

Reducing the Risk

Building Skills to Prevent Pregnancy STI & HIV

Revised 5th Edition

Richard P. Barth, MSW, PhD

Foreword by Douglas Kirby, PhD

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Contents

Foreword	v
Publisher’s Note	x
Introduction	1

Class Activities

Prior to Class 1	Initiating <i>Reducing the Risk</i>	5
Class 1A	Abstinence, Sex and Protection: Pregnancy Prevention Emphasis	13
Class 1B	Abstinence, Sex and Protection: HIV Prevention Emphasis	27
Class 2	Abstinence: Not Having Sex	43
Class 3	Refusals	53
Class 4	Using Refusal Skills	69
Class 5	Delay Tactics	79
Class 6	Avoiding High-Risk Situations	87
Class 7	Getting and Using Protection—I	97
Class 8	Getting and Using Protection—II	109
Class 9	Knowing and Talking About Protection: Skills Integration—I	123
Class 10	Skills Integration—II	133
Class 11	Skills Integration—III	145
Class 12	Preventing HIV and Other STIs	151
Class 13	HIV Risk Behaviors	165
Class 14	Implementing Protection from STI and Pregnancy	173
Class 15	Sticking with Abstinence and Protection	177
Class 16	Skills Integration—IV	183
Appendix A: How to Use Roleplays		193
Appendix B: Skills Overview		195
Appendix C: Answering Student Questions		199
Appendix D: Do Condoms Work?		203
Appendix E: Supporting a Trauma-Informed Approach to Sexuality Education		205
Appendix F: Reproductive Anatomy and Physiology		209
References		219

For Review Only

Foreword

Douglas Kirby, PhD
Senior Research Scientist, ETR

Since the mid-1970s when this country's concern about teenage pregnancy became heightened, there has been a search for sexuality education programs to reduce behaviors that place youth at risk of pregnancy. Since the mid-1980s when concern about AIDS and HIV and other STIs became heightened, there has also been a search for STI/HIV education programs to help reduce behaviors that may transmit HIV and other STIs.

The *Reducing the Risk (RTR)* curriculum is one of the first rigorously evaluated sex education curricula to have a measurable impact upon behavior (Kirby et al., 1991). It was the first to be evaluated in a high school setting and to have employed such methodological advances as large sample sizes, good comparison/control groups and long-term follow-up. In 13 high schools throughout California, 46 classrooms were assigned to program and comparison groups. Questionnaires measuring knowledge, peer norms, behavioral intentions, sexual and contraceptive behaviors and parent/child communication were administered to these students before the curriculum was implemented, immediately after the curriculum was implemented, about 6 months later and about 18 months later. A total of 758 students were tracked for 18 months. Results indicated that, among all youth, the curriculum significantly increased knowledge and that students retained this greater knowledge for at least 18 months.

One of the goals of this norm- and skills-based curriculum was to change norms about unprotected sex and to change students' perceptions that "everyone is doing it." The *RTR* curriculum apparently did not diminish the perceived proportions of students their age who had ever had sex, but did apparently prevent those perceptions from becoming worse over time.

The curriculum increased parent/child communication about abstinence and contraception. According to both students and parents, the curriculum also made this communication easier. About one-fourth of the sampled parents indicated that this was the first time they had discussed these topics with their children.

Among students who had not initiated intercourse prior to the pretest, the curriculum significantly reduced the onset of intercourse at 18 months—the proportional reduction was 24%. Among those relatively few students who did initiate intercourse after the curriculum was implemented, larger percentages of the program group than of the comparison group used contraceptives. Thus, an analysis of measures of unprotected intercourse (derived from both abstinence and use of contraceptives) revealed that the curriculum significantly reduced

unprotected intercourse among all students who had not initiated intercourse at pretest. These effects extended across a variety of sub-groups, including at least 2 different ethnic groups, both sexes, and lower- and higher-risk youth, but the curriculum was particularly effective for lower-risk youth and female students.

About one-third (37%) of the sample had initiated intercourse prior to the program. In part because of the smaller sample size, it was more difficult to determine the impact of *RTR* upon contraceptive use in this sample. For this entire sample of youth who had initiated intercourse prior to the program, there were no statistically significant differences in the increase in contraceptive use between the *RTR* group and the control group. On some measures, the *RTR* group did report greater increases in contraceptive use than did the comparison group, but these increases were not statistically significant. However, among females and among lower-risk youth who had initiated intercourse prior to the program, the *RTR* group had statistically significantly greater increases in contraceptive use than did the comparison group.

Overall, these results are particularly impressive given that most of the students in the comparison groups received a more traditional sexuality education course of the same length. Thus, these data suggest that *Reducing the Risk* is more effective at producing these desired behavioral changes than are more traditional curricula.

After this first study was published, two other studies also evaluated the impact of *Reducing the Risk*. The first of these evaluated the impact of *Reducing the Risk* in rural and urban areas in Arkansas (Hubbard, Giese and Raney, 1998). It found that *Reducing the Risk* both delayed the initiation of sex among those youth who had not had sex at pretest and increased condom use among those youth who did initiate sex.

The second study evaluated the impact of *Reducing the Risk* in Kentucky (Zimmerman et al, 2008). It found that *Reducing the Risk* significantly delayed the initiation of sex. However, that study did not find a significant increase in condom or contraceptive use.

This is the first time that the same curriculum has been independently implemented and evaluated in three different states and been found to significantly improve one or more sexual behaviors in each state. This indicates that the positive effects found in the first study can be replicated by others in other settings and in other communities.

A review of curricula that effectively change sexual risk-taking behavior, as well as curricula that did not change behavior, indicates that the effective curricula share the following characteristics, which may be linked to their success, while the ineffective curricula lack one or more of these characteristics (Kirby, 2007):

1. Effective programs focused on at least one of three health goals: the prevention of HIV, the prevention of other STIs, the prevention of unintended pregnancy. *Reducing the Risk* focuses on all three health goals.
2. Effective programs focused narrowly on the specific types of behavior that cause or prevent HIV, other STIs, or pregnancy and gave clear messages about them. The *Reducing the Risk* curriculum does this by focusing on delaying the onset of intercourse and using protection (both condoms and other forms of contraception) if intercourse occurs. *Reducing the Risk* gives a clear message that youth should avoid unprotected sex, that abstinence is the best and safest approach, and that youth should always use protection if they have sex.
3. Effective programs were theory based and focused on specific sexual psychosocial factors that affect the specified types of behavior and changed some of those factors. In general, they were based upon theoretical approaches that have been demonstrated to be effective in influencing other health risk behaviors, e.g., social cognitive theory, social influence theory, social inoculation theory, cognitive behavioral theory and the theory of reasoned action. *Reducing the Risk* is based upon social cognitive theory, social influence theory and social inoculation theory. These theories identified the specific sexual psychosocial factors that affect the sexual behaviors and that were targeted by the programs. For example, *Reducing the Risk* strives to improve knowledge, norms about sex, and self-efficacy to refrain from sex or to use protection.
4. Effective programs created a safe environment. *Reducing the Risk* does this by establishing group agreements such as giving students the right to pass on an activity or question, not allowing put-downs, keeping classroom discussions confidential and not allowing personal questions. It also recommends an anonymous question box.
5. Effective programs included multiple instructionally sound activities to change each of the targeted risk and protective factors. *Reducing the Risk* includes 16 or 17 lessons with multiple activities addressing each of the following important risk and protective factors: knowledge and perceptions of risk; values and attitudes toward abstinence and condoms and other forms of contraception; perceptions of peer norms regarding sex and use of protection; skills and self-efficacy to avoid sex, to insist on use of protection, to use condoms and to obtain contraception; and implementing intentions.
6. Effective programs employed instructionally sound teaching methods that actively involved the participants, that helped participants personalize the information, and that were designed to change specific risk and protective factors. Instructors reached students through active learning methods rather than didactic instruction. In *Reducing the Risk* students are involved

in numerous experiential classroom and homework activities: small-group discussions; games or simulations; brainstorming; roleplaying with written rehearsal, practice, verbal feedback and coaching; locating contraception in local drugstores; visiting or telephoning family planning clinics; and interviewing parents. These address particular factors. For example, games and simulations demonstrate risk and roleplaying improves skills and self-efficacy.

- 7.** Effective programs employed activities, instructional methods, and behavioral messages that were appropriate to the adolescents' culture, developmental age, and sexual experience. Because *Reducing the Risk* emphasizes abstinence as the safest choice and encourages protection for those who do have sex, it is appropriate for high-school age youth and in some communities it is appropriate for middle-school age youth, some of whom are not having sex but may initiate sex, and some of whom are already having sex.
- 8.** Effective curricula covered topics in a logical sequence. *Reducing the Risk* starts with activities that emphasize the chances of pregnancy or HIV and other STIs if having unprotected sex and the personal consequences of unintended pregnancy or STIs. It then begins teaching skills to avoid unprotected sex, first by emphasizing abstinence and then by encouraging condom or other contraceptive use. It includes homework assignments to talk with parents. Near the end it provides strategies to help students stick with their plan to avoid sex and unprotected sex.

In addition, most effective school-based programs lasted 11 or more hours. Longer programs provided the opportunity to complete many of the activities discussed below. *Reducing the Risk* lasts 16 hours.

In addition to these characteristics of effective curricula, effective programs also provided training for the educators implementing the program. In general, the training was designed to give teachers and peers information on the program as well as practice in using the teaching strategies included in the curriculum (e.g., conducting roleplays and leading group discussions). ETR encourages but does not require that teachers be properly trained to implement *Reducing the Risk*.

Reducing the Risk has been demonstrated to be effective in three or more states, and sex and STI/HIV education programs like *Reducing the Risk* have been found to reduce teen pregnancy and STI rates.

Nevertheless, *Reducing the Risk* is not a total solution to the problems of unprotected intercourse, unintended pregnancy and STI. Unfortunately, there are no “magic bullets” that completely eliminate unprotected intercourse among adolescents. However, this curriculum, when implemented by well-trained teachers, can reduce teen sexual risk behavior and can be an effective component of a larger, more comprehensive initiative to reduce teen pregnancy and STI.

Recent Evaluation Studies and New Implementation Format

Reducing the Risk continues to show positive impacts on intermediate outcomes as well as sexual behavior. In a recent randomized controlled trial involving 150 classrooms from Texas, Missouri and California (Kelsey et al., 2016), *Reducing the Risk* showed statistically significant positive impacts on intermediate outcomes, such as knowledge and attitudes. In this same study, *Reducing the Risk* did not show behavioral impacts across all three study sites, but there were statistically significant positive behavioral impacts in Missouri classrooms. More specifically, at the 12-month follow-up, youth in Missouri receiving *Reducing the Risk* were significantly less likely than youth in the control group to report engaging in sexual behavior in the 3 months prior to the survey.

In a second recent randomized controlled trial (Barbee et al., 2016) involving 1,448 adolescents who were recruited from community-based organizations in Louisville, Kentucky, youth receiving *Reducing the Risk* reported significantly fewer sexual partners and greater use of birth control at 3 and 6 months after the program ended compared to youth not receiving the program. Of importance, this study used a different implementation schedule. Specifically, the study team used a “camp” style schedule that consisted of teaching the lessons over two Saturdays instead of during the school day. The positive findings from this study underscore the potential flexibility in implementation of the *Reducing the Risk* content. For more details on how to implement a similar condensed version of the program, please visit ETR’s Program Success Center website (www.etr.org/ebi/programs/reducing-the-risk).

References

- Barbee, A. P., M. R. Cunningham, M. A. van Zyl, B. F. Antle and C. N. Langley. 2016. Impact of two adolescent pregnancy prevention interventions on risky sexual behavior: A three-arm cluster randomized control trial. *American Journal of Public Health* 106: S85-S90.
- Hubbard, B. M., M. L. Giese and J. Rainey. 1998. A replication of Reducing the Risk, a theory-based sexuality curriculum for adolescents. *Journal of School Health* 68 (6): 243-247.
- Kelsey, M., M. Blocklin, J. Layzer, C. Price, R. Juras and L. Freiman. 2016. Replicating Reducing the Risk: 12-month impacts of a cluster randomized controlled trial. *American Journal of Public Health* 106: S45-S52.
- Kirby, D., R. Barth, N. Leland and J. V. Fetro. 1991. Reducing the Risk: Impact of a new curriculum on sexual risk-taking. *Family Planning Perspectives* 23 (6): 253-263.
- 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.
- Zimmerman, R. S., P. Cupp, L. Donohew, C. Sionéan, S. Feist-Price and D. Helme. 2008. Effects of a school-based, theory-driven HIV and pregnancy prevention curriculum. *Perspectives on Sexual and Reproductive Health* 40 (1): 41–51.

Publisher's Note

Program Intent

The major focus of *Reducing the Risk: Building Skills to Prevent Pregnancy, STI & HIV* is the development of attitudes and skills that will help teens prevent pregnancy and the transmission of STI, including HIV. This research-proven approach addresses skills such as risk assessment, communication, decision making, planning, refusal strategies and delay tactics.

Reducing the Risk was developed specifically to influence adolescent sexual and drug behaviors. This curriculum is designed to be embedded in the context of a comprehensive family life or health education program, and is particularly appropriate in communities where there are high rates of teen pregnancy, drug use and STI.

These are sensitive topics. Laws relating to classroom teaching of these topics vary throughout the country. We recommend teachers understand and apply district policies and state mandates, and obtain parent, school board and administrative support before using the material. We also encourage teachers to adapt the dialogue of the roleplays when necessary to make them more relevant to their students' region or cultures.

New to the Fifth Edition

Reducing the Risk was originally published in 1989, and focused on pregnancy prevention. The second edition, published in 1993, expanded the focus on STI and HIV prevention. The third and fourth editions updated information about birth control techniques, STI prevention and behavioral trends among teens, and added resources such as appendixes, workbooks and an activity kit.

With the fifth edition, two activities on perceived risk (Class 1A and 1B) were revised to current medical accuracy standards and to promote awareness about the risk of concurrent or overlapping partners in STI and HIV transmission.

In Class 8, the condom demonstration activity includes specific steps for teaching about condom use and advises on adaptation if necessary. A new appendix on reproductive anatomy and physiology supports teaching of birth control methods. The Activity Kit comes with purchase of the fifth edition. The kit includes posters, roleplay cards and pamphlets that make the program easier to implement.

Introduction

Reducing the Risk: Building Skills to Prevent Pregnancy, STI & HIV goes beyond the facts about abstinence and protection. It presents a powerful, active approach to prevention of unplanned pregnancy and HIV and other STI transmission among young people. The activities motivate students to take steps to avoid high-risk behaviors.

Specific guidelines for 16 lessons are provided. These include all the information and materials teachers will need to carry out each lesson.

Program Objectives

As a result of participating in classes that use this curriculum, students will be able to:

1. Evaluate the risks and lasting consequences of becoming an adolescent parent or becoming infected with HIV or another STI.
2. Recognize that abstaining from sexual activity or using contraception are the only ways to avoid pregnancy, HIV and other STIs.
3. Conclude that factual information about conception and protection is essential for avoiding teenage pregnancy, HIV and other STIs.
4. Demonstrate effective communication skills for remaining abstinent and for avoiding unprotected sexual intercourse.

Information

Although information alone does not keep young people from having sex, becoming infected with STI/HIV or getting pregnant, accurate information about the consequences of unprotected sex may strengthen a youth's resolve not to have sex or not to have it without protection. Knowing that many of their peers, and most young people their age, do not have sex also helps youth understand they have the option to abstain.

In order for information to influence decisions, students must personalize the information—this is about them. In *Reducing the Risk*, students complete several activities that show how becoming a teenage parent or becoming infected with STI/HIV would affect their daily lives. Students also describe their own reasons for abstaining from sex or using protection. They discuss these reasons with parents or guardians and they practice stating their opinion during roleplays, class activities and discussions, and homework assignments.

Social Skills

The greatest emphasis of *Reducing the Risk* is teaching students the interpersonal or social skills they can use to abstain or protect themselves. Abstinence is presented as the best, safest and most common choice for high school students, but *Reducing the Risk* also recognizes that some students are sexually active. For this reason, students are given clear guidelines and rationales for using protection during sex. Young people do not find these messages contradictory, and lessons reviewing protection do not increase the likelihood that students will become sexually active.

Students learn to consult with their parents or other trusted adults in their lives and to think through their own values to decide what to do. The curriculum provides ideas, skills and practice to do these things effectively.

The key skills:

- **Refusals**—Responses that clearly say no in a manner that doesn't jeopardize a good relationship, but which leave no ambiguity about the decision not to have sex or to refuse unprotected sex.
- **Delay tactics and alternative actions**—Ways students can avoid a situation or delay taking action until they have time to decide what to do or say, or until they are more prepared to make a decision. These strategies are incompatible with impulsive and unprotected sex.

All skills are first explained and demonstrated by the teacher and then practiced by the students in roleplays.

How to Use This Curriculum

Each class includes a synopsis of activities, the approximate time needed for each activity and all the materials needed. The curriculum provides detailed steps for leading each activity, copies of student worksheets and handouts, roleplay scripts and teacher background information.

The section “Prior to Class 1” reviews the steps required for teachers to get ready to teach *Reducing the Risk*.

Class 1 offers two options: “Class 1A” focuses on pregnancy prevention; “Class 1B” focuses on prevention of HIV. A class can do either or both of these lessons, depending on the goals of the program and the policies of the school.

The classes are designed for 45-minute periods. Most can be expanded to fill more time, or two full periods, by increasing time to practice the skills and discuss the activities.

The roleplays are an essential and powerful part of *Reducing the Risk*. At first, students may be hesitant about their performances, but they soon begin to enjoy these opportunities and use them to great advantage. Teachers will help students by continuing to encourage them to practice their interpersonal skills

in the roleplays. The more students practice effectively saying no to sex (or to unprotected sex), the more likely they will be to use these skills in real life.

About the Activity Kit

An Activity Kit accompanies *Reducing the Risk*. It includes posters and activity cards that support several of the activities. The kit makes it easier and faster for teachers to prepare their classes.

The kit materials, and their related lessons, are described below.

Kit Materials	Related Lessons
Posters	
• Refusals	3, 4, 10, 14, 16
• Delay Tactics	5, 10, 14, 16
• Group Agreements	Prior to 1
• Signs of Sex, Signs of Caution	6
Traffic Light Cards	13
Risk Behavior Cards	13
Roleplay Cards	1, 3, 4, 5, 9, 10, 11, 14, 16
Birth Control Facts for Teens pamphlet	7, 8
STI Facts for Teens pamphlet	12
HIV Facts for Teens pamphlet	12

Follow District Guidelines

Before teaching this unit, the teacher must be certain the program concepts, objectives and approach are within district guidelines and have the full support of the administration, the school board and parents whose children are enrolled in the class.

Parent Notification

It is essential to inform parents and guardians regarding the nature and scheduling of the *Reducing the Risk* program.

Prior to implementation of the curriculum, parents/guardians should receive written notice describing the goals of *Reducing the Risk* and the nature of the content to be covered. Parents also should be given an opportunity to view the curriculum and related materials if they wish. Parents must be allowed the option of excluding their children from participating in the curriculum. Details regarding parent notification and a sample parent notification letter are included in the “Prior to Class 1” section.

Adapting This Program for Your Population

Program facilitators are encouraged to make minor adaptations (also referred to as “green light” adaptations) to optimize the program for the young people receiving it. Such adaptations are intended to help tailor the curriculum to the needs of participating youth. Examples of minor adaptations include updating statistics and changing the names or editing the language or scenarios in roleplays to better reflect your youth population.

It’s recommended that facilitators work with a small group of youth to review the roleplays and other activities and suggest minor changes to increase relevance before implementation. Other allowable enhancements include teaching reproductive health lessons before starting the program, and adding lessons before or after the curriculum lessons to address additional sexual health issues, such as dating violence or electronic dating aggression.

Adaptations such as re-ordering the curriculum lessons or inserting additional content into the middle of the program are considered “yellow light” adaptations because they can have an impact on program flow and effectiveness. It’s best to discuss these kinds of changes with the program developers first.

Major changes (also referred to as “red light” adaptations) are discouraged and may significantly affect and alter program effectiveness. Examples of major changes include dropping entire activities or lessons, or altering the key messages of the program.

Adaptation guidelines for this curriculum can be found at www.etr.org/ebi and include additional examples of green-, yellow- and red-light adaptations.

Researchers and organizations interested in making significant adaptations to this curriculum for use in an evaluation are asked to contact ETR for support and permission first. Such adaptations might include combining the curriculum with another evidence-based program or adding a new element or component.

Tools for Online Implementation

A set of PowerPoint slides has been created to facilitate implementation of the curriculum, particularly in virtual settings. These slides are available under the Adaptation Guidelines & Tools tab on the *Reducing the Risk* page of ETR’s Program Success Center at www.etr.org/ebi/programs/reducing-the-risk. The slides summarize key content and instructions for group activities and can help facilitators present the information and guide activities.

ETR provides additional support and guidance for virtual implementation of evidence-based programs and other curricula, including tip sheets on a variety of considerations for online learning. These can be found at ETR’s Design-4Learning page at www.etr.org/design-4-learning.

PRIOR TO
CLASS

1

Initiating *Reducing the Risk*

Synopsis

Reducing the Risk is designed to be incorporated into a broader health education program. Before initiating the unit, group agreements for classroom discussion must be established and parent notification and permission for student participation accomplished. Procedures for both are outlined.

Preparation and Materials

- ▶ Decide how group agreements are going to be presented to students. Display the Group Agreements Poster from the Activity Kit, list them on chart paper for posting, and/or make a copy for each student.
- ▶ According to district guidelines, write and copy parent permission letters for distribution at least 2 weeks prior to teaching any topic of sexuality or this curriculum specifically.
- ▶ Begin to prepare for the **Visit or Call a Clinic** assignment in Class 8.

Timeline

Activity	Time	Schedule
Group Agreements	15 min. class time	At least 1 day prior to Lesson 1
Parent Permission	10–20 min. class time	At least 2 weeks prior to any lessons about sexuality

Group Agreements for Classroom Discussion

To accomplish the goals of this program, students need to feel free to talk about sexuality, birth control and protection from STI. It is not always easy for students to do so. To create the atmosphere of trust and comfort in which sufficiently detailed discussions can take place, group agreements for classroom discussion should be established.

One option for establishing agreements is to use the Guiding Principles or Group Agreements suggested in this section. These can be posted on the board and/or copied for each student.

Another method is to elicit the group agreements from students using the Socratic method:

- Ask students to suggest reasons why people might be afraid to speak up in a class that deals with sexuality. Elicit such reasons as embarrassment, fear of what others would think, not knowing correct words or terms, appearing to know too much, looking dumb, etc. (*Note: keep the discussion in terms of other people's fears to allow freer discussion.*) List these fears on the board.
- When a reasonable list has been made, ask students for group agreements that would make it more comfortable for everyone to speak freely.
- Generate a list. Below are some agreements you may want to be sure are included.

Guiding Principles or Group Agreements

- 1. Everyone has the right to pass.** Each person, including the teacher or any outside speaker, has the right to pass on an activity, or choose *not* to answer a question.
- 2. Every question is a good question.** Questions show a desire to learn new things, clarify information, or confirm what you already know.
- 3. Be respectful.** All thoughts, feelings, ideas and opinions are respected. Class members do not tease, put down or talk about others inside or outside of the classroom.
- 4. Classroom discussions are confidential.** Personal information will not be shared outside of the classroom by the teacher or other students. This helps everyone feel safe and supported here. However, students should understand that the teacher is required, by law and school policy, to report certain kinds of information, such as abuse, suicidal feelings, or other dangerous behaviors.
- 5. Treat roleplays seriously.** Use them to learn the skills. Remember that the roleplays are fictional. People may say things in a roleplay they would not otherwise say. Nothing in a roleplay should be considered to indicate an interest in having a relationship or sex.

6. **No personal questions.** People can voluntarily share information about themselves, but no one should be put “on the spot” with specific questions about personal beliefs or practices, including the teacher or any outside speakers.
7. **Be accurate with parents/guardians.** When you discuss the class with parents or guardians, be accurate about what the class is about. Give specific examples, and don't sensationalize.
8. **Speak for yourself.** The class is not a forum for discussing other people's beliefs or behaviors. Comments should be limited to what is thought or felt by individuals in this class.

Anonymous Question Box (Optional)

An anonymous question box provides the opportunity for all students to get answers to questions they might be hesitant to ask in class. It also gives teachers time to think about answers to difficult questions or to look for more information.

To build the box, cut a slit in the lid of a shoebox or other similar box, then tape the lid to the box. Introduce the box to students by displaying it and explaining its purpose. Provide paper for students to write their questions on.

Tips for Using Anonymous Questions

- Assure students that all questions will be taken seriously.
- If you don't know the answer to a question, research it and report back to students.
- Some questions may be better answered privately. Offer students the option of signing their names if they want a private, written answer.

Steps for Parent Notification and Permission

Informed consent is a critical ethical issue in the implementation of *Reducing the Risk*. It is essential that parents/guardians know the content and process and grant permission for their child to participate.

(continued)

These 4 steps are recommended:

- 1.** Announce *Reducing the Risk* prior to implementation.
 - The announcement should be included in a standard form of communication by the principal to parents/guardians.
 - The announcement should clarify that this is a research-proven approach to teaching sexuality education.
 - The announcement should express the purpose of the curriculum: to reduce teen pregnancy and STI, including HIV, by teaching social skills and behaviors that will prevent unwanted and unprotected sexual encounters.
- 2.** Students registered for the *Reducing the Risk* class should receive a letter informing them and their parents/guardians of the process and content of the program. The letter should:
 - Describe the content of the curriculum.
 - Inform parents that they may view the full curriculum at the district/high school office.
 - Include a permission slip for parental approval or denial of permission to participate.
- 3.** Emphasize to students the importance of parent notification and permission.
 - Explain that school officials and teachers feel strongly that parents/guardians have a right to know and make decisions about their children's education.
 - Suggest that their parents/guardians are very concerned about them as individuals.
 - Ask students to think about what concerns and questions parents might have about sexuality education (e.g., what will be taught, will they teach views consistent with mine, who's the teacher, will this information encourage my child to be sexually active?).
 - If time permits, have two students roleplay parents/guardians with concerns and questions discussing the course with the teacher.
- 4.** Schedule a parent preview to give parents an opportunity to meet the teacher and better understand the rationale and teaching approach used in this curriculum. The meeting could present an overall description of the curriculum, give parents/guardians an opportunity to review learning activities and to discuss the homework assignments and the perceived benefits of doing these assignments.

A sample notification letter can be found on page 11.

Prepare for the Class 8 “Visit or Call a Clinic” Assignment

In Class 8, students will be given an assignment to visit or call a clinic. Read the Class 8 section now to consider the options for this assignment. Well before Class 8, begin to learn more about local clinics. To facilitate students’ visit to a clinic—which may be the most important element in the entire curriculum—you will need to know:

- Which clinics in your community are available for students who wish to visit.
- The clinics’ guidelines regarding the number of students who can visit at a time.
- Whether appointments are needed prior to visits.
- How many total students the clinic can serve.
- The best times to call or answer questions.

Individual visits to the clinic are the most effective approach for enhancing students’ ability to attend a clinic if they want birth control or protection at some future date. Other activities can also increase their comfort in going to a clinic, including field trips and speakers. These arrangements are also described in Class 8.

Using Roleplays

This curriculum moves to the beat of “practice, practice, practice.” Students get considerable experience talking to peers in order to learn to manage situations that might lead to unprotected sex. Because such situations are more highly charged in real space and time than they are in the classroom, students must *overlearn* these skills.

Some students and classes see each roleplay as a new challenge, which is how the curriculum was designed. The roleplays become more challenging for students as the lessons progress. The *practice* is more important than the *way* students practice, so teachers should feel free to create alternative ways to roleplay.

Teachers have reported success with the following approaches:

- Have students write roleplays as homework assignments and then roleplay in front of the class.
- Have students create videos of their roleplay practice and play them for the class.
- Have students generate a list of challenging “lines.” Then have a student read the lines to the class and have each student give a response.
- Have students develop and act out or make videos of plays (longer scripts) that show refusal skills.

(continued)

Other ideas will surely emerge as you use this curriculum. For greater detail and step-by-step instructions for how to use roleplays, see Appendix A.

Refusal Skills and Consent

Refusal skills are a key component of many evidence-based programs designed to reduce pregnancy, HIV and other STI among youth. Programs provide instruction and practice in delivering effective refusals, and programs including refusal skills have been shown to reduce sexual risk behaviors and increase their chances of avoiding unwanted sexual pressures.

At the same time, ideas and concepts around consent are evolving. Some institutions have adopted policies that emphasize affirmative consent, or “yes means yes,” and are moving away from a “no means no” perspective. This affirmative consent approach encourages partners to communicate openly about their wishes and boundaries, both prior to and during sexual interactions. It emphasizes the risks to both parties when partners pressure each other and the responsibility of both parties to respect the other’s limits.

When teaching refusal skills and evaluating the effectiveness of students’ demonstration of those skills, it is important to affirm the value that no person who experiences sexual pressure, harassment or assault is to blame for being the target of those behaviors. Clear, assertive refusals can be encouraged, while also making sure youth understand that no one “deserves” to be pressured if his or her NO is unclear.

Instruction on boundaries and respecting another person’s NO—both verbal and nonverbal—regardless of perceived clarity can be included to help young people understand the two-way nature of consent, and the importance of honest and respectful communication between friends and potential partners. This would be considered a “green-light” adaptation and can help optimize the success of the skill-building around refusals.

Sample Notification Letter (on District or School Letterhead)

Dear Family:

Your teen will be involved in a program called *Reducing the Risk: Building Skills to Prevent Pregnancy, STI & HIV*. The lessons teach ways to prevent HIV, other sexually transmitted infections (STIs), and pregnancy. Students will learn how HIV and other STIs are transmitted and how teens can best protect themselves. Abstinence—choosing not to have sex—will be given as the best choice for students. But accurate information about other protection methods will also be provided. *Reducing the Risk* is an evidence-based program.

Students will learn and practice ways to resist pressure to have sex. Communication and decision-making skills will be taught throughout the lessons.

The *Reducing the Risk* program includes a homework activity for parents and teens to help them talk about preventing HIV, other STIs and pregnancy. We hope you will do this assignment with your child, and share your knowledge and values. This homework is voluntary, and students will not share their parents' responses in class.

You are welcome to preview the *Reducing the Risk* program materials. Please contact _____ at the school, and we will arrange a preview time and answer any questions you may have about the program.

If you DO NOT want your teen to participate in the *Reducing the Risk* program, you must complete the permission slip at the end of this letter and return it to school by _____ (date) so that we can arrange a different learning activity. If we do not hear from you, we will assume you allow your teen to participate in the *Reducing the Risk* program.

Sincerely,

I, _____, (parent/guardian)

DO NOT want my teen _____, (name)

to participate in the *Reducing the Risk* program. I understand that my teen will be given another appropriate learning activity during this time.

Signature: _____ Date: _____

Note: You DO NOT need to return this form unless you DO NOT want your teen to participate in the lessons.

Sample Notification Letter in Spanish (on District or School Letterhead)

Estimada Familia,

Su hijo/a va a participar en un programa llamado *Reduciendo el Riesgo: Destrezas para Prevenir el Embarazo, las ITS y el VIH*. Las lecciones muestran maneras de prevenir el VIH, otras infecciones de transmisión sexual (ITS) y el embarazo. Los alumnos aprenderán cómo se transmiten el VIH y otras ITS y las mejores maneras de protegerse. A los alumnos se les indicará que la abstinencia—la decisión de no tener relaciones sexuales—es la mejor opción. Sin embargo, también se les dará información acerca de otros métodos de protección. *Reduciendo el Riesgo* es un programa basado en la evidencia.

Los alumnos aprenderán y ensayarán cómo no sucumbir a la presión de tener relaciones sexuales. A lo largo de las lecciones, se fomentará en ellos el desarrollo de destrezas de comunicación y toma de decisiones.

El programa *Reduciendo el Riesgo* incluye una tarea para los jóvenes y sus padres, cuya meta es ayudarles a conversar sobre la prevención del VIH, otras ITS y el embarazo. Esperamos que usted haga esa tarea con su hijo/a y que hable con él/ella acerca de sus conocimientos y valores. La tarea es voluntaria y los alumnos no hablarán sobre las respuestas de sus padres durante la clase.

Si gusta, podrá ver de antemano los materiales del programa *Reduciendo el Riesgo*. Por favor comuníquese con _____ en la escuela y nosotros programaremos una fecha para que vea los materiales y para que contestemos las preguntas que tenga acerca del programa.

Si desea que su hijo/a NO participe en el programa *Reduciendo el Riesgo*, debe llenar el papelito de autorización al pie de esta carta y devolverlo a la escuela a más tardar el _____ para que podamos organizar otra actividad de aprendizaje
(fecha)
para su hijo/a. Si no se comunica con nosotros, daremos por hecho que autoriza a su hijo/a a participar en el programa *Reduciendo el Riesgo*.

Atentamente, _____

Yo, _____,
(padre/tutor)

deseo que mi hijo/a _____,
(nombre)

NO participe en el programa *Reduciendo el Riesgo*. Tengo entendido que tendrá otra actividad de aprendizaje adecuada durante ese tiempo.

Firma: _____ Fecha: _____

Nota: NO necesita devolver este formulario a menos que desee que su hijo/a NO participe en las lecciones.

CLASS
1A

Abstinence, Sex and Protection: Pregnancy Prevention Emphasis

Synopsis

Class 1 is an introduction to *Reducing the Risk*. The teacher models 2 versions of a roleplay to demonstrate refusal skills. Students participate in a 2-part “pregnancy risk” activity to personalize their vulnerability to pregnancy.

Preparation and Materials

- ▶ Review Introduction and Prior to Class 1 and assure yourself that the parent notification and permission is complete.
- ▶ Review Appendix A, “How to Use Roleplays.”
- ▶ For ease of “performance,” copy **Lee and Lee #1A** and **#2A** (Teacher Roleplays 1.1A and 1.4A) so that they are separate from the book.
- ▶ Cut out 6 paper squares, number them 1 to 6 and place them in a hat or other container.
- ▶ Make a copy of the **Pregnancy Risk Chart** (Teacher Reference 1.3A). Cut the chart into the 6 numbered strips as marked.
- ▶ Refer to Student Workbook for **My Risks** (Worksheet 1.2A).

Outline of Activities

Activity	Time	Materials
Introduce Curriculum and Model Roleplay, Version 1	10 min.	<input type="checkbox"/> Lee and Lee #1A (Teacher Roleplay 1.1A)
Pregnancy Risk Activity, Parts 1 and 2	25 min.	<input type="checkbox"/> My Risks (Worksheet 1.2A) <input type="checkbox"/> Pregnancy Risk Chart (Teacher Reference 1.3A)
Model Roleplay, Version 2	10 min.	<input type="checkbox"/> Lee and Lee #2A (Teacher Roleplay 1.4A)
Lesson Summary	5 min.	<input type="checkbox"/> None

Note to the Teacher

Both parts in the introductory roleplay, **Lee and Lee**, are written to be read by one person—you—for several reasons. This initial presentation sets the tone and breaks the ice for the student roleplays that follow, so an adult-modeled first script is important. Performing alone is usually the best approach, since teachers rarely have access to another adult assistant to play the other part, and asking a student to read with a teacher could be misinterpreted.

Be sure your reading of the roleplay allows for inclusivity and does not reinforce one view of gender identity or gender stereotypes. You can do this by introducing Lee and Lee as a couple without specifying their genders, by not differentiating the two Lees' lines using stereotypical male and female voices, and by leaving it open as to which Lee is pressuring and which does not want to have sex.

Activities

Introduce Curriculum and Model Roleplay, Version 1

1. Tell students that today is the beginning of a program that will give them skills to keep from getting pregnant or from getting someone pregnant. To introduce the skills they'll be learning, you're going to do a 1-person play. The dialogue of the play might now, or in time, be familiar to them.

The play is called **Lee and Lee**. Tell students you'll be playing two students who are a couple, and who are, amazingly, both named Lee. (Ask students to hold their applause until the end!) See **Lee and Lee #1A** (Teacher Roleplay 1.1A). As necessary, change the names of the characters or the language in this roleplay to work for your students.

2. After performing the roleplay, resume your role as teacher and ask students their reaction to the way Lee and Lee discussed having sex and the potential outcome of pregnancy.

Include the following questions in the discussion:

- How is the way in which Lee and Lee made the decision to have sex similar to or different from how other couples your age make that decision?
- Why didn't Lee stick to the decision not to have sex?
- What makes it difficult to say no to someone you care about?
- In the story, Lee is conflicted about having sex in the moment and waiting. Can both of these feelings be true? If so, how might someone navigate having conflicting feelings?

3. Tell students that even though they may know how to avoid pregnancy, and want to, it's not always easy to say no to sex or use protection. It takes *knowledge* and *skills*. The story of Lee and Lee shows that many young people are still working to figure out how they feel about sex and when to start having sex, as well as developing the knowledge and skills necessary to stay healthy.

Every year, almost 615,000 teens become pregnant (Guttmacher, 2014).

Yet, pregnancy is preventable. Tell students this unit helps them protect themselves from unintended pregnancy. They will learn they can avoid pregnancy by practicing the skills to abstain or use protection.

In the next few weeks, students will act out situations that they may face outside the classroom. After roleplaying in class and completing assignments as homework, they will be better prepared to be sure that real-life encounters do not lead to unwanted sex or pregnancy.

This program uses a specific definition of abstinence: abstinence means choosing not to do any sexual activity that carries a risk for pregnancy or STI/HIV.

Note to the Teacher

The purpose of the Pregnancy Risk Activity is to demonstrate the substantial risk teens have of getting pregnant when they engage in unprotected sex. The activity is not intended to demonstrate specific statistical risk, but to help students personalize their risk of pregnancy and think about how their lives would change if they did get pregnant or get someone pregnant. Therefore, the activity is designed so that all students in the class do "get pregnant."

You may want to clarify 2 things at the end of the activity:

- *In real life, it is possible that some students might not experience a pregnancy within a year. However, there is a risk of pregnancy every time a person has unprotected sex, including the first time. It's also possible to get pregnant more than once in a year.*

(continued)

- *Data show that people who engage in unprotected sex for a year have an 85% chance of experiencing a pregnancy within that year. (Hatcher, et al., 2018). For the purpose of this activity, we are assuming that teens who engage in unprotected sex have a 100% chance of pregnancy for that year.*

Be sensitive to any students in your classroom who may be pregnant or parenting, or who may have family members who experienced pregnancy at a young age.

Pregnancy Risk Activity

Part 1:

1. Tell students this activity will help them understand that pregnancy is a potential outcome of having sex without using protection. Every time a couple has sex without protection, they can get pregnant. The chances of pregnancy from unprotected sex are roughly 1 out of 6 each month.
2. Have the container with the numbered squares ready. Have students turn to **My Risks** (Worksheet 1.2A) in their workbooks. Ask students to choose a number from 1 to 6 and write it at the top of their worksheet. This will be their number for both parts of the activity.
3. Explain that for purposes of this activity we will make believe that everyone in the class is having unprotected sex each month, although we know that most young people their age are not having sex.
4. Draw a square out of the container and read the number aloud. Ask all students who have put that number on their worksheet to stand. When students are standing, tell the class that this is how many pregnancies have occurred at the end of the first month of unprotected sex. Assure students that you know boys don't get pregnant but they do share equal responsibility in a pregnancy.
5. Return the first number to the container and draw another number. Ask students with this number to stand. These students would be pregnant at the end of the second month. Return the number to the container and continue drawing numbers until all the numbers are called or all students are standing, whichever comes first. Tell students that they are all pregnant or have caused a pregnancy!

After a number has been drawn twice, put it aside. Tell students that some numbers were called twice, reflecting the fact that people may become pregnant a second time if they continue to have unprotected sex. (That is, females can become pregnant more than once a year, and males can be involved in a pregnancy more than once a year.)

6. As you've seen, some couples will become pregnant the first time they have unprotected sex, some the fifth time, some the twentieth time. Some will get pregnant the first month, some the second month, some in later months.

No one can predict for sure when a pregnancy might occur, but over the course of a year, almost every couple will get pregnant.

7. Have students fill out Part A of **My Risks**. Allow 5 minutes to complete the worksheet.
8. Ask volunteers to share their responses to some of the immediate results of a positive pregnancy test (e.g., telling your partner, parents, friends). Based on when their hypothetical pregnancy would occur, ask for other volunteers to state how that pregnancy would affect their life that year (e.g., holidays, prom, summer vacation, etc.).
9. Ask students if getting pregnant is just a matter of luck like picking numbers. Draw out in the discussion that there are things they can do to avoid an unintended pregnancy, such as using *self-control* and saying no to sex, or using *protection*.

Note to the Teacher

It is important to remember that not all adolescent sexual activity is voluntary. Young people may not always have a choice about where, when and with whom they have sex. Discussion of the ways students can avoid unplanned pregnancy can emphasize the actions students can take to protect themselves, without blaming or shaming young people who may not have had choices around sexual behaviors within their control.

Part 2:

10. The second part of this activity shows how risk changes when people abstain or use protection correctly and consistently. Place the numbered strips from the **Pregnancy Risk Chart** (Teacher Reference 1.3A) in the container.
11. Ask a student to draw a strip from the container and read the *number only* aloud. Ask students with that number to stand. Then have the student read the rest of the information on the strip. Write “pregnant” or “not pregnant” next to the number on the board. Students may sit down if they are not pregnant.
12. Now ask another student to draw a strip from the container and repeat the process. Continue until all numbers are gone. (In this part of the exercise, most students won’t get pregnant.)
13. After all the numbers are drawn, ask students to complete Part B of **My Risks**. Allow 3 minutes to complete the worksheet.
14. Ask volunteers to share their responses to Part B of the worksheet. Lead a discussion around all the things students can do if they do not experience an unintended pregnancy (finishing the school year, participating on the swim team, earning money after school for a car, etc.). Briefly process with students which “life course” is more desirable.

(continued)

- 15.** Next, in a guided discussion, ask volunteers to share how they felt about the “pregnancy” (Part 1) and what effects a real pregnancy would have on their current lives. Use the following points to help guide the discussion:
- A pregnancy scare, ending a pregnancy (abortion), a miscarriage, making an adoption plan, and/or parenting can all impact a young person’s emotions, relationships and future options. Outcomes of these events and decisions can be positive, negative, or sometimes both. These outcomes have the potential to negatively affect relationships with friends and family as well as create challenges that may impact students’ remaining high school years.
 - Researchers have shown that teen pregnancy is associated with lower levels of the 3 E’s: less *education*; less *employment* in well-paying jobs; and less *enjoyment* of life (youth.gov, n.d.; Hodgkinson et al., 2014). Children born to teenage parents often have a harder time in school. They are more likely to have health and learning problems as well.

Note to the Teacher

Again, be sensitive to any students in your classroom who may already be teen parents. You can help students understand some of the challenges of having a child as a teen without shaming or vilifying teen parents.

Model Roleplay, Version 2

- 1.** Return to the story of Lee and Lee. Tell students that this time Lee and Lee will make a different decision because they have participated in a class like this one and have practiced skills to say no. They start as before, kissing and touching on the sofa. (Again you assume the role of both Lees.) See **Lee and Lee #2A** (Teacher Roleplay 1.4A).
- 2.** Briefly discuss why version 2 ended differently than version 1. Explain that in the next lesson the class will discuss reasons the roleplays ended differently.

Lesson Summary

Remind students this class has introduced them to ideas they’ll be studying for the next 3 weeks:

- Young people can develop skills to prevent unintended pregnancies.
- The only sure way to avoid pregnancy is to abstain (not have sex). The next best choice is to always use protection, including condoms or other contraceptive methods.
- It’s not easy to always follow either of these courses of action;
- but There are skills for handling situations in ways that help young people avoid pregnancy and keep relationships safe.

Lee and Lee #1A

NARRATOR: Lee and Lee have been going out for 3 months, and, although taking it slow, they've been getting closer to having sex. They're sitting on the sofa together, kissing and touching.

Lee: Don't, Lee. Let's stop.

Lee: Why?

Lee: I don't know. I don't think I'm ready for this. And we don't have anything to use for protection.

Lee: Being ready just means we love each other. You do still love me, don't you?

Lee: You know I do, but what if something happened? What about getting pregnant or getting an infection like HIV?

Lee: We could handle having a baby. It would look just like you—we could name it Lee. I think that'd be great.

Lee: Oh, Lee. I don't know...

Lee: Listen, don't worry about it. We can stop before anything happens.

Lee: I don't think that works...

Lee: What do you mean? Tammy's not pregnant, is she? What do you think they use? Besides, we're the lucky types. We found each other, didn't we? How else would two people named Lee get together if somebody wasn't looking out for us?

Lee: *(Laughs and kisses Lee)* I really do love you, Lee. You're right—we're lucky people.

NARRATOR: Lee and Lee went ahead and had sex without using birth control. Despite Lee's prediction about stopping in time and being lucky, Lee did get pregnant and had the baby the night of the sophomore dance. Neither Lee nor Lee went to the dance. Lee and Lee became loving and dedicated parents to their new baby.

For Review Only

Pregnancy Risk Chart

Directions: Copy and cut on the dotted lines.

1. You did not become pregnant, because you used a latex condom correctly every time you had sex.
2. You did not become pregnant, because you decided not to have sex and you stuck to your decision.
3. You did not become pregnant, because you decided to use the IUD.
4. You (or your partner) are pregnant because you didn't abstain or use protection.
5. You did not become pregnant, because you told your partner you didn't want to have sex and stuck to your decision.
6. You (or your partner) are pregnant because you decided to use condoms but you didn't use one every time.

For Review Only

For Review Only

Lee and Lee #2A

NARRATOR: Lee and Lee have been going out for 3 months, and, although taking it slow, they've been getting closer to having sex. They're sitting on the sofa together, kissing and touching.

Lee: No, Lee. Stop.

Lee: Why?

Lee: I'm not ready for this. And besides, if we do it we need to—you know—use something for protection.

Lee: Being ready just means we love each other. You do still love me, don't you?

Lee: Yes, but being ready means more than that. We're not ready if we don't have protection. I'm saying no to becoming a parent and to HIV.

Lee: Nothing's going to happen, Lee.

Lee: I know, because we're not going to do anything without using something—no matter how much I love you.

Lee: We could handle having a baby. It would look just like you—we could name it Lee. I think that'd be great.

Lee: *(Laughs)* Stop joking, Lee. I'm serious. I have NO plans to become a parent while I'm in high school.

Lee: Listen, don't worry about it. We can stop before anything happens.

Lee: That doesn't work. That's not protection.

Lee: What do you mean? Tammy's not pregnant, is she? What do you think they use? Besides, we're the lucky types. We found each other, didn't we? How else would two people named Lee get together if somebody wasn't looking out for us?

Lee: *(Laughs)* Well, I traded lockers with Daryl, for one thing, so we'd see each other every day.

Lee: You did?

Lee: Sure. And I learned your schedule so I'd run into you a lot. I believe in helping luck along.

Lee: You're really something, Lee. You're right about the protection—and besides, I don't want to do it till it's right for both of us.

Lee: C'mon, let's go out and get something to eat.

NARRATOR: Lee and Lee leave to get something to eat. Lee learned a lot about luck from Lee. That was the year Lee got a great after-school job and Lee made the track team.

For Review Only

Hoja de trabajo 1.2A

Mis riesgos

Mi número es _____.

Parte A. Yo (o mi pareja) podríamos tener un embarazo después de sólo _____ meses de tener relaciones sexuales sin protección. Podríamos tener un bebé en el mes de _____ si completáramos el término del embarazo.

1. A los pocos días de descubrir el embarazo yo tendría que:

2. El embarazo cambiaría el próximo año de mi vida en la siguiente forma:

Parte B. No quiero ser padre o madre en mi adolescencia porque deseo:

1. _____

2. _____

3. _____

© ETR

Reduciendo el riesgo ■ Cuaderno del alumno

Worksheet 1.2A

My Risks

My number is _____.

Part A. I (or my partner) would be pregnant after just _____ months of having unprotected sex. We would have a baby in the month of _____ if I (or they) carried the baby to term.

1. Within a few days of finding out about the pregnancy, I would have to:

2. The pregnancy would change the next year of my life by:

Part B. I don't want to be a teenage parent because I want to:

1. _____

2. _____

3. _____

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Reducing the Risk ■ Student Workbook

1

For Review Only

CLASS
1B

Abstinence, Sex and Protection: HIV Prevention Emphasis

Synopsis

In Class 1B the teacher models two versions of a roleplay to demonstrate refusal skills to help prevent HIV. Students participate in a simulation that illustrates the increased risk of having multiple sexual partners and concurrent sexual partners.

Preparation and Materials

- ▶ Review Introduction and Prior to Class 1 and assure yourself that the parent notification and permission is complete.
- ▶ Review Appendix A, “How to Use Roleplays.”
- ▶ For ease of “performance,” copy **Lee and Lee #1B** and **#2B** (Teacher Roleplays 1.1B and 1.4B) so that they are separate from the book.
- ▶ Make copies of the **Signature Sheet** (Handout 1.2B). Place a small “1” on the back of one sheet, a “2” on the back of one, a “3” on the back of one. Be certain these three sheets are distributed in the activity.
- ▶ Refer to Student Workbook for **My HIV Risks** (Worksheet 1.3B).

Outline of Activities

Activity	Time	Materials
Introduce Curriculum and Model Roleplay, Version 1	10 min.	<input type="checkbox"/> Lee and Lee #1B (Teacher Roleplay 1.1B)
STI/HIV Risk Activity	20 min.	<input type="checkbox"/> Signature Sheet (Handout 1.2B)
Personalizing Risks	5 min.	<input type="checkbox"/> My HIV Risks (Worksheet 1.3B)
Model Roleplay, Version 2	10 min.	<input type="checkbox"/> Lee and Lee #2B (Teacher Roleplay 1.4B)
Lesson Summary	5 min.	<input type="checkbox"/> None

Note to the Teacher

Both parts in the introductory roleplay, **Lee and Lee #1B**, are written to be read by one person—you—for several reasons. This initial presentation sets the tone and breaks the ice for the student roleplays that follow, so an adult-modeled first script is important. Performing alone is usually the best approach, since teachers rarely have access to another adult assistant to play the other part, and asking a student to read with a teacher could be misinterpreted.

Activities

Introduce Curriculum and Model Roleplay, Version 1

1. Tell students that today's class will give them skills to keep from getting infected with HIV and other STIs. Tell students that HIV is the virus that causes AIDS. A person with HIV can feel very healthy or very sick. People with HIV can pass the virus to their sex partner or to someone they share a needle with even if they don't have symptoms and are unaware of having the infection. It can also be passed from a pregnant woman to her baby during pregnancy, birth or breastfeeding (CDC, 2019a).

Treatment can help people with HIV stay healthier and live longer. But HIV is still a serious disease.

HIV transmission can be prevented by abstaining from sex. If a person does choose to have sex, condoms or PrEP or PEP can reduce the risk of HIV. PrEP and PEP are medications that you will talk more about later.

2. Many young people don't have either the knowledge or the skills to prevent getting HIV.

To introduce the skills they'll be learning, you're going to do a 1-person play. The play is called **Lee and Lee** (and is similar in format but different in content from the play in Class 1A). Tell students you'll be playing Lee and Lee's friend—who is, amazingly, also named Lee. (Ask students to hold their applause until the end!) See **Lee and Lee #1B** (Teacher Roleplay 1.1B). As necessary, change the names of the characters or the language in this roleplay to work for your students.

3. After performing the roleplay, resume your role as teacher and ask students their reaction to the way Lee and Lee discussed having sex and the risk of HIV. Include the following questions:

- Is this the way many teenagers decide whether or not to have sex? How was the way in which Lee and Lee made the decision to have sex similar to or different from how other couples your age make that decision?
- Why didn't Lee stick to the decision not to have sex?
- What makes it difficult to say no?

Tell students that in this unit they will learn skills to prevent HIV. In the next few lessons, they will act out situations like "Lee and Lee" that they may face outside the classroom. After roleplaying in class and completing assignments as homework, they will be better prepared to protect themselves from unintended pregnancy and from STIs, including HIV.

STI/HIV Risk Activity

Note to the Teacher

Research shows that both greater number of sexual partners and having overlapping or concurrent partners markedly increase the risk of STI/HIV (Warren et al., 2015). This activity demonstrates how risk increases with number of partners. It also shows how overlapping partners (having sex with more than one partner over the same time period) spreads STI to more partners than serial monogamy (having a series of monogamous relationships over time).

Recognize that some students in the class may have (or have had) an STI. Discuss the material sensitively, without causing shame or discomfort. During the discussion, be clear that students receiving the numbered signature sheets ("1," "2," "3") were chosen randomly.

1. Tell students that they will be exchanging signatures on an activity sheet. Show the **Signature Sheet**.
2. Review how to complete the activity sheet.
 - Students put their initials on the upper right-hand corner.
 - They move around the room and trade signatures with others. That is, they sign someone else's worksheet, and that person signs theirs. Each person keeps their original sheet.

(continued)

- There will be three rounds. They will stop between rounds.
- 3.** Have students stand. Hand out the **Signature Sheets**. Remind students to put their initials on the right-hand corner.
 - 4. Round 1:** Have students exchange a signature with one other person. Remind them to wait for Round 2.
 - 5. Round 2:** When everyone is done with Round 1, begin Round 2. Ask students to exchange signatures with one person. When everyone has done so, ask them to exchange with a second person.

Note to the Teacher

For this activity to work best, everyone should gather signatures in numbered sequence. That is, all students should get Signature #1. Then all students should get Signature #2.

- 6. Round 3:** When everyone is done with Round 2, begin Round 3. Ask students to exchange signatures with one person. When everyone has done so, ask them to exchange with a second person. When everyone has done so, ask them to exchange with a third person.
- 7.** Have students return to their seats. Explain that for this activity, exchanging signatures with someone represented having sex with that person.

In Round 1, people exchanged signatures with only one other person. This represents a mutually monogamous relationship—that is, having sex with only one person, who only has sex with you.

- 8.** Ask the person with the number “1” on the back of the activity sheet to stand. Explain that for the purposes of this activity, this person has an STI. (Emphasize that this person does not really have an STI; they were randomly chosen, and this is just a simulation.)

Have the student read the name from Round 1 on their worksheet. Have this student also stand. In the simulation, this second person got an STI from the first person.

Note that these are the only two people infected with an STI. Ask students:

- Why did everyone else avoid getting an STI?

The answer is because they had sex with only one person, and that person did not have an STI.

Ask the two people standing to sit down.

- 9.** Tell students the risk of STI increases when people have sex with more than one person.

Ask the person with the number “2” on the back of the activity sheet to stand. Explain that again for the purposes of this activity, this person has an STI. Have the student read first Name 1 and then Name 2, from Round 2 on their

activity sheet. Have these two students stand. Explain that they have gotten an STI from the first person.

Ask the first person whose name was called (Name 1) to look at Round 2 of the activity sheet and read the name *after* the name of the person who infected them (that is, read Name 2). Have that student stand. Ask students:

- What happened to this person?

The answer is that this third person also got an STI because they had sex with someone who had already been infected.

Ask the second person whose name was read (Name 2) to read the name from Round 2 that came *before* the name of the person who infected them (that is, read Name 1). Ask students:

- Was this person exposed to an STI?

Affirm that this person was not exposed because they had sex with the second person *before* that person got an STI. This person does not need to stand.

Point out that the number of partners only increased from 1 to 2, but the number of people newly infected increased from 1 to 3. The number of new STIs went up faster than the number of partners.

Ask the people standing to sit down.

- 10.** Ask the person with the number “3” on the back of the activity sheet to stand. Explain that again, for the purposes of this activity, this person has an STI. Have the person read all three names from Round 3 on their activity sheet in order (1, 2, 3). Have those three people stand. Ask students:

- What happened to these people?

The answer is they got an STI from the first person.

- 11.** Ask each of the three people whose names were read to read the names from Part 3 on their worksheets that come *after* the name of the person who infected them. Have those participants stand as well. Ask students:

- What happened to these people?

The answer is that they also got an STI because they had sex with someone who had already been infected.

Have the newly standing participants read any additional names from Part 3 that come after the names of the people who infected them. Have those people stand too.

(continued)

Finally, if any new people stood up, have them read any additional names from Part 3 that come after the names of the people who infected them. Have those people stand too.

Count the number of people who are now standing. There may be up to 8 people standing. Point out that the number of people infected grew much faster than the number of sexual partners.

12. Ask students:

- What does this demonstration show us?

The answer is that having more sexual partners increases the risk for STI, including HIV.

13. Ask students:

- What does the term “serial monogamy” mean?

The answer is when people end one monogamous sexual relationship before starting another one. The relationships are in a series and not overlapping.

Explain that sometimes people have sex with more than one partner during the same time period. For example, they may have sex with one person one week, then with someone else the second week, and then return to the first partner the third week. These sexual relationships are overlapping.

14. Tell the following brief stories. After each story ask if it is an example of serial or overlapping partners.

- A.** Siya and Jessie had sex only with each other for several months. Then Jessie broke up with Siya. A month later, Siya began going with Anton and had sex only with Anton.

Is this serial or overlapping? (Answer: Serial)

- B.** Michael was dating Jaidyn and only having sex with Jaidyn. Then one night at a party, he drank too much and had sex with someone else. After that, he continued to only have sex with Jaidyn.

Is this serial or overlapping? (Answer: Overlapping)

- C.** Sonny traveled for his work. He had two partners who lived in different states. He had sex with both of them, but not with anyone else.

Is this serial or overlapping? (Answer: Overlapping)

15. Explain that now students will repeat part of the last activity to demonstrate the impact of overlapping sexual relationships on STI transmission.

Ask the person with the “3” on the back of the signature sheet to stand again and read the names of the three people in Round 3. In the earlier demonstration, these people had contracted STI. So did the people who had contact with them after they got the STI. This was assuming these people only had serial relationships.

Now, ask students to assume everyone is having overlapping sexual relationships, and no one is using condoms. Ask:

- Do any other names need to be read?

The answer is yes. Each person standing should read all 3 names on their signature sheet (Round 3 only).

Have the standing students read the names. The people named should stand. Have the new people standing read all three names on their lists. This process continues until all people standing have read all the names on their signature sheets.

Note: Typically, but not always, everyone will end up standing, meaning that everyone will have contracted an STI because they had overlapping sexual partners.

16. Ask students:

- What are the key points from this activity?

Reinforce correct answers. Emphasize the following points:

- When people have more sexual partners and don't always use a condom, they're at greater risk of getting an STI.
- If people have overlapping sexual relationships, they increase the spread of STIs, including HIV.
- If people have sex with anyone who has had overlapping sexual relationships, they are also at much higher risk of STI and HIV.

17. Thank the students for participating in the game. Remind them this is just a game to illustrate how quickly STIs can be transmitted when people who are having sex do not use condoms or get tested.

18. Ask the participants to take their cards and rip them to pieces and recycle them.

Personalizing Risks

- 1.** Have students fill out Parts A and B of **My HIV Risks** (Worksheet 1.3B) in their workbooks. Allow 5 minutes to complete the worksheet.
- 2.** Ask volunteers to share their responses to some of the immediate results of a positive HIV test (e.g., telling your partner, parents, friends).
- 3.** Ask for other volunteers to state how getting HIV might affect their lives.
- 4.** Then lead a discussion around all the things students can do if they don't have to cope with getting HIV.

(continued)

Model Roleplay, Version 2

1. Return to the story of Lee and Lee. Tell students that this time Lee and Lee will make a different decision because they've participated in a class like this one and have knowledge regarding HIV prevention and the skills to say no. They start as before, kissing and touching on the sofa. (Again you assume the role of both Lees.) See **Lee and Lee #2B** (Teacher Roleplay 1.4B).
2. Briefly discuss why version 2 ended differently than version 1. Explain that in the next lesson the class will discuss reasons the roleplays ended differently.

Lesson Summary

Remind students that this class has introduced them to ideas they'll be studying for the next few lessons:

- All of us are at risk for HIV. It's not who we are but what we do that places us at risk.
- HIV is mainly transmitted through unprotected sex or needle-sharing with a person who has HIV.
- Abstinence from sex and needle use are the best choices. The second best choice is to use condoms. The third best choice is to have one and only one long-term partner. Medications including PrEP and PEP can reduce the risk of HIV.
- In a later lesson they will receive further information about risky situations, HIV transmission, symptoms and prevention.

Lee and Lee #1B

NARRATOR: Lee and Lee have been going together for 4 months. They're sitting on the sofa together, kissing and touching.

Lee: Don't, Lee. Please, stop.

Lee: Why?

Lee: I'm concerned. We don't have anything to use for...protection.

Lee: Don't worry. We don't have anything to worry about.

Lee: But what if something happens? What if I get something like HIV?

Lee: Don't worry. You wouldn't get HIV. Kids like us aren't at risk! It's only hard-core kids that get HIV.

Lee: I've been worried about HIV for months...ever since you told me you and Ronnie didn't use...well, you know...condoms. I've heard about Ronnie.

Lee: What did you hear?

Lee: I heard Ronnie has HIV. That's what everyone is saying. I'm scared.

Lee: I'm not worried. I don't have anything to worry about. I feel great. I look good, don't I? Besides, I only went out with Ronnie a few times.

Lee: It wouldn't matter if it was only once. Anyone who has sex with someone who has HIV can get HIV.

Lee: Listen, Lee. We're lucky. How else would two people named Lee get together if somebody wasn't looking out for us? And the only thing that's important is that we have each other.

Lee: (*Laughs and kisses Lee*) You're right—we're two lucky people. I'm crazy about you too, Lee.

NARRATOR: Lee and Lee went ahead and had sex without using a condom. Despite their belief about being lucky, Lee was diagnosed with HIV shortly before their graduation. Lee started taking ART medications right away, and Lee talked to their doctor about taking PrEP.

For Review Only

Your Initials: _____

Signature Sheet

Directions: When the teacher tells you to, move around the classroom and trade signatures with different people. When someone signs your sheet, you should sign theirs. Be sure to get your sheet back. Stop after you complete each round and wait for instructions.

Round 1

1. _____

Round 2

1. _____

2. _____

Round 3

1. _____

2. _____

3. _____

For Review Only

For Review Only

Lee and Lee #2B

NARRATOR: Lee and Lee have been going together for 4 months. They're sitting on the sofa together, kissing and touching.

Lee: Don't, Lee. Please, stop.

Lee: Why?

Lee: I'm concerned. We don't have anything to use for...protection.

Lee: Don't worry. We don't have anything to be concerned about.

Lee: But what if something happens? What if we get something like HIV?

Lee: Don't worry. We wouldn't get HIV. Kids like *us* aren't at risk! I love you. That's the only thing that matters.

Lee: I love you, too. But kids like us *do* get HIV. I heard that Ronnie's got HIV, and I'm worried because you told me you had sex together and didn't use rubbers.

Lee: I'm not worried. I feel great. I look good, don't I? Besides, I only went out with Ronnie a few times.

Lee: It wouldn't matter that it was only once. Anyone who has sex with someone who has HIV can get HIV.

Lee: Listen, Lee. We're lucky. How else would we have found each other? And the only thing that's important is that I'm crazy about you.

Lee: Well, maybe we've been lucky in the past. But now I'm scared. I love you too, Lee, but I've decided to wait to have sex.

Lee: You're right. We have too much to look forward to, to risk losing everything. Let's go see that new movie that's playing.

NARRATOR: Lee and Lee both got tested for HIV. Neither Lee nor Lee became infected with HIV. They graduated that June very much in love and looking forward to college.

For Review Only

Hoja de trabajo 1.3B

Mis riesgos con respecto al VIH

Parte A. Descubres que puedes tener el VIH.

1. A los pocos días de descubrir que podría tenerlo debería:

2. Si el análisis del VIH muestra que lo tengo debería:

Parte B. No quiero tener el VIH porque:

1. _____

2. _____

3. _____

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Worksheet 1.3B

My HIV Risks

Part A. You learn that you may have HIV.

1. Within a few days of finding out that I might have HIV, I would have to:

2. If my HIV test showed that I had HIV, I would have to:

Part B. I don't want to get HIV because:

1. _____

2. _____

3. _____

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Reducing the Risk ■ Student Workbook

3

For Review Only

CLASS

2

Abstinence: Not Having Sex

Synopsis

Class 2 reminds students that there are only two ways to avoid pregnancy and STI/HIV—not having sexual intercourse (abstaining), or consistently using protection. This session focuses on the advantages of abstinence. Additionally, challenges to abstaining or using protection are considered. Students also discuss elements of successful communication about abstinence. They practice identifying successful elements of communication in the roleplay from Class 1.

Preparation and Materials

- ▶ Write the Facts About Abstinence (p. 46) on the board or chart paper. Leave blanks for the percentages.
- ▶ Review **Lee and Lee #2** (Teacher Key 2.2).
- ▶ Refer to Student Workbook for **Lee and Lee #2** (Worksheet 2.1) and **What Abstinence Means to Me** (Worksheet 2.3).

Outline of Activities

Activity	Time	Materials
Review Previous Lesson	5 min.	<input type="checkbox"/> None
Communicating About Abstinence	15–20 min.	<input type="checkbox"/> Lee and Lee #2 (Worksheet 2.1) <input type="checkbox"/> Lee and Lee #2 (Teacher Key 2.2)
Facts About Abstinence	10 min.	<input type="checkbox"/> Facts About Abstinence on the board
Reasons That Many Teens Don't Have Sex	10 min.	<input type="checkbox"/> What Abstinence Means to Me (Worksheet 2.3)
Lesson Summary	2 min.	<input type="checkbox"/> None

Activities

Review Previous Lesson

Ask students what they have learned from the previous lesson(s) about the risk of getting pregnant and/or the risk of HIV. (Having sex without protection increases the risk of pregnancy or STI. Students don't have to rely on luck to avoid pregnancy and HIV but can learn skills to protect themselves.)

Communicating About Abstinence

1. Acknowledge the importance of meaningful connections with other people and healthy romantic relationships. Note that one important quality of healthy relationships is communication, including talking about sexual health.

Tell students that in this unit the class will be talking about how to avoid pregnancy and STI and still have successful relationships.

2. Explain to students that there are 3 basic elements that provide a foundation for successful romantic relationships. Write the elements on the board, and briefly explain each:
 - *Communication* (C): being honest and saying what you want so there is no doubt you mean it.
 - *Relationship building* (R): talking and acting in a way that shows you want to keep a good relationship going.

- *Planning* (P): talking and acting to make your future healthy and happy. Planning shows knowledge of what you want and how to get it.

Note that today teens often communicate through social media as well as in person. It's just as important to pay attention to how you communicate and build relationships when texting, messaging and posting on social media sites.

3. Have students turn to **Lee and Lee #2** (Worksheet 2.1) in their workbooks. Ask students to read the worksheet and underline and identify the places in the dialogue that demonstrate strong communication (C), relationship building (R), and planning (P). Using **Lee and Lee #2** (Teacher Key 2.2) lead the class through the identification process for the first few lines of dialogue. Then let students work on their own. Explain that there may be some lines of dialogue that represent more than one element for building successful relationships. Allow 5 minutes to complete the worksheet. (*Optional:* Have students work in pairs to identify these elements.)
4. In the full group, briefly discuss student responses. Discourage them from thinking only about “right” and “wrong” answers. There should be considerable latitude around students’ perceptions. The point is for students to understand that you can be strong in your words and actions and still maintain a healthy relationship.
5. Summarize that *talking* about love, sex, protection and relationships is critical to getting what you want and avoiding what you don’t want. Talking about these things can be difficult, so it is tempting to just hope that your partner will understand what you want and do it. Not talking about it will increase your risk for pregnancy, HIV or other STIs.

Tell students that in the next few weeks they will spend a lot of time talking about and practicing what to say and do to avoid pregnancy or HIV and other STIs. Abstaining, or not having sex, is one way to keep from getting pregnant or getting a sexually transmitted infection. Next, the class will look at some reasons not to have sex.

(continued)

Facts About Abstinence

1. Some teens believe “everyone” is having sex. Most overestimate the number of their peers who are sexually active (USDHHS, 2018). In fact, rates of teen sexual activity have been declining for years, and most students your age are not sexually active (CDC, 2017). Many teens are making clear decisions not to have sex (Byers, O’Sullivan & Brotto, 2016). Their reasons may have to do with personal values, staying healthy, wanting to focus on school, building their relationships, or something else (Planned Parenthood, 2020). Let’s look at the statistics and see the percentage of teens who are saying no to having sex.
2. Refer to the Facts About Abstinence statements on the board. For each statement, ask the class for their estimates of the percentages of teens not having sex. Then fill in the blanks with the correct figures.

Note to the Teacher:

You can check the CDC website for the most recent statistics on teen sexual activity. The Youth Risk Behavior Survey (YRBS) is done every 2 years. Change the percentages in your presentation when you have updated information: www.cdc.gov/healthyyouth/yrbs.

Reasons That Many Teens Don’t Have Sex

Tell students that, as they know, some young people do have sex. Ask them to think about likely outcomes of having sex. List their results on the board, adding any important factors they miss. Students may include some positive outcomes (e.g., “It’s fun” or “It makes us feel close”). Acknowledge both positive and negative outcomes. Indicate in this discussion that the positive reasons can make it difficult for young people who choose not to have sex to stick with their choice.

2. Remind students that if they have sex they should always use protection to protect themselves from an unintended pregnancy and/or from STIs including HIV.
3. Next, ask students to help you brainstorm a list of personal, psychological and medical reasons abstaining from sex is a valid option. As each reason is identified, write it on the board or chart paper. Encourage students to identify reasons to abstain from sex for *now* or for the next few years, perhaps until

Facts About Abstinence

- In 10th grade, ____% (65.6%) of girls and ____% (62%) of boys have not had sex.
- In 12th grade, ____% (44.2%) of girls and ____% (41.1%) of boys have not had sex.
- Among all high school students, ____% (71.3%) are *not currently sexually active*. This means about (7) out of 10 students have either never had sex, or have had sex before but are choosing to be abstinent now.

(Kann et al., 2018)

marriage or until they are with a life partner. A nearly comprehensive list of reasons follows. Use it to add to or embellish the reasons students suggest.

- Many young people believe in and practice abstinence for *religious* reasons and personal *moral* beliefs.
 - Abstinence can be a sign of *emotional maturity* and *integrity*. Many young people report feeling pressured about sex. It requires maturity and honesty to stick to a decision that is consistent with personal values, morals and needs.
 - It also takes emotional maturity and integrity to respect someone's choice to be abstinent and not add to the pressures teens can feel around sex. Talking about abstinence can help all teens build communication skills and establish healthy, respectful relationships.
 - Abstinence *reduces* the risk of getting most sexually transmitted infections such as herpes, chlamydia, gonorrhea and HIV. We'll discuss these more in a later session.
 - Abstinence is the only method of birth control that is *100% effective, 100% safe* and *100% free of side effects*.
 - Abstinence from vaginal sex reduces the risk of cervical cancer, which is linked to HPV infection. Research suggests there is a connection between early sexual activity, multiple sexual partners and increased risk of cervical cancer in women (Plummer, Peto & Franceschi, 2012; Lui et al., 2015).
 - Abstinence shows that you're stronger than peer pressure.
 - A couple may find that delaying sexual intercourse contributes in a positive way to their relationship. Abstaining may allow them time to *develop a deeper friendship*. They may spend more time talking, building mutual interests, sharing good times with other friends and establishing an intimacy that is other than sexual.
 - Abstaining may ultimately help people be *better lovers*; it allows them to explore a wide range of ways to express love and sexual feelings.
- 4.** To personalize this information, have students turn to **What Abstinence Means to Me** (Worksheet 2.3) in their workbooks. Ask students to think about the likely results of not having sex and to complete question 1. Ask volunteers to read their responses. (If appropriate, add new ones to the list on the board.) Ask them to add to their list when they hear new ideas from other students or from you. When students identify negative outcomes, acknowledge that there are strong pulls away from abstaining that will be considered throughout the unit. Students should then complete question 2.

(continued)

Lesson Summary

Acknowledge that it's sometimes hard to practice abstinence. A good way to respond to the "It's hard to remain abstinent" message is to return to the advantages of delaying intercourse, and to note that abstinence is the most effective way to prevent pregnancy or STI/HIV.

For Review Only

Lee and Lee #2

Directions: Write **C** when you see strong *Communication* statements and underline them. Write **R** when you see *Relationship-Building* statements and underline them. Write **P** when you see *Planning* statements and underline them.

Lee: No, Lee. Stop. (**C**)

Lee: Why?

Lee: I'm not ready for this. (**P**) And besides, we would need to use something for protection and we don't have it. (**C & P**)

Lee: Being ready just means we love each other. You do still love me, don't you?

Lee: Yes, but being ready means more than love. We're not ready if we don't have protection! (**C**) I'm saying no to getting pregnant and to HIV. (**P**)

Lee: Nothing's going to happen, Lee.

Lee: I know, because we're not going to do anything without using something—no matter how much I love you. (**C & R**)

Lee: We could handle having a baby. It would look just like you—we could name it Lee. I think that'd be great.

Lee: *(Laughs)* Stop joking, Lee. I'm serious. I have no plans to become a parent while I'm still in high school. (**P**)

Lee: Listen, don't worry about it. We can stop before anything happens.

Lee: That doesn't work. That's not protection. (**C**)

Lee: What do you mean? Tammy's not pregnant, is she? What do you think they use? Besides, we're the lucky types. We found each other, didn't we? How else would we have gotten together if somebody wasn't looking out for us?

Lee: *(Laughs)* Well, I traded lockers with Daryl, for one thing, so we'd see each other every day. (**R**)

Lee: You did?

Lee: Sure. And I learned your schedule so I'd run into you a lot. I believe in helping luck along. (**R**)

Lee: You're really something, Lee. You're right about the protection—and besides, I don't want to do it till it's right for both of us.

Lee: C'mon, let's go out and get something to eat. (**R**)

NARRATOR: Lee and Lee leave to get something to eat. Lee learned a lot about luck from Lee. That was the year Lee got a great after-school job and Lee made the track team.

For Review Only

Hoja de trabajo 2.1

Luchi y Luchi #2

Instrucciones: Escribe **C** cuando veas frases con buena **Comunicación** y subráyalas. Escribe **R** cuando veas oraciones que fomentan la **Relación** y subráyalas. Escribe **P** cuando veas frases de **Planeamiento** y subráyalas.

Luchi: No, Luchi. Déjame.

Luchi: ¿Por qué?

Luchi: No estamos listos para esto. Y además, tendríamos que usar algo para protegernos y no lo tenemos.

Luchi: Estamos listos porque nos amamos. Todavía me amas, ¿no?

Luchi: Pero estar listos quiere decir más que amarse. No estamos listos si no tenemos protección. Yo digo que no al embarazo y al VIH.

Luchi: No va a pasar nada, Luchi.

Luchi: Ya sé, porque no vamos a hacer nada sin usar algo para protegernos, por mucho que te ame.

Luchi: Podríamos tener un bebé. Se parecería a ti: podríamos llamarlo Luchi. Sería fantástico.

Luchi: (Ríe) Deja de hacer bromas Luchi. En serio. No pienso tener un hijo cuando todavía estoy en la escuela secundaria.

Luchi: Mira, no te preocupes por el embarazo. Podemos detener la acción antes de que pase nada.

Luchi: Eso no es cierto. No es protección.

Luchi: ¿Qué quieres decir? Luisa no está embarazada, ¿no? Y ¿qué crees que ella usa? Además, nosotros siempre tenemos suerte. Nos encontramos uno al otro, ¿no? ¿Cómo podríamos habernos encontrado si la "Fortuna" no nos sonriera!

Luchi: (Ríe) Bueno, para empezar cambié el armario con Bobi para verte todos los días.

Luchi: ¿Es cierto?

Luchi: Seguro. Y luego me aprendí tu horario de clases y te encontraba casualidad'. Yo creo en ayudar a la suerte.

Luchi: Eres increíble, Luchi. Tienes razón en cuanto a protegernos; y ad a tratar de hacerlo hasta que los dos estemos preparados para el

Luchi: Vamos, salgamos a comer algo.

NARRADOR: Luchi y Luchi van juntos a comer. Luchi le enseñó a Luchi sobre la suerte. Ese fue el año en que Luchi consiguió un gran trabajo de escuela y Luchi ingresó al equipo de atletismo.

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Worksheet 2.1

Lee and Lee #2

Directions: Write **C** when you see strong *Communication* statements and underline them. Write **R** when you see *Relationship-Building* statements and underline them. Write **P** when you see *Planning* statements and underline them.

Lee: No, Lee. Stop.

Lee: Why?

Lee: I'm not ready for this. And besides, we would need to use something for protection and we don't have it.

Lee: Being ready just means we love each other. You do still love me, don't you?

Lee: Yes, but being ready means more than love. We're not ready if we don't have protection. I'm saying no to getting pregnant and to HIV.

Lee: Nothing's going to happen, Lee.

Lee: I know, because we're not going to do anything without using something—no matter how much I love you.

Lee: We could handle having a baby. It would look just like you—we could name it Lee. I think that'd be great.

Lee: (Laughs) Stop joking, Lee. I'm serious. I have no plans to become a parent while I'm still in high school.

Lee: Listen, don't worry about it. We can stop before anything happens.

Lee: That doesn't work. That's not protection.

Lee: What do you mean? Tammy's not pregnant, is she? What do you think they use? Besides, we're the lucky types. We found each other, didn't we? How else would we have gotten together if somebody wasn't looking out for us?

Lee: (Laughs) Well, I traded lockers with Daryl, for one thing, so we'd see each other every day.

Lee: You did?

Lee: Sure. And I learned your schedule so I'd run into you a lot. I believe in helping luck along.

Lee: You're really something, Lee. You're right about the protection—and besides, I don't want to do it till it's right for both of us.

Lee: C'mon, let's go out and get something to eat.

NARRATOR: Lee and Lee leave to get something to eat. Lee learned a lot about luck from Lee. That was the year Lee got a great after-school job and Lee made the track team.

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5

Hoja de trabajo 2.3

Qué quiere decir para mí la abstinencia

1. ¿Cuáles son las ventajas de no tener relaciones sexuales en estos momentos de mi vida?

a. _____

b. _____

c. _____

d. _____

2. ¿Por qué es difícil no tener relaciones sexuales?

a. _____

b. _____

c. _____

d. _____

6 Reduciendo el riesgo ■ Cuaderno

Worksheet 2.3

What Abstinence Means to Me

1. What are the advantages to me if I don't have sex at this time in my life?

a. _____

b. _____

c. _____

d. _____

2. What could make it difficult not to have sex?

a. _____

b. _____

c. _____

d. _____

6 Reducing the Risk ■ Student Workbook

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CLASS

3

Refusals

Synopsis

Class 3 includes a discussion of the student/parent homework assignment. The teacher introduces verbal and nonverbal communication skills. Students are provided with a demonstration of the social skills important to abstaining and using protection. They're also given the chance to practice and examine the 5 characteristics of effective refusals.

Preparation and Materials

- ▶ Review Appendix A, "How to Use Roleplays."
- ▶ Review Appendix B, "Skills Overview."
- ▶ Have ready the *Refusals* poster from the Activity Kit or write the *Refusals* (p. 55) on the board.
- ▶ Make 2 copies of the roleplays:
 - Your Friend's Ex-Partner**, Ineffective Version (Roleplay 3.2),
 - Your Friend's Ex-Partner**, Effective Version (Roleplay 3.3),
 - Trying to Slow Down**, Ineffective Version (Roleplay 3.4),
 - Trying to Slow Down**, Effective Version (Roleplay 3.5).
- ▶ Refer to Student Workbook for **Talk to Your Parent/Trusted Adult** (Homework 3.1) (2 pages), and **Observer Checklist** (Form 3.6).

Outline of Activities

Activity	Time	Materials
Review Previous Lesson	5 min.	<input type="checkbox"/> None
Talk to Your Parent/Trusted Adult	15 min.	<input type="checkbox"/> Talk to Your Parent/Trusted Adult , Part A <input type="checkbox"/> Talk to Your Parent/Trusted Adult , Parts B and C (Homework 3.1)
Introduce Refusals	10–15 min.	<input type="checkbox"/> <i>Refusals</i> poster
Demonstrate Roleplays	10–15 min.	<input type="checkbox"/> Your Friend's Ex-Partner (Roleplays 3.2 and 3.3) <input type="checkbox"/> Trying to Slow Down (Roleplays 3.4 and 3.5) <input type="checkbox"/> Observer Checklist (Form 3.6)
Lesson Summary	2 min.	<input type="checkbox"/> None

Activities

Review Previous Lesson

Review the following from the previous lesson:

- Abstinence is the most common choice among people their age.
- Reasons for abstinence.
- The 3 parts of a successful relationship.

Talk to Your Parents

1. Have students turn to **Talk to Your Parent/Trusted Adult**, Part A (Homework 3.1) in their workbooks. Explain that this homework involves two distinct sections. Part A is for students to complete and asks for their ideas about sex and protection. In addition, Part A asks students to indicate what they *think* their parent or a trusted adult believes about the same things. Have students complete Part A in class.
2. Tell students that Part B should be completed by Class 6. Let students know that the benefit of the homework comes from talking and listening to parents and trusted adults; therefore, they should not just give the sheet to their parent or other trusted adult to fill out. Tell students that their parent/trusted adult

interview is completely confidential and they will *not* turn in the homework. Instead, to verify that the homework was completed, the student and parent/trusted adult will sign the form in Part C stating that they did the assignment. This form is the only thing the student will turn in.

Introduce Refusals

Note to the Teacher

The class will briefly discuss verbal and nonverbal aspects of effective refusals and then see how the skill can be put into practice. This class demonstrates the skill of refusals and also familiarizes students with the routine of roleplaying and using observer checklist forms to note how the skill was used.

When teaching refusal skills and evaluating the effectiveness of students' demonstration of those skills, it is important to affirm the value that no person who experiences sexual pressure, harassment or assault is to blame for being the target of those behaviors. Clear, assertive refusals can be encouraged, while also making sure youth understand that no one "deserves" to be pressured if their NO is unclear.

Instruction on boundaries and respecting another person's NO—both verbal and nonverbal—regardless of perceived clarity can be included to help young people understand the two-way nature of consent, and the importance of honest and respectful communication between friends and potential partners. This would be considered a "green-light" adaptation and can help optimize the success of the skill-building around refusals.

Verbal Refusals

1. It's sometimes hard to say no—especially to someone we care about—and to stick with it. Sometimes we're saying no, but it doesn't come across as NO. This is true both when you're talking face to face, and when you're texting, chatting, tweeting or using any form of social media.

Tell students they'll use a series of roleplays to learn about, and then practice, ways to say no when they don't want to have sex. The ability/skill to say no effectively gives us a lot of power over our lives.

2. Provide a quick overview of the Refusals model students will be using. List the 5 behaviors on the board or display the *Refusals* Poster from the Activity Kit. (See Appendix B, "Skills Overview," for specific examples of each refusal behavior.)

Refusals

1. Say "No!"
2. Use body language that says "No!"
3. Repeat the refusal.
4. Suggest an alternative.
5. Build the relationship (if appropriate).

(continued)

3. Refer to the 3 elements of successful relationships (communication, relationship building, planning) and point out how refusal statements can fit with these elements. Emphasize that the verbal aspect of effective refusals involves saying the word *no* in a tone of voice that shows you mean it, repeating the refusal if necessary, and suggesting an alternative. You can also reinforce the verbal refusal in nonverbal ways.

Nonverbal Refusals

4. Explain that “body language” (such as tone of voice, gestures, the look on your face, the way you sit or stand) is an important way to communicate with or without talking. Ask the class to describe body language that says no to sex. Generate a list like the one below. Write the list on the board and demonstrate each behavior to reinforce the concept of nonverbal communication.
 - **Hands off**—throwing hands up in a “get off of me” gesture or using hands for emphasis.
 - **Stiff body**—sit up or stand up, holding your body stiffly. March away from the other person if you need to.
 - **Firm voice**—strong and business-like voice.
 - **Serious expression**—best “I mean it” face.
 - **Gestures**—hand and arm movements that emphasize your point.
 - **Move away**—at times, if everything else fails, you might have to move or push away to emphasize your point and protect yourself.

Demonstrate Roleplays

1. Have students locate the roleplays **Your Friend’s Ex-Partner** (Roleplays 3.2 and 3.3) and **Trying to Slow Down** (Roleplays 3.4 and 3.5) in their workbooks. These roleplays demonstrate some of the ways that *not clearly saying no* can work against getting what you want. Have them use the **Observer Checklist** (Form 3.6) as they listen and watch the roleplays. They should check off the behaviors that are used during each roleplay. Or, assign observers a specific behavior to watch for in the roleplay. For example, one group of observers looks for “Said No,” another for “Repeated Refusal,” etc.
2. Preselect two students to read the roleplays. Begin with **Your Friend’s Ex-Partner**, Ineffective Version (Roleplay 3.2). You should read the “Setting the Stage” section of the roleplay. After the roleplay is read, conduct a discussion. Ask roleplayers to comment on how they felt in the role and how they’d feel if this were a real situation. Ask students to identify what the person who was responding did or did not do that led to ineffectiveness. Pull for ideas such as:
 - Never said no.

- Never repeated first objection.
- Was trying not to upset the ex-partner and didn't use clear communication.
- Expressed doubt and left the person thinking it might work out.

Ask the students to identify ways that the person playing Friend's Ex did not listen to or respect the other person's no.

3. Then have the same two students read **Your Friend's Ex-Partner**, Effective Version (Roleplay 3.3), keeping the same roles. Again, the teacher should read the "Setting the Stage" section of the play. After the roleplay, thank the participating students and ask them to sit.
4. Have two new students read the ineffective version of **Trying to Slow Down** (Roleplay 3.4). Have students use the checklist to record the use of effective refusals after the roleplay. Review the use of refusals with students. Help them recognize that Person 2:
 - never said no
 - never restated the first objection
 - asked questions ("Do you love me?") rather than stating their view
 - expressed doubt
 - failed to offer any alternative actions
 - failed to use "hands off" or other body language
 - gave up

Ask the students to identify ways that the person playing Person 1 did or did not listen to or respect the other person's no.

5. Now have the same students read the effective version of **Trying to Slow Down** (Roleplay 3.5), keeping the same roles. Have students use the checklist. Discuss the elements of Person 2's effective refusal.

Lesson Summary

Conclude by reminding students that today they practiced and observed clear refusal statements that tell a person they mean *no* without losing a friendship. Remind students that the skills they're learning can be used in a variety of situations.

For Review Only

Your Friend's Ex-Partner Ineffective Version

Setting the Stage:

Your best friend's partner ended their relationship. Now your friend's ex-partner seems very interested in going out with you. You like this person, but you really don't want to go out with them because you've been seeing someone else and don't want to mess it up. Your friend's ex speaks first.

Friend's Ex: I haven't seen you for a while. Let's go out some night.

You: Well, I don't know.

Friend's Ex: I just want to talk to you about some things.

You: Text me sometime, it gets boring at home.

Friend's Ex: Let's go check out a movie. We could go this weekend.

You: I may be busy.

Friend's Ex: I know we'd have fun together.

You: I suppose.

Friend's Ex: I'll text you this weekend. Maybe we can do something? OK?

You: I guess so. See ya.

For Review Only

Your Friend's Ex-Partner Effective Version

Setting the Stage:

Your best friend's partner ended their relationship. Now your friend's ex-partner seems very interested in going out with you. You like this person, but you really don't want to go out with them because you've been seeing someone else and don't want to mess it up. Your friend's ex speaks first.

Friend's Ex: I haven't seen you for a while. Let's go out some night and do something fun.

You: I miss you, too, but I'm interested in someone else right now.

Friend's Ex: I just want to talk to you about some things.

You: I don't want to lead you on, but I'd be glad to talk. Text me sometime.

Friend's Ex: Let's go check out a movie. We could go this weekend.

You: Sorry. I've already got plans to go out.

Friend's Ex: What about next Saturday night?

You: No, I really don't want to go out.

Friend's Ex: I guess we're not going to be friends, huh?

You: Well, I'd like to be friends, I just don't want to go out.

For Review Only

Trying to Slow Down Ineffective Version

Setting the Stage:

You and your partner have been going out for a while. From the beginning you touched and kissed a lot. On your partner's birthday, you are alone and feel very close. After you have had something to celebrate the birthday, you begin kissing and touching and feeling really good. Your partner wants to have sex with you, but you decide to tell them that you're not ready.

Person 1: Why are you stopping now?

Person 2: Wait. I'm not sure that I'm ready.

Person 1: It isn't my birthday every day, you know.

Person 2: Yeah, I know.

Person 1: There's no reason to wait. It will mean even more now. What's the difference, now or later?

Person 2: Well, I'm not sure.

Person 1: I thought this was what we both wanted.

Person 2: Do you love me?

Person 1: Yes, and sex is part of love.

Person 2: I guess you're right.

(They stop talking and go back to kissing.)

For Review Only

Trying to Slow Down Effective Version

Setting the Stage:

You and your partner have been going out for a while. From the beginning you touched and kissed a lot. On your partner's birthday, you are alone and feel very close. After you have had something to celebrate the birthday, you begin kissing and touching and feeling really good. Your partner wants to have sex with you, but you decide to tell them that you're not ready.

Person 1: Why are you stopping now?

Person 2: This feels good, but let's not have sex now.

Person 1: It isn't my birthday every day, you know.

Person 2: Yeah, I know, but I don't think we're ready.

Person 1: I've never had sex and want to have it with you first.

Person 2: Maybe some day, but, no, not now.

Person 1: There is no reason to wait. It will mean even more now. What's the difference, now or later?

Person 2: I want to wait.

Person 1: I thought this was what we both wanted.

Person 2: We both want to be close, but I don't want sex. How about opening your present from me? It's in my backpack.

Person 1: OK.

For Review Only

Hoja de trabajo 3.1

Habla con tus padres/un adulto de confianza

Parte A

Instrucciones: Completa los renglones de la Parte A con tus propias ideas, incluyendo lo que piensas que tus padres o un adulto de confianza responderían. Luego habla con tus padres /un adulto de confianza y observa cuán acertado estabas. Escribe sus respuestas en la Parte B de esta hoja de trabajo. Firma y pide que tus padres o adulto de confianza firmen la Parte C después de que ustedes conversen.

1. ¿Cómo pueden los adolescentes mostrar afecto a alguien que aman?
Lo que yo pienso: _____
Lo que creo que piensa mi padre, madre o adulto de confianza: _____
2. ¿Está bien que los adolescentes manden mensajes de texto o fotos sexys a alguien que les gusta?
Lo que yo pienso: _____
Lo que creo que piensa mi padre, madre o adulto de confianza: _____
3. ¿Deberían los adolescentes tener relaciones sexuales con la persona amada si piensan casarse con ella?
Lo que yo pienso: _____
Lo que creo que piensa mi padre, madre o adulto de confianza: _____
4. ¿Cuáles son los mejores métodos de protección para los adolescentes sexualmente activos?
Lo que yo pienso: _____
Lo que creo que piensa mi padre, madre o adulto de confianza: _____
5. ¿Qué deberían hacer los padres/tutores para ayudar a sus hijos a evitar el embarazo?
Lo que yo pienso: _____
Lo que creo que piensa mi padre, madre o adulto de confianza: _____

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Homework 3.1

Talk to Your Parent/Trusted Adult Part A

Directions: Fill in the blanks on Part A with your own ideas, including how you think your parent/trusted adult would answer. Then talk to your parent/trusted adult and see how close you are. Record their answers on Part B. Sign and have your parent/trusted adult sign Part C after you talk.

1. How should teens show affection to someone they love?
What I think: _____
What I think my parent/trusted adult thinks: _____
2. Is it OK for teens to send sexy pictures or text messages to someone they're attracted to?
What I think: _____
What I think my parent/trusted adult thinks: _____
3. Should adolescents have sex with someone they love if they plan to marry them?
What I think: _____
What I think my parent/trusted adult thinks: _____
4. What are the best kinds of protection for teens who are sexually active?
What I think: _____
What I think my parent/trusted adult thinks: _____
5. What should parents/guardians do to help their teen avoid pregnancy or HIV?
What I think: _____
What I think my parent/trusted adult thinks: _____

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7

Lista 3.6

Nombre: _____ Fecha: _____

**Lista del observador
Rechazos**

ACTUACIÓN #

CONDUCTA	1	2	3	4	5	6
Decir "NO"						
El lenguaje corporal dijo "NO"						
Repitió el rechazo						
Alternativa sugerida						
Fomentó la relación						

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Form 3.6

Name: _____ Date: _____

**Observer Checklist
Refusals**

ROLEPLAY #

BEHAVIOR	1	2	3	4	5	6
Said "NO"						
Body Language Said "NO"						
Repeated Refusal						
Suggested Alternative						
Built the Relationship						

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15

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Using Refusal Skills

Synopsis

Class 4 quizzes students on refusal skills and uses roleplays to practice using these new skills in difficult situations.

Preparation and Materials

- ▶ Review Appendix A, “How to Use Roleplays.”
- ▶ Review Appendix B, “Skills Overview.”
- ▶ Make 2 copies of the scripted version of **At a Party** (Scripted Roleplay 4.2).
- ▶ Refer to Student Workbook for **Refusals** (Quiz 4.1), **At a Party** (Roleplay 4.3), and **Observer Checklist** (Form 4.4).
- ▶ *Optional:* Have ready *Roleplay* cards from the Activity Kit.

Outline of Activities

Activity	Time	Materials
Refusals Quiz	10 min.	<input type="checkbox"/> Refusals (Quiz 4.1)
Difficult Refusals	5 min.	<input type="checkbox"/> None
Demonstrate Roleplay	5 min.	<input type="checkbox"/> At a Party (Scripted Roleplay 4.2) <input type="checkbox"/> Observer Checklist (Form 4.4)
Roleplay in Small Groups	15–30 min.	<input type="checkbox"/> At a Party (Roleplay 4.3) <input type="checkbox"/> Observer Checklist (Form 4.4) <input type="checkbox"/> <i>Roleplay</i> cards (<i>optional</i>)
Lesson Summary	3 min.	<input type="checkbox"/> None

Activities

Refusals Quiz

1. Have students turn to **Refusals** (Quiz 4.1) in their workbooks. Allow 5 minutes for students to complete.
2. Have students correct their own papers. Discuss each statement, asking volunteers to describe why it does or does not meet the guidelines for a clear refusal statement.
3. Ask students to recall the 5 characteristics of an effective refusal statement. List them on the board.

Difficult Refusals

1. Tell students that you want their ideas about things their friends might say to them that make saying no more difficult. Ask them to get out a piece of paper and write 1 or 2 “lines” that friends or others they know might use to convince them to do something they don’t want to do—cut a class, lend their nicest clothes, send a nude or “sexy” picture, go out somewhere, have sex or have unprotected sex. Suggest a couple of lines. For example, “You would if you loved me” or “Try it, you’ll like it!” Give them a few minutes to complete responses to the lines.
2. In the full group, read the lines. Have volunteers share effective responses to each statement. Use several lines on the same student to show how they can just repeat the refusal over and over without having to think up new ways to say no.

Demonstrate Roleplay

1. Recruit two students to act out both parts of the script **At a Party** (Scripted Roleplay 4.2). Explain to the class that they will need to pay attention to the verbal and nonverbal skills as they watch the actors. Have them use the **Observer Checklist** (Form 4.4) in their workbooks to indicate which behaviors the actors used. Or, assign observers a specific behavior to watch for in the roleplay.
2. After actors have read and demonstrated the roleplay, ask them how they felt about their roles. Review the skills that were used. Ask observers for examples of:
 - saying no
 - body language that said “no”
 - repeated refusals
 - suggesting an alternative
 - relationship building

Roleplay in Small Groups

Note to the Teacher

Over the course of the roleplay activities, students will be in a position where they must roleplay sexual pressure situations with classmates of both a different and the same gender. This may be awkward for teens who are sensitive to the suggestion of same-sex romance, for teens who identify as gay or lesbian, or for teens who are transgender or gender nonconforming. It's important to address this situation directly and proactively.

Here are some tips:

- Explain the situation in a matter-of-fact way. Let students know that every student in the class will, at some point, be doing a roleplay with a classmate of a different gender and with a classmate of the same gender. Most likely, they will do this several times.
- Emphasize that they are playing roles. Doing the roleplay to practice the skill doesn't say anything about the sexual orientation of the people doing the roleplay or mean that anyone is expressing a real-life attraction toward the other person in the roleplay.
- Explain that they need to take their roles seriously because teens of all sexual orientations and gender identities need to learn how to resist sexual pressure and protect themselves. This will help ensure that they and their classmates get the most out of the roleplay activities.

1. Explain to students that they will be working in small groups on roleplays. In their group they will be rotating through various roles. Each student will have the opportunity to read a script (scripted role), respond to a script (unscripted role) and watch (observer).

Have students turn to **At a Party** (Roleplay 4.3) in their workbooks. Give students no more than 5 minutes to write down what they might say in the roleplay to avoid unprotected sex when they have the unscripted part. They can use these responses to help prepare for the roleplay, although they shouldn't just read when they do the roleplay. They should act as if this is a real scene and they have no script to rely on—they have to rely on themselves.

2. Have students divide into groups. Students should bring their roleplays and ideas for responses to the group.

Optional: Hand out a set of *Roleplay* cards to each group. Ask each member to take 1 card. Review each role with the whole group. Write key words on the board:

- Student Roleplayer #1: Read lines.
- Student Roleplayer #2: Respond to lines.
- Student Observer #1: Set the stage for the roleplay, and use **Observer Checklist** (Form 4.4).
- Student Observer #2: Use **Observer Checklist** (Form 4.4) and lead small-group discussion using the guidelines on the back of the card.

(continued)

3. Make sure students are still using the **Observer Checklist** (Form 4.4). Instruct students to alternate within the group, reading the script and playing in the unscripted role. After a student reads the script, that student takes the unscripted role. Make sure each student has the chance to participate in both the scripted and the unscripted roles and to provide observer comments. The observer is the person who is next in order to read the script.

If there is time to go around a second time, the script readers can repeat the script or choose to ad-lib and make up their own lines.

Note to the Teacher

It is important to help groups “get going” with the roleplays. It may be necessary for the teacher to designate who in each group will start the scripted and unscripted roles and to guide the roleplay process.

During the roleplays, walk around the room to assess how students are using the skill. You may offer coaching if students are stuck or are using the skill incorrectly.

Time each round of practice and tell students when to pass their cards for the next round. Once students become more familiar with this type of practice, you can allow each group to monitor the rounds.

4. When groups are finished, have students return to the full group and discuss the experience. Explain that their comfort working like this in small groups will increase each day as the process is repeated throughout the unit.

Use the following points to guide discussion:

- Identify feelings that came up about using the skill during the practice. What was easy? What was difficult?
- Discuss how this situation was or wasn't similar to real life.
- Discuss any barriers to using the skill. Have students identify ways to overcome these barriers.
- Ask what left the biggest impression as a result of the roleplay.
- Ask students to identify how they'll use the skill in the next week with their friends.

Lesson Summary

Conclude this class by reminding students that effective refusals involve both nonverbal and verbal skills. With practice, they can become more comfortable with using these skills. Suggest that during the next week, they notice situations in which they're using refusals skills.

Suggest that they also notice situations where other people are using refusal skills and note how they themselves can better listen and respond to other people's refusals.

At a Party

Setting the Stage:

You are at a party with someone you have gone out with a few times. The party is at somebody's home and the parents are gone. A lot of kids are getting high and some couples are leaving—maybe to have sex. You don't want to have sex and don't want to leave the party.

Person 1: Let's get out of here so we can talk—it's too crowded.

Person 2: Yes, it is crowded in here—but the porch is empty.

Person 1: I just want to be with you. This is our chance.

Person 2: I want to be with you, too, but the party's fun.

Person 1: C'mon, I just want to be alone with you.

Person 2: No, I like this party—I'm glad we came.

Person 1: I've been looking forward to this night with you—please don't spoil it.

Person 2: I hope the night won't be spoiled.

Person 1: If I'd known you'd be like this, I wouldn't have come here with you.

Person 2: I guess not, but I know we can have fun. Let's get something to eat in the kitchen.

Person 1: I guess I don't have much choice.

Person 2: Yes, I suppose so. But I'll give you the choice of the next movie we go to.

For Review Only

Cuestionario 4.1

Rechazos

1. Para cada uno de los siguientes puntos, escribe una oración que incluya por lo menos dos elementos de un rechazo eficaz.

No seas así, todavía no tienes que irte a tu casa. Es temprano. Tu mamá no dirá nada.

Dices que me amas. Ahora yo quiero demostrarte cuánto te amo: hagamos el amor.

2. Marca las frases que cumplen con por lo menos uno de los elementos de un rechazo eficaz.

No, no tengo confianza en ti.

Pues, no sé. Probablemente no.

No, gracias. No quiero ir a esa fiesta. ¿Por qué no mejor vamos al cine?

¿Por qué no invitas a otro/a?

Pienso que no deberíamos hacer esto.

No, ahora no. Miremos mejor la televisión.

Pero me prometiste que no me pedirías eso.

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Quiz 4.1

Refusals

1. Write 1 statement for each of the following that includes at least 2 elements of an effective refusal.

C'mon, you don't have to go home yet. It's not that late. Your mom will understand.

You've said you love me. Now I want to show you that I love you—let's make love.

2. Put a check mark beside statements that follow at least 1 guideline for effectively saying no.

No, I don't trust you.

Well, I don't know. Probably not.

No, thanks. I don't want to go to that party. Why don't we go to the movies instead?

Why don't you go ask someone else?

I don't think we should be doing this.

No, not now. Let's watch TV instead.

But you promised you wouldn't ask me that.

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17

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Actuación 4.3

En una fiesta

Preparando la escena:

Estás en una fiesta con alguien que te gusta y con quien has salido unas pocas veces. La fiesta es en casa de un amigo y sus padres no están. La mayoría de la gente está bailando en la sala. Algunas de las parejas ya se van, quizá a hacer el amor. Tú no quieres hacer el amor y no deseas irte de la fiesta. Tu pareja habla primero:

Persona 1: Salgamos de aquí y vayamos a algún lugar donde podamos hablar. Hay mucha gente aquí.

Persona 2:

Persona 1: Simplemente quiero estar contigo. Esta es nuestra oportunidad.

Persona 2:

Persona 1: Esperaba ansioso/a disfrutar esta noche contigo, no la arruines, por favor.

Persona 2:

Persona 1: Si hubiera sabido que ibas a ser así no habría venido aquí contigo.

Persona 2:

Persona 1: Yo verdaderamente pensaba que lo íbamos a pasar magníficamente juntos.

Persona 2:

Persona 1: No te preocupes. No voy a hacer nada. Vámonos.

Persona 2:

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Roleplay 4.3

At a Party

Setting the Stage:

You are at a party with someone you like and have gone out with a few times. The party is at a friend's house and the parents are gone. A lot of kids are getting high and some couples are leaving—maybe to have sex. You don't want to have sex and don't want to leave the party. Your date speaks first.

Person 1: Let's get out of here so we can talk—it's too crowded.

Person 2:

Person 1: I just want to be with you. This is our chance.

Person 2:

Person 1: I've been looking forward to this night with you—please don't spoil it.

Person 2:

Person 1: If I'd known you'd be like this, I wouldn't have come here with you.

Person 2:

Person 1: I really thought you were going to be a lot of fun.

Person 2:

Person 1: Don't worry. I'm not going to do anything. C'mon, let's go.

Person 2:

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19

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Lista 4.4

Nombre: _____ Fecha: _____

**Lista del observador
Rechazos**

ACTUACIÓN #

CONDUCTA	1	2	3	4	5	6
Decir "NO"						
El lenguaje corporal dijo "NO"						
Repitió el rechazo						
Alternativa sugerida						
Fomentó la relación						

20 Reduciendo el riesgo ■ Cuadern

Form 4.4

Name: _____ Date: _____

**Observer Checklist
Refusals**

ROLEPLAY #

BEHAVIOR	1	2	3	4	5	6
Said "NO"						
Body Language Said "NO"						
Repeated Refusal						
Suggested Alternative						
Built the Relationship						

20 Reducing the Risk ■ Student Workbook

For Review Only

CLASS

5

Delay Tactics

Synopsis

Class 5 introduces delay tactics. Students observe the teacher demonstrate and practice the skills in roleplay situations. A short quiz at the end of the lesson reviews delay tactics.

Preparation and Materials

- ▶ Review Appendix A, “How to Use Roleplays.”
- ▶ Review Appendix B, “Skills Overview.”
- ▶ Post the **Delay Tactics** poster from the Activity Kit or write the Delay Tactics (p. 80) on the board.
- ▶ Refer to Student Workbook for **Possible Delay Tactics** (Worksheet 5.1), **Presents and Flowers** (Roleplay 5.2), **Observer Checklist** (Form 5.3), and **Refusal or Delay Quiz** (Quiz 5.4).
- ▶ *Optional:* Have ready *Roleplay* cards from the Activity Kit.

Outline of Activities

Activity	Time	Materials
Review Class 4	5 min.	<input type="checkbox"/> None
Introduce Delay Tactics	20–40 min.	<input type="checkbox"/> Possible Delay Tactics (Worksheet 5.1) <input type="checkbox"/> <i>Delay Tactics</i> poster
Demonstrate and Practice Roleplay	5–15 min.	<input type="checkbox"/> Presents and Flowers (Roleplay 5.2) <input type="checkbox"/> Observer Checklist (Form 5.3) <input type="checkbox"/> <i>Roleplay cards</i> (optional)
Quiz and Skills Review	10–20 min.	<input type="checkbox"/> Refusal or Delay Quiz (Quiz 5.4)
Lesson Summary	2 min.	<input type="checkbox"/> None

Activities

Review Class 4

Review the elements of an effective refusal.

Introduce Delay Tactics

1. Explain that *delay tactics* are another way to handle difficult situations and avoid unwanted and unprotected sex. For many reasons, it's usually better to simply say no to offers you don't like. But people often feel confused about how to say no. Others may not have the courage to say no to their friends. Without time to think of what to do, they can impulsively make a poor decision. In such cases people might use a delay tactic to gain time to think about what they really want. Remember, sooner or later you have to give a clear "no" message.

Delay Tactics

1. Make a delay statement.
2. Take a delay action.
3. Create space.
4. End the situation quickly.
5. Build the relationship (if appropriate).

2. Provide an overview of the delay model students will be using. List the 5 behaviors on the board or display the *Delay Tactics* poster from the Activity Kit. It's important to point out that an effective delay doesn't need to use all these behaviors. The goal is to end the interaction as quickly as possible and not let it drag on. (See Appendix B, Skills Overview, for specific examples of each delay tactic.)
3. Have students turn to **Possible Delay Tactics** (Worksheet 5.1) in their workbooks. Briefly review the examples and ask students to add additional statements and actions.

Demonstrate and Practice Roleplay

Use the same format for roleplay as described in Class 4. Have students locate **Presents and Flowers** (Roleplay 5.2) and the **Observer Checklist** (Form 5.3) in their workbooks.

- Allow the students to write responses that Person 2 could use. Ask them to try to apply 1 or 2 of the delay tactics.
- Have 2 students demonstrate the roleplay.
- Divide into groups.
- Students should count off in the groups and rotate scripted, unscripted and observer roles. Tell students they don't have to repeat *Setting the Stage* each time they enact the roleplay. Once they understand the setting they can go directly to the dialogue. The observers should look for behaviors that show delay tactics. It is not necessary to use all the tactics to be effective.

Optional: Hand out a set of *Roleplay* cards to each group. Ask each member to take 1 card. Review each role with the whole group.

- Student Roleplayer #1: Read lines.
- Student Roleplayer #2: Respond to lines.
- Student Observer #1: Set the stage for the roleplay, and use **Observer Checklist**.
- Student Observer #2: Use **Observer Checklist** and lead small-group discussion using the guidelines on the back of the card.

(continued)

Quiz and Skills Review

Have students turn to the **Refusal or Delay Quiz** (Quiz 5.4) in their workbooks. After students complete it, have them exchange papers with the student next to them. Go over the content to review the skills.

Lesson Summary

Remind students that this class introduced delay tactics and refusals to help them in situations in which they feel pressured to have sex or do something else they may not want to do. Students probably already use these skills to manage situations with friends and family. Using them to avoid pregnancy, HIV and other STIs may be the most important of all.

For Review Only

Hoja de trabajo 5.1

Posibles tácticas dilatorias

Instrucciones: Repasa las tácticas dilatorias que aparecen a continuación. Añade otras que se te ocurran en los espacios en blanco.

1. Frases dilatorias
Cosas que podrías decir:

<<No estoy listo/a>>.	<<No es el momento adecuado>>.
<<Ahorita no>>.	<<Esta noche no; me duele la garganta>>.
<<Lo siento, pero me tengo que ir>>.	<<Tengo que llamar a mi casa>>.

2. Acciones dilatorias
Cosas que podrías hacer:

Masticar una pastilla para la tos.	Dejar de besar a la otra persona.
Revisar tu teléfono.	Ir al baño.
Tirar algo.	Fingir que perdiste algo.

3. Cómo crear espacio
Cosas que podrías decir o hacer:

<<Necesito ir a pensar acerca de esto>>.	Dar un paso hacia atrás.
Brazos frente al cuerpo.	Voltearte hacia el lado opuesto.

4. Cómo poner fin a la situación rápidamente
Cosas que podrías decir o hacer:

<<Ya me tengo que ir>>.	Alejarte.
<<¡Ay, mira qué hora es>>!	

5. Cómo desarrollar la relación
Cosas que podrías decir:

<<Sé que esto no es fácil para ti>>.	<<Te mando un texto mañana>>.
<<A mí me importa nuestra relación>>.	<<Me gustas, pero quiero que...>>.

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Worksheet 5.1

Possible Delay Tactics

Directions: Review the delay tactics listed below. In the space provided, add additional ones you think of.

1. Delay Statements
Things you could say:

"I'm not ready."	"It's not the right time."
"Not now."	"Not tonight—I've got a sore throat."
"Sorry, I have to go."	"I have to call home."

2. Delay Actions
Things you could do:

Chew a cough drop.	Stop kissing.
Check your phone.	Go to the restroom.
Drop something.	Pretend you lost something.

3. Creating Space
Things you could say or do:

"I need to go think about this."	Take a step back.
Arms in front of body.	Turn away.

4. Ending the Situation Quickly
Things you could say or do:

"I've got to go now."	Walk away.
"Wow, look at the time!"	

5. Building the Relationship
Things you could say:

"I know this isn't easy for you."	"I'll text you tomorrow."
"I like you too."	"I like you, but I want you to stop."

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21

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Actuación 5.2

Regalos y flores

Preparando la escena:
Hace un mes que estás saliendo con alguien. Esa persona te ha invitado a cenar y al cine, te ha llevado a pasear, te ha hecho regalos y te ha traído flores. ¡Realmente has disfrutado llegar a conocerle! Durante una fiesta en la casa de una amistad, tu pareja sugiere que abandonen la fiesta y vayan a un lugar privado. El lenguaje corporal de tu pareja muestra que desea hacer el amor contigo. Tú no deseas hacerlo. Tu pareja habla primero.

Persona 1: ¡Mira qué cosas lindas hemos hecho juntos! ¡Me he portado tan bien contigo! Ahora devuélveme el favor.

Persona 2:

Persona 1: No es gran cosa, es simplemente parte de la relación.

Persona 2:

Persona 1: Sólo quiero sentirme cerca de ti.

Persona 2:

Persona 1: Todo el mundo lo hace, aunque no te lo digan.

Persona 2:

Persona 1: Si realmente me amaras lo harías.

Persona 2:

Persona 1: Yo te amo, pero me parece que eres tú quien no me ama.

Persona 2:

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Roleplay 5.2

Presents and Flowers

Setting the Stage:
You've been seeing someone for a month. This person has treated you to dinner and the movies, has driven you places, and buys you presents and flowers. You've really enjoyed getting to know them! During a party at a friend's house, your date suggests that you leave the party and go somewhere private. Your date's body language shows that they want to have sex with you. You don't want to have sex. Your date speaks first.

Person 1: Look at all the great things we've done together. I've been so good to you. C'mon, let's go be alone together.

Person 2:

Person 1: It's no big deal, it's just part of going out.

Person 2:

Person 1: I just want to be close to you.

Person 2:

Person 1: Everybody else is doing it—they just don't tell you.

Person 2:

Person 1: If you really loved me, you would.

Person 2:

Person 1: I love you, but you don't seem to care about me.

Person 2:

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23

Lista 5.3

Nombre: _____ Fecha: _____

**Lista del observador
Tácticas para posponer el acto sexual**

ACTUACIÓN #

CONDUCTA	1	2	3	4	5	6
Dijo lo necesario						
Actuó correctamente						
Puso espacio entre ambos						
Terminó la situación rápidamente						
Fomentó la relación						

24 Reduciendo el riesgo ■ Cuadern

Form 5.3

Name: _____ Date: _____

**Observer Checklist
Delay Tactics**

ROLEPLAY #

BEHAVIOR	1	2	3	4	5	6
Used Delay Statement						
Used Delay Action						
Created Space						
Ended the Situation Quickly						
Built the Relationship						

24 Reducing the Risk ■ Student Workbook

Cuestionario 5.4

Nombre: _____

Cuestionario sobre rechazar o dilatar el acto sexual

1. Escribe tres acciones de retraso o alternativas que podrías sugerir si estuvieras a solas con alguien que sale contigo y quisieras evitar el acto sexual.

Lee las situaciones a continuación y escribe la respuesta que tú darías para rechazar o dilatar el acto sexual. Decide si usarías una frase que lo rechazara o lo atrasara e incluye una acción como alternativa.

2. Tu pareja ha estado bebiendo y trata de convencerte de ir a dar una vuelta en carro. Tú no crees que debieran hacerlo pero no deseas comenzar una discusión. ¿Qué dices y qué haces?:

Para rechazar o dilatar: _____

Acción como alternativa: _____

3. Estás en casa con tu pareja. Nadie más estará allí durante varias horas. Tú no deseas hacer el acto sexual pero tu pareja comienza a besarte y trata de desvestirse. ¿Qué dices y qué haces?:

Para rechazar o dilatar: _____

Acción como alternativa: _____

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Quiz 5.4

Name: _____

Refusal or Delay Quiz

1. Write 3 delay actions you could use or alternatives you could suggest if you were alone with someone you were dating and wanted to avoid sex.

Read the situations below and write the refusal or delay response you would use to handle the situation. Decide whether to use a refusal or a delay statement and include an alternative action.

2. Your partner has been drinking and tries to talk you into going for a ride. You don't think you should go but you don't want to get into an argument. You say and do:

Refusal or delay: _____

Alternative action: _____

3. You're at home with your partner. Nobody else will be home for several hours. You don't want to have sex, but your partner begins to kiss you and tries to take off your clothes. You say and do:

Refusal or delay: _____

Alternative action: _____

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25

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CLASS

6

Avoiding High-Risk Situations

Synopsis

Through a class discussion and a mini-lecture, students identify situations termed “yellow alert” and “red alert,” situations that can lead to unwanted or unprotected sex. Students practice dealing with the two types of alerts in the activity **Handling Risky Situations**. Then, using the worksheet **Protection: True or False?** they begin activities related to protecting themselves from pregnancy or HIV and other STIs.

Preparation and Materials

- ▶ Review **Signs of Sex, Signs of Caution** (Teacher Reference 6.1).
- ▶ Refer to Student Workbook for **Handling Risky Situations** (Worksheet 6.2) and **Protection: True or False?** (Worksheet 6.3).
- ▶ Have ready *Signs of Sex, Signs of Caution* posters from the Activity Kit.

Outline of Activities

Activity	Time	Materials
Discuss Homework	15 min.	<input type="checkbox"/> Completed Talk to Your Parent/Trusted Adult (Homework 3.1)
Signs of Sex and Caution Mini-Lecture	10 min.	<input type="checkbox"/> Signs of Sex, Signs of Caution (Teacher Reference 6.1) <input type="checkbox"/> <i>Signs of Sex, Signs of Caution</i> posters
Handling Risky Situations	10 min.	<input type="checkbox"/> Handling Risky Situations (Worksheet 6.2)
Protection: True or False? Round 1	10 min.	<input type="checkbox"/> Protection: True or False? (Worksheet 6.3)
Lesson Summary	5 min.	<input type="checkbox"/> None

Activities

Discuss Homework

1. Discuss **Talk to Your Parent/Trusted Adult** (Part B), from Class 3. Remind students that you don't want them to repeat what the person they talked with said about any question and that they should keep in mind their privacy. Ask them what they learned from *each* question regarding the following issues:
 - When talking to your parent or other trusted adult, what, if anything, surprised you?
 - How do you think parents' or trusted adults' ideas impact the way you think and feel about relationships and sex? How might your ideas impact their views?
 - How would it feel to talk to your parent or a trusted adult again? How could continuing to talk with them help you make important decisions about relationships and sex?
2. As you guide the discussion, keep in mind that the purpose is to encourage students and their parents or other trusted adults to talk. Help students listen to the point of view of their parents or other trusted adults. Ask them to report what they learned rather than to evaluate whether they agree with the parent or other trusted adult. Ask them to turn in the signed sheet to show they completed the assignment.

Signs of Sex and Caution Mini-Lecture

1. Remind students that there are two ways to avoid pregnancy and STIs, including HIV: say no to sex or use protection. To be successful at either, you have to be prepared. Many teens who get pregnant or infected with an STI say they didn't protect themselves because they didn't expect to have sex. Explain that there are often signs they can watch for that will alert them that sex could happen.

Ask students to think of the signs in two categories: *yellow alert* and *red alert*.

2. *Yellow alerts* are signals that there may be a risk of unprotected sex in the future and that you should slow down and prepare yourself to avoid pregnancy or infection. *Yellow alert* signals occur when:
 - You or your partner might be thinking about sex or talking about it.
 - You think that there will be a chance for sex because you will be alone or are planning to be alone.

Yellow alert signals tell you that you need a sound plan for avoiding having sex or protecting yourselves from unintended pregnancy and STIs, including HIV.

Red alert signs show that there's a more immediate risk of unprotected sex, and you have to act fast to protect yourself. *Red alert* signs usually occur about 20 minutes to an hour before the high-risk moment when:

- You're alone with the other person.
- You may have done a lot of touching and are feeling close.
- You or your partner have been drinking or using other drugs and may not be able to respect each other's boundaries/wishes.

You can still stop and decide not to have sex or you can still use protection. But if you go past a red alert signal without stopping and/or preparing first, you put yourself at risk for pregnancy, HIV and other STIs.

3. List Yellow Alert and Red Alert headings on the board and offer a few examples of signs (see Teacher Reference 6.1). Then add signs that the students suggest.

Optional: Display the *Signs of Sex*, *Signs of Caution* posters from the Activity Kit. Discuss the signs listed. You may want to add student suggestions to the posters or on a separate chart paper.

4. Lead students in a discussion that focuses on what to do to abstain from sex or avoid unprotected sex. Use signs offered by students to shape the discussion.

(continued)

Handling Risky Situations

1. Explain to students that they now have had the opportunity to clearly identify sex alert situations. The next step is to learn to deal effectively with those situations. That is, they need to think about possible ways to get out of a risky situation.
2. Have students turn to **Handling Risky Situations** (Worksheet 6.2) in their workbooks. Students should name 2 yellow alert signs and 2 red alert signs and identify an alternative action plan for each. Tell students that red alert situations usually require *alternative actions*, *delaying* or *refusal* until the risky moment passes or until you're able to get protection. In yellow alert situations, students can avoid the situation entirely or get protection so that a red alert situation doesn't occur.
3. Discuss an example: If the student wrote "I'm going to a party where there's drinking and no adults will be there" as a yellow alert sign, they might generate an alternative action plan such as:
 - I'm going to think through what I will do to stop if I get close to having sex.
 - I'll plan something to do that will keep us away from having sex.
 - I'll stop and get protection at the drugstore before I get to the party.

Allow students to work alone or with one other person to finish the worksheet.

Note to the Teacher

Teens usually find this level of specificity and planning difficult at first. But the exercise does get students started in planning to avoid an unwanted pregnancy or HIV.

4. When students have finished, review each statement and have several volunteers share their suggestions for ways to handle the situation. Remind students that because we're all individuals, some approaches will feel more personally comfortable than others.

Protection: True or False? Round 1

1. At some time in their lives, most people decide they're ready to have sex but not to become pregnant. To have sex but avoid pregnancy and STIs, people must consistently and effectively use protection. To do that, they must know what they're doing. This activity helps students learn how much they know and how much they need to know to avoid pregnancy or HIV and other STIs.
2. Introduce this activity by explaining there are many falsehoods or nontruths about protection. Tell students they will be involved in a 2-part activity designed to help them get the facts about protection.
3. Have students turn to **Protection: True or False?** (Worksheet 6.3) in their workbooks. Have them complete only the Round 1 section. Explain that they'll be completing the Round 2 section after a discussion about protection in a future class. At that time each statement will be reviewed and discussed. If using individual worksheets instead of workbooks, ask students to hand in their worksheets with their names on them, to be handed out again for Round 2, which will be done in Class 9. The Teacher Key for **Protection: True or False?** is provided for Round 2.

Note to the Teacher

*Depending on the emphasis you bring to teaching this curriculum, your students may not have covered all the material in the **Protection: True or False?** activity. Items related to pregnancy prevention and HIV prevention are all, nonetheless, included in this exercise because all of this material is of interest to youth and relevant to the goals of the curriculum.*

Lesson Summary

Conclude the class by reviewing each activity. First students discussed the conversations they had with their parent(s) or a trusted adult. Then they looked at *yellow alert* or *red alert situations* and practiced dealing with these types of situations to avoid unprotected sex. Finally, they had the chance to write down what they think about protection facts.

For Review Only

Signs of Sex, Signs of Caution

Yellow Alert Signs

§ I think about ways to be alone with this person.

I think about touching and getting more intimate with this person.

I think about having sex with this person.

We talk about having sex with each other.

We touch “by accident.”

We talk about being alone at home.

Red Alert Signs

s We make and take opportunities to touch.

We touch each other in more ways and are getting excited.

We go to a place to “get away from everybody.”

We’re drinking or using other drugs.

We’re alone at home.

For Review Only

Hoja de trabajo 6.2

Nombre: _____

Comportamiento en situaciones riesgosas

Instrucciones: Escribe a continuación dos señales amarillas de precaución. Luego describe un plan para prevenir o controlar una crisis. Luego haz lo mismo para las señales rojas de precaución.

AMARILLA 1. _____

 Plan de acción como alternativa: _____

AMARILLA 2. _____

 Plan de acción como alternativa: _____

ROJA 1. _____

 Plan de acción como alternativa: _____

ROJA 2. _____

 Plan de acción como alternativa: _____

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Worksheet 6.2

Name: _____

Handling Risky Situations

Directions: Write down 2 yellow alert signs. Then describe a plan to prevent or manage the crisis. Then do the same for red alerts.

YELLOW 1. _____

 Alternative Action Plan: _____

YELLOW 2. _____

 Alternative Action Plan: _____

RED 1. _____

 Alternative Action Plan: _____

RED 2. _____

 Alternative Action Plan: _____

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27

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Hoja de trabajo 6.3

Nombre: _____

Protección: ¿Cierto o falso?

Instrucciones: Lee cada situación y en la columna 1 haz un círculo alrededor de la **C** si piensas que eso es cierto o de la **F** si piensas que es falso. No marques nada en la columna 2 hasta que se te pida.

	Parte 1	Parte 2
1. La mejor manera de usar un condón es ponérselo bien apretado.	C o F	C o F
2. Los adolescentes pueden obtener píldoras anticonceptivas en clínicas de planificación familiar y en consultorios médicos, sin el permiso del padre o de la madre.	C o F	C o F
3. Las parejas de las personas que tienen VIH pueden usar medicinas conocidas como PrEP para protegerse.	C o F	C o F
4. Una mujer puede usar un DIU, aunque nunca haya tenido un bebé.	C o F	C o F
5. Usar un condón de látex correctamente cada vez que se tienen relaciones sexuales es muy eficaz para evitar el VIH.	C o F	C o F
6. Está bien usar Vaseline como lubricante cuando se usan condones de látex.	C o F	C o F
7. Las muchachas pueden quedar embarazadas si tienen relaciones sexuales durante su regla.	C o F	C o F
8. Los parches, anillos o píldoras anticonceptivas, si se usan sin otro método, son eficaces para evitar las enfermedades de transmisión sexual (ITS).	C o F	C o F
9. La ducha vaginal después de la relación sexual saca a los espermatozoides y protege contra el embarazo y las ITS.	C o F	
10. Cuando se usa un condón, es importante que el muchacho saque el pene de la vagina enseguida después de eyacular.	C o F	
11. Una mujer está protegida contra el embarazo el día que comienza a tomar la píldora.	C o F	

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Worksheet 6.3

Nombre: _____

Protection: True or False?

Directions: Read each situation and circle **T** if you think it's true or **F** if you think it's false under the Round 1 column. Do not make any marks under Round 2 column until directed to do so.

	Round 1	Round 2
1. When putting on a condom, it is important to pinch the tip of the condom.	T or F	T or F
2. Teenagers can get birth control pills from family planning clinics and doctors without permission from a parent.	T or F	T or F
3. Partners of people who are living with HIV can use medicine known as PrEP to protect themselves.	T or F	T or F
4. A person who's never had a child can use an IUD for birth control.	T or F	T or F
5. Using a latex condom correctly every time you have sexual intercourse is very effective in preventing HIV.	T or F	T or F
6. It's OK to use Vaseline or lotion when using latex condoms.	T or F	T or F
7. If a condom breaks or slips, there is nothing that someone can do to protect themselves from pregnancy or HIV.	T or F	T or F
8. Birth control pills, patches or rings used alone are effective in preventing sexually transmitted infections (STIs).	T or F	T or F
9. Douching after sex will wash out the sperm and protect against pregnancy and STIs.	T or F	T or F
10. When a person is using a condom, it's important to pull out right after ejaculation.	T or F	T or F
11. A person is protected from pregnancy the day they begin taking the pill.	T or F	T or F
12. Abstinence is the most effective method of avoiding HIV.	T or F	T or F

(continued)

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29

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Getting and Using Protection—I

Note to the Teacher

When making decisions about discussing and demonstrating methods of protection from pregnancy and STI, you must **adhere to district guidelines and policies** that may be in effect. Make sure parents/guardians have been informed if demonstrations of methods of protection will take place in class.

Throughout the discussion about protection, remind students that this information is for when they decide to have sex, which might not be for a long time. However, it is important information that they will need eventually.

Synopsis

Chapter 7 uses lectures and visual aids to provide information on methods for protection against unplanned pregnancy or STI. As a homework assignment, students research prices and descriptions of nonprescription products.

Preparation and Materials

- ▶ Review the information in **Ways to Prevent Pregnancy—Teacher Notes**.
- ▶ Refer to Student Workbook for **Shopping Information Form** (Homework 7.1).
- ▶ Have a classroom set of *Birth Control Facts for Teens* (included in the Activity Kit and available from ETR, www.etr.org/store).
- ▶ For visual aids, obtain:
 - 2 condoms with different colors, shapes or styles
- ▶ As needed, review information in Appendix F, Reproductive Anatomy and Physiology.

Outline of Activities

Activity	Time	Materials
Ways to Prevent Pregnancy—Lecture	30 min.	<input type="checkbox"/> Ways to Prevent Pregnancy—Teacher Notes <input type="checkbox"/> A classroom set of <i>Birth Control Facts for Teens</i> pamphlet
Shopping Information Homework	10 min.	<input type="checkbox"/> Shopping Information Form (Homework 7.1)
Lesson Summary	5 min.	<input type="checkbox"/> None

Activities

Ways to Prevent Pregnancy—Lecture

1. Tell students you're going to review different methods people use to keep from getting pregnant. Some of the following information will explain statements on the **Protection: True or False?** worksheet. Tell students they'll get a chance to use any new information when they do Round 2 of that activity. Remind students to listen and take notes, because there will be a quiz at the beginning of Class 9.
2. Tell students there are many ways to try to prevent pregnancy. Elicit from students the methods they are familiar with.

Explain that in this class they will discuss the methods they are most interested in and which are most effective if used correctly and consistently. Emphasize that some methods help prevent both pregnancy and STI, while other methods do not.

Note to the Teacher

The following lecture information is for you, the teacher. Be sure any information for students conforms to your district guidelines. Withdrawal is included in the lecture because it is a commonly used form of contraception among youth. Avoid shaming messages about this method, and offer it as one of many options. Withdrawal is a behavioral skill that can be developed and can be combined with other methods for increased effectiveness (Laris et al., 2020; Hatcher et al., 2018).

3. The *Birth Control Facts for Teens* pamphlet contains illustrations and descriptions of methods commonly used by teens. You may wish to provide a copy to each student to help identify the methods from the lecture.

Shopping Information Homework

1. Tell students that knowing the facts about protection is important. Protection takes more than *knowing* to avoid pregnancy and STI—it takes *action*. Have students locate the **Shopping Information Form** (Homework 7.1) in their workbooks. There are 2 copies of the form. **Explain that they don't have to buy condoms or lubricant**, but they do need to go to two stores (either online or in person) to get prices and descriptions of these items. If the students choose to look for condoms online, encourage them to also find a place near them that offers free condoms (such as a clinic) as well as a reputable store. The homework assignment, due in a later class, gives students the experience of preparing to obtain protection.
2. Tell students to fill in all information for 3 kinds of condoms and 1 type of lubricant. The brand name is the maker of the product. For condoms, also indicate the product's shape/style and color. Ask the students to make note of any other birth control options available to them in the store (Emergency Contraception, spermicides, etc.). After students leave the store, they should complete items 3 and 4 to indicate how comfortable they were there and whether they would recommend the store to a friend. Put down the store's hours, too, because it may be important to know where to get protection at any time.

Lesson Summary

Conclude this lesson by stating that there are different methods of protection, each with its own characteristics, disadvantages and advantages. Except for abstinence, there is no 100% safe and effective method. Certain methods that are used to prevent pregnancy still require the use of condoms to prevent STI. In the next lesson, Class 8, students will receive specific information on a number of ways to protect against HIV.

Information for Teachers

Ways to Prevent Pregnancy Teacher Notes

Categories of Birth Control Methods Listed in Order of Typical Use Effectiveness

- **Abstinence:** Not having sex is the safest, simplest, most effective, easiest-to-get method to avoid pregnancy and most STIs. Abstinence is free, goes anywhere people want to take it, and never wears out. Virtually all parents approve of their teens using this method.

Potential Side-Effects and Considerations:

- There are no health risks at all.
- There is some risk that a partner will not agree that abstinence is the best choice.
- May be hard not to act on sexual feelings.

Advantages and effectiveness: Abstinence is the safest, most effective way to avoid pregnancy and STI.

- **Long-acting reversible contraception (LARC):** These methods of birth control are excellent choices for young people and teens. They are highly effective and have very few side effects or health risks. Once they're in place, there's nothing more to do. They last for years, and can be removed if a person decides they want to become pregnant.

There are two main types of LARCs:

- **IUD:** The IUD (intrauterine device) is a small, plastic device inserted into the uterus by a health care provider. It prevents pregnancy by affecting the way sperm move and preventing sperm from fertilizing an egg. Some IUDs (Mirena, Skyla) release hormones that prevent pregnancy the same way as the pill.

Potential Side-Effects and Considerations:

- The copper-T IUD may cause more bleeding and cramping during periods or spotting between periods.
- The IUD does not provide any protection against HIV and other STIs.

Effectiveness: More than 99% effective at preventing pregnancy.

Advantages:

- It is always in place.
- It doesn't interfere with sex.

Information for Teachers

- It can last a long time, 3–10 years.
- **Implant:** Artificial hormones are contained in a tiny plastic rod placed under the skin of the arm by a provider. The rod slowly releases hormones into the bloodstream. The implant stops ovaries from releasing an egg each month. It thickens the mucus in the cervix so it's hard for sperm to enter the uterus.

Potential Side-Effects and Considerations:

- Very few people experience serious problems.
- The implant does not provide any protection against HIV and other STIs.
- Minor surgery is required to remove the rod, and the beginning costs can be expensive.

Effectiveness: More than 99% effective at preventing pregnancy.

Advantages:

- The implant can stay in for 3 years. It can be removed at any time, allowing the person to become pregnant right away.
 - It is always in place and does not interfere with sex. It is discreet.
- **The Shot:** The shot, also known by its brand name Depo-Provera, contains artificial hormones that are injected by a provider. It stops the ovaries from releasing an egg each month. It thickens the mucus in the cervix making it hard for sperm to enter the uterus.

Potential Side-Effects and Considerations:

- Very few people experience serious problems. Long-term use may temporarily reduce bone density in some people.
- The injection must be provided by a health care provider.
- It may produce slight weight changes, moodiness, headaches or dizziness.
- It does not provide any protection against HIV and other STIs.

Effectiveness: The shot is very effective (more than 99%) at preventing pregnancy if a person is careful about getting the shots on time. If a person doesn't get the shot on time, effectiveness drops to 96%.

Advantages:

- Does not interfere with sex. Injection lasts 3 months.
- It can often decrease bleeding and cramping associated with periods. It is safe to use while breastfeeding. It may reduce risk of endometrial cancer.

(continued)

Information for Teachers

- **Birth Control Pill:** Birth control pills contain different amounts of the hormones estrogen and progesterone. The pill stops the person's body from ovulating.

To use birth control pills, a person needs to plan ahead. The pills must be prescribed by a health care provider. The doctor or provider will write a prescription for the pills and provide instructions on when to begin taking them.

The person takes 1 pill at approximately the same time every day. After taking a pill every day for 7 days (one week), they are protected against pregnancy all day, every day, as long as they continue to take a pill every day. The hormones in the pill keep the body from releasing an egg. Without an egg, the person can't get pregnant.

Potential Side-Effects and Considerations:

- Very few people experience serious problems. Potential side-effects of the pill include blood-clotting problems and, in very rare cases, heart attacks and strokes.
- Minor side effects may include nausea, sore breasts, slight weight gain, skin problems and/or depression. These side effects usually go away after about 3 months.
- The birth control pill alone does not provide any protection against HIV and other STIs. To prevent STIs, condoms must be used in addition to the pills.

Effectiveness: The birth control pill is very effective (more than 99%) at preventing pregnancy if the person takes the pill every day. This drops to 93% if a person does not take the pill every day.

Advantages:

- Some people find the pill to be a convenient form of birth control that doesn't affect spontaneity.
 - A person's periods may be lighter, shorter and more regular with less cramping when they take the pill.
 - The pill may protect a person from other problems such as pelvic inflammatory disease (PID), ovarian and endometrial cancer and benign breast lumps.
- **Birth Control Patch and Vaginal Ring.** These methods contain the same hormones as the pill.
 - **The patch** is a thin plastic square worn on the skin of the buttocks, stomach, upper arm or upper torso (not the breasts). The patch is changed every week.
 - **The vaginal ring** is a soft, flexible ring inserted into the vagina. The ring is changed every month.

Information for Teachers

The side-effects, considerations, effectiveness and advantages of these two methods are similar to the pill.

- **External Condom:** The external condom is a thin sheath made of latex, polyurethane or polyisoprene that fits over an erect penis. Condoms are also called rubbers or prophylactics.

Lambskin condoms (made from sheep membrane) are not effective for the prevention of some STIs, including HIV.

The condom fits snugly over the erect penis and catches the semen during ejaculation (when the person comes) so the sperm doesn't enter a partner's body. Using condoms correctly means using a new latex, polyurethane or polyisoprene condom during every instance of sexual intercourse. It's important to leave space at the tip of the condom to catch semen, to put the condom on before the penis touches the vagina, and to carefully take the penis out after sex and before it becomes soft.

Condoms are available at any drugstore or family planning clinic or online. They may also be available in condom vending machines. Anyone can buy condoms, regardless of age, and no prescription is needed.

Potential Side-Effects and Considerations:

- There are no serious health risks.
- A few people find that condoms irritate the skin. Using another brand or material can solve the problem.
- Some people say that the condom reduces sexual feeling. Others find that it makes no difference.
- Some people say that they don't like to stop to put the condom on.
- Some people are allergic to latex. People allergic to latex can use polyurethane or polyisoprene condoms.

Effectiveness: If a condom is used correctly every time a couple has sex, it will work almost all of the time (98%) to prevent pregnancy. If people are less careful, this drops to 87%.

Advantages:

- Condoms often make sex last longer because they make the penis a little less sensitive.
- Latex, polyurethane or polyisoprene condoms help protect against STIs, including HIV.
- Condoms may help prevent cancer of the cervix.

(continued)

Information for Teachers

- Condom use is a good way for partners to share in the responsibility for preventing an unplanned pregnancy.
- With practice, condoms become easier to use. Condom use can become a regular part of a relationship.

The latex, polyurethane or polyisoprene condom is the only method that protects against pregnancy *and* HIV and other STIs. Using a condom along with *another* method (e.g., birth control pills or withdrawal) works even better to prevent pregnancy.

- **Withdrawal:** While having sex, before ejaculating, a person pulls their penis out of and away from the partner's body. The person must rely on their judgment and physical sensations to decide when ejaculation is about to occur in order to withdraw in time.

Withdrawal prevents fertilization by not allowing semen (and sperm) to enter the vagina so that sperm does not reach the egg. It is also called “pulling out.”

Potential Side-Effects and Considerations:

- Withdrawal does not provide any protection against HIV and other STIs.
- A person may not be able to consistently withdraw the penis before ejaculating.
- Interruption of the sexual excitement phase may decrease pleasure.

Effectiveness: With typical use, withdrawal has an effectiveness rate of 80%.

Advantages:

- Withdrawal can be used at the same time as other birth control methods such as condoms or the pill to further decrease risk of pregnancy.
- Withdrawal is free and has no side effects.

- **Rhythm or Fertility Awareness Method:** A person learns to know and recognize the specific signs of the fertile days in the menstrual cycle. These are the days during each month when pregnancy is most likely to occur. The person either does not have sex during these days, or uses a birth control method such as condoms.

Potential Side-Effects and Considerations:

- It can be challenging to recognize and track the signs of fertility.
- Illness, stress or fatigue can alter the hormonal system and cause ovulation to occur at an irregular time. Young people are especially likely to have irregular menstrual cycles.
- Does not provide any protection against HIV and other STIs.

Information for Teachers

Effectiveness: Effectiveness can vary depending on what techniques are used to predict fertility. With typical use, average effectiveness is 85%.

Advantages: Has no side effects.

- **Spermicides—contraceptive foam, gel, cream, film, suppositories and tablets:** These are available without a prescription at any drugstore or family planning clinic or online. There is no age limit for purchasing, and either partner can buy them. Foam is inserted into the vagina each time the couple has sex. The foam covers the cervix. Spermicidal agents kill any sperm that approach the uterus.

Foam comes in a can and looks and feels like shaving cream. It is inserted with a special applicator much like a tampon applicator. One full applicator of foam is inserted deep into the vagina near the cervix less than 1 hour before sexual intercourse. If more than 1 hour goes by, more foam must be inserted. Since there is no way to tell when the can is almost empty, a couple should keep an extra can of foam on hand.

Contraceptive gel, cream, film, suppositories and tablets are also available. Like foam, these are inserted into the vagina each time the couple has sexual intercourse.

Potential Side-Effects and Considerations:

- Spermicide contains nonoxynol-9, a chemical that can irritate the vagina or rectum. This may increase the risk of getting HIV from an infected partner.
- Spermicide does not provide any protection against STIs. Couples should always use a condom as well to reduce the risk of STIs.
- Some people may experience irritation, an allergic reaction, or develop a urinary tract infection (UTI, cystitis).
- Spermicide may not work as well if a person is also using medication for a vaginal yeast infection.

Effectiveness: When used alone foam and other spermicides have an effectiveness rate of 84% if used correctly every time. If they are not used carefully every time, they are only 79% effective.

Advantages:

- If foam or another spermicide is used every time with a latex, polyurethane or polyisoprene condom, the combined method works almost all of the time as a birth control method.
- Foam, gel, cream, film, suppositories or tablets can be used only when needed.

(continued)

Information for Teachers

Emergency Contraception: Emergency contraception is *not* a regular method of birth control. It is an emergency method in the form of pills or a copper IUD, to be used if a birth control method was damaged, wasn't used, or wasn't used correctly. It prevents pregnancy by stopping the egg from being released and/or by changing the lining of the uterus so the egg can't implant and grow.

Several brands of pills can be purchased from a pharmacist or drug store without a prescription. People of any gender can purchase these emergency contraceptive pills. Other kinds require a prescription from a health care provider.

In order to prevent pregnancy, emergency contraception must be used within 5 days after having unprotected sex.

Emergency contraception does not protect against STIs or HIV. It does not work if a person is already pregnant.

Note to the Teacher

Some methods can be used at the same time to further increase protection, for example one partner using condoms or withdrawal while the other uses a LARC, the pill, or another form of birth control. Dual use of methods not only decreases the risk of pregnancy but also means that both partners are actively taking precautions and sharing responsibility for preventing unintended pregnancy.

Source: Hatcher, R. A., et al. 2018. *Contraceptive Technology*, 21st ed. New York: Ardent Media.

Tarea de deber 7.1

Formulario de información de compras

- Nombre de la tienda _____
- ¿Qué productos de protección se venden aquí? (Enumera 3 clases de condones, 1 clase de lubricante y los precios de cada producto. Indica los tipos de condones que viste).

Producto	Marca del producto	Precio	¿Forma/estilo?	¿Color?
Condón:				
Condón:				
Condón:				
Lubricante:				

- ¿Hasta qué punto te sentirías cómodo/a comprando aquí productos para protegerte?

1	2	3	4
muy	bastante	algo	muy
cómoda/o	cómoda/o	incómoda/o	incómoda/o
- ¿Le recomendarías a un/a amigo/a que comprara productos de protección aquí? Sí No
Escribe 2 oraciones para explicar por qué sí o por qué no.

- ¿Cuáles son las horas de servicio de la tienda? _____

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Reduciendo el riesgo ■ Cuaderno del alumno

Homework 7.1

Shopping Information Form

- Name of store _____
- What protective products are sold here? (List 3 kinds of condoms and 1 kind of lubricant and the prices for each product. Indicate the types of condoms you saw.)

Product	Brand Name	Price	Shape/Style?	Color?
Condom:				
Condom:				
Condom:				
Lubricant:				

- How comfortable would you be buying protection here?

1	2	3	4
very	somewhat	somewhat	very
comfortable	comfortable	uncomfortable	uncomfortable
- Would you recommend that a friend buy protection here? Yes No
Write 2 sentences telling why or why not.

- What are the store's hours of business? _____

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Reducing the Risk ■ Student Workbook

31

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For Review Only

Getting and Using Protection—II

Note to the Teacher

When making decisions about discussing and demonstrating methods of protection from pregnancy and STIs, you must **adhere to district guidelines and policies** that may be in effect. Additionally, you must use your best judgment about the appropriateness of these activities in your individual school. Make sure parents have been informed if demonstrations of methods of protection will take place in class.

Throughout the discussion about protection, remind students that this information is for when they decide to have sex, which might not be for a long time. However, it is important information that they will need eventually.

Synopsis

The first half of Class 8 continues with a lecture and condom demonstration.

In the second part of Class 8, students prepare to locate clinics in their area and make plans for contacting one to get information about protection.

Students then apply their knowledge about protection to decide which method(s) might be best for them. Options for this class include a guest speaker from a local clinic or a field trip to a local clinic.

Preparation and Materials

- ▶ For demonstration purposes, obtain 1 external latex, polyurethane or polyisoprene condom. Be aware that students may have latex allergies.
- ▶ Review information contained in this lesson in **Latex Barriers for Preventing HIV and STI—Teacher Notes**.
- ▶ Practice unrolling a condom over 2 fingers or a condom demonstrator (available for purchase at <https://www.etr.org/store/product/condom-demonstrator>).
- ▶ Determine the activities to use in this class based on the most appropriate way to work with your local clinic(s).
- ▶ To facilitate the process of locating a clinic, teachers who have access to the Internet can bookmark pages for local clinics and either project the web pages onto a classroom screen or provide students with a website address.

- ▶ Refer to Student Workbook for **Visit or Call a Clinic** (Homework 8.1), **The Way to the Clinic** (Homework 8.2), **How Will You Avoid Pregnancy?** (Worksheet 8.3) and **How Is STI/HIV Prevented?** (Worksheet 8.4).

Outline of Activities

Activity	Time	Materials
Condom Demonstration	15 min.	<input type="checkbox"/> Barriers for Preventing HIV and STI—Teacher Notes <input type="checkbox"/> 1 latex, polyurethane or polyisoprene external condom
Visit or Call a Clinic	10 min.	<input type="checkbox"/> Visit or Call a Clinic (Homework 8.1) <input type="checkbox"/> The Way to the Clinic (Homework 8.2)
How Will You Avoid Pregnancy?	10 min.	<input type="checkbox"/> How Will You Avoid Pregnancy? (Worksheet 8.3)
How Is STI/HIV Prevented?	5 min.	<input type="checkbox"/> How Is STI/HIV Prevented? (Worksheet 8.4)
Lesson Summary	5 min.	<input type="checkbox"/> None

Activities

Condom Demonstration

Tell students that you're going to discuss and review prevention methods specifically for HIV and STI.

Note to the Teacher

*Describing how condoms are used, with visual aids to assist the instructions, offers the most effective approach to condom education (Garcia-Retamero and Cokely, 2011). Be sure to practice before demonstrating in front of students. Also, be sure any information and demonstrations for students conform to your district guidelines. If district guidelines don't allow the visual demonstration of condom use, you should still cover all information in **Barriers for Preventing HIV and STI—Teacher Notes**, including the section "Proper Use of Condoms." Some districts may allow modified demonstrations, such as using a sock and a water bottle.*

Throughout the discussion, remind students that this information about condoms can be used if and when they decide they're ready to have sex, which may not be for a long time.

1. Emphasize to students that choosing *not* to have sex is the safest choice because it is the only 100% effective method for preventing pregnancy, HIV and other STIs. It is also readily available and free.

Explain that, for people who choose to have sex, using a latex, polyurethane or polyisoprene condom offers the best protection against HIV and other STIs. It also protects against pregnancy. To be effective, latex condoms must be used correctly every time a person has vaginal, oral or anal intercourse.

When buying condoms, it's important to make sure the condom is made of latex, polyurethane or polyisoprene. People who are allergic to or dislike latex can use condoms made of polyurethane or polyisoprene. It's also important to check the expiration date. If the condom is out of date, it shouldn't be used.

Emphasize that condoms must not be exposed to heat or sunlight. Leaving condoms in sunlight for 8-10 hours begins to weaken them. Condoms should not be stored for long periods of time in a wallet, pants pocket or glove compartment of a car. It is best to store condoms in a cool, dry place.

2. Using the information in Proper Use of Condoms, demonstrate how a condom is used. Read each step as you demonstrate. Make sure to stress the importance of holding the condom around the base of the penis when the penis is pulled out of the partner's body.
3. Unwrap the condom and unroll it over the condom demonstrator or the index and middle fingers of one hand, showing how much space to leave at the tip, how to hold the end of the condom, and how to unroll and remove the condom.

Expect students to laugh at first and be embarrassed. This is healthy! It shows the message is getting through. Allowing students to express their embarrassment in class makes it less essential that they hide their feelings in real-life situations where honesty and frankness is really important.

4. After the demonstration, explain that sometimes condoms can slip or break during intercourse. Condoms rarely break because they are defective. They usually break due to user error. But, if a condom does fail, there are still ways people can protect themselves from pregnancy and HIV. Condoms also can be torn by fingernails, teeth, jewelry or other sharp objects. They can be ripped or broken if they are pulled onto the penis instead of being rolled on, or if they are pulled too tightly, with no room left at the tip. Caution students about using oil-based products such as Vaseline, baby oil or hand creams or oil-based sexual lubricants, because these products weaken the latex and can cause it to break.

Ask students what they would do if they experienced a condom breaking or slipping during intercourse. Weave in the following points as needed to ensure students consider the full range of possible actions.

(continued)

- If the condom breaks or slips during intercourse and you or your partner know it, stop having sex right away and use a new condom.
- Afterward, talk with your partner about the possible risk of infection or pregnancy. Together, make a plan to address these risks.
 - For pregnancy risk, seek emergency contraception as soon as possible after unprotected sex. It works best in the first 72 hours but can reduce risk of pregnancy for up to 5 days after unprotected sex.
 - If your partner is HIV positive, or there's a significant chance of this, there is a post-exposure prophylaxis (called PEP) that can reduce a person's chance of getting HIV if used within 72 hours of exposure.
 - For other STIs, it's a good idea for both you and your partner to be tested.
- Think and talk about what may have contributed to the breakage or slippage. Think about where your condom use skills could be improved. Review the steps for correct condom use with your partner.

Ask the students what might cause a condom to slip off or leak. Weave in the following points as needed:

- The condom might have been too big. Condoms should fit snugly. A person who experienced a condom slipping off should try different sizes of condoms to find a better fit.
- Too much lubricant might have been applied. Next time use a little less.
- The condom may not have been rolled all the way to the base of the penis. The condom should cover the whole shaft. Both people can reach down during sex to make sure it's still rolled down.

Ask the students what might cause a condom to break or pop. Weave in the following points as needed:

- The tip of the condom was not pinched when it was put on the penis. Pinching the tip leaves room for semen to go during ejaculation.
- More lubricant was needed. Sometimes the lubricant that comes on the condom may dry out. More can be added. Water-based or silicone lubes increase pleasure sensation and keep the condom in working order.
- Oil-based lubes or household products such as Vaseline, hand lotion or baby oil can make latex condoms break and should not be used.

Reinforce that it takes skill and practice to use a condom correctly. If someone does experience condom breakage or slippage, they can still take actions to protect themselves from unintended pregnancy and HIV, and can get tested for STIs.

Information for Teachers

Barriers for Preventing HIV and STI— Teacher Notes

Barriers such as condoms provide a physical shield against HIV. They also help protect against other common STIs (sexually transmitted infections)—gonorrhoea, syphilis, chlamydia and HPV.

Condoms

Condoms made of latex, polyurethane or polyisoprene provide good protection from HIV when used correctly and consistently during vaginal, anal or oral sex.

How condoms prevent HIV transmission:

Condoms block the discharge of semen. This protects the wearer’s partner from semen, which can carry HIV. Condoms also protect the wearer from a partner’s body fluids (such as vaginal or rectal fluids), which can carry HIV. **Condoms made from sheep membranes (“lambskin” condoms) are not an effective method of protection against STIs.**

Condoms only provide effective protection against HIV when they are used correctly every time. Condoms must be used from start to finish during every act of vaginal, anal or oral intercourse.

Condoms and other STIs:

Herpes, syphilis and HPV (human papilloma virus) can be present on the genitals, in areas not covered by a condom. They can be spread during oral, vaginal or anal sex, and sometimes by genital touching. Condoms are not effective protection against infections transmitted through skin-to-skin contact.

When buying condoms, people should:

- Make sure the condom is made of latex, polyurethane or polyisoprene. Polyurethane and polyisoprene are condom options for people who are allergic to or dislike latex.
- Check the expiration date on the condom package. If they’re out of date, the condoms shouldn’t be used, and new ones should be acquired.

When storing condoms, people should be sure they:

- Do not expose condoms to heat, sunlight or ozone.
- Do not store in a wallet, pocket or car glove compartment.

(continued)

Information for Teachers

When condoms don't work:

Most studies show that condoms break about 2% of the time during vaginal sex, although some studies have found higher rates of breakage (Barrett et al., 2020). Slip-page rates are similar. Most condom failures probably result from incorrect use.

Condoms can slip or leak during sexual activity because:

- The condom was too big. Condoms should fit snugly. A person who experienced a condom slipping off should try different sizes of condoms to find a better fit.
- Too much lubricant was applied. Next time use a little less.
- The condom was not rolled all the way to the base of the penis. The condom should cover the whole shaft. Both people can reach down during sex to make sure the condom is still rolled down.

Condoms can break or pop during sexual activity because:

- The tip of the condom was not pinched when it was put on the penis. Pinching the tip leaves room for semen to go during ejaculation.
- More lubricant was needed. The lubricant that comes on the condom may dry out. Then more can be added. Water-based or silicone lubes increase pleasure sensation and keep the condom in working order.
- Oil-based lubes or household products such as Vaseline, hand lotion or baby oil can make latex condoms break and should not be used.
- It was torn by fingernails, jewelry or other sharp objects during unwrapping.
- It was pulled instead of rolled onto the penis.

Proper Use of Condoms

When using condoms, people should:

- Open the package carefully, being careful not to tear the condom.
- Determine which way the condom unrolls but do not unroll the condom before putting it on.
- Pinch the tip of the condom between the thumb and forefinger to get rid of any air pockets and create a space for semen during ejaculation.
- Put the condom on the head of the erect penis before there is any contact between the penis and the vagina, anus or mouth.
- With the other hand, unroll the condom onto the penis all the way down to the base where it joins the body.

After ejaculation:

- Hold onto the base of the condom while the still-erect penis is gently pulled out of the partner's body.

Information for Teachers

- Remove the condom from the penis carefully so the semen doesn't spill. Roll it off starting at the base of the penis.
- Dispose of the condom in the trash. Never reuse a condom.

The Role of Spermicides

The use of spermicides containing nonoxynol-9 may increase the risk of HIV for those who use them frequently or for those who are at high risk of HIV infection (WHO, n.d.). Some people experience skin irritation when using products that contain nonoxynol-9, which can increase the risk of getting HIV and other STIs. People who have skin irritation should avoid using products that contain nonoxynol-9 (FDA, 2007).

When to Use Barriers

It is strongly recommended that barriers be used in vaginal sex, anal sex and oral sex. The purpose is to avoid the mixing of any fluids vaginally, anally or orally. A latex barrier in the form of a condom or dental dam should be used to cover genitalia during every sexual encounter. A dental dam is a latex or polyurethane sheet used between the mouth and vagina or anus during oral sex. A condom can be cut to form a sheet and used as a dental dam.

For Review Only

Source: Hatcher, R. A., et al. 2018. *Contraceptive Technology*, 21st ed. New York: Ardent Media.

Visit or Call a Clinic

1. Explain that many people—including adults—may avoid going to a clinic or doctor to discuss protection because they don't know what to expect. Besides learning what services are offered at local family planning clinics, this homework assignment asks students to rate their comfort level while at the clinic. Have students turn to the **Visit or Call a Clinic** and **The Way to the Clinic** homework in their workbooks. Tell students they can complete the assignment in one of four ways:
 - They can visit a clinic, complete homework and describe the way to get to a clinic.
 - They can visit a clinic and complete homework.
 - They can call a clinic, complete homework and describe the way to get to a clinic.
 - They can call a clinic and complete homework.

Whichever version of the assignment students choose, they must all complete **Visit or Call a Clinic**. For additional points, they may complete **The Way to the Clinic**.

If your classroom has internet access, show students web pages for local clinics.

Select two or three conveniently located clinics (or the clinics that have agreed to participate) from which they can choose. Have them choose in class so you can control the number of students contacting each clinic. (If there is only one clinic, consider the alternatives below.)

Have students write the name of their clinic in the space provided on the worksheet in their workbooks. If the clinics have given you information about the best times to answer questions, etc., share those with students. As a general rule, encourage them to visit the clinic in pairs, but discourage going in groups larger than three. Encourage students to go with their partners or friends, even those who aren't in the class. Tell students they should bring back some literature available from the clinic. This could be a pamphlet describing services. Remind them that clinics are professional places, and that they should use their best behavior. Additionally, they should keep to themselves the names of anyone they see at the clinic.

2. Conduct a brainstorming session to generate some questions that can be used when visiting the clinic.

If students are slow getting started, help them prepare to ask:

- How much does a clinic visit cost?
- What is the confidentiality policy?
- What services are available?
- How long does it take to get an appointment?

- Do you have to want a method of protection now, or can you make an appointment for a consultation only?
- What happens during a typical appointment and how long does it take?
- Does the clinic offer STI testing?
- Does it offer emergency contraception?
- Does the clinic also offer HIV testing? If so, how is the test done (anonymous or confidential)? How are results verified and recorded? How much does the test cost? Is pre- and posttest counseling offered?

Alternative to “Visit or Call a Clinic” Homework

Note to the Teacher

In some communities, individual visits to a clinic may be impractical. The clinic may be too far away, a small clinic might be overwhelmed by many student visits, or students themselves may worry about confidentiality issues. However, a young person’s likelihood of using protection is increased by such things as discussing HIV with a health care provider, having previously visited a family planning clinic, and having greater satisfaction with such visits. Whenever it’s possible to do actual visits, we recommend this.

Some teachers will choose the “call a clinic” version of this activity to avoid the problems with clinic visits. Again, small clinics may be overwhelmed by many student calls.

Two other alternatives are suggested (speaker or field trip). If these activities are used, students can still complete both pages of the homework. Students can also be instructed to search online for telemedicine or at-home options for receiving birth control, condoms and HIV/STI testing.

- 1. Speakers.** Invite someone from a family planning clinic to speak to the class. Most family planning offices (public hospitals, public health clinics and walk-in comprehensive care centers) are able to provide a speaker who will describe what happens at a clinic and discuss family planning methods and HIV and other STI prevention. Such a visitor would help students think of the family planning clinic as more “teen friendly.” If the classroom has internet access, the guest may speak to the students via video call. While inviting a speaker who is local to your community is preferred, guest speakers from other locations who speak via video call can also be impactful.
- 2. Field Trips.** Some clinics are willing to host students in small groups. This would almost certainly require that the class be split into smaller groups. The field trips would take some planning, but would ensure that students actually visited a clinic—another important aspect of increasing use of protection. Clinic staff may be willing to lead the field trip.

Note to the Teacher

- *Be sure to let your contacts at the clinic know about the kinds of questions your students will ask before the field trip takes place or the class speaker arrives. Clarify what their answers will be so you can be sure students are hearing the same messages and information from the clinic representatives as they are hearing in class.*
- *How long this lesson takes may vary significantly depending on which approach you take to the **Visit or Call a Clinic** assignment. If there is time, ask students to complete **How Will You Avoid Pregnancy?** (Worksheet 8.3) in class. If not, do not send it home as homework. Students should have a chance to focus on **Visit or Call a Clinic**.*

How Will You Avoid Pregnancy?

Have students turn to **How Will You Avoid Pregnancy?** (Worksheet 8.3) in their workbooks. Tell students this worksheet gives them a chance to review and personalize the abstinence and protection information they have learned. These worksheets are for students to use for their own information and not for class discussion or teacher review. Explain that this worksheet focuses only on birth control. To prevent infection from HIV or other STIs, other methods may be required.

How Is STI/HIV Prevented?

Have students turn to **How Is STI/HIV Prevented?** (Worksheet 8.4) in their workbooks. Tell students this sheet provides information on a number of ways to protect themselves or lower their risk of STI and HIV. Outside of class they can individually assess how well they are protecting themselves.

Lesson Summary

Remind students that knowing where to go, how to get there and whom to talk to about protection is an important aspect of responsible sexual behavior. Explain that you realize they may not need this information just yet, but they will most likely need this information at some point in their lives. And they may know someone who needs the information now. A person-to-person visit with a health care provider is the best way to find information.

It's important for students to know how to use these skills *before* they have sex. When they are ready to become sexually active, they can meet with a health care provider and make protection plans that offer the greatest possible protection—before, rather than after, they become sexually active.

Tarea de deber 8.1

Nombre: _____

Visita o llamada a una clínica

- Nombre de la clínica _____
- Dirección y número de teléfono de la clínica _____
- La clínica está abierta de las _____ de la mañana a las _____ de la tarde, _____ días por semana.
- Los siguientes servicios están disponibles en la clínica:
 _____ Planificación Familiar _____ Análisis de ITS _____ Vacuna del VPH
 _____ Pruebas de embarazo _____ Tratamiento de ITS _____ Prueba del VIH
 _____ Atención prenatal _____ Asesoramiento _____ Esterilización
 _____ Anticonceptivos Reversibles de Acción Prolongada
 _____ Anticonceptivos de emergencia
- Un examen de rutina o una consulta para información sobre Planificación Familiar cuesta \$ _____.
- La mayoría de los estados tienen leyes que especifican que las clínicas no pueden divulgar información sobre sus pacientes sin el permiso escrito, incluyendo si los pacientes han visitado o no la clínica. A esto se le llama "confidencialidad del paciente". La reglamentación de confidencialidad de esta clínica es la siguiente:

- Además del inglés, se hablan los siguientes idiomas en esta clínica: _____
- Hasta qué punto me sentí cómodo/a en esta clínica (incluye cosas como decorado, amabilidad del personal, revistas o folletos disponibles en la sala de espera, etc.):
 1 2 3 4
 muy cómodo(a) cómodo(a) bastante cómodo(a)
- Recomendaría/no recomendaría esta clínica a un/a amigo/a para un e consulta para información sobre protección.
 Escriba 2 oraciones diciendo por qué sí o por qué no.

- Algo que aprendí en esta clínica. _____

Recuerda adjuntar un folleto o tarjeta de la clínica.

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Homework 8.1

Name: _____

Visit or Call a Clinic

- Name of clinic _____
- Address and phone number of clinic _____
- Clinic is open from _____ a.m. to _____ p.m. _____ days a week.
- The following services are available at this clinic:
 _____ Birth control _____ STI test _____ HPV vaccine
 _____ Pregnancy tests _____ STI treatment _____ HIV test
 _____ Prenatal care _____ Counseling _____ Sterilization
 _____ LARCs _____ Emergency contraception
- A routine examination or consultation about birth control information costs \$ _____.
- Most states have laws that clinics can't disclose information about clients without written consent, including whether or not clients visit the clinic. This is called "client confidentiality." This clinic's confidentiality policy is as follows:

- Besides English, the following languages are spoken at this clinic: _____
- If you visited (rather than called) the clinic, answer this question: I felt the following level of comfort in this clinic (include such things as decor, friendliness of staff, reading material available in waiting room, etc.):
 1 2 3 4
 Very comfortable Comfortable Fairly comfortable Uncomfortable
- Would you recommend that a friend visit this clinic for an exam or to talk about protection?
 Write 2 sentences telling why or why not.

- Something I learned at this clinic is _____

Reminder: Attach a card or brochure from the clinic.

Reducing the Risk ■ Student Workbook

33

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Tarea de deber 8.2

Nombre: _____

Cómo llegar a la clínica

Autobús o tren desde la escuela a la clínica

¿Qué autobús tomas? Número o nombre del autobús _____

¿Dónde tomas el autobús? _____

¿Necesitas cambiar de autobús? Sí No

¿Qué cambios haces? _____

¿Dónde te bajas? _____

¿Más o menos cuánto tuviste que caminar desde la parada del autobús hasta la clínica?

En carro, en bicicleta o caminando de la escuela a la clínica

Describe la ruta de tu casa o de la escuela a la clínica. Da el nombre de todas las calles y los números de las carreteras. Trata de recordar y escribe otros detalles de la ruta (como un restaurante o un parque) que te indiquen dónde voltear.

En la hoja o mapa adjunto has descrito o marcado:

_____ La ruta en carro

_____ La ruta en bicicleta

_____ La ruta caminando

34 Reduciendo el riesgo ■ Cuadern

Homework 8.2

Name: _____

The Way to the Clinic

Bus or Train Route from School to the Clinic

Which bus do you catch? Number or name of bus _____

Where do you get on the bus? _____

Do you need to transfer? Yes No

What are the transfers? _____

Where do you get off? _____

About how far did you have to walk from the last bus to the clinic?

Car, Bike or Walking Route from School to the Clinic*

Describe the route from your house or the school to the clinic. Give all street names and freeway numbers. Try to remember and write down other landmarks (such as a fast-food restaurant or a park) that cue you when to turn.

On the attached sheet of paper or map, I have described the:

_____ Car Route

_____ Bike Route

_____ Walking Route

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Hoja de trabajo 8.3

¿Cómo puedes evitar el embarazo?

Instrucciones: Esta hoja de trabajo es para tu propio uso e información. No es para ser discutida en la clase ni debes entregarla al maestro.

1. ¿Qué método(s) para prevenir el embarazo te gustaría conocer en más detalle?

2. ¿Qué harás para llegar a conocerlo(s)? _____
3. ¿Qué método te parece más conveniente? _____
4. ¿Qué método tiene menos efectos secundarios que puedan preocuparte? _____
5. ¿Qué métodos te parecen suficientemente eficaces para ti? _____
6. ¿Tienes pareja? ¿Qué método piensas que tu pareja estará más interesado/a en usar? _____
7. ¿Qué método podrían aprobar más fácilmente tu madre y/o tu padre? _____
8. Confirma los resultados de este examen personal haciendo un círculo alrededor del número que muestra los métodos que te parecen mejores para ti.

	Mejor	Buen
Abstinencia	1	2
DIU	1	2
Implante	1	2
Píldora anticonceptiva	1	2
Parche o anillo anticonceptivo	1	2
Depo-Provera	1	2
Condomes	1	2
Espermicida	1	2
Condomes + otro método	1	2

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Worksheet 8.3

How Will You Avoid Pregnancy?

Directions: This worksheet is for your own use and information. It is not for class discussion and will not be turned in to the teacher.

1. Which method(s) for preventing pregnancy would you like to know more about?

2. How will you find that out? _____
3. Which method seems most convenient? _____
4. Which method has the fewest side effects that worry you? _____
5. Which methods are effective enough for you? _____
6. Do you have a partner? Which method do you think your partner would be most interested in using? _____
7. Of which method would your parent(s) be most likely to approve? _____
8. What are your conclusions? Circle the numbers that show which methods seem best for you.

	Best Choice	OK Choice	Worst Choice
Abstinence	1	2	3
IUD	1	2	3
Implant	1	2	3
Birth Control Pill	1	2	3
Birth Control Patch or Ring	1	2	3
The Shot (Depo-Provera)	1	2	3
Condoms	1	2	3
Withdrawal	1	2	3
Condoms + another method	1	2	3

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35

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Hoja de trabajo 8.4

Cómo evitar el VIH y otras ITS

Instrucciones: Se hablará de la siguiente información en la clase. Evalúa, para tu propio uso, qué tan bien te proteges en contra del VIH y otras ITS. (No se hablará de tus propias contestaciones en la clase.)

Eficacia de los métodos de protección

Método	Protege contra ITS, VIH y embarazo	Solamente protege contra embarazo	No protege contra nada
Retirar el pene			X
Lavado vaginal			X
Esperanza			X
Ritmo			X
Abstinencia	X		
DUI		X	
Implante		X	
Píldora, parche o anillo vaginal anticonceptivo		X	
Depo-Provera		X	
Condón de látex	X		
Espemicidas (espuma, jalea, crema, láminas, supositorios, tabletas)		X (más o menos)	

Protégete

- La abstinencia (no tener relaciones sexuales) es la mejor manera de prevenir la transmisión sexual del VIH (y otras ITS).

Si sí tienes relaciones sexuales:

- Cerciórate de no tener contacto alguno con la sangre, el semen ni los vaginales o rectales de la otra persona.
- Usa un condón nuevo y un lubricante soluble en agua cada vez que te relaciones sexuales.

- No consumas alcohol ni otras drogas, puesto que afectan el criterio y pueden hacer que efectúes un acto peligroso, como inyectarte drogas o tener relaciones sexuales sin protección.

Si sí te inyectas drogas:

- Nunca uses las mismas agujas ni otros materiales que alguien más.

Worksheet 8.4

How Is STI/HIV Prevented?

Directions: The information below will be discussed in class. For your own use, assess how well you are protecting yourself from HIV and other STI. (Your personal answers will not be discussed in class.)

Effectiveness of Methods for Protection

Method	Protects for STI, HIV & Pregnancy	Protects for Pregnancy Only
Abstinence	X	
IUD		X
Implant		X
Birth Control Pill, Birth Control Patch, Vaginal Ring		X
The Shot (Depo-Provera)		X
Condom	X	
Withdrawal		X
Rhythm		X

Protect Yourself

- Abstinence (not having sex) is the best way to prevent sexual transmission of HIV (and other STIs).

If you do have sex:

- Make sure you do not come in contact with someone else's blood, semen, vaginal fluids or rectal fluids.
- Use a new condom and a water-based lubricant every time you have sex.

- Abstain from alcohol and other drugs, since they affect your judgment and using them may lead to unsafe sex or injection drug use.

If you do inject drugs:

- Never share needles or works.

CLASS

9

Knowing and Talking About Protection: Skills Integration—I

Synopsis

Class 9 is the first of three lessons that provide students the opportunity to practice the communication skills they've learned from earlier lessons on protection, birth control methods and clinic services. Students take a quiz on protection methods, then watch roleplays in which friends talk to each other about issues related to sex. A discussion follows about ways to handle similar situations.

Preparation and Materials

- ▶ Review Appendix A, “How to Use Roleplays.”
- ▶ Have each student’s **Protection: True or False?** (Worksheet 6.3) with Round 1 previously completed.
- ▶ Review **Protection: True or False?** (Teacher Key 9.1).
- ▶ Refer to Student Workbook for **An Important Discussion** (Roleplay 9.2), and **An Afternoon Chat** (Roleplay 9.3).

Outline of Activities

Activity	Time	Materials
Protection: True or False? Round 2	15 min.	<input type="checkbox"/> Protection: True or False? (Teacher Key 9.1)
Demonstrate and Practice Roleplay	30 min.	<input type="checkbox"/> An Important Discussion (Roleplay 9.2)
Demonstrate and Practice Roleplay	30 min.	<input type="checkbox"/> An Afternoon Chat (Roleplay 9.3)
Lesson Summary	2 min.	<input type="checkbox"/> None

Activities

Protection: True or False? Round 2

1. Have students return to **Protection: True or False?** (Worksheet 6.3) and complete Round 2, making use of the new information they've learned.
2. After students have completed the worksheet, review each answer using Teacher Key 9.1. Clarify answers as necessary. Ask students if they scored better on the Round 2 column. Discuss as time allows.

Demonstrate and Practice Roleplay

1. Introduce the friend-to-friend roleplays **An Important Discussion** (Roleplay 9.2) and **An Afternoon Chat** (Roleplay 9.3) in the workbook. Tell students that judgments about sexuality and protection are often made by talking with friends and that it's important to talk to friends in a way that protects our decisions. Explain that if they change their minds about a particular decision (give up what they want) just by talking to a friend, they're more likely to give up what they want when talking to a partner. On the other hand, if they stick with what they want during talks with friends, they're more likely to be clear and firm when a potentially sexual situation with a partner comes up.
2. Use **An Important Discussion** and then **An Afternoon Chat** to demonstrate a discussion between friends with a student volunteer. After the roleplays, ask the class to provide input on other ways to talk about and handle similar situations. To encourage discussion, repeat each line in the roleplays and ask for possible responses from the class.

3. Have students divide into groups as usual and roleplay. There is no **Observer Checklist** for these roleplays.
4. Ask the class to provide examples of other situations that arise when friends talk to each other about things related to sex. Extract useful responses.

Note to the Teacher

*If time permits, and **How Will You Avoid Pregnancy?** (Worksheet 8.3) was not completed earlier, have students complete it now.*

Lesson Summary

Encourage students to think about how communication skills play an important role in avoiding pregnancy, STI and HIV. With practice, they can not only improve their friendships and relationships, but they can get a deeper understanding of their own feelings and opinions.

For Review Only

For Review Only

Protection: True or False?

1. When putting on a condom, it is important to pinch the tip of the condom..

TRUE. This leaves space to catch the semen during ejaculation.

2. Teenagers can get birth control pills from family planning clinics and doctors without permission from a parent.

TRUE. You do not need a parent's permission to get birth control at a clinic. No one needs to know that you are going to a clinic. Depending on the state, online health care sites may offer birth control to young people.

3. Partners of people who are living with HIV can use medicine known as PrEP to protect themselves.

TRUE. Pre-exposure prophylaxis (or PrEP) is when people at risk for HIV take daily medicine to prevent HIV. Studies have shown that PrEP reduces the risk of getting HIV from sex by about 99% when taken daily (CDC, 2019a).

4. A person who's never had a child can use an IUD for birth control.

TRUE. The IUD is a very effective method of birth control for people who have never been pregnant. As with other methods that only protect against pregnancy, it's important for the person to also use protection against HIV and other STIs.

5. Using a latex condom correctly every time you have sexual intercourse is very effective in preventing HIV.

TRUE. Condoms are very effective at preventing HIV when they are used correctly every time a couple has sex. People who are allergic to or don't like latex can use condoms made of polyurethane or polyisoprene. Condoms are also very good protection against pregnancy and most sexually transmitted infections. However, some STIs can be spread by genital touching if infected areas are not covered by the condom. Herpes and HPV are two examples.

6. It's OK to use Vaseline or lotion when using latex condoms.

FALSE. Vaseline and other oil-based products can cause latex condoms to break down, which is risky. When using a condom, use only water-based or silicone-based lubricants.

(continued)

- 7.** If a condom breaks or slips, there is nothing that someone can do to protect themselves from pregnancy or HIV.

FALSE. To reduce the risk of pregnancy, people can use emergency contraception as soon as possible. Emergency contraception works best in the first 72 hours but can reduce risk of pregnancy for up to 5 days after unprotected sex. To reduce the risk of HIV, people can use PEP, or post-exposure prophylaxis. These medications may be able to prevent the virus from infecting the body if taken immediately after exposure (within 72 hours).

- 8.** Birth control pills, patches or rings used alone are effective in preventing sexually transmitted infections (STIs).

FALSE. The birth control pill, patch and ring do not protect against HIV and other STI.

- 9.** Douching after sex will wash out the sperm and protect against pregnancy and STIs.

FALSE. Douching may even increase the risk of pregnancy by moving the sperm to the fallopian tubes more quickly. Douching does not kill or wash out the microorganisms that cause STI.

- 10.** When a person is using a condom, it's important to pull out right after ejaculation.

TRUE. To avoid pregnancy and STIs, the penis should be pulled out very soon after ejaculating, while it is still hard. Once the penis begins to lose its erection, ejaculate can leak out or the condom can slip off. The person should be sure to hold the condom against the base of the penis while pulling out to reduce slippage or leakage.

- 11.** A person is protected from pregnancy the day they begin taking the pill.

FALSE. Most physicians recommend that people abstain or use an additional method of birth control for seven days after starting to use the pill. After this initial period, they will be protected every day, including during a menstrual period.

- 12.** Abstinence is the most effective method of avoiding HIV.

TRUE. Not having sexual intercourse is the safest, simplest, most effective way to avoid pregnancy, HIV and most other STIs.

- 13.** Condoms can be used more than once.

FALSE. A new latex, polyurethane or polyisoprene condom should be used for every act of sexual intercourse. Never reuse a condom.

- 14.** Sharing needles to inject drugs is one way to get HIV.

TRUE. Blood with HIV in it may be left in the needle or syringe and passed on to the next user.

- 15.** IUDs provide very effective protection against pregnancy for up to 10 years.

TRUE. IUDs provide continuous protection against pregnancy. Depending on the type of IUD used, they last from 3 to 10 years.

- 16.** The risk of pregnancy is further decreased by using a condom AND pulling out or withdrawing the penis from the vagina before ejaculation.

TRUE. Using two methods at the same time, such as condoms along with withdrawal or the pill, increases the protection against unintended pregnancy. Withdrawal alone is 80% effective at preventing pregnancy (Hatcher et al., 2018).

- 17.** There are methods of birth control people can use without having to plan ahead.

TRUE. These methods are referred to as Long-Acting Reversible Contraception, and include IUDs and implants. These methods are more than 99% effective in preventing pregnancy, and, once they're in, there's nothing else to do and nothing to remember in terms of birth control. But LARCs don't protect people from HIV or other STIs, so it's still important to use condoms too.

- 18.** A birth control implant provides protection against pregnancy for 3 years.

TRUE. The implant is a tiny rod of plastic that releases hormones. It's inserted under the skin and lasts for 3 years.

- 19.** You can get a vaccine to protect you from some kinds of STIs.

TRUE. There is a vaccine that protects young people against many types of HPV (Human Papillomavirus). This virus can cause genital warts and cervical cancer. Two doses of the HPV vaccine, 6 to 12 months apart, are recommended for people of all genders at age 11–12; but the vaccine can be given as early as age 9. Teens age 15 and older may need three doses instead of two. People up to age 45 can get the vaccine, although it's recommended at younger ages because the vaccine works best when it's given before a person has had sex. There is also a vaccine that protects against hepatitis B, a virus that causes liver damage. Most people get the hepatitis B vaccine as infants, but young people and adults can also get vaccinated (CDC, 2019c).

- 20.** Teens who identify as lesbian, gay or bisexual do not have to worry about preventing pregnancy.

FALSE. Teens of all sexual orientations and gender identities need to know how to protect themselves from unintended pregnancy. Students who are lesbian, gay or bisexual (LGB) are all at risk of pregnancy if they have penis-in-vagina sex with a partner. Some studies have found that LGB youth are more likely to be involved in an unintended pregnancy than their straight peers (Saewyc, 2014).

For Review Only

Actuación 9.2

Una plática importante

Preparando la escena:

Dos amigos salen de la escuela después de clase, discutiendo sus opiniones sobre el uso de condones.

Amigo: Sabes, jodio usar preservativos!

Tú: Shhhhh. Pueden oírnos.

Amigo: ¿Prefieres que use la palabra "condón"?

Tú: No, puedes decir "preservativo". Es que simplemente me da vergüenza hablar de esas cosas... Tampoco me gustan.

Amigo: A mí lo que no me gusta es que tienes que parar la acción. Se pierde algo. Y además... me gusta cómo se siente sin usarlo. Se siente más... más natural.

Tú: Sí, ya lo creo. Pero viste lo que hemos aprendido en clase. Que si hacemos el acto sexual, los condones son la mejor protección contra el embarazo y las ITS.

Amigo: Tienes razón. No tendré más remedio que cambiar de actitud y usarlos. Mi vida anda sobre rieles en estos momentos y quiero que siga así.

Tú: Eso es lo que yo creo también. De esa manera podremos hacer todo lo que pensamos hacer en la secundaria y en nuestro futuro.

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Roleplay 9.2

An Important Discussion

Setting the Stage:

Two friends are leaving campus at the end of the day, discussing their feelings about using condoms.

Friend: You know, I just hate using condoms!

You: Shhh. People can hear us.

Friend: Do you want me to use the word "rubber" instead?

You: You can use the word "condom." I just get embarrassed talking about those things...I don't like them either.

Friend: I just don't like to stop what's going on. You lose something. And...I like the way it feels without it. It feels more...well, natural.

You: Yeah, I know what you mean. But you know what we've learned in class. If you're having sex, condoms are the best protection against pregnancy and STI.

Friend: I guess you're right. I'll just have to change my attitude and be sure we use them. My life's pretty good now. I want to keep it that way.

You: That's how I feel. This way, we can do everything we're planning to do in high school and then afterward.

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37

Actuación 9.3

Una charla por la tarde

Preparando la escena:

Estás conversando con un/a amigo/a después de salir de la escuela. Le dices que tú y tu pareja están pensando en ir a una clínica de planificación familiar para pedir la inyección. Tu amigo/a no cree que la inyección sea un buen método para ustedes y habla primero.

Amigo/a: Ten cuidado, ¡la inyección puede hacer que tú (o tu pareja) aumenten de peso!

Tú:

Amigo/a: Pero ¿no dicen que la inyección puede causar cáncer?

Tú:

Amigo/a: Bueno, de cualquier manera tendrán que decírselo a la mamá de uno(a) de ustedes, ya que probablemente necesitarán permiso de uno de sus padres para conseguir la inyección, ¿no?

Tú:

Amigo/a: Y ¿no es muy cara la inyección?

Tú:

Amigo/a: Sé que yo ni de chiste me acordaría de ir a ponerme la inyección cada 3 meses.

Tú:

Amigo/a: ¿Qué van a usar para evitar las ITS? ¿La inyección no da protección el VIH!

Tú:

Roleplay 9.3

An Afternoon Chat

Setting the Stage:

You are talking with a friend after school. You tell your friend that you and your partner are thinking about going to a family planning clinic and getting the shot. Your friend doesn't think the shot is a good method for you. Your friend speaks first.

Friend: Watch out, the shot might make you (your partner) gain weight.

You:

Friend: But doesn't the shot give you (your partner) cancer?

You:

Friend: Anyway, you'll have to tell your (your partner's) mother because you probably need a parent's permission to get the shot.

You:

Friend: Isn't it really expensive to get the shot?

You:

Friend: I know I'd never remember to go get a shot every 3 months.

You:

Friend: What will you use to prevent STI? The shot won't protect you from getting HIV!

You:

CLASS
10

Skills Integration—II

Synopsis

Class 10 provides students with further opportunities to practice the skills they are learning to help them say no and to make decisions about protection. In addition to partially scripted roleplays, students are presented with “situations” in which they must decide as a group how to handle difficult predicaments.

Preparation and Materials

- ▶ Review Appendix A, “How to Use Roleplays.”
- ▶ Make 4 copies each of **Situation A** and **B** (Group Handouts 10.1 and 10.2).
- ▶ Refer to Student Workbook for **Two Hours to Kill** (Roleplay 10.3), **A Small Party** (Roleplay 10.4), and **Observer Checklist** (Form 10.5).
- ▶ Have ready *Refusals* and *Delay Tactics* posters.
Optional: Have ready *Roleplay* cards from the Activity Kit.

Outline of Activities

Activity	Time	Materials
Review Refusals	5–10 min.	<input type="checkbox"/> <i>Refusals and Delay Tactics</i> posters
Generating Alternatives	15–25 min.	<input type="checkbox"/> Situation A (Group Handout 10.1) <input type="checkbox"/> Situation B (Group Handout 10.2)
Roleplay in Small Groups	15–25 min.	<input type="checkbox"/> Two Hours to Kill (Roleplay 10.3) <input type="checkbox"/> A Small Party (Roleplay 10.4) <input type="checkbox"/> Observer Checklist (Form 10.5) <input type="checkbox"/> <i>Refusals and Delay Tactics</i> posters <input type="checkbox"/> <i>Roleplay cards</i> (optional)

Activities

Review Refusals

Review the skills students have learned, using the *Refusals and Delay Tactics* posters from the Activity Kit.

Have students recall behaviors of effective refusals: (1) use the word no, (2) use body language to send a nonverbal no, (3) repeat no, (4) suggest an alternative, and (5) build the relationship.

Generating Alternatives

1. Tell students this activity will have them consider an important part of refusals—suggesting an alternative.
2. Divide class into 4 groups. Give **Situations A** and **B** (Group Handouts 10.1 and 10.2) to each group. Give 1 person in each group the situation sheet and ask him or her to record the alternatives the group discusses.
3. Give groups a couple of minutes to read the situations and then list as many alternatives as they can for each. Explain that the goal is to think of as many options as they can and to look at the situation from as many points of view as possible.
4. Have a volunteer from each group present their suggestions regarding **Situation A** to the class. Reinforce the number of options provided by the class—having a lot of options in mind will help them find ways to live up to their decisions not to have unprotected sex. If one idea doesn't work, they can always try another. When discussing **Situation B**, some youth may suggest

using something around the house such as plastic wrap as being similar to a condom. Ask students to reflect on the limitations of those types of barriers (are ineffective at preventing STI transmission, would not stay in place, etc). Encourage students to reflect on the opportunity for building the relationship by showing respect for each other's health.

Roleplay in Small Groups

1. Suggest to students that the alternatives they have just suggested could be used in the next roleplays, **Two Hours to Kill** (Roleplay 10.3) and **A Small Party** (Roleplay 10.4).
2. Have the groups stay together and locate the roleplays in their workbooks. Again, instruct students to alternate the roles in the unscripted parts. Make sure each student has the chance to be in the unscripted role. Have students use the **Observer Checklist** (Form 10.5) in their workbooks. Walk around and facilitate student-to-student feedback.

Optional: Hand out a set of *Roleplay* cards to each group. Ask each member to take 1 card. Review each role with the whole group.

- Student Roleplayer #1: Read lines.
- Student Roleplayer #2: Respond to lines.
- Student Observer #1: Set the stage for the roleplay, and use **Observer Checklist**.
- Student Observer #2: Use **Observer Checklist** and lead small-group discussion using the guidelines on the back of the card.

Lesson Summary

By now, students should be comfortable with the roleplaying format. They are ready to add other skills, such as “thinking on their feet” to generate options in various situations. They will have two more classes of roleplaying practice. It is important that they are moving toward mastery of roleplaying in the next class, which will include some new communication skills.

For Review Only

Situation A

Taylor and Bobby have gone out for a long time but have never had sex. One day they go to Bobby's sister's apartment. She is in the bedroom with her boyfriend. In the living room, Taylor and Bobby start to kiss and warm up to each other.

What can Taylor or Bobby do to avoid sex or unprotected sex?

List alternative actions below:

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Situation B

Tony and Dylan have been to a party and then go to Tony's home to be alone. They start to kiss and undress each other. Dylan reaches into a jacket pocket, and realizes that the condom they planned to use is gone. Dylan says, "I think somebody stole the condom I had."

What can Tony and Dylan do to avoid unprotected sex?

List alternative actions below:

For Review Only

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Actuación 10.3

Dos horas a solas

Preparando la escena:

Estás en casa de tu pareja después de clase. Tú no estás preparada/o para tener relaciones sexuales y lo has dicho. Sabes que no va a haber nadie en la casa por dos horas. Se están besando y acariciando y tu pareja te dice que desea hacer el amor. Tú no lo deseas.

Persona 1: Es lógico hacer el amor cuando dos personas se aman.

Persona 2:

Persona 1: No tenemos muchas oportunidades para estar solos.

Persona 2:

Persona 1: No estás preocupada/o por la posibilidad de un embarazo o una infección, ¿no?

Persona 2:

Persona 1: Pues entonces podemos usar un condón.

Persona 2:

Persona 1: ¡Estoy tan enamorado/a de ti! Por eso quiero que hagamos el amor.

Persona 2:

Persona 1: Si me amaras tanto como yo te amo lo harías.

Persona 2:

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Roleplay 10.3

Two Hours to Kill

Setting the Stage:

You're at your partner's house after school. You aren't ready to have sex and you've said so. You know no one will be home for 2 hours. You're kissing and touching and your partner lets you know they want to have sex. You don't want to.

Person 1: It's OK to have sex when you love each other.

Person 2:

Person 1: We don't get many chances to be alone.

Person 2:

Person 1: You're not worried about us getting pregnant or infected, are you?

Person 2:

Person 1: OK then, we'll use a condom.

Person 2:

Person 1: I just feel so close to you. That's why I want to have sex.

Person 2:

Person 1: If you loved me as much as I love you, you'd do it.

Person 2:

Person 1:

Person 2:

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39

Actuación 10.4

En una pequeña fiesta

Preparando la escena:

Hace seis meses que sales con alguien a quien amas mucho. Habrá una pequeña fiesta en casa de un buen amigo, donde sabes que los dos van a poder estar solos. Antes de ir tu pareja te pide que lleves algo para protegerte. Tú no estás preparado para tener relaciones sexuales. Tu pareja te dice:

Persona 1: Lo que pasa es que realmente no me amas.

Persona 2:

Persona 1: Me siento como un/a idiota pidiéndotelo. Nunca me imaginé que ibas a portarte así.

Persona 2:

Persona 1: ¿Estás saliendo con alguien más?

Persona 2:

Persona 1: Pues, creí que ibas a estar contento/a de poder hacerlo.

Persona 2:

Persona 1: ¿Y si uso algo para protegernos?

Persona 2:

Persona 1: Ya se me pasaron las ganas de ir a la fiesta.

Persona 2:

Persona 1: Bueno, quizá no sea tan importante en estos momentos.

Persona 2:

40

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Roleplay 10.4

A Small Party

Setting the Stage:

You've been going out with someone for 6 months and care for this person very much. There's going to be a small party at a good friend's house where you can be alone. Your partner asks you to get some protection before the party. You're not ready to have sex. Your partner says:

Partner 1: I guess you don't really care about me.

Partner 2:

Partner 1: I feel like a fool asking you. I never thought you'd act like this.

Partner 2:

Partner 1: Are you starting to see someone else?

Partner 2:

Partner 1: Well, I thought you'd really want to do it.

Partner 2:

Partner 1: What if I got the protection?

Partner 2:

Partner 1: This takes the fun out of going to the party.

Partner 2:

Partner 1: I guess it's not so important, right now.

Partner 2:

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40

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Lista 10.5

Nombre: _____ Fecha: _____

Lista del observador

ACTUACIÓN #

RECHAZOS	1	2	3	4	5	6
Dijo "NO"						
El lenguaje corporal dijo "NO"						
Repitió el rechazo						
Alternativa sugerida						
Fomentó la relación						
TÁCTICAS PARA POSPONER						
Dijo lo necesario						
Actuó correctamente						
Puso espacio entre ambos						
Terminó la situación rápidamente						
Fomentó la relación						

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Form 10.5

Name: _____ Date: _____

Observer Checklist

ROLEPLAY #

REFUSALS	1	2	3	4	5	6
Said "NO"						
Body Language Said "NO"						
Repeated Refusal						
Suggested Alternative						
Built the Relationship						
DELAY TACTICS						
Used Delay Statement						
Used Delay Action						
Created Space						
Ended the Situation Quickly						
Built the Relationship						

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41

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CLASS
11

Skills Integration—III

Synopsis

Class 11 provides continued opportunities for students to practice handling situations that might otherwise lead to unprotected sex.

Preparation and Materials

- ▶ Review Appendix A, “How to Use Roleplays.”
- ▶ Refer to Student Workbook for **My Favorite Cousin** (Worksheet 11.1), **Time for a Condom** (Roleplay 11.2), and **Observer Checklist** (Form 11.3).
- ▶ *Optional:* Have ready *Roleplay* cards from the Activity Kit.

Outline of Activities

Activity	Time	Materials
My Favorite Cousin	10–25 min.	<input type="checkbox"/> My Favorite Cousin (Worksheet 11.1)
Roleplay in Small Groups	20–30 min.	<input type="checkbox"/> Time for a Condom (Roleplay 11.2) <input type="checkbox"/> Observer Checklist (Form 11.3) <input type="checkbox"/> <i>Roleplay cards (optional)</i>

Activities

My Favorite Cousin

Have students turn to **My Favorite Cousin** (Worksheet 11.1) in their workbooks. Tell students to complete the form according to the directions on the worksheet. Remind them of communication skills they might use (relationship building, suggesting an alternative or delay tactics). Allow approximately 10 minutes for students to complete the worksheet. When they are finished, discuss:

- reasons not to have sex
- reasons to have sex
- good ways to encourage others not to have sex
- important considerations when thinking about having sex for the first time
- how trust, communication and planning might play a role in encouraging a family member or close friend not to have sex

Roleplay in Small Groups

As before, divide students into groups and have students roleplay **Time for a Condom** (Roleplay 11.2). Again, instruct students to alternate roles in the unscripted part. Make sure each student has the chance to be in the unscripted role. Have students use the **Observer Checklist** (Form 11.3). Walk around and facilitate student-to-student feedback. *This time*, tell students that they don't have to use the scripts. After reading the situation, they can create their own lines if they wish.

Optional: Hand out a set of *Roleplay* cards to each group. Ask each member to take 1 card. Review each role with the whole group. Write key words on the board:

- Student Roleplayer #1: Read lines.
- Student Roleplayer #2: Respond to lines.
- Student Observer #1: Set the stage for the roleplay, and use **Observer Checklist**.
- Student Observer #2: Use **Observer Checklist** and lead small-group discussion using the guidelines on the back of the card.

Lesson Summary

Summarize by reminding students that they have learned skills that, when practiced, can have a positive effect on others. Trust, respect and communication play key roles in all healthy relationships. In the next class, they will learn about HIV and other STIs, and how to protect themselves and others.

Hoja de trabajo 11.1

Mi primo/a favorito/a

Instrucciones: Imagina que tienes un/a primo/a muy allegado/a. Te dice que quiere empezar a tener relaciones sexuales con su pareja. Conociendo a tu primo/a, su pareja y su relación, tú opinas que es importante que esperen antes de tener relaciones. Escribe lo que dirías para animar a tu primo/a a retrasar su decisión de tener sexo.

Primo/a: Mi pareja tiene muchas ganas de que lo hagamos y yo le amo.

Tú:

Primo/a: Mi pareja es la persona más guapa de la escuela.

Tú:

Primo/a: Algún día lo voy a hacer. ¿Por qué no ahora?

Tú:

Primo/a: Mi pareja dijo que podíamos usar un condón.

Tú:

Primo/a: ¡Pero realmente nos amamos!

Tú:

Primo/a: Si me quedo sin esta relación, me muero.

Tú:

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Worksheet 11.1

My Favorite Cousin

Directions: Imagine that you have a cousin who you are really close to. They tell you they want to start having sex with their partner. Knowing your cousin, their partner and their relationship, you feel it is important for them to wait to start having sex. Write what you would say to encourage your cousin to delay having sex.

Cousin: My partner really wants me to and I love them.

You:

Cousin: My partner is the cutest person in school.

You:

Cousin: I'm going to do it someday, anyway. What's wrong with now?

You:

Cousin: My partner said we could use a condom.

You:

Cousin: We really love each other.

You:

Cousin: If I lose this relationship, I'll just die.

You:

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43

Actuación 11.2

El momento para un condón

Preparando la escena:

Tú y tu pareja han hecho ya el acto sexual sin usar protección. Acabas de descubrir que una buena amiga tuya está embarazada y no quieres que eso les pase a ti y a tu pareja. Quieres conversar sobre el uso de un preservativo pero tienes vergüenza o nervios y lo has dejado para otro momento. Ahora están juntos en una situación PELIGROSA. Dejas lo que están haciendo y dices que deseas hablar.

Persona 1:

Persona 2: ¿Ahora? ¿De qué deseas hablar en un momento como éste?

Persona 1:

Persona 2: ¡Lo hemos hecho antes y no estás (estoy) embarazada!

Persona 1:

Persona 2: ¡Hablemos de ello la próxima vez! No arruines el momento.

Persona 1:

Persona 2: No quiero usar protección. Seguro que no me voy a sentir bien haciéndolo.

Persona 1:

Persona 2: No va a pasar nada. Mi hermana tiene relaciones sexuales sin protegerse y ni está embarazada ni tiene el VIH tampoco.

Persona 1:

Persona 2: Otras parejas lo hacen sin protección.

Persona 1:

Persona 2: Seguro que nos va a arruinar el acto sexual.

Persona 1:

Persona 2: Parece que estás decidida/o a protegernos. Supongo que es para conseguir un condón.

Persona 1:

Persona 2:

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Roleplay 11.2

Time for a Condom

Setting the Stage:

You and your partner have had sex without using protection. You just found out a close friend is pregnant, and you don't want it to happen to you and your partner. You want to talk about using a condom, but you're nervous so you've put it off. Now you're alone together in a RED ALERT situation. You stop and say you want to talk.

Person 1:

Person 2: Now? What do you want to talk about at a time like this?

Person 1:

Person 2: We've done it before and nobody's pregnant.

Person 1:

Person 2: Let's talk about it next time, OK? Don't spoil the mood.

Person 1:

Person 2: I don't want to use protection. I don't think it would feel right.

Person 1:

Person 2: Nothing's going to happen. My sister has sex without protection. She's not pregnant, and she doesn't have HIV either.

Person 1:

Person 2: Other couples do it without protection.

Person 1:

Person 2: I just think it will take away half the fun.

Person 1:

Person 2: Sounds like you're really serious. I guess a condom is easy to get.

Person 1:

Person 2:

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45

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Lista 11.3

Nombre: _____ Fecha: _____

Lista del observador

ACTUACIÓN #

RECHAZOS	1	2	3	4	5	6
Dijo "NO"						
El lenguaje corporal dijo "NO"						
Repitió el rechazo						
Alternativa sugerida						
Fomentó la relación						
TÁCTICAS PARA POSPONER						
Dijo lo necesario						
Actuó correctamente						
Puso espacio entre ambos						
Terminó la situación rápidamente						
Fomentó la relación						

46 Reduciendo el riesgo ■ Cuadern

Form 11.3

Name: _____ Date: _____

Observer Checklist

ROLEPLAY #

REFUSALS	1	2	3	4	5	6
Said "NO"						
Body Language Said "NO"						
Repeated Refusal						
Suggested Alternative						
Built the Relationship						
DELAY TACTICS						
Used Delay Statement						
Used Delay Action						
Created Space						
Ended the Situation Quickly						
Built the Relationship						

46 Reducing the Risk ■ Student Workbook

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CLASS 12 Preventing HIV and Other STIs

Synopsis

Accurate information about STI, particularly how to prevent transmission, is the foundation for reducing risk behaviors. To help students understand the commonalities of STIs, including HIV, and how to protect themselves, they work in small groups to explore information about transmission and prevention of five specific STIs. Groups compare the ways these STIs are transmitted, how they are prevented, how to get treatment, and then make some conclusions about STI in general, including HIV.

Preparation and Materials

- ▶ Classroom set of *STI Facts for Teens* and *HIV Facts for Teens* (included in the Activity Kit and available from ETR, www.etr.org/store).
- ▶ Review **Background Information About HIV—Teacher Notes**.
- ▶ Refer to Student Workbook for **How HIV Would Change My Life** (Homework 12.1).

Outline of Activities

Activity	Time	Materials
Facts About STI, Including HIV	40–80 min. (up to 2 classes)	<input type="checkbox"/> Classroom set of <i>STI Facts for Teens</i> and <i>HIV Facts for Teens</i> <input type="checkbox"/> Background Information About HIV—Teacher Notes
Assign Homework	5 min.	<input type="checkbox"/> How HIV Would Change My Life (Homework 12.1)
Lesson Summary	3 min.	<input type="checkbox"/> None

Activities

Facts About STI, Including HIV

1. Tell students that sexually transmitted infection (STI) is a broad term that describes a group of communicable infections that are spread through intimate (usually sexual) contact. About 1 in 4 sexually active females has an STI, and about half of all new STIs occur in people ages 15 to 24. Rates of some STIs, such as chlamydia and gonorrhea, are highest among teens and young adults (CDC, 2019b).
2. Write the names of five common STIs across the top of the board: HPV/genital warts, gonorrhea, herpes, chlamydia and HIV. Divide the class into five groups. Provide each student with an *STI Facts for Teens* pamphlet. Ask each group to pick one STI to study. On the board, cross out each STI as it is picked so it will be used only *once*. Instruct each group to identify the following five characteristics about the STI they've chosen and record them on paper.
 - how I could get it
 - how I can prevent it
 - how I would know I have it (symptoms)
 - how I would get treatment
 - how it would change my life

Note to the Teacher

One option is to give each group a piece of chart paper with the name of an STI at the top. Have them write in large letters. Then post all papers side by side.

3. Give groups about 10 minutes to research the STI. Then, ask each group to provide a summary statement for each of the five points on each STI.
4. After all groups have reported, point out five summary statements that are true about all these STIs on each point. *For example:*
 - You can get an STI, including HIV, from intimate sexual contact with someone who has an STI.
 - You can prevent STIs, including HIV, by abstaining; by having sex with only one, uninfected partner who only has sex with you; or you can reduce the risk by using latex, polyisoprene or polyurethane condoms or dental dams. You can reduce your risk of HIV by taking PrEP. There are vaccines that reduce the risk of hepatitis B and HPV.
 - A person with an STI may look and feel healthy but can still transmit the infection to others. Even if a person does not have symptoms, they can transmit the infection to others.
 - You should go to a clinic or see a health care provider if you see any symptoms. Because people often do not have symptoms even if they have an STI, it is important that a sexually active person get tested regularly. Young people should be tested at least once for HIV and yearly for gonorrhea and chlamydia. People who engage in higher risk activities may benefit from more frequent testing (e.g., 3-6 months) (CDC, 2019d).
 - STIs may have negative health outcomes. Some STIs, including HIV, can weaken your immune system. Some STIs can damage reproductive organs and cause sterility if left untreated. Getting tested and starting treatment (if necessary) is an important part of sexual health.
5. Ask students to identify facts about HIV that may set it apart from other STIs.
 - Most STI is spread during sex or other intimate sexual contact (such as touching genitals). HIV can be spread in other ways, such as sharing needles for drug use or tattooing. (This is true of hepatitis B as well.)
 - Like some other STIs, HIV cannot be cured. However, although it is a chronic or lifelong infection, HIV can be managed with medication. People who get treatment soon after being tested can live long, healthy lives.
 - Stigma and discrimination against people who are living with HIV may make it harder for them to get the care and support they need.

Assign Homework

1. Assign **How HIV Would Change My Life** (Homework 12.1).
2. Collect homework in the next class and discuss as time permits.

Lesson Summary

Reinforce the message that all STIs can be treated. Left untreated, many STIs can have serious health outcomes. Students who would like more information on STIs may find the following hotline helpful:

24-Hour Information Line 800-CDC-INFO (800-232-4636)

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Information for Teachers

Background Information About HIV Teacher Notes

This section provides the teacher with information about HIV.

What Is HIV?

HIV (*human immunodeficiency virus*) is a virus that attacks cells that help the body fight infection, making a person more vulnerable to other infections and diseases. It is spread by contact with certain body fluids of a person with HIV, most commonly during unprotected sex (sex without a condom or HIV medicine to prevent or treat HIV), or through sharing injection drug equipment.

If left untreated, HIV can lead to the disease AIDS (*acquired immunodeficiency syndrome*).

The human body can't get rid of HIV and no effective HIV cure exists. So, once you have HIV, you have it for life.

However, by taking HIV medicine (called antiretroviral therapy or ART), people with HIV can live long and healthy lives and prevent transmitting HIV to their sexual partners. In addition, there are effective methods to prevent getting HIV through sex or drug use, including pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP).

What Is AIDS?

AIDS is the late stage of HIV infection that occurs when the body's immune system is badly damaged because of the virus.

In the United States, most people with HIV do not develop AIDS because taking HIV medicine every day as prescribed stops the progression of the disease.

A person with HIV is considered to have progressed to AIDS when:

- The number of their CD4 cells falls below 200 cells per cubic millimeter of blood (200 cells/mm³). (For comparison: In someone with a healthy immune system, CD4 counts are between 500 and 1,600 cells/mm³.) OR
- They develop one or more opportunistic infections regardless of their CD4 count.

How do people get HIV?

HIV is found in the blood, semen or vaginal fluids, and rectal fluids of someone with HIV. It is passed from person to person through these body fluids.

(continued)

Information for Teachers

People can get HIV:

- **Through sex.** Anyone who has unprotected vaginal or anal sex with someone who has HIV can get HIV. There is also some risk of transmission through oral sex, but it is much lower.
- **By sharing needles** for injecting drugs, vitamins, hormones or steroids, or for tattooing or piercing. HIV-infected blood may be left in the needle or syringe and passed on to the next user. Other injection supplies (sometimes called “works”) can also pass HIV (e.g., water, cotton and cookers).
- **From mother to child either before or during birth.** There are also a few known cases in which HIV has been passed from mother to child through breastfeeding. A pregnant person with HIV can take medicines to greatly lower the risk of the baby being born with HIV.

As a general guideline, people should avoid having direct contact with other people’s blood. This is why medical providers, including first responders, wear gloves when they are providing care that might bring them into contact with another person’s blood.

Before 1985, some people got HIV from infected blood transfusions or blood products. Since 1985, the supply of blood and blood products in the United States and most developed countries has been routinely tested, making this form of transmission now extremely rare.

Ways HIV is *not* transmitted

HIV is not transmitted by casual, day-to-day contact between people. The virus is not transmitted through the air. It must get inside the body to infect a person.

People can’t get HIV from:

- other sexual activities that don’t involve the exchange of body fluids, such as touching, kissing or hugging
- coughing or sneezing
- toilet seats, eating utensils, swimming pools, water fountains or telephones
- casual contact such as shaking hands or sharing food
- donating blood
- tears, saliva, sweat or urine
- mosquitoes or other insects

Information for Teachers

Who is at risk for HIV?

It is what people do, not who they are, that puts them at risk for HIV.

People are at risk for HIV if:

- They have sex with someone who's had other partners.
- They have vaginal or anal sex without using a latex condom.
- They share needles or syringes to inject drugs, or had sex with someone who has.
- They share needles or other sharp objects for tattooing, piercing or any other reason.
- Babies born to people with HIV are also at risk.

People are probably not at risk if:

- They haven't ever had sex, or have only had sex with one partner, who doesn't have HIV and who's only had sex with them.
- They haven't ever shared needles to inject drugs or for any other reason, and haven't had sex with anyone who has.

• How can people eliminate or reduce the risk of getting HIV?

To eliminate the risk of HIV:

- **Don't have sex.** This includes vaginal and anal sex.
- **Never inject drugs, or share needles** for any reason.

To reduce the risk of HIV:

- **Use a latex, polyisoprene or polyurethane condom each and every time** for vaginal or anal sex. Condoms must be used consistently and correctly to ensure protection.
- **Don't use oil-based lubricants.** Oils in hand lotions, massage oils, petroleum jelly, etc., can cause a condom to leak or break.
- **Have a monogamous relationship** with only one partner who doesn't have HIV, who doesn't use injection drugs or share needles or syringes for any reason, and who never has sex with anyone else. (*Note: This choice isn't realistic for many teens because they tend to be involved in a series of relatively short-term relationships. Additionally, many people may not know if they have HIV or another STI, or may be reluctant to share that information. Emphasize that getting tested is the only way to know if someone is living with HIV or has another STI.*)

(continued)

Information for Teachers

- **Discuss HIV with a partner.** Ask about past or present risk behaviors as well as recent STI test results.
- **Get tested for HIV.** Be sure any sex partner has been tested before having sex.
- **Avoid having multiple or overlapping partners.** The more sex partners a person has, the greater the chances of contracting HIV or another STI.
- **Have safer sex** that doesn't put you in contact with a partner's blood, semen, vaginal fluids or rectal fluids. This means using condoms during vaginal or anal intercourse, using condoms or other barriers during oral sex, or having sex play without intercourse.
- **People who use injection drugs** should never share needles. If needles or works are shared or re-used, clean them 3 times with water, 3 times with bleach and 3 times with water before each use.
- **Don't use alcohol, marijuana or other drugs** that impair judgment. Being high can lead to unsafe sex or other drug use.
- **If you may have been exposed to HIV** immediately contact a doctor about post-exposure prophylaxis (PEP). These medications may be able to prevent the virus from infecting the body if taken immediately after exposure (within 72 hours).
- **If a partner has HIV**, or you engage in high-risk sexual activities, talk to a doctor about pre-exposure prophylaxis (PrEP). These medications can be taken daily to prevent HIV.

What types of HIV test are available?

The most common type of HIV test is the antibody test. The test looks for HIV antibodies in the body by testing blood, saliva or urine. Antibodies are proteins the body makes in response to a virus. If a person has antibodies for HIV, he or she has HIV and can pass the virus to other people.

There is also an antigen test for HIV. An antigen is a protein that produces antibodies. HIV antigens can be detected very soon after infection (1-3 weeks) by testing the blood. These tests are more expensive and are not typically used for routine HIV testing. If a person has antigens for HIV, he or she has HIV and can pass the virus to other people.

The PCR (*Polymerase chain reaction*) tests blood for the genetic material of HIV. Blood supplies in most developed countries are screened for HIV using PCR tests. PCR tests are also used to measure viral loads for people who are HIV-positive. If a person has HIV genetic material, he or she has HIV and can pass the virus to other people.

Tests are available at public health clinics, hospitals, state and local health departments, at community events, mobile testing vans, and other locations. Many places offer free or low-cost testing. Home testing kits can be purchased at pharmacies or online.

Information for Teachers

In almost every state, teens can be tested for HIV without parent permission. However, to be sure, teens should check with the test site beforehand to find out what policies are followed. They can ask if they need parental consent for testing or treatment, and whether the clinic will share information with parents.

What happens when a person gets tested?

At most HIV test sites, a counselor explains the test during a pretest session. This information may be provided one-on-one, to a couple, through a video or in a small-group session. People can ask questions and talk about their risks for HIV at this time.

Then a health worker will most likely take a little blood from the person's arm or finger, take some cells from the inside of the cheek or gums with a cotton swab, or may ask for a urine sample. It doesn't hurt and it is very quick. The sample will be sent to a lab for testing, or tested on site.

Most testing centers also help the person plan to deal with either a positive or negative result, and provide the names and phone numbers of appropriate community agencies that may be of further help (e.g., a hotline to call if the person has further questions about risk behaviors or referrals for care and treatment).

People using home kits test a saliva sample or mail a small blood sample to a lab, using a code name or number. Test results are given by telephone when the person calls and gives the code.

Who will know the results?

Most testing sites offer *confidential* testing. This means that the result is told only to the person taking the test, and it is also put in his or her medical file.

Some test sites offer *anonymous* testing. This means the person doesn't give a name, and the test result is reported only to him or her. Home testing kit results are anonymous.

When selecting a testing site, a person may wish to find out whether the test is anonymous or confidential, how results are verified and recorded, and if before and after counseling is part of the procedure.

How long does it take to get the results?

Laboratory test results can take up to 2 weeks. Many clinics now offer a rapid test, with results available within 30 minutes. If the rapid test is positive, the sample needs to be tested again to be sure. Results of the confirmation test can take up to two weeks.

Home testing kit results take around 7 days, or as little as 3 days if mailed using an overnight mail service.

(continued)

Information for Teachers

What does it mean if the test result is positive?

A series of tests are performed on positive samples. A confirmed positive test means antibodies, antigens or HIV genetic material were found in the body. The person is then known to have HIV.

Most sites provide counseling for people testing positive. The counselor will help people deal with the stress and emotional issues, discuss what to do to maintain health, and explain how to prevent transmitting HIV to others.

What does it mean if the test result is negative?

If the initial test result is negative, it means no antibodies to HIV were found in the person's blood. No further testing is called for, and most likely the person tested is not infected.

However, a person who was exposed to HIV recently (generally within 3 months or, in rare instances, up to 6 months before testing) may not yet have developed antibodies that can be detected by the test. If a person has tested negative on the HIV antibody test but has had some HIV-related risk within the past 6 months, it's important for that person to stop the risk behavior and be tested again 6 months after the last risky behavior to be sure of the results.

How long does it take for an HIV test to show that a person has HIV?

The “window period” is the length of time between when a person first gets HIV and when an HIV test can begin to detect signs of the virus in the body. It can be from 2 weeks to 6 months long, depending on the type of test that is done. During the window period, even before they know they are infected, people can transmit HIV to others.

Are there treatments for HIV?

Yes. The sooner people find out they have HIV, the earlier they can begin getting care and treatment. An early diagnosis allows people to participate in decisions about their treatment and begin taking medicines to strengthen the immune system and decrease the amount of the virus in the body.

There is no cure for HIV, but anti-retroviral treatments (ART) can be started while the person still feels healthy. Treatment is recommended regardless of how long a person has been living with HIV or how healthy they feel. With ART medicines, people with HIV can lead longer and healthier lives than ever before. The most common treatments limit the ability of the virus to reproduce. They help protect the immune system and improve the chances of staying healthy.

Information for Teachers

Pregnant women with HIV can take medicines to greatly reduce the baby's risk of having HIV.

Will everyone with HIV get sick eventually?

While complications from HIV infection are possible, current treatments and medications are giving people with HIV a positive prognosis and near-normal life-span. If people with HIV remain in medical care and are able to continue to take the medications to keep low viral loads, they can live long, healthy lives. Patients living with HIV would then be vulnerable to the same health conditions that affect all people as they age.

How is HIV treated?

HIV treatment consists of the ongoing, monitored use of a drug or drugs. Treatment has 3 main goals:

- Some medications slow the spread of HIV. Different types of these antiviral drugs interfere at different stages in the production of HIV by the body. Using several antiviral drugs together in combination treatment has been found to slow the progress of HIV significantly.
- Some medicines make the immune system stronger.
- Other medicines prevent or treat opportunistic infections. These drugs can slow or stop many of the diseases, cancers or illnesses a person with HIV can get when the immune system has become very weak.

There are currently five different “classes” of HIV drugs that work in different ways to stop the virus from replicating in the body. Each class of drug attacks the virus at different points in its life cycle. Typically, people are prescribed a combination of 3 different HIV medicines to control the amount of virus in the body and protect the immune system. The combination of medicines also helps prevent HIV drug resistance.

When deciding about treatment, the person with HIV and his or her health care provider consider how healthy the person feels, the viral load, the person's ability to take the medicines as directed, current life circumstances, and how the treatment may affect the person's health in the future. There may be social and environmental factors that affect a person's ability to remain in medical care and to continue taking HIV medicines. When people begin treatment for HIV, they may need other services and support to stay healthy (for example housing, mental health care, food assistance, support groups and medication management programs).

(continued)

Information for Teachers

It's important for people with HIV to work closely with an HIV treatment team to identify the most appropriate treatment plan to meet their needs and support long-term health and wellness.

What do U=U and TasP mean?

Treatment as prevention (TasP) refers to taking HIV medication to prevent the sexual transmission of HIV. It is one of the highly effective options for preventing HIV transmission. People living with HIV who take HIV medication daily as prescribed and attain and keep an undetectable viral load have effectively no risk of sexually transmitting HIV to their HIV-negative partners. U=U stands for Undetectable equals Untransmittable. If a person has an undetectable viral load due to taking medication, the virus cannot be transmitted to another person.

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Source: www.hiv.gov/hiv-basics.

Tarea de deber 12.1

Cómo el VIH cambiaría mi vida

1. Si tuviera el VIH tendría que hacer los siguientes cambios en mi manera de actuar con mi pareja:
 - a. _____
 - b. _____
 - c. _____
2. El tener el VIH me haría daño de estas maneras:
 - a. _____
 - b. _____
 - c. _____
3. Lo más difícil para mí, si tuviera el VIH, sería:
 - a. _____
 - b. _____
 - c. _____
4. Si tuviera el VIH mi vida cambiaría de las siguientes maneras:
 - a. _____
 - b. _____
 - c. _____

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Homework 12.1

How HIV Would Change My Life

1. If I had HIV, I would have to make the following changes in the way I act with my romantic partners now and in the future:
 - a. _____
 - b. _____
 - c. _____
2. If I had HIV, it would harm me in these ways:
 - a. _____
 - b. _____
 - c. _____
3. The most difficult thing for me about having HIV would be:
 - a. _____
 - b. _____
 - c. _____
4. If I had HIV, my life would change in the following ways:
 - a. _____
 - b. _____
 - c. _____

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47

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CLASS
13

HIV Risk Behaviors

Synopsis

The purpose of this activity is to help students apply their knowledge about HIV transmission and identify which behaviors put them at greatest risk for exposure to HIV. Participants place behaviors on a continuum of risk, from no risk to risky, and discuss why some behaviors are more risky than others.

Adolescents need to understand that there is no cure when it comes to HIV, so any risk they take is a serious one.

Help students understand:

- 21% of new diagnoses of HIV occur among young people ages 13 to 24 (CDC, 2020).
- Most young people become infected through sexual behaviors (CDC, 2020). HIV and other STIs can be passed through vaginal, anal and oral sex.
- People who become infected with HIV as teens usually have no symptoms until they're older. Most often, it is several years before they will experience illnesses.
- Young people are often reluctant to be tested. They may not believe they're at risk, they don't feel ill, or they're uncomfortable or anxious about testing. As a result, many young people with HIV are often unaware they have the virus.
- Abstinence is the best protection against HIV.
- When people do choose to be sexually active, they can protect themselves by having sex with only 1 partner, who does not have HIV, does not engage in any HIV risk behaviors, and has sex only with them. However, when people have several long-term relationships, one after the other, they and their partners should get tested for HIV.

(continued)

- Sexually active people can reduce their risks by using condoms correctly every time they have sex.
- Alcohol and other drugs can impair judgment and increase the chances someone will participate in risky behaviors. It is best to avoid combining sex with alcohol or drugs.

Preparation and Materials

- ▶ Have ready the *Traffic Light* cards from the Activity Kit.
- ▶ Have ready the *Risk Behavior* cards from the Activity Kit. You may want to prepare rolled pieces of tape to stick on the back of the cards to facilitate their placement on the wall.
- ▶ Copy a classroom set of **HIV Risk Behaviors Answer Sheet** (Handout 13.2).

Outline of Activities

Activity	Time	Materials
Risk Continuum	25 min.	<input type="checkbox"/> Risk Behaviors (Teacher Reference 13.1) <input type="checkbox"/> <i>Traffic Light</i> cards and <i>Risk Behavior</i> cards from Activity Kit
Personal Risks	5 min.	<input type="checkbox"/> Risk Behaviors Answer Sheet (Handout 13.2)
Lesson Summary	5 min.	<input type="checkbox"/> None

Activities

Risk Continuum

1. Explain to students that the 3 traffic lights on the cards taped to the wall represent points along a risk continuum:
 - Red is high risk.
 - Yellow is moderate risk.
 - Green is virtually no risk.

Ask students to indicate the level of risk for HIV transmission associated with various behaviors (from Teacher Reference 13.1).

For example:

“Vaginal sex without a condom” would go under the red light, “Reusing a needle that has been cleaned with bleach” would go under the yellow light and “Kissing” would go under the green light.

2. Organize students into groups of 5 to 7. Hand out the *Risk Behavior* cards. Give each student at least 1 card.
3. Ask students to decide within their groups the level of risk of the behaviors on their cards. Encourage groups to come to consensus about where each card belongs on the continuum. Ask students to tape their cards along the wall on the risk continuum.

Note to the Teacher

- *Sometimes students will want to know the exact placement of a behavior by its “percentage of risk.” Such absolute levels of risk are unknown. However, we do know that some behaviors put us at more risk than others. The point of this activity is to develop skills in evaluating relative risk.*
 - *It is important to review the list of behaviors and add or delete any as appropriate for your classroom. An alternative to using a predeveloped list is to ask students to generate their own list of behaviors (after the basic facts are covered).*
 - *Be sure not to leave a card incorrectly placed along the continuum, as visual learners may memorize incorrect placement.*
 - *Heated discussion may emerge about the proper placement of a behavior along the risk continuum. Stress that any behavior not placed under the green light puts us at risk of HIV. End any discussion that becomes nonproductive.*
 - *When the students are evaluating a behavior, they may ask you whether the sex partner is living with HIV. Say that you do not know.*
4. When all cards have been placed along the wall, review each behavior and its place along the continuum. Ask if any cards should be moved, discuss why, and do so, if appropriate. Ask for class consensus on where each card belongs. Remind students that the purpose of this activity is to identify the relative risk of behaviors, *not* to judge those who placed the cards.

(continued)

Personal Risks

5. Distribute the **HIV Risk Behaviors Answer Sheet** (Handout 13.2). Explain that the answers are based on the latest scientific data. There may be different interpretations of what those behaviors imply, and discussion in groups may have led to a different rating. This is fine, as long as there's an accurate link between a behavior and its relative risk. It's easier to identify those behaviors that are clearly safe (green) than to place other behaviors on the continuum from moderate risk (yellow) to high risk (red).

Emphasize that it's difficult to know a person's risk status. There are many instances where a person with HIV or an HIV risk didn't inform a partner, either because the person didn't know about the risk, or was afraid to reveal it.

6. Once the whole class agrees about where each card should be placed along the continuum, ask students to look at the behaviors and privately consider whether they are doing any of these things. Ask them to look at all the behaviors in the green-light category and notice all the things they can do to enjoy intimacy with their partner without putting themselves at risk for HIV.

Lesson Summary

Remind students that, as was discussed in the previous lesson, it is not who you are but what you do that puts you at risk for HIV. Making good decisions about sexual risks isn't always easy. But people need to make clear decisions about what they will do to avoid HIV *before* they get into a potentially risky situation.

HIV Risk Behaviors

Associated with sexual activity

- Massage
- Kissing
- Mutual masturbation
- Abstaining from sex
- Vaginal sex without a condom
- Fantasizing
- Vaginal sex using a condom
- Anal sex using a condom and water-based lubricant
- Masturbation
- Hugging
- Maintaining a long-term, mutually monogamous relationship in which both partners have been tested, do not have STIs and do not use injection drugs
- Oral sex using a condom or dental dam
- Oral sex without a condom or dental dam
- Having sex while drunk or high
- Anal sex without a condom

Associated with use of needles

- Sharing needles for injecting drugs, steroids or vitamins
- Reusing a needle that has been cleaned with bleach
- Reusing a needle that has been cleaned with water
- Sharing needles for tattooing or piercing

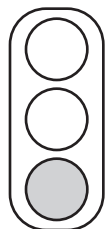
Associated with other modes of transmission

- Receiving a blood transfusion
- Donating blood
- Cleaning spilled blood without wearing gloves

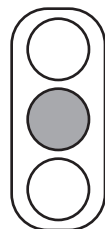
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HIV Risk Behaviors Answer Sheet

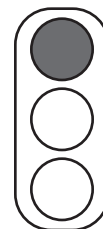
No Risk



Some Risk



Risky



Massage

Receiving a blood transfusion

Kissing

Abstaining from sex

Fantasizing

Masturbation

Hugging

Donating blood

Maintaining a long-term, mutually monogamous relationship in which both partners have been tested, do not have STIs and do not use injection drugs

Mutual masturbation

Oral sex using a condom or dental dam

Reusing a needle that has been cleaned with bleach

Anal sex using a condom and water-based lubricant

Vaginal sex using a condom

Oral sex without a condom or a dental dam

Having sex while drunk or high

Vaginal sex without a condom

Anal sex without a condom

Sharing needles for injecting drugs, steroids or vitamins

Sharing needles for tattooing or piercing

Reusing a needle that has been cleaned with water

Cleaning spilled blood without wearing gloves

Note: Anal sex is a higher risk activity for HIV specifically due to the possibility of rectal tearing and bleeding. When used correctly and consistently, condoms are highly effective in preventing HIV. If people are going to engage in anal sex, using a condom and water-based lubrication can reduce their risk (Aidsmap.com, 2014).

Source: HIV/AIDS Resources and Community Health (ARCH). 2020. Levels of risk. <https://archguelph.ca/levels-risk>. Accessed 6/22/2020.

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CLASS
14

Implementing Protection from STI and Pregnancy

Synopsis

The purpose of the activities in Class 14 is to help students develop plans for preventing pregnancy and reducing the risk of STI, including HIV, through the use of a condom. In the first activity, students project on a worksheet what they would say and do to take steps toward protection. Then they use their experience in thinking about these plans to create the content in the roleplay activity.

Preparation and Materials

- ▶ Review Appendix A, “How to Use Roleplays.”
- ▶ Refer to Student Workbook for **The Steps to Protection** (Worksheet 14.1)

Outline of Activities

Activity	Time	Materials
The Steps to Protection	10–25 min.	<input type="checkbox"/> The Steps to Protection (Worksheet 14.1)
Roleplays	15–25 min.	<input type="checkbox"/> None
Lesson Summary	5 min.	<input type="checkbox"/> None

Activities

The Steps to Protection

1. Tell students the path to self-protection is not without twists and turns. The following exercise gives students a chance to think through the steps to self-protection and plan ways to achieve their goal of avoiding (or greatly reducing) the risk of pregnancy, HIV and other STIs by the use of condoms.

Have students turn to **The Steps to Protection** (Worksheet 14.1) in their workbooks. This worksheet should be done alone since it includes some rather personal decisions that each person must make. The idea is to help students develop plans for using condoms for a time in their lives when they might need them.

2. When most students have completed the first step (Talking About a Plan for Protection), discuss it. Volunteers should share ideas for taking steps for self-protection. See if students have the idea of talking about it ahead of time before going on to the next two steps on the worksheet.

Roleplays

1. Roleplays follow up on the individual plans and the class discussion of **The Steps to Protection**. Put students into small groups of no more than 4. Tell them they will develop a roleplay that addresses one of the steps of preparation for using condoms. Instruct groups to write a script that describes a discussion that might occur in Step 1 while Talking About a Plan for Protection or in Step 2, Preparing for Protection. Have them write a full script on a separate sheet of paper.
2. When students have had a chance to finish the scripts, have them return to the full group and read their roleplays aloud to the rest of the class.

Lesson Summary

Tell students that many of them plan just what they are going to do and say to get a friend to lend them a special coat or a car, to get someone to go out with them, or to persuade their parent(s)/guardian(s) to give money to a great cause like themselves. Remind students that they can also plan every detail of how to protect themselves. Today was just a start.

Tell them that if they go all the way with planning, they can make good choices and protect themselves well.

Note to the Teacher

Remind students that the **Shopping Information Form** (Homework 7.1) and **Visit or Call a Clinic** (Homework 8.1) are due in the next class.

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Hoja de trabajo 14.1

Pasos para protegerse

Instrucciones: Imagina un momento de tu vida cuando estés listo/a para tener relaciones sexuales. Puede ser ahora, el año próximo o cuando te cases. Suponte que te preocupa prevenir un embarazo o una ITS y deseas usar un condón. Los pasos para protegerse se describen a continuación. Tú debes escribir cómo tomarías esos pasos.

Preparando la escena:
Imagínate que tú y tu pareja no han hecho todavía el amor, pero hace mucho tiempo que salen juntos/juntas. Tú crees que es hora de que hagan el amor, pero no estás seguro/a de lo que piensa tu pareja. Si deciden tener relaciones, quieres cerciorarte de tener protección contra el VIH, otras ITS y la posibilidad de un embarazo, usando un condón. Escribe cómo tomarías cada paso. El PASO 3 es opcional.

PASO 1: Hablando de un plan de protección

1. Habla con tu pareja sobre el uso del condón.

¿Dónde hablarás sobre ello? _____

¿Cuándo hablarás? _____

¿Qué dirás? _____

¿Qué retos podrían surgir al pensar en protegerse? _____

¿Qué harías en ese caso? _____

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Worksheet 14.1

The Steps to Protection

Directions: Picture a time in your life when you would be ready to have sex. It may be now, next year or when you're married. Suppose you're concerned about preventing pregnancy and STIs and want to use a condom. The steps to protection are described. Write how you'd take these steps.

Setting the Stage:
Imagine that you and your partner haven't had sex before, but you've been going out for a long time. You think it may be time for sex but you're not exactly sure what your partner thinks. If you do decide to have sex, you want to be sure that you're protected from HIV, other STIs and pregnancy by using a condom. Write how you'd take each step. Step 3 is optional.

STEP 1: Talking About a Plan for Protection

1. Talk to your partner about using a condom.

Where will you talk about it? _____

When will you talk about it? _____

What will you say? _____

What challenges might arise in planning for protection? _____

What would you do then? _____

(continued)

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49

CLASS
15

Sticking with Abstinence and Protection

Synopsis

Class 15 provides the important opportunity for students to discuss their experiences with the two homework assignments that require them to find information about protection. Additionally, students discuss and practice the “self-talk” method to help them plan and then stick with the plan to avoid sex or unprotected sex.

Preparation and Materials

- ▶ Refer to Student Workbook for **Sticking with Abstinence and Protection** (Worksheet 15.1).

Outline of Activities

Activity	Time	Materials
Review “Shopping Information” and “Visit or Call a Clinic” Homework	10–20 min.	<input type="checkbox"/> Completed Shopping Information Form (Homework 7.1) <input type="checkbox"/> Visit or Call a Clinic (Homework 8.1)
Sticking with Abstinence and Protection	20–35 min.	<input type="checkbox"/> Sticking with Abstinence and Protection (Worksheet 15.1)

Activities

Review “Shopping Information” and “Visit or Call a Clinic” Homework

1. Ask students what they learned from the trips to price methods of protection or to the family planning clinic and, especially, ask what helped them to complete the assignment despite possible embarrassment. Discuss the **Shopping Information** homework assigned in Class 7. Include the following questions in your discussion:
 - What did they learn about types and costs of protection?
Be sure student answers include:
 - It’s easily available.
 - It’s inexpensive.
 - It wasn’t too embarrassing to look at.
 - How did they feel about going into the store and looking at condoms and lubricants? How did it feel to look for condoms online?
 - What surprised them about looking for condoms and lube? How did the actual experience compare to what they expected it would be like?
 - Find out how many of them would recommend the stores they visited and what supports their recommendation. If a lot would recommend theirs, comment that it seems fairly easy to find a store that sells protection in a friendly way.
 - Find out the typical hours of operation for these stores. Ask who went to a store that they think stayed open the latest. Ask them where they could go to get protection even later than that (such as a 24-hour pharmacy or all-night convenience store).
2. Then proceed to discuss the **Visit or Call a Clinic** homework (first assigned in Class 8). In the discussion, help students to inform each other about:
 - The names and locations of the clinics they visited.
 - What they expected the clinic would be like and how it did or did not meet those expectations.
 - Ask if anyone had a negative experience visiting the clinic or has questions about the clinic experience.
 - Ask if anyone had a positive experience and any ideas to share with other people about visiting a clinic.
 - Ask about the confidentiality policies at the clinics and the importance of these policies. Why are these important? (Pull for the idea that sex and

sexuality are private and that people should and do have control over their choices to use birth control from clinics or drugstores.)

- Ask what languages were spoken at the clinics. Ask why so many languages were (or were not) spoken. (Pull for idea that clinics are trying to be sure that everyone feels comfortable and gets all the information they need to prevent unwanted pregnancies and infection with HIV or other STIs.)
- Ask if anyone found a clinic that is especially easy to get to from their home or high school without a car.

Sticking with Abstinence and Protection

1. Use the following to introduce “self-talk” to students:

“By now, I hope you all have the goal to delay sex, or at least to avoid pregnancy, HIV and other STIs. Sometimes people may try to talk us out of sticking to our goals. At other times we may even talk ourselves out of being abstinent or using protection. You may have doubts about being able to accomplish your goals. You may wonder if you’ll know what to do when the time comes to avoid sex or use protection to prevent STIs or pregnancy. For example, imagine that you wanted to use a condom for the first time. What are some of your doubts or worries that would keep you from trying it out?”

Give them an idea such as, “It’s going to spoil it if we have to stop and put on a condom.” Have the class volunteer additional ideas. Generate 8 to 10 ideas for doubts that might get in the way of using a condom. Write the first 4 ideas on the board. Leave space for writing “doubt” and for writing “doubt busters.” These are things you can do or say to yourself to make using a condom easier. “Doubts” and “doubt busters” might include the following examples:

DOUBT: *I’ll look like a beginner if I don’t know what to do with the condom.*

DOUBT-BUSTER ACTION: I’ll practice putting a condom on my fingers so I’m sure I’ll know how.

DOUBT: *It will look as if I planned it if I have the condom ready.*

DOUBT-BUSTER ACTION: I could tell my partner that we could go shopping for protection together.

DOUBT: *It won’t feel as good if we use a condom.*

DOUBT-BUSTER ACTION: Be sure we don’t rush so we can enjoy the whole time together before, during and after the condom.

DOUBT: *My partner might think I have HIV or another STI if I suggest using a condom.*

DOUBT-BUSTER ACTION: I can say that I know I don’t have anything infectious because I recently got tested, but this is good protection anyway and shows I respect my partner.

(continued)

DOUBT: *It won't work if I don't do it right.*

DOUBT: *The condom might break.*

For the first 4 ideas, work with the class to generate the “doubt busters” that counter the “doubts” and then identify what can be said or done to improve the likelihood of success. Leave the rest of the ideas on the board.

2. Now repeat the exercise for abstinence. Ask students for doubts about their ability to stay abstinent in the face of the temptation to have sex. Many of the items may be similar to those you've already listed and will address issues such as: (1) I'll seem inexperienced or silly; (2) my partner will think that I don't love them enough if I say I want to wait; (3) it might start an argument and hurt our relationship. Add these ideas to the list of doubts that you generated before.
3. Have students turn to **Sticking with Abstinence and Protection** (Worksheet 15.1) in their workbooks. Explain that they are to choose 2 doubts about sticking with abstinence or protection and write them in the spaces on their worksheets. Have students work in pairs to help each other figure out ACTIONS to counter those doubts and strengthen their preparation for staying abstinent or using protection, and write these actions on their worksheets.

Lesson Summary

This lesson is an opportunity to reinforce students' comfort levels with visiting a clinic and discussing protection with a health care provider. For many students, this is the most critical activity in the program. Paired with the concept of planning ahead for abstinence or protection, this works to give students the confidence to act in ways that will protect their health.

Hoja de trabajo 15.1

Continuar con la abstinencia y la protección

Instrucciones: Escribe algunas DUDAS que puedas tener que puedan dificultarte el continuar con la abstinencia o usando protección. Luego júntate con un compañero y escriban ACCIONES (EXTERMINADORES DE DUDAS) para combatir las DUDAS y que los preparen aún más para lograr lo que desean.

DUDA: _____

ACCION EXTERMINADORA DE DUDAS: _____

DUDA: _____

ACCION EXTERMINADORA DE DUDAS: _____

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Worksheet 15.1

Sticking with Abstinence and Protection

Directions: Write some DOUBTS that might make it harder for you to abstain or use protection. Then, pair up with a partner and write ACTIONS (DOUBT BUSTERS) that counter that DOUBT and make you even more prepared to get what you want.

DOUBT: _____

DOUBT-BUSTER ACTION: _____

DOUBT: _____

DOUBT-BUSTER ACTION: _____

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51

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CLASS 16 Skills Integration—IV

Synopsis

Through a discussion about sticking with choices and practice with a final roleplaying situation, Class 16 provides an opportunity for students to extend skills learned for abstinence or avoiding unprotected intercourse.

Preparation and Materials

- ▶ Review Appendix A, “How to Use Roleplays.”
- ▶ Copy a classroom set of **A Love Story** (Handout 16.1).
- ▶ Refer to Student Workbook for **Chris and Pat** (Worksheet 16.2), **Being Careful on the Couch** (Roleplay 16.3), and **Observer Checklist** (Form 16.4).
- ▶ Write the incomplete “I Learned” statements (p. 186) on the board.
- ▶ Have ready *Refusals* and *Delay Tactics* posters from the Activity Kit.
Optional: Have ready *Roleplay* cards from the Activity Kit.

Outline of Activities

Activity	Time	Materials
Review HIV Homework	5–10 min.	<input type="checkbox"/> How HIV Would Change My Life (Homework 12.1) previously completed
Chris and Pat	15–25 min.	<input type="checkbox"/> A Love Story (Handout 16.1) <input type="checkbox"/> Chris and Pat (Worksheet 16.2)
Roleplay in Small Groups	20–25 min.	<input type="checkbox"/> Being Careful on the Couch (Roleplay 16.3) <input type="checkbox"/> Observer Checklist (Form 16.4) <input type="checkbox"/> <i>Refusals and Delay Tactics</i> posters <input type="checkbox"/> <i>Roleplay cards (optional)</i>
“I Learned” Statements	5–15 min.	<input type="checkbox"/> Incomplete statements on the board.

Activities

Review HIV Homework

Using their completed homework **How HIV Would Change My Life** (from Class 12), ask students to volunteer any ways that HIV would (1) require them to act differently, (2) harm them, or (3) change their lives.

Chris and Pat

1. Introduce this activity by explaining to students that they’ll read a story about two young people who care about each other, then answer questions on a worksheet. Hand out **A Love Story** (Handout 16.1) and have students turn to **Chris and Pat** (Worksheet 16.2) in their workbooks. Tell students to think about the following as they listen to the story:
 - Chris and Pat’s reasons *for* having sex
 - their reasons for *not* having sex
 - what Chris and Pat *can do to make sure they don’t have sex*

2. Read the story aloud or have a student read it while the rest of the class follows along. Then have students answer questions 1 through 4 on **Chris and Pat**. After students have had a chance to answer the questions, review several answers to questions and write several students' responses on the board. Discuss responses as needed.
3. Explain to students that the last 2 questions on the worksheet are not about Chris and Pat, but about themselves. Have students complete these 2 questions based on what they think they would say or do. If time allows, ask students to share responses that may not have been discussed in class.

Roleplay in Small Groups

1. Briefly describe the roleplay.
Review the skills students have learned, using the *Refusals* and *Delay Tactics* posters from the Activity Kit.
2. Divide class into groups of no more than 6 with equal numbers of pairs. Have students use **Being Careful on the Couch** (Roleplay 16.3).
3. As usual, instruct students to alternate roles in the unscripted part and to use the **Observer Checklist** (Form 16.4). Move from group to group to help facilitate the discussion as needed.

Optional: Hand out a set of *Roleplay* cards to each group. Ask each member to take 1 card. Review each role with the whole group.

- Student Roleplayer #1: Read lines.
- Student Roleplayer #2: Respond to lines.
- Student Observer #1: Set the stage for the roleplay, and use **Observer Checklist**.
- Student Observer #2: Use **Observer Checklist** and lead small-group discussion using the guidelines on the back of card.

"I Learned" Statements

1. Explain that the purpose of the "I Learned" exercise is to help students focus on what has been most helpful or significant for them during this unit. Since they sometimes get a great deal of information at once, more than they can possibly remember, it can be advantageous to single out that which is most important.

(continued)

- Put the following incomplete sentences on the board. Ask the students to think about what they've just learned or relearned about sexuality, or about themselves or their values. Read the sentence stems and ask students to pick three and finish them on their own paper.

I learned that...

I was surprised that I...

I noticed that I...

I was displeased that I...

I discovered that I...

I was pleased that I...

Optional: Have students write out the “I Learned” statements and turn them in. The teacher should then just check to see that they were thoughtfully completed, and return them to students.

Lesson and Course Summary

Chris and Pat and “I Learned” provide an opportunity for students to review skills presented in the course and to think about what they've learned and what they may have discovered about themselves and their thoughts and actions on abstinence, sex and protection.

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A Love Story

Chris and Pat are sophomores. They've been going out for 8 months and have a very special relationship. They spend a lot of time together and trust each other. They tell each other everything. In many ways, they're best friends.

At the beginning, they decided they didn't want to have sex. They haven't talked about it a lot but Chris believes it's worth it to wait. Chris loves Pat a lot, but worries that their relationship would change if they have sex. Pat knows and respects Chris's feelings.

They haven't actually had sex, though they do kiss and touch each other a lot and have gotten close to going all the way. Lately, Pat has been hearing that many of their friends are having sex. Pat feels a little jealous. Pat worries about "falling behind" other people the same age.

So Pat has been putting some pressure on Chris to have sex, and they've started talking about it more. Pat is confused. On the one hand, Pat respects Chris's feelings and doesn't want to talk Chris into doing something Chris doesn't want to do. On the other hand, Pat doesn't think it's that important to wait. Their relationship has become a little tense. They argue more and Pat's talking more to other people and spending less time with Chris.

Chris worries about losing Pat and talked to a friend about these concerns. The friend said, "So what's the big deal? Having sex isn't that big a thing. You know everybody is doing it." Chris knows that isn't true but sometimes feels like the only one who isn't. "Maybe it isn't all that special," Chris thinks. "But, then again, maybe it is." Chris would like to talk to a parent about it, but doesn't know how Mom or Dad would react. So Chris feels pretty lost and doesn't know what to do.

Chris and Pat still spend some time together, and one Saturday night they go to the movies. After the movie, they decide to go back to Chris's house to talk. When they get there at around 10 o'clock, they find out that Chris's parents have gone to a party and won't be back till much later. So Chris and Pat are alone in the house.

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Hoja de trabajo 16.2

Cris y Pat

Instrucciones: Después de oír la historia de Cris y Pat, responde las primeras cuatro preguntas. No respondas las preguntas 5 y 6 hasta que el maestro te lo diga.

1. Describe 1 razón importante que puede tener Cris para no desear hacer el amor.

2. Describe 2 cosas que Cris puede decir o hacer para posponer las relaciones sexuales.

3. Describe 1 razón por la que Pat se beneficiará si espera hasta que Cris lo desee.

4. Describe 2 cosas que Pat podría hacer para ayudarse a esperar hasta que Cris lo desee.

5. Describe 1 razón por la que tú puedes no desear hacer el amor. "Si no deseo hacer el amor puede ser porque..."

6. Describe 2 cosas que tú puedes decir o hacer para posponer el hacer hasta que estés listo/a.

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Worksheet 16.2

Chris and Pat

Directions: After hearing the story of Chris and Pat, answer the first 4 questions. Don't answer questions 5 and 6 until the teacher tells you to.

1. Describe 1 important reason why Chris might not want to have sex.

2. Describe 2 things that Chris can say or do to delay having sex.

3. Describe 1 reason why Pat would be better off waiting until Chris is ready.

4. Describe 2 things Pat can do to help wait until Chris is ready.

5. Describe 1 reason that *you* might not want to have sex. "I might not want to have sex because..."

6. Describe 2 things that *you* can say or do to delay having sex until you are ready.

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53

Actuación 16.3

Con cuidado en el sofá

Preparando la escena:

Has decidido que no deseas tener relaciones sexuales con tu pareja sin protección. Esta noche están los/las dos mirando televisión. Tú decides recostarte en el sofá con tu pareja. Recuerdas que eso es exactamente lo que pasó las 2 últimas veces que han hecho el amor sin usar protección.

Persona 1: Te amo.

Persona 2:

Persona 1: No te preocupes, mi amor.

Persona 2:

Persona 1: Pero estoy seguro(a) que todo está bien.

Persona 2:

Persona 1: De cualquier manera, no nos va a pasar nada. Créeme.

Persona 2:

Persona 1: Pues, yo no quiero dejar de hacer el amor. ¡Sabes cuánto lo disfruto!

Persona 2:

Persona 1: Te prometo que para la próxima vez voy a tener algo para protegernos.

Persona 2:

Persona 1: ¿Qué hay de malo? ¿Por qué cambiar las cosas cuando van

Persona 2:

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Roleplay 16.3

Being Careful on the Couch

Setting the Stage:

You've decided that you don't want to have unprotected sex with your partner. On this evening, you both have been watching TV. You decide to lie down on the couch together. You remember that this is exactly what happened the last two times you had sex without protection.

Person 1: I love you.

Person 2:

Person 1: Don't worry, baby.

Person 2:

Person 1: But I'm sure it's safe.

Person 2:

Person 1: Anyhow, nothing bad is going to happen to us. Believe me.

Person 2:

Person 1: Well, I just don't want to give this up—it's too much fun.

Person 2:

Person 1: I promise we'll go get some protection for next time.

Person 2:

Person 1: What's wrong? Why change a good thing?

Person 2:

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55

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Lista 16.4

Nombre: _____ Fecha: _____

Lista del observador

ACTUACIÓN #

RECHAZOS	1	2	3	4	5	6
Dijo "NO"						
El lenguaje corporal dijo "NO"						
Repitió el rechazo						
Alternativa sugerida						
Fomentó la relación						
TÁCTICAS PARA POSPONER						
Dijo lo necesario						
Actuó correctamente						
Puso espacio entre ambos						
Terminó la situación rápidamente						
Fomentó la relación						

56 Reduciendo el riesgo ■ Cuadern

Form 16.4

Name: _____ Date: _____

Observer Checklist

ROLEPLAY #

REFUSALS	1	2	3	4	5	6
Said "NO"						
Body Language Said "NO"						
Repeated Refusal						
Suggested Alternative						
Built the Relationship						
DELAY TACTICS						
Used Delay Statement						
Used Delay Action						
Created Space						
Ended the Situation Quickly						
Built the Relationship						

56 Reducing the Risk ■ Student Workbook

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How to Use Roleplays

The *Reducing the Risk* curriculum focuses on skill development, providing students practice in important skills they will need to make healthful decisions related to sex. The roleplays play an essential part in this skill development process. The following provides specific and indepth steps for practicing the refusals and delay tactics used in the curriculum.

Model the Skill with Scripted Roleplays

1. Select students who are comfortable reading in front of the class and who are mature enough to handle dialog about sexuality without experiencing a lot of embarrassment.
2. Ask remaining students to act as observers of the roleplay. Assign each of the skills being practiced (e.g., “Body Language Said No”) to specific students in the observer role. Ask these students to notice if their assigned skill is used during the roleplay.
3. Read the situation aloud and have selected students read the scripted roleplay.
4. Conduct large-group discussion.
 - Ask roleplayers to comment on how they felt playing their roles and how they might feel if this was a real-life situation.
 - Ask how these feelings might affect their use of refusals or delay tactics.
 - Ask the observers for their reactions to the roleplay and to identify how the skill was practiced.

Roleplay Skill Practice

Phase 1: Prepare Small Groups for Roleplay Practice

- Divide students into groups of 4.
- Identify roles (Person 1, Person 2, Observer, etc.) and instruct students to decide who will play which role in the first round, second round, etc.
- Prepare students for the observer roles by asking one Observer to set the stage for the roleplay and the other to lead the small-group discussion. Both Observers should use the **Observer Checklist** to indicate behaviors demonstrated.

(continued)

- Use a management tool such as instruction cards to assign roles and help keep students on task in their small groups. (A set of *Roleplay* cards is provided in the Activity Kit.)

Phase 2: Small Groups Act Out Roleplays

- Walk around the room and gather data about how students are using the skill. Use this data in the discussion phase.
- While walking from group to group, offer coaching if students are stuck or clearly practicing the skill incorrectly.
- Time each round of practice and tell students when to pass their cards for the next round. Once students become familiar with the process, you can drop this step.

Phase 3: Small-Group Discussion

Instruct students to discuss the following after each roleplay:

- Debrief feelings on how each person experienced his or her role (Person 1, Person 2, Observers).
- Using the checklist, Observers give feedback on how the skill was demonstrated. Encourage them to identify the behaviors that illustrated the skill was being practiced.
- Discuss any behaviors that weren't practiced and why they may have been omitted.
- Record any questions for large-group discussion.

Phase 4: Large-Group Discussion

- Identify feelings that came up about using the skill during the practice, including what was easy and what was difficult about practicing the skill.
- Ask if the Observers saw any behaviors that took away from the effectiveness of the skill (e.g., giggling, saying "I'm sorry," etc.).
- Discuss how this situation was or wasn't similar to real life.
- Discuss any barriers to using the skill, and help students identify ways to overcome these barriers.
- If students feel the situation isn't like real life, have them rewrite the situation and scripted dialog so that it is.
- Discuss any questions students identified in their small-group discussion.

Phase 5: Personalize Experiences and Generalize

- Ask what left the biggest impression with students as a result of the roleplay.
- Ask students to identify how they will use the skill in the next week or so with their friends.

Skills Overview

Refusals

Purpose: A way of communicating that lets us effectively say no to things we do not want to do, such as taking sexual risks.

Behavior	Actions*	Examples
1. Say “No!”	Use the word <i>no</i> .	“No, I don’t want to do that.”
	Don’t laugh, look away, make excuses or explain.	Look straight at the other person with a serious look on your face.
2. Use body language that says “No!”	Firm voice	Use a strong, business-like tone.
	Serious expression	“I mean it” look on face.
	Eye contact	Look directly at the person’s face.
	Power pose	Stand up straight and confident.
	Gestures that emphasize point	Use hand, arm movement to emphasize point.
	Body says the same thing as your words.	Look serious when you say no.
	Move away.	Emphasize point by distancing your body from theirs.

(continued)

* It is not necessary for all actions to be present to implement the skill effectively.

Refusals *(continued)*

Behavior	Actions	Examples
3. Repeat the refusal.	<p>Use repetition technique, repeating original no-statement until other person stops pressuring.</p> <p>Restate no, increasing intensity by including:</p> <ul style="list-style-type: none"> • statements about how the situation makes you feel • adding consequences if the situation doesn't change 	<p>“No, I don’t want to do that. No, I don’t want to do that. No, I don’t want to do that.”</p> <p>“No, and when you pressure me I feel angry.” “No, and if you keep pressuring me I’m going to leave.”</p>
4. Suggest an alternative.	<p>Suggest another activity that is realistic and appealing.</p> <p>Suggest another activity that gets you out of the situation.</p> <p>Move toward acting on the alternative.</p>	<p>“Let’s go to a movie, for a walk, to a friend’s, etc.”</p> <p>“Let’s go to a movie, for a walk, to a friend’s, etc.”</p> <p>Look online to see what is at the movies, start on a walk together, call friends to see if they’re home.</p>
5. Build the relationship (if appropriate).	<p>Strong, honest communication.</p> <p>Use I-statements.</p> <p>Accept and acknowledge other’s needs and wants.</p> <p>Talk and act in a way that says you want to keep the relationship going.</p>	<p>“I want you to stop that.”</p> <p>“I feel mad when you push me to do things I’m not ready for.”</p> <p>“I want to be with you too.”</p> <p>“I don’t want to have sex with you but I do want to keep seeing you and being close.”</p>

Delay Tactics

Purpose: A way of communicating that is an effective alternative to directly saying no and that can buy time until we can think about how to communicate what we really want.

Behavior	Actions	Examples
1. Make a delay statement.	Stall for time.	“I’ll have to think about this.”
	Make an excuse.	“I’m really not feeling well.”
	Question what is going on.	“What are you doing?”
	Change the subject.	“What have you been watching lately?”
	Excuse yourself from the situation.	“Sorry, I have to go.”
	Pretend request isn’t serious.	“You’re kidding, right?”
2. Take a delay action.	Change what you are doing.	Stop kissing. Get up and get something to eat.
	Act distracted.	Look around. Pretend you’ve lost something.
	Drop something.	Drop your keys.
	Become physically unable to respond.	Start coughing and ask for water. Get a sudden pain.
	Leave the situation.	Go to the restroom. Go get some fresh air.
3. Create space.	Use body language.	Serious expression. Look directly at the person. Arms in front of body. Gestures that emphasize your point.
	Move away.	Take a step back. Turn away.
4. End the situation quickly.	Leave the scene.	“Got to go, I’m late!” “I just remembered something.”
	Fight back as last resort.	Push the person away.

(continued)

Delay Tactics *(continued)*

Behavior	Actions	Examples
5. Build the relationship (if appropriate).	<p>Strong, honest communication.</p> <p>Use I-statements.</p> <p>Accept and acknowledge other’s needs and wants.</p> <p>Talk and act in a way that says you want to keep the relationship going.</p>	<p>“I want you to stop that.”</p> <p>“I feel nervous when you push me to do things I’m not ready for.”</p> <p>“I want to be with you too.”</p> <p>“I don’t want to have sex with you but I do want to keep seeing you and being close.”</p>

For Review Only

Answering Student Questions

Using a Question Box

Anonymous Question Boxes are used in prevention education classes to provide an opportunity for students to ask questions about sensitive issues that they might be hesitant to ask aloud. Here are some guidelines for using this technique.

1. Validate students' concerns about asking questions.

- Introduce the box by telling students that people of all ages have questions about sexual activity and STIs, including HIV. Sometimes these questions are never answered because people aren't given the opportunity to ask, or because they're not sure how to ask. Here's their opportunity to ask these kinds of questions anonymously.
- Remind students that every question is a good question.
- To prevent those students with questions from feeling uncomfortable, ask all students to write something on a slip of paper. It may be a question they don't feel comfortable asking in class, feedback on how the unit is going, or input about some topic they want covered.

2. Reinforce or add appropriate group agreements.

- **Confidentiality:** This is a confidential activity. Students should not put their names on the papers.
- **Right to Pass:** All questions are OK, except questions about the teacher's or other students' personal life. Let students know that you may choose not to answer a question in class, not because the question is a bad question, but because you're not ready to answer it for any of these reasons:
 - You may think it is not of interest to all students.
 - You're not prepared to lead a class discussion around it.
 - The topic may be covered later in the unit.
 - You feel too uncomfortable answering it.

Suggest students see you at the end of class if their question isn't answered so that you can try to answer it privately.

- **Language:** Tell students that you are trying to balance two goals: to teach the standard vocabulary for body parts and functions, and to communicate with them so that they understand. If students do not know the standard word for

(continued)

something they have a question about, they should use whatever word they know. You will answer using the standard word.

3. Give yourself permission to not be perfect.

- Collect questions at the end of class so you have time to review and practice answering them.
- If you don't know the answer, it's OK to say, "I don't know," and refer students to another source, or do more research when you have time.
- Don't be afraid to revise your answer. You will sometimes make mistakes or have second thoughts about your answers. Be honest and provide the right answer as soon as possible.
- If you feel uncomfortable with a question, tell the class. Students will respect that and may be relieved to find out that other people sometimes feel embarrassed to talk about sex.

Finding the Meaning Behind Questions

As you review and prepare to answer student questions about sensitive topics such as sexual behavior, use the following guidelines to form answers that are accurate, appropriate and complete. Questions may be grouped into 5 broad categories, which of course overlap:

- Requests for information.
- "Am I Normal?" questions.
- "Permission-seeking" questions.
- Questions used to shock the teacher and the rest of the class.
- Questions about the teacher's personal beliefs.

Requests for Information

If you know the answer, fine. If not, it's OK to say, "I don't know," and then help the student find an appropriate source for an answer. Avoid assigning this research only to students who ask the questions—they may feel like asking questions just results in their being given more work.

"Am I Normal?" Questions

These questions generally focus on adolescents' concerns about their bodies and the emotional and physical changes of puberty. Be sure to:

- Validate student concerns (e.g., "Many young people worry that...") and provide information about what they can expect to happen during the adolescent years.
- Refer students to parents, clergy, family physician, community resources or school counselor for further discussion, if appropriate.

Permission-Seeking Questions

These come in two common forms, and may be asking your permission to participate in or refuse a particular behavior (e.g., “Is it normal to...?” or “Did you...when you were growing up?”).

Avoid the use of the word “normal” when answering these questions. Normal for some is morally unsanctionable for others. Present what is known medically and legally (the facts). Discuss the moral, religious and emotional implications when appropriate, and acknowledge that people have a range of views on these matters. Refer students to parents and clergy for indepth discussion of moral/religious questions.

It is also important to establish, in the context of class ground rules, a group agreement related to discussion of personal behavior, such as: “No discussion of personal behavior during class.” If and when you get a question about your personal behavior, you can remind students of this agreement and redirect the discussion to the pros and cons (moral, medical, emotional, legal, interpersonal, etc.) of the particular behavior in question. Again, refer students to parents and clergy for further discussion of moral/religious questions.

Shock Questions

If you deem the question inappropriate for classroom discussion, again refer to the group agreement related to appropriate questions for classroom discussion. Offer to answer the question privately. Taking “shock” questions seriously is one way to defuse them.

Sometimes the shock comes not from the content of the question, but the vocabulary utilized. You can reword the question to defuse it, especially if you have previously established a group agreement related to vocabulary, such as, “In this class, I want to teach the standard vocabulary for body parts and functions, and I also want to communicate with you. Sometimes you may not know the standard word for something you have a question about. Use whatever word you know to ask that question and I will answer using the language that’s acceptable in this class.”

About Personal Beliefs

Teachers’ opinions about how or whether to respond to questions about personal beliefs differ. Some feel it is important to respond, while others wonder if their role as teacher gives their response too much weight.

We believe it is helpful for students to have a teacher who both presents the facts about sexual behaviors in a rational and informed manner, and sincerely supports responsible sexual choices. These choices, particularly the choice to be abstinent, are the healthiest options for teenagers. Teachers can place this belief

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in the context of their concerns about students' well-being, without focusing on the moral implications of such decisions.

It is important, of course, that students perceive the teacher's opinion as an expression of concern, rather than a judgment against students who are currently sexually active. If students feel a teacher is going to be critical, they are less likely to come forward for support, referral or guidance.

A teacher's personal experiences about sexuality are never appropriate topics of discussion with students, even when the teacher made healthy choices or the outcome was positive

About Moral and Religious Beliefs

Sexual behaviors may be influenced by moral and religious beliefs. Many young people who choose to remain abstinent cite moral and religious reasons for their choice. Religion can be a helpful influence in the choices young people make about sexuality.

Because of the sensitivity of religious matters in public schools, however, many schools have tried to set up sexuality education programs that are "value neutral." These programs may suffer because they do not provide a clear moral compass against which young people can measure themselves. While *Reducing the Risk* does not promote any particular religious perspective, there are values expressed implicitly in these activities. It is useful for students to reflect on these ideas as they emerge during discussions. They include:

- Everyone should be treated with dignity and respect.
- We support tolerance for a range of beliefs and values. We do not all need to agree.
- No one should feel pressured to engage in sexual activities.
- No one should pressure someone else to do something they do not wish to do sexually.
- Students will benefit when they learn to communicate clearly and respectfully with their friends, romantic partners, teachers, parents and others.
- Abstinence is the most effective method for reducing the risk of pregnancy and most STIs.
- Teens who do choose to be sexually active should protect themselves and their partners by using protection every time they have sex to avoid pregnancy and STI, including HIV.

Do Condoms Work?

Circumstances that increase the likelihood sexually active young people will use condoms consistently and correctly include:

- Understanding the risks of pregnancy and STI, including HIV, and being able to personalize that risk (“It could happen to me.”).
- Believing that condom use decreases these risks.
- Mastering the “mechanics” of condom use: knowing where to get condoms, feeling comfortable enough to purchase or otherwise acquire them, understanding how to use them correctly.
- Establishing a commitment to use condoms, supported by attitudes that endorse healthy and responsible choices about sexuality.
- Having friends who use condoms themselves, or support their use among sexually active peers.
- Having parents who support the use of condoms if their teens become sexually active.
- Communication skills, including being able to talk about condoms and other sexual issues with a partner.
- Having received sexuality education in school.

Most of these antecedents of condom use are addressed in *Reducing the Risk*.

Some individuals and groups claim that condoms do not work. They argue that there have not been many well-designed scientific studies of condoms. They suggest young people should not learn about the benefits of condom use.

It is important for teachers and students alike to understand that condoms *do* work, and to have a good grasp of their limitations as well. Here are some things for teachers and students to know.

- The best way to avoid pregnancy or STI, including HIV, is to be abstinent.
- The second best choice, for people who are sexually active, is to be in a long-term, mutually monogamous relationship with a person who does not have an STI, including HIV, and use an effective method of protection against STIs and pregnancy (if necessary).

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- Among sexually active individuals, condoms do help prevent pregnancy and STIs, including HIV, when they are used correctly every time the person has sex.
- Condoms are most effective preventing infections that are spread through contact with semen, vaginal fluids or blood. Reliable scientific studies prove they are very effective in preventing HIV. The best studies to date indicate they also reduce the risk for gonorrhea, chlamydia and trichomoniasis, although further studies are being done in this area (CDC, 2013).
- External condoms may be less effective preventing diseases that are spread through skin-to-skin contact with sores, ulcers, or infected skin. While the areas of the body that are covered by a condom are protected, other parts of the genital skin or mucosal surfaces (like the mouth) are not. External condoms provide less protection, then, against diseases like herpes, syphilis, chancroid or human papilloma virus (HPV). Internal condoms add additional protection from skin-to-skin infections such as herpes.

According to research, experiencing a condom error or failure is not uncommon for young people (Barrett et al., 2020). Among currently sexually active students, about 1 in 4 reported experiencing condom breakage. Similarly, about 1 in 4 reported a condom slipping off. When asked about the ways they were using condoms, 7 in 10 reported they did not squeeze the tip of the condom before putting it on. Half reported that they did not hold the base of the penis when pulling out.

We do our students a disservice if we pretend that condoms don't break or slip. Acknowledging that condoms can break or slip offers an opportunity to reinforce correct condom use skills and emphasize how each step is designed to reduce the risk of the condom breaking or slipping. Talking about condom error also provides an opportunity to discuss responsible actions to take should a condom fail, including getting tested, talking to a health care provider about PEP or taking emergency contraception.

Supporting a Trauma-Informed Approach to Sexuality Education

Trauma is prevalent among youth in this country, and the need to address trauma in youth programming is increasingly clear.¹ Trauma occurs when individuals are exposed to harmful or threatening events that overwhelm their ability to cope in the moment or in the future.² These include experiences of physical, emotional or sexual abuse, neglect, caregiver substance use or mental illness, family instability, assault and community violence.³ Not all children and youth are the same, and they may respond differently in the face of these exposures based on their subjective experience of the event(s), their age, their history of exposure and available resources and supports.^{2,4}

Advances in neuroscience show that intense or ongoing exposures to traumatic events, without protective factors, alter the body's stress response system— affecting a young person's cognitive, social and emotional development.³ In the classroom setting, these physiological changes can manifest as problems or challenges with learning, paying attention, regulating emotions, showing self-control and developing trusting relationships.² In severe cases, young people may exhibit symptoms of Post-Traumatic Stress Disorder (PTSD) or Child Traumatic Stress. Potentially traumatic experiences are also part of the constellation of risk factors associated with early sexual initiation,⁵ more sexual partners,^{6,7} unprotected sex,⁷ and teen pregnancy,^{7,8} as well as poorer mental health and substance use.⁹

Schools, youth-serving organizations and educators play an important role in recognizing and responding to trauma, as well as promoting healing and resilience for trauma survivors. A trauma-informed approach: (1) *realizes* the widespread impact of trauma and understands potential paths for recovery; (2) *recognizes* the signs and symptoms of trauma in students, staff and families; (3) *responds* by fully integrating knowledge about trauma into policies, procedures and practices, and (4) *resists re-traumatization* by avoiding practices that inadvertently create stressful or toxic environments.¹

Specific practices educators, youth workers, schools and youth-serving organizations can implement to cultivate trauma-informed sexuality education include the following:

- Provide training to staff so that they understand the effects of trauma and know how to recognize and respond to it appropriately.^{1,10,11}

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- Create a culture of safety so that both staff and participating youth feel physically and psychologically safe.^{1,10} This includes establishing clear agreements around privacy, respect for self and others, and appropriate behavior for the group setting.
- Build and maintain trust and transparency in relationships.¹ For sexuality education, it is especially important to inform youth and parents about the educator's obligation to report incidents in which young people disclose abuse or the intent to harm themselves or others.
- Create a culture of empowerment that recognizes people's individual strengths, resiliency and ability to heal from past trauma.^{1,10}
- Recognize that trauma can arise from power differences due to culture, gender and sexual orientation.^{1,10} Use inclusive language that empowers diverse populations. Avoid stigmatizing particular groups of youth or reinforcing limiting stereotypes.
- Facilitate open conversations. Regardless of past experiences, all youth benefit from conversations that allow them to feel positive about their bodies, negotiate relationships, and determine when they are ready to engage in safe, consensual sexual activity.¹⁰
- Avoid judgment or attaching shame to past experiences or current sexual behaviors, particularly teen parenting and sexually transmitted infections.¹⁰
- Be aware that some students' behavior problems that arise in the group setting may stem from past trauma. Adopt disciplinary policies that focus on restoring relationships and integrating offending students back into the school and community. Traditional disciplinary policies that focus on punishment often aggravate the sense of rejection felt by someone with a history of trauma.¹¹

In addition, many educators and youth workers who work with traumatized youth also are vulnerable to the effects of trauma. This is often referred to as compassion fatigue or secondary traumatic stress. Educators can help avoid compassion fatigue by becoming aware of the signs (such as increased irritability with youth, difficulty planning lessons and activities, feeling numb or detached, or intrusive feelings about a student's trauma), asking for support from colleagues, seeking help to heal from their own personal traumas, and engaging in self-care by setting boundaries, eating well, exercising and taking a break when needed.²

- 1 SAMHSA. 2014. *SAMHSA's Concept of trauma and guidance for a trauma-informed approach*.
- 2 National Child Traumatic Stress Network Schools Committee. 2008. *Child trauma toolkit for educators*. Los Angeles, CA & Durham, NC: National Center for Child Traumatic Stress.
- 3 Harvard Center for the Developing Child. Key concepts: Toxic stress. Available at: http://developingchild.harvard.edu/index.php/key_concepts/toxic_stress_response.
- 4 Lieberman, A. F., and K. Knorr. 2007. The impact of trauma: A developmental framework for infancy and early childhood. *Pediatric Annals*, 36: 209.
- 5 Black, M. M., S. E. Oberlander, T. Lewis et al. 2009. Sexual intercourse among adolescents maltreated before age 12: A prospective investigation. *Pediatrics*, 124: 941–949.
- 6 Felitti, V. J., and R. F. Anda. 2014. The lifelong effects of adverse childhood experiences. *Child Maltreatment*, Vol. 2., 4 ed., 203–216. Saint Louis: STM Learning, Inc.
- 7 Homma, Y., N. Wang, E. Saewyc and N. Kishor. 2012. The relationship between sexual abuse and risky sexual behavior among adolescent boys: A meta-analysis. *Journal of Adolescent Health*, 51: 18–24.
- 8 Hillis, S. D., R. F. Anda, S. R. Dube et al. 2004. The association between adverse childhood experiences and adolescent pregnancy, long-term psychosocial consequences, and fetal death. *Pediatrics*, 113: 320–327.
- 9 Shonkoff, J. P., and A. S. Garner; the Committee on Psychosocial Aspects of Child and Family Health; Committee on Early Childhood, Adoption and Dependent Care; and Section on Developmental and Behavioral Pediatrics; et al. 2011. The lifelong effects of early childhood adversity and toxic stress. *Pediatrics*, 129: e232–246.
- 10 Fava, N. M., and L. Y. Bay-Cheng. 2013. Trauma-informed sexuality education: Recognising the rights and resilience of youth. *Sex Education*, 13: 383–394.
- 11 Oehlberg, B. 2009. Why schools need to be trauma informed. *Trauma and Loss: Research and Interventions*, Fall/Winter: 1–4.

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APPENDIX
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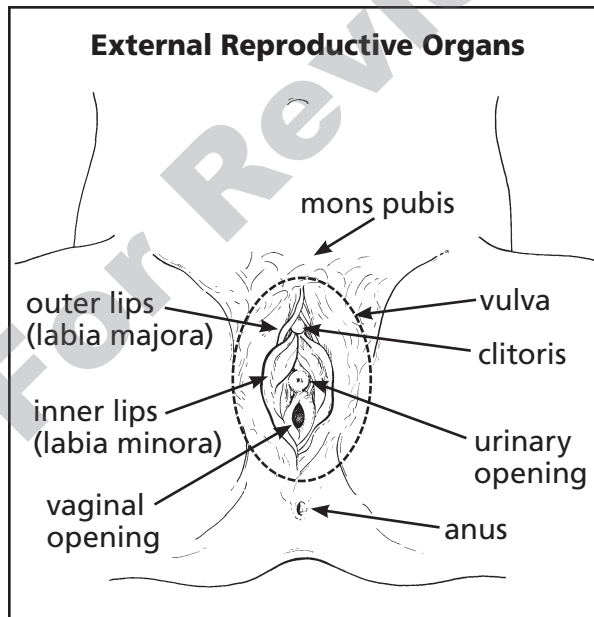
Reproductive Anatomy and Physiology

Reproductive System of a Person with a Vagina

Outside the Body

The reproductive organs found outside the body are called genitals. They consist of the following:

- mons pubis
- outer lips (labia majora)
- inner lips (labia minora)
- clitoris
- vaginal opening
- urinary opening



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These organs are collectively called the *vulva*.

- The **mons pubis** consists of fatty tissue under the skin that covers the point where the pelvic bones come together. In adulthood, the mons is covered by pubic hair. It acts as a cushion to protect the underlying bone. This is the most visible portion of the external genitals.
- The **outer lips**, also known as the **labia majora**, are 2 folds of skin covered with pubic hair that begin just above the clitoris and end just above the anus, where they merge with other body skin. They cushion and protect the vaginal and urinary openings.
- The **inner lips**, or **labia minora**, are 2 hairless folds of skin lying within the outer lips. They meet just above the clitoris. They protect the vaginal and urinary openings. The inner lips are very sensitive. During sexual arousal, they swell with blood and turn a deep red color.
- The **clitoris** is an organ full of nerve endings that is both external and internal. The external portion is a pea-shaped glans that is protected by a hood of skin formed by the labia minora. The internal portion is an organ shaped like a wishbone with legs located under the outer labia. The only known function of the clitoris is to provide sexual pleasure.

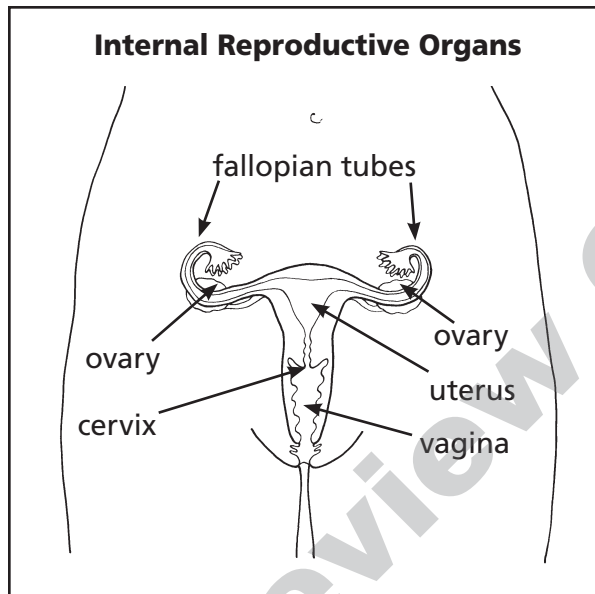
There are 3 openings in the genital area:

- The urinary opening is the opening of the urethra, where urine leaves the body.
- The vaginal opening is the larger opening located between the urinary opening and the anus. The vaginal opening is where menstrual fluid or a baby leaves the body, and where a partner's penis may enter the body during sexual intercourse.
- The anus is where a bowel movement leaves the body.

Inside the Body

Major reproductive organs are located inside the body. These organs make it possible to get pregnant and/or to have a baby:

- vagina
- uterus
- fallopian tubes
- ovaries



- The **vagina** is a muscular tunnel about 3 or 4 inches long. It extends from the opening of the uterus to the external opening in the vulva.

The vagina does 3 things:

- It provides a way for menstrual fluid to leave the body.
- It receives a partner's penis (or fingers or sex toys) during sexual intercourse.
- It provides a way for the fetus to be born. This is why the vagina is also called the birth canal.

A healthy vagina has a special discharge that keeps it clean and moist, and protects it from infection. Normal discharge is whitish and doesn't smell bad, although it might have an odor. It's different at different times.

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The vagina expands in both length and width during sexual arousal and childbirth. The vagina is very elastic and will adjust its size to accommodate a finger, a tampon, a penis or a baby.

- The **uterus** is one of the strongest muscles in the body. It provides a safe and nourishing place where a fertilized egg can grow and develop.

When a person isn't pregnant, the uterus is about the size of a fist (approximately 3 inches long) and is shaped like an upside-down pear. During pregnancy, the uterus grows to about 12 inches. It shrinks again after childbirth.

- The **cervix** is the bottom part, or neck, of the uterus that dips into the vagina. The cervix has a central hole that allows sperm into the uterus and menstrual flow out. This opening can stretch during childbirth to approximately 8 inches.

The cervix contains many glands that produce cervical mucus. The consistency of the mucus changes in response to hormones throughout the menstrual cycle. At ovulation, the mucus is clear and slippery, which makes it easy for sperm to enter. At other times, it's thick and dry and blocks the entrance to the uterus.

- The **fallopian tubes** are threadlike tubes that come out of each side of the uterus. They are about 5 inches long and as big around as a strand of spaghetti. An egg travels from the ovary through a fallopian tube into the uterus.

The inside of each fallopian tube is furrowed and lined with tiny hair-like structures called *cilia*. The cilia and contractions of the tube move the egg, which is unable to swim as sperm do, along the passageway. If a sperm joins with an egg, it happens in one of the fallopian tubes, and then the fertilized egg continues on to the uterus.

- The **ovaries** make hormones called *estrogen* and *progesterone* and hold eggs. Each ovary is roughly the size and shape of an unshelled almond, about 1-1/2 inches long.

The ovaries contain more than 300,000 egg cells at birth. During the years a person can get pregnant, about 500 eggs will be released.

The ripe egg is as big as the point of a needle. The egg has only about 24 hours in which it can be fertilized or it will break down and be shed with the uterine lining as part of menstruation.

The Menstrual Cycle

Menstruation, or having periods, begins during puberty, somewhere between ages 9 and 16. The average age to start menstruating is between 12 and 13 (ACOG, 2017).

The *menstrual cycle* is the time between one period and the next. Menstrual cycles vary from 22 to 40 days. The cycle length can be affected by changes in temperature, altitude, stress levels and other factors. A person's menstrual cycle repeats during their reproductive years (except during pregnancy) until it eventually stops between ages 45 and 55. At the end of the reproductive years, a person reaches *menopause*.

The menstrual cycle is controlled by hormones produced in the brain and ovaries. These hormones trigger the release of a mature egg and cause changes in the lining of the uterus.

In every menstrual cycle, the lining of the uterus grows thicker to support the possible implantation and development of a fertilized egg. Most of the time, pregnancy doesn't occur, so the lining is shed during the menstrual period.

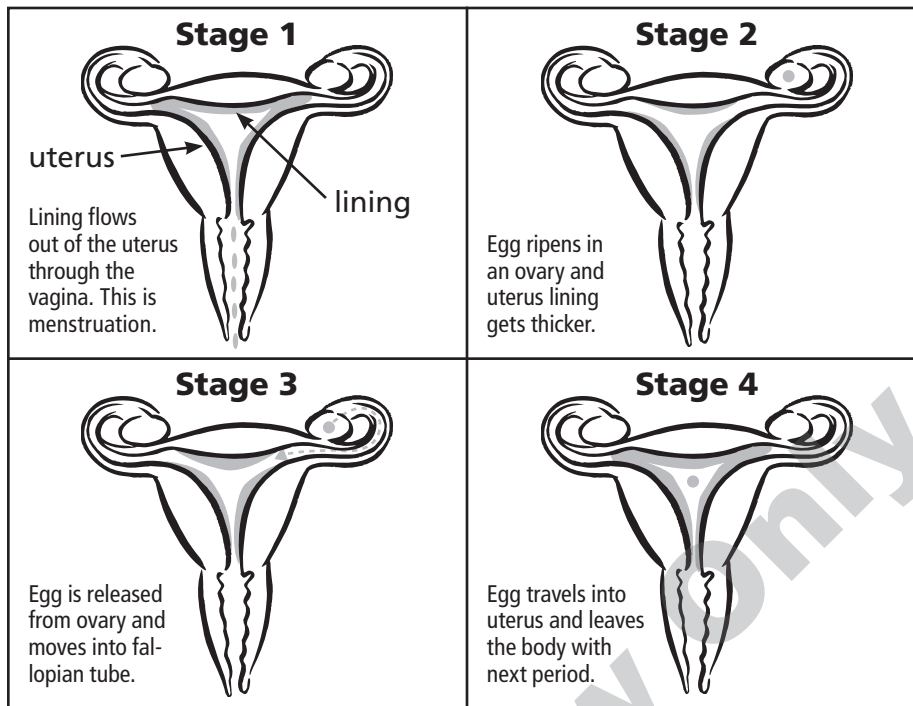
The menstrual cycle has 4 stages:

- **Stage 1: Menstruation.** This is the time of bleeding, a menstrual period, when the lining of the uterus flows out of the body through the vagina. Periods usually last about 3 to 7 days. The amount of fluid is about a quarter cup. The first day of a person's period is day 1 of the menstrual cycle.
- **Stage 2: An egg ripens in an ovary.** This phase begins after the menstrual period stops. As the egg matures, the lining of the uterus gets thicker. This takes 6 to 12 days or more.
- **Stage 3: Ovulation.** This is the midpoint of the cycle. Hormones cause the egg to be released from the ovary into the fallopian tube. During this time a person is fertile and most likely to become pregnant. Ovulation occurs 13 to 15 days before the next period.
- **Stage 4: The egg travels to the uterus.** This is the least variable part of the menstrual cycle—it lasts about 14 days. During this time between ovulation and the next menstrual period, the uterus is ready to receive a fertilized egg.

It takes the egg about 5 to 6 days to reach the uterus. If the egg has been fertilized, it attaches to the thick, blood-filled lining of the uterus and begins to grow. This is the start of pregnancy. If pregnancy has not occurred, the unfertilized egg is shed with the uterine lining during the next menstrual period.

(continued)

The Menstrual Cycle



Reproductive System of a Person with a Penis

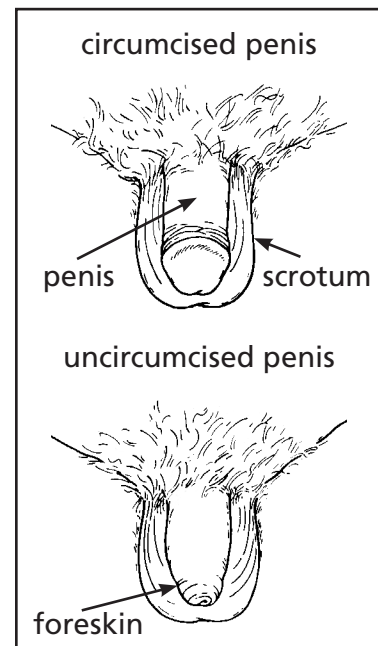
Outside the Body

The **genitals**, the most obvious external parts of the reproductive system, are outside the body.

- The **penis** is a tubular organ with an average length from 2-1/2 to 4 inches when soft or flaccid. Even when it's soft, a penis can vary in size. Being cold, nervous, tense or frightened reduces the amount of blood inside the penis, which makes it smaller. Being relaxed or warm increases the amount of blood, which makes the penis larger.

The penis may be covered with a tube of skin, called the foreskin, that protects the shaft and the head of the penis. Some people have had the foreskin removed at birth in a process called circumcision.

During sexual arousal, the penis becomes firm and erect. During erection, most penises are about 5-1/2 to 6 inches long. To reach that



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size, small penises grow more when they become erect, while large penises grow less. Penises, like other body parts, vary in shape, color, skin texture and sensitivity.

There are no bones or muscles within the penis itself, although there is a network of muscles around its base that helps to eject urine and semen from the urethra. Running the length of the penis are 3 chambers of erectile tissue that contain many cavities and blood vessels. During sexual arousal, the cavities fill with blood, which causes an erection.

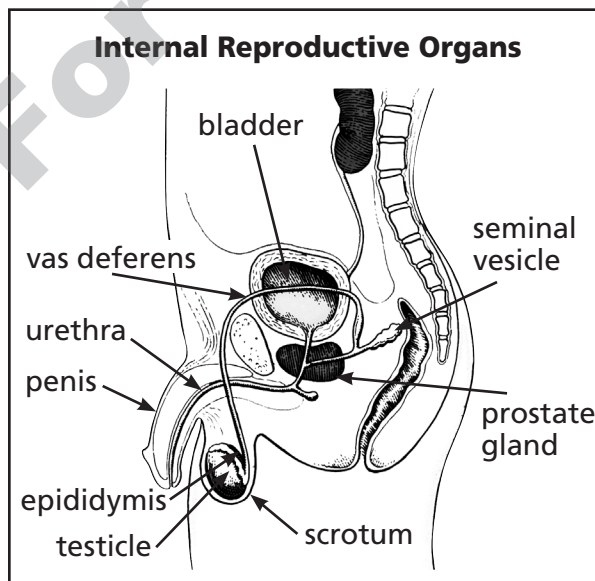
The urethra, the tube that eliminates urine from the bladder, also runs the length of the penis. It is not possible for urine and semen to be in the urethra at the same time.

- The **scrotum** is a loose, wrinkled bag of skin that holds the 2 testicles. The scrotum has a layer of muscle fibers that can contract. When the environment is warm, the scrotum hangs low to allow the testicles to stay cool. In the cold, the scrotum contracts (or shrinks) and pulls the testicles close to the body to keep them warm. This is important because sperm production happens best at a temperature a few degrees cooler than normal body temperature.

Inside the Body

There are a number of reproductive organs inside the scrotum and pelvic cavity:

- testicles
- epididymis
- vas deferens
- seminal vesicles
- prostate gland
- urethra



(continued)

- The **testicles** start making hormones at puberty, primarily the hormone *testosterone*. Testosterone signals the testicles to make sperm, and causes growth of facial hair and deepening of the voice. The 2 testicles are egg-shaped, about 1-1/2 inches long and weigh about 1 ounce each. It's normal for one testicle to hang lower in the scrotum than the other. It's also normal for one testicle to be slightly larger.

Each testicle is divided into sections packed with tiny, tightly coiled tubes that produce and store sperm. Between the tubules are specialized cells that produce testosterone.

- The **epididymis** is a tightly coiled tube that folds to form a comma-shaped structure that curves over the top of each testicle. This is where the sperm mature and develop the ability to swim. Sperm cells spend several weeks in the epididymis while they mature.
- The **vas deferens** refers to the 2 tubes that lead out of the epididymis. Each vas is about 17 inches long and runs upward to join the urethra in the prostate gland. Mature sperm move into the vas deferens to be stored until ejaculation.
- The **seminal vesicles** are 2 pouches located just above and to each side of the prostate gland. Each 3-inch sac produces a sticky, yellow liquid called seminal fluid, which makes up about 70% of semen. Seminal fluid gives the sperm energy and helps them move, which improves their survival.
- The **prostate gland**, located just below the bladder, is about the size and shape of a walnut. The vas deferens join the urethra here. The prostate secretes a thin, milky fluid that makes up about 30% of the semen. This fluid helps sperm swim and protects them from the acidic environment of the vagina. The prostate is small at birth, enlarges at puberty, and shrinks with age.
- The **urethra** starts at the bladder and runs through the penis to its end. It carries both urine and semen out of the body, but never at the same time. During sexual arousal, a valve, or sphincter, closes off the bladder so urine cannot pass through the urethra.

Sperm Development

People are not born with sperm. The testicles start making sperm at puberty and keep making sperm for the rest of the person's life. Sperm are produced at an average rate of 1,500 per second per testicle, so a person can't "run out" of sperm. Masturbation and sex don't use up sperm. The body keeps making sperm as long as a person has at least one normal testicle.

Human sperm are very tiny—about 24 thousandths of an inch long. They can-

not be seen without a microscope. Each has a head, midpiece and tail. The head contains the chromosomes. The midpiece contains the energy-producing part of the cell. The tail whips around like a propeller to move the sperm forward.

Because sperm are so tiny, they account for only about 1/10 of the volume of semen. The rest is made up of fluid from the seminal vesicles and prostate gland. The average ejaculation consists of about 1 teaspoon of semen, which contains 200 to 500 million sperm. Sperm that aren't ejaculated get broken down and reabsorbed or are washed away in urine.

Fertilization

Ovulation occurs about halfway through the menstrual cycle, 13-15 days before the menstrual period starts. At ovulation, the ripe egg leaves the ovary, enters the fallopian tube, and begins its trip to the uterus.

During vaginal intercourse without a condom, about a teaspoonful of semen, which contains 200 to 500 million sperm, is ejaculated into the vagina. In the vagina, the sperm begin to swim toward the uterus by lashing their tails. About half of the sperm find the cervix, swim through its opening and enter the uterus. After a few hours, a few thousand sperm will reach the fallopian tube containing the egg. Only about fifty of these sperm ever find the egg itself.

A ripe egg lives for 12 to 24 hours after ovulation. Most sperm are able to live in the reproductive tract for up to 72 hours after ejaculation. So, for fertilization to occur, sexual intercourse must take place within 3 days before or 1 day after ovulation.

Fertilization takes place in the outer third of the fallopian tube near the ovary. The egg sends out signals to attract the surviving sperm to its surface. By a mechanism that is not yet understood, one sperm's genetic material is selected and sucked into the egg. Once this occurs, the egg's surface changes, making it impossible for any other sperm to get through.

At fertilization, the sperm's 23 chromosomes join with the egg's 23 chromosomes to form a new cell containing the 46 chromosomes typical of human cells. The fertilized egg continues to move toward the uterus. After about 30 hours, it divides into 2 cells, then 4, then 8. This division continues until it has become a hollow ball of cells by the time it reaches the uterus about 3 days later. The fertilized egg then attaches to the wall of the uterus where it will continue to grow. This is the start of a pregnancy.

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References

- Aidsmap.com. 2014. CDC researchers publish estimate of effectiveness of condom use in anal sex. <http://www.aidsmap.com/news/dec-2014/cdc-researchers-publish-estimate-effectiveness-condom-use-anal-sex>. Accessed 6/22/2020.
- American College of Obstetricians and Gynecologists (ACOG). 2017. Menstruation in girls and adolescents: Using the menstrual cycle as a vital sign. [https://www.acog.org/en/Clinical/Clinical Guidance/Committee Opinion/Articles/2015/12/Menstruation in Girls and Adolescents Using the Menstrual Cycle as a Vital Sign](https://www.acog.org/en/Clinical/Clinical%20Guidance/Committee%20Opinion/Articles/2015/12/Menstruation%20in%20Girls%20and%20Adolescents%20Using%20the%20Menstrual%20Cycle%20as%20a%20Vital%20Sign). Accessed 6/22/2020.
- Barrett, M., B. A. Laris, P. Anderson, E. Baumler, A. Gerber, K. Kesler and K. Coyle. 2020. Condom use and error experience among young adolescents: Implications for classroom instruction. *Health Promotion Practice*. <https://doi.org/10.1177/1524839920935431>. Accessed 6/22/2020.
- Byers, E. S., L. F. O'Sullivan, and L. A. Brotto. 2016. Time out from sex or romance: Sexually experienced adolescents' decisions to purposefully avoid sexual activity or romantic relationships. *Journal of Youth and Adolescence* 45 (5): 831–845. <https://doi.org/10.1007/s10964-016-0447-9>.
- Centers for Disease Control and Prevention. 2014. Oral sex and HIV risk. <https://www.cdc.gov/hiv/risk/behavior/oralsex.html>. Accessed 6/22/2020.
- Centers for Disease Control and Prevention. 2017. Sexual activity and contraceptive use among teenagers in the United States, 2011–2015." *National Health Statistics Reports* 104.
- Centers for Disease Control and Prevention. 2019a. HIV basics. <https://www.cdc.gov/hiv/basics/index.html>. Accessed 6/22/2020.
- Centers for Disease Control and Prevention. 2019b. STDs in adolescents and young adults – 2018 sexually transmitted diseases surveillance. <https://www.cdc.gov/std/stats18/adolescents.htm>. Accessed 6/22/2020.
- Centers for Disease Control and Prevention. 2019c. Vaccine Information Statements (VISs): HPV and Hepatitis B. <https://www.cdc.gov/vaccines/hcp/vis/current-vis.html>. Accessed 6/22/2020.
- Centers for Disease Control and Prevention. 2019d. Which STD tests should I get? <https://www.cdc.gov/std/prevention/screeningreccs.htm>. Accessed 6/22/2020.
- Centers for Disease Control and Prevention. 2020. HIV and youth. <https://www.cdc.gov/hiv/group/age/youth/index.html>. Accessed 6/22/2020.
- Food and Drug Administration. 2007. Over-the-counter vaginal contraceptive and spermicide drug products containing nonoxynol 9; Required labeling. *Federal Register* 72 (243): 71769–71785.
- Garcia-Retamero, R., and E. T. Cokely. 2011. Effective communication of risks to young adults: Using message framing and visual aids to increase condom use and STD screening. *Journal of Experimental Psychology: Applied* 17 (3): 270–87. <https://doi.org/10.1037/a0023677>.
- Guttmacher. 2014. American teens' sexual and reproductive health. <https://www.guttmacher.org/sites/default/files/pdfs/pubs/FB-ATSRH.pdf>. Accessed 6/22/2020.

References

- Hatcher, R. A., et al. 2018. *Contraceptive Technology*. 21st ed. New York: Ardent Media.
- HIV/AIDS Resources and Community Health (ARCH). 2020. Levels of risk. <https://archguelph.ca/levels-risk>. Accessed 6/22/2020.
- HIV.gov. 2019. HIV basics. <https://www.hiv.gov/hiv-basics>. Accessed 6/22/2020.
- HIV.gov. 2020. HIV treatment as prevention. <https://www.hiv.gov/tasp>. Accessed 6/22/2020.
- Hodgkinson, S., L. Beers, C. Southammakosane, and A. Lewin. 2014. Addressing the mental health needs of pregnant and parenting adolescents. *Pediatrics* 133 (1): 114–22. <https://doi.org/10.1542/peds.2013-0927>.
- Kann, L., S. Kinchen, S. L. Shanklin, K. H. Flint, J. Hawkins, W. A. Harris, R. Lowry, et al. 2018. Youth risk behavior surveillance — United States, 2017. *Morbidity and Mortality Weekly Report: Surveillance Summaries* 63 (4): 1–168.
- Kirby, D. 2007. *Emerging answers 2007: Research findings on programs to reduce teen pregnancy*. Washington, DC: The National Campaign to Prevent Teen and Unplanned Pregnancy.
- Kost, K., I. Maddow-Zimet, and A. Arpaia. 2017. *Pregnancies, births and abortions among adolescents and young women in the United States, 2013: National and state trends by age, race and ethnicity*. Guttmacher Institute. https://www.guttmacher.org/sites/default/files/report_pdf/us-adolescent-pregnancy-trends-2013.pdf. Accessed 6/22/2020.
- Laris, B. A., M. Barrett, P. Anderson, K. Kesler, A. Gerber, E. Baumler and K. Coyle. 2020. Uncovering withdrawal use among sexually active U.S. adolescents: High prevalence rates suggest the need for a sexual health harm reduction approach. *Sex Education*. <https://doi.org/10.1080/14681811.2020.1768524>.
- Liu, Z-C, W-D Liu, Y-H Liu, X-H Ye, and S-D Chen. 2015. Multiple sexual partners as a potential independent risk factor for cervical cancer: A meta-analysis of epidemiological studies. *Asian Pacific Journal of Cancer Prevention* 16 (9): 3893–3900. <https://doi.org/10.7314/APJCP.2015.16.9.3893>.
- Planned Parenthood Federation of America. 2020. What are the benefits of sexual abstinence and outercourse? <https://www.plannedparenthood.org/learn/birth-control/abstinence-and-outercourse/what-are-benefits-and-disadvantages-abstinence-and-outercourse>. Accessed 6/22/2020.
- Plummer, M., J. Peto, and S. Franceschi. 2012. Time since first sexual intercourse and the risk of cervical cancer. *International Journal of Cancer* 130 (11): 2638–44. <https://doi.org/10.1002/ijc.26250>.
- Saewyc, E. M. 2014. Adolescent pregnancy among lesbian, gay, and bisexual teens. In *International Handbook of Adolescent Pregnancy*, ed. A. Cherry and M. Dillon, 159–169. Boston: Springer. https://doi.org/10.1007/978-1-4899-8026-7_8. Accessed 6/22/2020.
- Warren J. T., S. M. Harvey, I. J. Washburn, et al. 2015. Concurrent sexual partnerships among young heterosexual adults at increased HIV risk: Types and characteristics. *Sexually Transmitted Diseases* 42 (4):180-184. doi: 10.1097/olq.0000000000000252.
- U.S. Department of Health and Human Services. 2018. What healthy dating and romantic relationships look like. <https://www.hhs.gov/ash/oah/adolescent-development/healthy-relationships/dating/what-relationships-look-like/index.html>. Accessed 6/22/2020.
- U.S. Department of Health and Human Services. 2019. Withdrawal. <https://www.hhs.gov/opa/pregnancy-prevention/birth-control-methods/withdrawal/index.html>. Accessed 6/22/2020.

World Health Organization. n.d. Nonoxynol-9 ineffective in preventing HIV infection. <https://www.who.int/mediacentre/news/notes/release55/en/>. Accessed 6/22/2020.

Youth.gov. n.d. Adverse effects. <https://youth.gov/youth-topics/pregnancy-prevention/adverse-effects-teen-pregnancy>. Accessed 6/22/2020.

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