, celebrities, music, commercials, TV shows, news stories and social media.

What are some reasons young people might choose to sext?

What are some reasons young people might choose not to sext?

What are the risks and possible consequences of sexting? How much do you think teens think about these risks and consequences?

Are pressures to sext different for different people based on their gender and/or other factors?