

CHAPTER 1: INTRODUCTION TO HUMAN SEXUALITY

Sexuality is an essential and integral part of all stages of human life, yet the topic is still taboo in almost every country. Talking openly about sexuality is crucial for understanding sexual behavior, the growth and development of our bodies, how we experience our gender roles, what constitutes a healthy relationship, how to have children when and if we want to, how to communicate with our intimate partners, and how to prevent health problems and unwanted pregnancies. Opening lessons should provide young people with both the words and the comfort to talk about sexuality so they will participate more actively in class and, more important, so they will begin to develop skills for lifelong communication with parents, partners, health care providers, and, eventually, their own children. Opening lessons should also address values, though discussion of values will be relevant in many other topics. Although values are subjective and cannot be taught, sexuality educators can guide students to examine and clarify their own values and recognize how they powerfully influence behavior.

Teaching Tips

- Make sure you are comfortable talking about sexuality. This is especially important in your first interactions with participants, as these sessions set the tone for the rest of the course.
- Spend time on introductory activities, warm-ups, and games if your participants are very shy. Consider discussing directly what gets in the way of talking openly and which topics are especially difficult.
- Have participants agree on a small set of classroom rules, such as listening and respect for others. These rules can be referenced if violations occur.
- Discuss course values, such as nondiscrimination and gender equality. These will form a basis upon which to guide students' thinking and behavior during the course.
- Examine and clarify the difference between facts and values. For example, "Masturbation is not harmful" is a fact. "People should not masturbate" is a value.

Content Considerations

- Emphasize that sexuality encompasses a broad range of human experiences in addition to intercourse; it includes human development, emotions and relationships, sexual health, sexual behavior, and sexual violence.
- Compare the terms "sexuality" and "sex," as they are often confused.
- Talk about the continuum of sexuality throughout life, the range of events that may occur, and the many different expressions of sexuality.
- Discuss the differences and similarities in how people experience their sexuality by gender, sexual orientation, and age.
- Discuss and agree on the terms all participants will use in your course.

SELECTED LESSON PLAN 1.1: UNDERSTANDING HUMAN SEXUALITY

SOURCE

Reproductive Health and Sexuality Education Curriculum of the State Pedagogical University, Adolescent Reproductive Health Project of the United Nations Populations Fund (UNFPA), Ulaanbaatar, Mongolia, 2002. Translated by Tumurbat Basaantseren. Adapted with permission.

Suitable for ages 15 to 18

Summary

This lesson is a particularly good opener because it immediately engages participants in discussion and begins to define sexuality, breaking it down into five components: human development, sexual health, relationships and emotions, sexual behavior, and sexual violence. It may also be used for introducing the concept of sexuality to school administrators, parents, and other adults. Participants begin by discussing the difference between sex and sexuality, which allows the facilitator to gauge participants' prior knowledge and correct any misinformation. After the group discussion, participants break into small groups and work together to organize a jumbled list of subtopics into categories. This gives them an opportunity to think about how and why various aspects of sexuality fit together. The facilitator then works with participants to introduce and briefly discuss some of those aspects, including similarities and differences in the way that women and men experience sexuality and common misconceptions about sexuality.

Teaching Notes

- Familiarize yourself with the model used and think about the reasons why each subtopic belongs where it is placed on the model.
- Develop questions to ask if you need to guide participants to the correct placement.

Adapting the Lesson

- Look at the examples that are given for how the components are linked through puberty and adapt them to your culture.

SELECTED LESSON PLAN 1.1: UNDERSTANDING HUMAN SEXUALITY

UNDERSTANDING HUMAN SEXUALITY (45 MIN)

Adapted from *Reproductive Health and Sexuality Education Curriculum of the State Pedagogical University, Ulaanbaatar, Mongolia*, published by the Adolescent Reproductive Health Project of the UNFPA

Aim

To broaden participants' understanding of human sexuality by introducing its components and subtopics

Objectives

By the end of this session participants will be able to:

1. Give a definition of "human sexuality"
2. Name the five main components of sexuality
3. Name two or three subtopics of each component

Key Messages

1. There are many different ways to define the term "sexuality."
2. Sexuality is an integral part of being human. It begins before birth and lasts until the end of life.
3. Sexuality is essential to the continued existence of humanity.
4. Sexuality is not just about the process of reproduction. Sexual behavior is only one part of sexuality.
5. To simplify the term "human sexuality," it can be split into the following five components:
 - Human Development
 - Sexual Health
 - Relationships and Emotions
 - Sexual Behavior
 - Sexual Violence
6. The components of sexuality and their subtopics are interconnected.

Materials

- A stack of large cards or paper, suitable for making signs
- Tape
- A copy of the handouts "An Explanation of the Components of Sexuality" and "The Components of Sexuality" for each participant, if possible

Preparation

1. On five of the cards print the main components of sexuality, one per card: Human Development, Relationships and Emotions, Sexual Behavior, Sexual Health, and Sexual Violence. Tape the five cards on the walls around the room, leaving plenty of space between each card.

2. Print the following phrases on the remaining cards, one per card:

- Reproductive Physiology and Anatomy
- Puberty
- Reproduction
- Climacteric and Menopause
- Body Image
- Sexual Orientation
- Gender Identity and Roles
- Families
- Friendships
- Loving, Liking, and Caring
- Attraction and Desire
- Flirting
- Dating and Courtship
- Intimacy
- Marriage and Lifetime Commitments
- Raising Children
- Contraception
- Abortion
- Reproductive Tract Infections, STIs and HIV/AIDS
- Genital Care and Hygiene
- Breast Self-Exam
- Testicular Self-Exam
- Prevention of STIs/HIV and Unwanted Pregnancy
- Prenatal Care
- Infertility
- Sexual Dysfunction
- Sexual Abuse
- Incest
- Rape
- Manipulation through Sex
- Sexual Harassment
- Gender Discrimination
- Partner or Domestic Violence
- Harmful Practices
- Masturbation
- Kissing
- Touching and Caressing
- Sexual Intercourse
- Abstinence
- Pleasure and Human Sexual Response
- Fantasy

Mix these cards up and divide them into five sets of approximately the same number.

Introduction

Introduce the topic briefly by saying that before learning about sexuality, one needs truly to understand what “sexuality” means, and that you all will spend the next hour talking about and exploring what sexuality is and how it is a part of every human life.

Activity 1: The Difference Between Sex and Sexuality

1. Write on the board “What is sex?” and “What is sexuality?” Ask participants how they would answer these questions. Then ask what the difference is between them, if any. Participants may have different opinions. For example, some of them may think these two things both refer to sexual intercourse, while others may think sexuality is a much broader concept.
2. Using the participants’ opinions, bring out the idea that sexuality is a much broader concept than sexual intercourse.

Activity 2: Components of Human Sexuality

1. Tell participants that you are now going to explore what sexuality consists of in more depth. Point to the five signs that you have posted on the walls and tell them that sexuality can be broken down into five main components or areas: Human Development, Relationships and Emotions, Sexual Behavior, Sexual Health, and Sexual Violence.
2. Divide participants into five roughly even groups, and give each group a set of cards. The group should read each card, discuss it, and decide which of the five components it best fits under. Tell the participants to tape each card under the component they think it belongs to.
3. After the groups have finished, bring them back together. Starting with one of the components, go through each card taped under it one at a time and generate a short discussion. For each card:
 - Ask the group as a whole: “Do you think this card belongs under this component?”
 - If there is any disagreement, ask the group that placed it there: “Why did you decide to put this card here?”
 - Ask others what they think. If they don’t agree, ask: “Why not? Where do you think it belongs?”
 - Ask questions and use the participants’ comments and ideas to guide them to the correct placement.
 - If a card has been misplaced, have a participant put it under the right component. Treat each card the same way regardless of whether it is correctly or incorrectly placed to generate discussion. Use information in the handout “An Explanation of the Components of Sexuality” to supplement the discussion and clarify points. However, do not get into a long discussion about any of the cards at this point. If necessary, tell participants that you will look more closely at these components later in the course.
 - If there is a lot of disagreement, you can note that many of the topics overlap and people may have different ideas about where they go, but you are trying to find the place where it fits best.
4. Ask participants the following questions:
 - “What surprised you about this activity?”
 - “What thoughts and feelings did you have while doing this activity?”
 - “Looking at these components, what part does sexual intercourse play in sexuality?” (Answer: A small part, it is only one subtopic of one of the five components.)
 - “What do you notice about sexuality?” (Answer: It is a very broad topic, has a lot of subtopics, is complex, etc.)

- “Which component do you already know the most about? Why do you think that is the case?”
 - “Which one raises the most questions for you? Why do you think that is the case?”
5. Explain to participants that each of these components has overlapping parts. Note that Puberty is under the component Human Development since it is a process that human beings go through as they grow up. Ask participants if they can name one or more parts of the other components that a teenager going through puberty might experience. (For example, under Relationships, participants might identify Love, Dating, and Intimate Friendships; under Sexual Behavior, Kissing, Touching, Holding Hands, and Masturbation; under Sexual Health, Sexual Hygiene, Breast and Testicular Self-Exam, Contraception Use, and Abortion; under Sexual Violence, Sexual Abuse, Rape, and Gender Discrimination.)

Conclusion

1. Conclude the session by asking participants the following questions:
 - “Based on what you learned, what are some similarities in the ways in which men and women experience their sexuality?”
 - “What differences are there in the ways men and women experience their sexuality?”
 - “What cultural differences (differences based on race, religion, or national origin) have you observed in the way people express their sexuality?” (Examples might include differences in dressing, flirting, gender-restricted behavior, toilet training of children, dealing with menstruation or first ejaculations, courtship and marriage, etc.)
2. Ask participants to take turns finishing one of the following sentence stems:
 - This session taught me that . . .
 - One thing I never thought of in relation to sexuality is . . .
3. If you have copies of the two handouts for participants, give them out now.

HANDOUT: AN EXPLANATION OF THE COMPONENTS OF SEXUALITY

Human Development

Human development involves the interrelationship between physical, emotional, social, and intellectual growth. This component includes:

Reproductive Physiology and Anatomy: The parts of the body that form the reproductive and sexual systems and their functions. Although the whole body is involved in human sexuality, these systems are central to sexuality and to understanding puberty, menstruation, erections, wet dreams, reproduction, and sexual pleasure.

Growth and Development: Includes the following key processes related to sexuality:

- *Puberty*: The physical and emotional changes that occur when the body matures during adolescence, including the development of secondary sex characteristics (such as broad hips and facial hair) and the maturing of the reproductive system. Puberty results in the ability to reproduce.
- *Reproduction*: The process of conception, pregnancy, and birth—the beginning of human development.
- *Climacteric and Menopause*: The physiological and psychological changes in our sexual and reproductive functioning that occur in midlife in both women and men, including the period leading up to menopause for women. Menopause occurs when menstruation stops.

Body Image: Attitudes and feelings about one's own body, appearance, and attractiveness that affect one's mental well-being, comfort with, and expression of one's sexuality.

Sexual Orientation: The direction of one's romantic and sexual attraction—to either the opposite, the same, or both sexes. Includes heterosexual, homosexual, and bisexual orientations.

Gender Identity and Roles: Gender identity is one's internal sense of being either male or female, usually but not always the same as one's biological sex. Gender roles are the set of socially prescribed behaviors and characteristics expected of females and males.

Relationships and Emotions

All people need to have relationships with others in which they experience emotional closeness. This component includes:

Families: The primary social unit to which most people belong and which includes people who are related by blood, marriage, or affection.

Friendships: Relationships between people based on liking, caring, and sharing; these relationships can differ in emotional depth, but usually do not include a sexual relationship.

Loving, Liking, and Caring: Feelings that are the basis of emotional bonds and positive connections and relationships between people.

Attraction and Desire: Emotional and physical feelings that draw someone to another person; these feelings may include emotional and sexual longing and passion.

Flirting: Playful romantic or sexual interactions that communicate attraction. Flirting can cross the line and become harassment if the recipient perceives it to be unwelcome or offensive.

Dating and Courtship: Meeting, spending time together, and going out as a part of the process of getting to know and love someone, sometimes with the purpose of deciding whether or not to marry.

Intimacy: Emotional closeness to others characterized by feelings of connectedness, openness, sharing, and reciprocity.

Marriage and Lifetime Commitments: The union, usually legal, of two people who make a

commitment to love and care for each other and share their lives and family responsibilities over the long term.

Raising Children: Bringing up, providing for, and nurturing children, usually as a part of a family.

Sexual Behavior

Sexuality is a natural and healthy part of life from birth to death, which individuals express through a variety of behaviors. This component includes:

Masturbation: Giving oneself sexual pleasure, usually by touching or rubbing one's own genitals.

Shared Sexual Behavior: Includes, but is not limited to:

- *Kissing:* Touching and caressing someone with one's lips to express affection and love
- *Caressing and Touching:* Stroking gently to express affection and love; being in physical contact with someone
- *Sexual Intercourse:* Vaginal, oral, or anal intercourse

Abstinence: Not having sexual intercourse. Abstinence may include other types of sexual touching.

Pleasure and Human Sexual Response: The enjoyable response of the body to sexual touching, which may or may not include orgasm, a highly pleasurable release of built-up sexual tension.

Fantasy: Sexual or erotic thoughts, dreams, and imaginings that are sexually arousing but are not necessarily acted on or even desired in reality.

Sexual Health

Sexual health includes having the knowledge and attitudes and taking the actions necessary to actively maintain the health of one's reproductive system and to avoid unwanted consequences of sexual behavior. This component includes:

Contraception: The use of various methods to intentionally prevent pregnancy; these methods include devices, agents, drugs, sexual practices, and surgical procedures.

Abortion: Induced termination of pregnancy.

Reproductive Tract Infections, Sexually Transmitted Infections (STIs), and HIV/AIDS: A range of infections that occur in the reproductive tract (such as yeast infections or vaginitis), or that can be acquired through sexual intercourse or intimate sexual contact (such as gonorrhea, chlamydia, herpes, and HIV/AIDS). Many can be transmitted in other ways as well, such as during childbirth.

Reproductive Health: Includes:

- *Genital Care and Hygiene:* Caring for and keeping one's genitals clean, healthy and free from injury.
- *Breast Self-Exam:* A simple self-help technique in which women feel their breast tissue in a prescribed manner every month to check for changes or lumps that may indicate a problem.
- *Testicular Self-Exam:* A simple self-help technique in which men feel their testicles in a prescribed manner every month to check for changes or lumps that may indicate a problem.
- *Prevention of HIV/STIs and Unwanted Pregnancy:* Decisions and actions taken to reduce the risk of infection with an STI or HIV and the risk of an unwanted pregnancy; includes abstinence, seeking advice and preventive care, open and honest communication between sexual partners, and the use of condoms and contraception.
- *Prenatal Care:* Regular check-ups with a trained health care provider during pregnancy to monitor the health of the woman and the fetus and to help to identify any problems early.

- *Infertility*: The continuing inability to bear a child.

Sexual Dysfunction: A psychological or physical problem that interferes with a person's ability to express or enjoy his or her sexuality to the fullest degree. Includes lack of desire, inadequate lubrication, and difficulties maintaining erections or achieving orgasm.

Sexual Violence

Sexual violence is any violence (that is, abusive or unjust use of power) that has a sexual aspect or element. It includes the use of sexuality to influence, control, or manipulate others. This element includes:

Sexual Abuse: Any sexual contact or interaction between an older or more powerful person and a child or minor; this may or may not involve touch. The abuser is usually someone known to the child.

Incest: A sexual relationship between two people who are too closely related to get married by law or custom.

Rape: Forced or nonconsensual sexual intercourse or other intimate sexual contact. The force may be physical or psychological (that is, through threats or coercion). Sexual intercourse constitutes rape if one of the parties is not capable of giving consent for whatever reason.

Sexual Manipulation: Using sex to indirectly influence, control, coerce, or exploit someone to one's own advantage.

Sexual Harassment: Persistent unwelcome verbal or physical sexual advances or conduct of a sexual nature, or demand for sexual activity in exchange for benefits, for example in a school or work setting.

Partner or Domestic Violence: Physical or sexual violence against a partner with whom one is in a romantic and/or marital relationship.

Gender Discrimination: Showing preference or prejudice or denying equal treatment to someone based solely on his or her gender.

Harmful Practices: A range of practices, whether traditional or modern, that decreases a person's sexual well-being or ability to experience his or her sexuality safely and pleasurably.

THE COMPONENTS OF SEXUALITY

All aspects of sexuality are influenced by a person's self-esteem and personal sexual beliefs, attitudes, values, and knowledge. They are also influenced by ethical, spiritual, cultural, and moral concerns.

SEXUAL BEHAVIOR:

Sexuality is a natural and healthy part of life from birth to death, which individuals express through a variety of behaviors.

SEXUAL BEHAVIOR

Masturbation

Shared Sexual Behavior:

Kissing

Caressing & Touching

Sexual Intercourse

Abstinence

Pleasure & Human Sexual Response

Fantasy

HUMAN DEVELOPMENT

Reproductive Physiology & Anatomy

Growth & Development:

Puberty

Reproduction

Climacteric & Menopause

Body Image

Sexual Orientation

Gender Identity and Roles

HUMAN DEVELOPMENT:

Human development involves the interrelationship between physical, emotional, social, and intellectual growth.

RELATIONSHIPS & EMOTIONS:

All people need to have relationships with others in which they experience emotional closeness and have it returned.

RELATIONSHIPS & EMOTIONS

Families

Friendships

Loving, Liking, & Caring

Attraction & Desire

Flirting

Dating & Courtship

Intimacy

Marriage & Lifetime Commitments

Raising Children

SEXUALITY

SEXUAL HEALTH

Contraception

Abortion

Reproductive Tract Infections, STIs & HIV/AIDS

Reproductive Health:

Genital Care & Hygiene

Breast Self-Exam

Testicular Self-Exam

Prevention of STIs/HIV & Unwanted Pregnancy

Prenatal Care

Infertility

Sexual Dysfunction

SEXUAL HEALTH: Sexual health includes having the knowledge and attitudes and taking the actions necessary to actively maintain the health of one's reproductive system and to avoid unwanted consequences of sexual behavior.

SEXUAL VIOLENCE

Sexual Abuse

Incest

Rape

Manipulation through Sex

Sexual Harassment

Partner/Domestic Violence

Gender Discrimination

Harmful Practices

SEXUAL VIOLENCE: Sexual violence is any violence (abusive or unjust use of power) that has a sexual aspect or element. It includes the use of sexuality to influence, control, or manipulate others.

SELECTED LESSON PLAN 1.2: WHAT'S MOST IMPORTANT

SOURCE

Carol Hunter-Geboy, "What's Most Important?" Reprinted from *Life Planning Education: A Youth Development Program*, with permission of Advocates for Youth, Washington, DC, ©1995. www.advocatesforyouth.org.

Suitable for ages 12 to 18

Summary

This lesson gets participants thinking about what is important to them and why. Participants individually rank a set of values statements in order of importance, then discuss them with the group. By adding the short activity described below, the lesson will encourage participants to link values with behavior, an essential step toward acting in accordance with one's own standards and morals.

Adapting the Lesson

- Look at the list of values given and decide which ones are appropriate for your participants and situation and if there are any you would like to add.
- If you cannot make copies for all of the participants as suggested, write the values on the board and have participants make their own sheets. Another alternative is to write the values on the board and have participants first carefully decide their order and then write them into their notebooks in that order.

Additional Activity

Have participants individually list their three most important values, and five behaviors that reflect each of them. Then have participants list behaviors that would contradict each value. Ask some participants to share their responses. Or ask participants to state one of their top values and an example of a behavior, not necessarily personal, that would affirm that value. Stimulate discussion by asking questions, such as:

- "How many of you found that you have at some time done something that went against one of your values?"
- "How do people feel when they act in a way that goes against the values that they hold?"
- "Why do you think people sometimes say they have a value but act differently from that value?"
- "What are some influences on teenagers that could make them act against their values?"
- "How can you deal with those influences?"

What's Most Important?

Materials: Copies of the handout, "What's Most Important to Me," for each participant; scissors; tape and glue (several dispensers); pieces of construction paper or card stock for each participant; a business envelope for each participant; newsprint and markers or board and chalk

Time: 40-50 minutes

Planning Notes:

- ✓ Before conducting this activity, cut the **individual** handouts into strips and place each set of strips in an envelope, creating a packet for each participant.
- ✓ You may want to add values statements of your own before duplicating the handout.
- ✓ Create a poster of prioritized values for Step 3:

Purpose: To become aware of values and priorities

MOST IMPORTANT

SECOND MOST IMPORTANT

THIRD MOST IMPORTANT

Procedure:

1. Explain that for this activity teens will choose several intangible items and rate which they value most, which least and which fall between.
2. Go over instructions for the activity:
 - I will give each of you an envelope containing 20 strips of paper. Each strip has the name of something intangible written on it. Arrange these strips so that what is worth the most to you is on top and what is least important is on the bottom. (Display the illustration you have drawn.)
 - Move the strips around until the ranking matches what you really value. Then tape or glue your strips in the correct order to a piece of construction paper.
 - This may be frustrating because you can only have one top priority and sometimes we have conflicting priorities. Do the best you can.
3. Distribute an envelope and a piece of construction paper to each participant and tell them to begin. Circulate and offer help if anyone has trouble understanding what it is you want them to do. Caution teens to work slowly and think carefully about each item.
4. When most teens are finished, call "time," and conclude the activity using the Discussion Points.

Discussion Points:

1. What were your top three or four values?
2. Was it easier to choose the things you value the “most” or the “least?” Why?
3. Were there items on the list that you never really thought about before? Which ones?
4. Were you surprised by your completed list of values? Why?
5. How would the way you arranged the values compare to the way your parent(s) would rank them? Why?
6. What would you be willing to do to stand up for your top three values?

HANDOUT

What's Most Important To Me?

Making it on my own	Getting an education	Making a lot of money
Getting along with my parent(s)	Having a romantic relationship	Living according to my religious beliefs
Staying out of trouble with the law	Having a friend I can always count on	Having a job I really like
Having sex with someone I love	Being in good physical condition	Doing something that makes a difference in my community
Having time alone with myself	Becoming famous	Avoiding HIV infection and other sexually transmitted diseases
Being successful in sports	Being in style	Having others look up to me
Having children when I feel ready to raise them	Having fun	

CHAPTER 2: GENDER AND SEXUAL RIGHTS

It is important to teach about gender early in your course because it deeply influences all aspects of sexuality. For the purposes of this manual, gender is defined as the cultural characteristics, behaviors, and roles that are considered to be male or female, not the obvious biological differences. Gender varies by culture, but it begins influencing social development from birth; we already have a strong sense of it by age three. Gender affects every aspect of life from how we see and value ourselves to how we learn to communicate and interact with one another. Gender especially affects how we express and experience our sexuality, how we initiate romantic relationships, and how we feel about giving and receiving pleasure.

Gender also requires a discussion of rights. Inequality between the sexes often limits girls' and women's access to information and health services, depriving them of their right to control their bodies and decide on matters related to sexuality and fertility. Gender discrimination can also generate and perpetuate sexual violence, forced marriage, and harmful practices like female genital cutting. Sexuality education can and must do its part to correct these injustices. A gender perspective should be included in all topics.

Teaching Tips

- Create a positive, non-blaming, understanding atmosphere when teaching about gender. Individuals learn the values, norms, and behaviors of gender very early from those around them and are not to blame for having absorbed biases. However, individuals can learn not to discriminate and should be held accountable for working to change injustices.
- Make it clear that gender-based insults, jokes, or discriminatory remarks will not be allowed in your classroom, and refer back to the course values when necessary.
- To teach gender issues effectively, the teacher must be able to clearly identify gender-based injustices within the culture and be convinced of and committed to the need to change them.
- If participants have difficulty understanding gender inequality and injustice, begin by talking about another issue, such as race, ethnicity, class, or age. Use those ideas to help participants understand gender discrimination, as the underlying issues are fundamentally the same. For young people, age-based discrimination is an issue that will likely be easily understood.
- Be prepared to address sexual orientation and homophobia, which may arise when discussing gender. Anyone who is judged not to conform sufficiently to prescribed gender roles may be perceived as gay and be taunted or shunned as such, regardless of his or her actual sexual orientation. It is important for participants to understand that discrimination and disrespect are never acceptable.

Content Considerations

- When teaching about gender, it is essential to discuss power, oppression, and internalized oppression, whereby victims of oppression or discrimination come to believe in the stereotypical or derogatory characteristics ascribed to them.
- Emphasize that because gender-role stereotypes are learned, they can be challenged, unlearned, and changed.
- While hurting everyone, gender-role stereotyping and discrimination systematically deprive girls and women of power. It is essential to discuss the devastating consequences of such discrimination. It is also important that boys and men understand the benefits to them of changing gender-role stereotypes.

- Acknowledge that it can be difficult to change gender roles and that it requires courage and persistence. People who do not conform to gender roles may be teased, bullied, harassed, or attacked. This should never be condoned.
- Emphasize that working to end gender discrimination and stereotyping is easier if people support each other and work together.

SELECTED LESSON PLAN 2.1: ACT LIKE A MAN, ACT LIKE A WOMAN

SOURCE

“Father-Son roleplay,” “The Act-Like-A-Man Box,” “Party roleplay,” “One Thing,” and “Act-Like-A-Lady Flower,” *Helping Teens Stop Violence: A Practical Guide for Counselors, Educators, and Parents*, by Allan Creighton, Battered Women’s Alternatives, and Oakland Men’s Project. ©1992. To order, please fax 510-865-4295, visit the website at www.hunterhouse.com, or write to Hunter House Publishers, P.O. Box 2914, Alameda, CA 94501, USA. Reprinted with permission.

Suitable for ages 12 to 18

Summary

These activities pave the way for a critical understanding of gender roles by first showing what they are, then showing how they may be harmful to both women and men. The session uses scripted role plays between a father and son and a young woman and her boyfriend to illuminate the ways in which gender roles affect people. After the role plays, participants brainstorm characteristics that are normally associated with feminine or masculine traits and discuss the consequences of deviating from those behaviors. The discussion cleverly guides adolescents to identify gender roles, how they are learned, the ways they restrict and harm people, and how emotional and physical violence is often used to maintain them. The session also shows how boys’ socialization may link to violence directed at women as well as at those who don’t adhere to prescribed gender roles.

Teaching Notes

- Read over the activities and develop them into a lesson plan by adding an introduction, linkages, and some concluding questions, as needed.
- Note that some of the items listed under “physical” in the Act-Like-A-Man Box and Act-Like-A-Lady Flower exercises are more emotional than physical. Adjust the questions and headings to reflect this.

Adapting the Lesson

- Adapt the role plays so that they reflect situations that would occur where you live, making sure that they show how emotional and physical violence may be used to teach and perpetuate gender roles.
- Please note that this lesson plan is excerpted directly from a larger sexuality education guide, and therefore contains minor references to materials not included in this manual.

▲ 1. Father-Son roleplay

Presenter (P) plays the father (F), and a male student from the class is chosen to play the son (S). The son is sitting down watching TV (let the student pick the show) and the father enters the room waving a report card. (Prepare the student by explaining the scenario; get agreement on physical contact.)

F: Turn off the TV! What the hell are you doing? And what the hell is this? (Shows report card.)

S: It's my report card.

F: Your report card! If you're so smart, why were you stupid enough to get a D in Math?

S: I did the best I could.

F: D is the best you could do? You're just stupid!

S: That's not fair. (Tries to get up.)

F: (Shoves him down.) Don't you talk back to me! You hear, boy?

S: (Starts to cry.)

F: Oh, you gonna cry now? Huh? (Shakes son, hits him with report card.) You can't even act like a man! (Stomps out. Son stops in place to end the roleplay.)

P asks the son: How are you feeling right now about yourself? About your father? About what just happened?

P asks the class: What's going on here? Why is this fight happening? Who is responsible? Is this really about grades?

P: One thing the father told his son is to "act like a man." Let's talk about that.

▲ 2. The “Act-Like-A-Man” Box

P talks to teen men in the room, who pretend for a moment that they are 10 years old and that there is an adult man—father, stepfather, coach, etc.—who is angrily saying to them, “Act like a man.” **P** says this in an angry, yelling tone to each of them, and then steps back from that role.

P: What are you guys learning when someone says that to you?

Co-presenter writes a list on the board of the characteristics the students name. Be sure to include “tough” and its equivalents, and “don’t cry.” Draw a box around the entire list and label it “Act-Like-A-Man” (see page 88).

(A note on “macho”: Invariably someone will mention “macho” as a male characteristic. Always suggest an English term instead, and take a minute to explain that “macho” is a Spanish/Mexican term, having to do with honor, taking care of one’s family, etc., that has been misused negatively in English as “tough, insensitive,” and then reapplied to Mexican men as a stereotype. To avoid this form of racism, it is best not to use the term at all.)

P: We call this our “Act-Like-A-Man” box. We believe that all boys learn about this box as they grow up. Who are some of the people in society that teach us to be this way?

(Co-P lists: parents, friends, lovers, media, coaches, teachers, grandparents.)

P: What names do boys get called when they try to step outside of this box?

(Co-P writes the names along the right side of the box.)

P: What is the purpose of these names? What are you supposed to do when someone calls you these names?

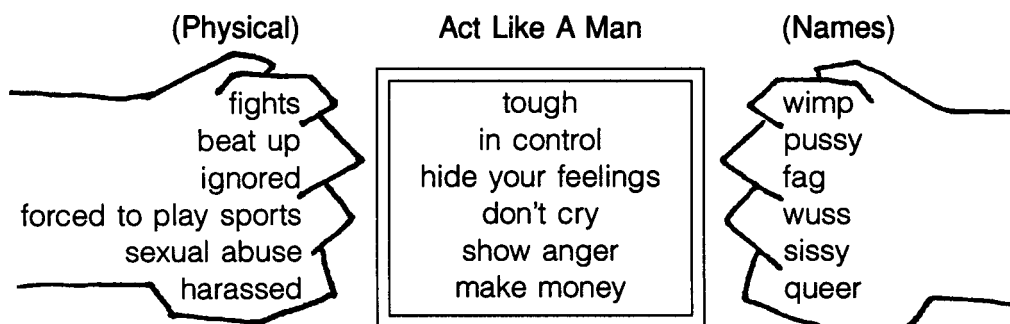
P: What is the particular purpose of *these* names? (Point out the names “fag,” “queer,” and any others that refer to gays.) When boys hear them, what are they being taught about being close to other boys or men? What are they being told about gay men? How does this fear of being labeled keep men in the box?

(Note: be prepared to address misinformation about gay people and the anxiety that will bubble right up when you even refer to this subject.)

P: These names are little slaps in the face, telling us to get back

in the box. They are emotionally violent, they hurt us, and they make us want to change our behavior so we never get called these names again.

P: What happens to boys physically? How do they get treated physically to make sure they act like men? (**Co-P** writes down list on other side of box, and then draws a fist around either side of the box.)



P: Something else that happens to boys besides getting beat up is that one out of six boys is sexually abused before the age of 18. These boys are usually abused by a man, not gay, who may seem to be “like everyone else”—he may have a wife, children, etc. What is it about this box is that going to make it real hard for a guy who’s been sexually abused to talk about it and get help? What names will he be called if he talks?

We’re going into this because part of the message for men is: when you get hurt, take it in, keep it in, don’t ever tell anyone. Now, when you raise someone from the time he is a baby to take the pain, keep it to himself, and not to show any feelings except anger, you’re training someone to walk around like a time bomb. What is going to happen when this person is 17 or 18 or 20 and finds himself getting mad or upset about something?

We can see from the box that boys are not born to be violent, but that they get emotionally and physically hurt to make them stay in control. No boy wants it to be this way, and all of us as guys try to figure out how to get out of this box.

Let’s talk now about being raised female. We’ll start off this section with a roleplay, too.

▲ 3. Party roleplay

P picks a male and female volunteer from the class. **Scenario:** the male (**M**) and female (**F**) are boyfriend and girlfriend. They have been in a relationship for the past eight months. They have sex on a regular

basis and use birth control consistently and responsibly. F's best friend's parents are gone for the weekend, and so the best friend is having a party. There is beer and wine coolers and people are listening to music and dancing. M and F end up in the parents' master bedroom. They are not drunk or high.

The Male Role: M wants to have sex with F. He knows they do it almost every Saturday night and he wants to tonight. He loves her, but will not take "No" for an answer. Plus, his friends saw him go upstairs, and he feels he will need to tell them a good story when he goes back downstairs. Give the roleplayer permission to use every line in the book.

The Female Role: F loves M a lot. He is very popular, very good-looking, and a lot of other girls would love to go out with him. But, tonight she doesn't want to have sex with M—just because she doesn't feel like it. Plus, she feels like all of their friends are watching them and she feels self-conscious. However, she's scared of losing M, so she doesn't want to make him mad.

The Script: It might be easiest to begin the roleplay with M putting his arm around F and saying, "I really want to have sex with you tonight." A last line for the roleplay can be M saying, "Goddamit, I'm gonna get what I want from you *now!*" Let the roleplayers fill in in-between, with the focus being on M pressuring F physically and emotionally and F politely trying to get him to see her viewpoint. They freeze in place to end the roleplay.

P asks the boyfriend, in character: How are you feeling about what you're doing? How do you feel right now about yourself?

P asks the girlfriend, in character: How are you feeling about what your boyfriend is doing to you? What keeps you from saying these things to your boyfriend? What are you afraid of?

P then "freezes" the boyfriend, asking him to listen without reacting negatively, and has the girlfriend tell him how she feels and what she wants/needs from him.

P asks for class feedback: What do you see happening here? Is the boyfriend "acting-like-a-man?" Why is he doing what he's doing? How does she feel? Is it hard for her to say "No?" Why? What kind of violence is happening here?

P thanks the volunteers and asks the class to give them a round of applause.

P: Now, we'll finish talking about women tomorrow, so I want you to remember this roleplay we've just done. Look around at

school—notice the way that men and women act around you. Do you meet guys who fit in the box? Guys who are out of the box? Think about some experiences you have had as a woman. Are any similar to our roleplay?

P may choose to tell a personal experience about dating violence, if it seems appropriate.

▲ 1. One Thing

P: (to the women in the class) What is one thing that men or boys say to you—something that hurts you or that you don't like—that you never want to hear again. You can think back to the roleplay and some lines the boyfriend used on the girlfriend. (Co-P writes the comments off to one side of the board.)

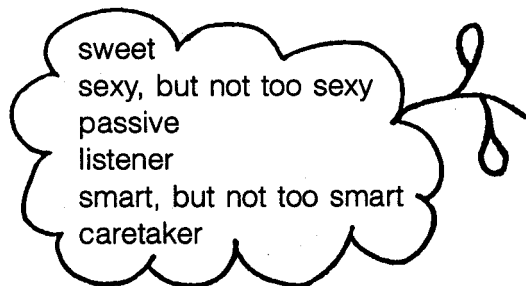
One Thing

trust me
if you loved me you would
I'll call you
you'll do what I tell you
you're my woman
no fat chicks allowed

▲ 2. Act-Like-A-Lady Flower

P: (still to the women in the class) What is this list of things men say to you telling you about how you are supposed to act as a woman? What in your upbringing have you learned about how you are supposed to act if you are a "good girl"? How does society tell you to act if you are going to act like a "lady"? (Co-P writes down responses about "how women are supposed to act." Expect responses such as "sexy but not too sexy," "smart but not too smart," "listener," and "caretaker.") Draw a flower around this list and label it "Act Like A Lady."

Act Like A Lady



P: We call this the “Act-Like-A-Lady” Flower. Just like in the Act-Like-A-Man Box, women who are out of this flower get called names to make them stay in the flower, to make them act the way society says “nice women” should act. What are some names women get called if they step out of the flower? (Co-P lists on board to the right side. You will get names like whore, slut, ho, tramp, bitch, frigid, virgin, lesbo, dyke, butch.)

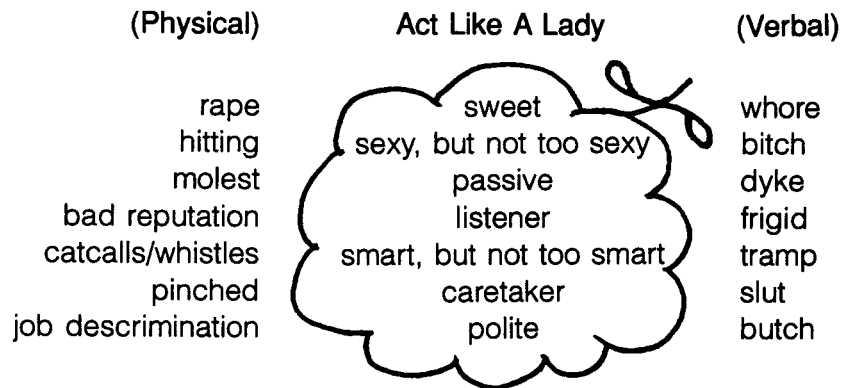
P: So, women get called different names for being out of the flower in different ways. Maybe if you as a woman are “too smart,” according to the flower, you’ll be called a bitch. Maybe if a woman is “overly provocative,” according to society, then she is called one of the “whore” words. Maybe if a woman is “too athletic” for the flower, she’ll be called a dyke.

You might have noticed that a lot of the names guys get called have to do with being tough—they are about what guys *do*. What do you notice about a lot of these names? Most of them are about women being—or not being—sexual. Women are identified by how they *look*.

P: How about these particular names? (Point out “dyke,” “lesbo,” and other terms referring to lesbians.) What happens to women who want close relationships of any kind with other women? What message do you get about lesbians from these names? What’s the purpose of these names?

(Note: Again, be prepared to deal with misinformation—and panic—about this subject in the classroom.)

P: What are some of the physical things that get done to women who step out of the flower? (Co-P lists these to the left. You will get answers such as: rape, hitting, job discrimination, a bad reputation, date rape, molesting, catcalls, pinches, etc.) So, now our flower looks like this:



P: We feel that it is really important to point out something about the act of rape: a woman can be raped regardless of whether she is in the flower or not, just by virtue of being a woman. A woman can be perfectly in the flower and be raped, and a woman can be totally out of the flower and be raped. It is really scary to look at this. The statistic is that one out of three or four girls is sexually abused by the time she is 18, usually by an adult man. And one out of three teen women in a dating relationship in high school gets physically or sexually abused.

P: Now that we've looked at both the flower and the box, what is it about them that leads to violence in teen relationships? (Get open discussion going with class around this question.)

SELECTED LESSON PLAN 2.2: WAYS OF UNDERSTANDING GENDER

SOURCE

Jill Lewis, "Ways of Understanding Gender," *Gendering Prevention Practice: A practical guide to working with gender in sexual safety and HIV/AIDS awareness education*, The Living for Tomorrow Project at the Nordic Institute for Women's Studies and Gender Research (NIKK), 2003, Oslo. Reprinted with permission.

Suitable for ages 15 and up

Summary

This series of exercises encourages participants to critically examine existing gender roles and envision how expectations for men and women could change. In Lewis's exercise 2.1 participants write about their personal experiences of the gender system and then share with the rest of the class. In exercise 2.2 participants examine their assumptions about nonphysical differences between men and women; this encourages them to question the origin of such assumptions. Exercise 2.3 shifts the focus to social expectations. Participants discuss the current status of men and women in their society, focusing on areas of equality and inequality, and then list differences in expectations for men and women in a variety of social arenas. Participants discuss the consequences of these expectations. Finally, by describing and discussing how gender roles have changed over generations (grandparents, parents, and young people today) in exercise 2.4, participants recognize that gender systems are neither fixed nor inevitable.

Teaching Notes

- At the end of exercise 2.1, ask questions such as: "What feelings were associated with being male in the stories? Female?" "What similarities and differences did you notice in the experiences of females? Males?"
- After the groups have brainstormed in exercise 2.2, ask them to sort the differences into those they all agreed on and those that they didn't.
- To highlight the greater impact that gender expectations have on women and encourage participants to reconsider or challenge such expectations, ask additional questions during the final discussion of exercise 2.3, such as: "What do you notice about the consequences for women? What about for men?" "Which of these expectations do you agree with? Which do you disagree with?" "What can you do to challenge those you don't agree with?"
- To provide additional guidance to your participants in the first activity, you could go through the list of topics included in exercise 2.3.
- Wrap up with some summarizing questions, such as: "What are the main conclusions you can draw from the exercises that we did today?" (If necessary, give them a prompt: "... about the differences/similarities in male and female experiences?" "... about how different men and women actually are?" "... about how equal men and women are?" "... about whether gender roles have changed?") Conclude by asking them to complete the following sentences: "One area of gender inequality I am concerned about is . . ." "One thing about gender roles I want to change is . . ."

Adapting the Lesson

- These exercises were originally designed for use with young adults, so exercise 2.4 includes categories of "you now" and "young people today." If you are working with adolescents, remove the category of "young people today" and make appropriate changes to the questions that follow the activity.

WAYS OF UNDERSTANDING GENDER

Each of us has learned and digested what it “means” to be a man or a woman – right from our early years. It is one thing to look around and see the external social signs of gender meanings. It is another, equally important, to reflect on how our personal imaginings of gender, that have left traces in us from experiences and memories of growing up, affect our assumptions about gender.

Warm up

Ask participants to stand in a circle. Go around the group twice with each person finishing these sentences:

I would like to be (*name a well-known WOMAN*) **because she...**

I would like to be (*name a well-known MAN*) **because he...**

EXERCISE 2.1 A TIME I REALLY KNEW I WAS A MAN OR A WOMAN

Aim: To anchor for participants a personal sense of experiencing the gender system
Materials: Pen and paper for everyone, and enough space for everyone to sit on their own
Time: 45 minutes total: about 15 minutes writing, 30 minutes reading and reflections

Explaining the activity

Give the following explanation to the group:

Usually we go about daily life doing lots of things without thinking “I am a man” or “I am a woman” as we go. But sometimes there are moments when our experience can be vividly shaped by the very fact that each of us is either a man or a woman. The situation would have been a totally different experience if we had been the other sex.

Think of a time when you were very aware that you were a boy / girl, or man / woman – when the situation made it very visible to you that being male or female determined what was happening to you. Take some time to think back in your life and find such an experience.

We will have 15 minutes while everyone simply writes down the story of what happened. Please do this quietly and then we will have the chance to discuss what emerges. Don’t try to explain or analyze, just tell the story (e.g. “I was 13 years old, walking home from my grandmother’s when...”).

Call everyone back into the circle after 15 minutes and ask for volunteers who would like to read their stories. After the first volunteers, go systematically around the circle, giving each person a chance to read out loud or pass. Go around twice, in case someone changes their mind and does want to read after all.

After everyone who wishes to has read their stories, ask the group to reflect on the themes or issues that emerged.

This exercise brings to light a range of different ways that personal experience is marked by the gender system – right across our lives. It often brings out very strong memories of the social pressures experienced by men or women to “perform” according to the traditionally expected gender norms or roles. It can bring out stories of shock or violence or fear or vulnerability – from men as well as women. It is important to thank everyone who reads.

EXERCISE 2.2 ASSUMPTIONS ABOUT DIFFERENCE

Aim: To make visible “popular” assumptions about male and female bodies and sex
Materials: Pen and paper for each group
Time: 30 minutes total: 10 minutes discussing in groups, 20 minutes feedback and discussion

Have everyone go into groups of 3 or 4, some single-sex and some mixed.

Ask each group to discuss and make a list of their thoughts in response to this question:

Apart from *physical* differences, what do you consider to be the main differences between men and women? (So this is NOT about the BODY – but other perceptions of difference)

After making their lists, small groups should report back to the main group, and this larger group should be asked to respond to each small group’s list.

Have an open discussion. The following questions may help to focus the debate:

Are these fixed truths about men and women? Do these ideas of difference relate to you and people you know? Were they the same 100 years ago? Are these differences learned or biologically fixed behaviors? How do you know what you claim is “natural” or true? Why do we claim there is so much difference between men and women?

The presence of probable differences of perception and interpretation in the group will highlight how informal assumptions and popular beliefs are often based on unconsciously accumulated hearsay and stereotypes rather than objective truths. Often we opt for very limiting traditions for interpreting the male and female body. To script safer sexual behaviors it is important to be open to imagining male and female bodies able to enact different behaviors.

EXERCISE 2.3 IMAGES OF EQUALITY

Aim: To make explicit in the group the different messages young people receive about gender
Materials: Pen and paper for each small group
Time: 45 minutes total: 10 minutes in small groups, 35 in feedback and discussion

First – ask the full group for some responses to these two questions:

Are men and women equal in our country today?
What are the main areas of equality and inequality?

Then divide people into 5 groups, each to discuss **one** of the following, for 10 minutes:

Are there different expectations for men and women in the following areas of social life?

- Education and training
- Employment
- Family responsibilities
- Socially acceptable behavior
- Sexual behavior

In full group again, quickly gather feedback from each group, and pose the questions to the full group after each topic:

What effect on women or men do you think these different expectations have?

Are they based on biology or social customs? Do they feel “right” to you?

What consequences do these expectations have on young people growing into men or women?

EXERCISE 2.4 IMAGES OF CHANGE

Aim: To provoke thinking about how the gender system changes across time

Materials: Flip chart and pen, or board and chalk

Time: 30 minutes

Ask for responses to the following and write them under headings on a flip chart.

In grandparents' time	In parents' time	You now	Young people today

Was life “as a woman” or “as a man” different for your grandparents from how it is for you? Can you give some examples? For women? For men?

Is life “as a woman” or “as a man” different for teenagers today, than it was for you or your parents as teenagers?

Have sexual customs and behaviors changed since your grandparents' time? And for young people now? Do you think sexual relations were different then? Why?

So are gender systems fixed or changing? What affects changes? Technology? Laws? Economics? Ideas of human rights? Globalization? Note that in most societies, gender systems have changed radically over the second half of the 20th century.

CHAPTER 3: ANATOMY, PHYSIOLOGY, AND PUBERTY

In most societies, people refer to sexual parts of the body with euphemisms, and the physical changes of puberty may be happening to an adolescent before he or she knows what they are or that they are normal. Ideally, schools would teach the reproductive system in as much detail and as early as they teach the digestive and respiratory systems; that's usually not the norm, however. In fact, many adolescents may be uninformed, misinformed, or downright frightened by unexpected changes in their bodies. There are countless stories of girls who think they are dying when they get their first menstrual period because nobody has prepared them. Girls especially may have absorbed messages that their genitals are dirty and shouldn't be looked at or touched – feelings that are detrimental to sexual health and the development of a satisfying and safe sexual life.

People have a right to know their bodies fully. This is important for young children so that they can recognize sexual abuse; for adolescents so that they understand the changes they are going through; and for couples who want to experience a fulfilling sexual life together or become pregnant and bring a healthy child into the world. It is also essential for staying healthy – people need to know their bodies in order to recognize when something is wrong. Accepting our sexual and reproductive systems as natural and positive parts of our bodies is an important part of accepting and integrating sexuality into our identity.

Teaching Tips

- Use the correct names for all body parts and make this a principle in your classroom. Your participants need to know the standard words. They will undoubtedly be familiar with many slang terms, some considered offensive, and may use them in the classroom. If this occurs, do not react strongly, even if the term is offensive to you, but simply ask them to use the correct word.
- Familiarize yourself with the current slang for body parts. Many sexuality courses include an exercise in which students are asked to identify slang terms and think about the ways in which they may be hurtful or negative.
- Use the questions in the anonymous question box to make sure that you are addressing your students' particular concerns about the appearance and size of their genitals. They may have a whole range of concerns, like having different-sized breasts or testicles or a curved or bent penis. As you become familiar with young people's concerns about their genitals, bring them up during lessons before they ask.
- Consider separating girls and boys for some topics so that they have the opportunity to ask questions they might be afraid or embarrassed to raise in a mixed setting.
- When teaching girls, discuss practical menstrual care as well as the cyclical changes in their cervical fluid. It is important for women to be able to differentiate between normal discharge and one that indicates infection.
- Make sure that participants understand that puberty brings with it the possibility of pregnancy, even before a girl has her first period.

Content Considerations

- Teach both the sexual system and the reproductive system, distinguishing between the two. Sometimes these are mixed up because they overlap in places.
- Make sure there is a gender balance in what is taught. Do not leave out body parts such as

the clitoris, which only girls have and whose function is strictly sexual.

- Inform older adolescents that all fetuses develop from the same tissues and then change under the influence of hormones; therefore, men and women have analogous parts such as the penis and the clitoris.
- Drawings of the reproductive system often distort the size of some body parts. Demonstrate the actual size of organs by comparing them to the size of a common object. For example, the fallopian tubes are actually only the size of two human hairs.
- Many adolescents have concerns about the size and appearance of their genitals. Discuss the size and look of the genitals and reassure your students that there is a great variation in the normal size, shape, and color of the reproductive and sexual body parts, just as there is variation in all body parts. These characteristics have no effect on their functioning or ability to give pleasure. Provide some facts related to size that can address participants' concerns, for example, that a penis that looks smaller when soft will increase more in size when it becomes erect than one that looks larger when flaccid.
- Recognize that girls have rarely seen their own genitals or know what women's genitals look like. They are also more likely to have received negative messages, for example, that their genitals are dirty or ugly or have a bad odor. Correct these messages. Teach them that the internal organs of the female reproductive system are normally either sterile, such as the uterus, or self-cleaning, such as the vagina; that as long as they wash their external genitals daily with soap and water, they will not smell unpleasant; that a lack of familiarity with the way their own bodies look may cause them to think that they do not look nice, yet women's genitals are most often compared to flowers or seashells, both of which are considered beautiful.
- In cultures where genital cutting, including male circumcision, is practiced by some or the majority of people, address this practice when teaching anatomy and physiology. If you are using anatomical drawings, make sure you have drawings of genitals that have been cut as well as those that have not. Explain the practices and the effects nonjudgmentally so that neither those who have nor those who have not undergone cutting feel there is something wrong with them. (This is a complex topic. See the WHO online lesson plans at the end of the Additional Resources section.)

SELECTED LESSON PLAN 3.1: ANATOMY AND PHYSIOLOGY

SOURCE

“Session 4: Anatomy and Physiology,” *Our Whole Lives: Sexuality Education for Grades 7–9*, by Pamela M. Wilson. Boston: Unitarian Universalist Association, 1999. Reprinted by permission of the Unitarian Universalist Association. www.uua.org

Suitable for ages 12 to 15

Summary

This lesson is an excellent introduction to sexual and reproductive anatomy and physiology using interactive and engaging activities. It is designed for students who already have some knowledge, but suggestions are also made for adapting it to students who know less. The lesson includes readings, a review game in which participants have to guess body parts by asking only yes-or-no questions, and the construction of three-dimensional models of the sexual system—a very effective way for participants to concretely visualize and better remember how the reproductive system works. The lesson includes excellent drawings of male and female internal and external anatomy.

Teaching Notes

- Pay particular attention to ensuring that participants clearly understand functions, because physiology is less clearly addressed.
- Review all the content covered in this lesson and be confident in your knowledge.
- The groups for constructing the models should not be larger than five or six people.
- To adapt the lesson to students who have less knowledge about anatomy and physiology, follow the suggestions offered in the preparation section. Alternatively, start with the Constructing Sexual Systems activity, beginning with step 4, and add information about physiology as you review the students’ answers with them. This would introduce students to the systems and the names of the parts of the sexual system. Following this, return to steps 1 to 3, allowing the students to refer to the drawings in making models, and then do steps 5 to 6. Then use Anatomy and Physiology Cards to further review and integrate the information learned. Or use this activity as a warm-up in a later session, perhaps one in which students will use the anatomy and physiology content.

Adapting the Lesson

- Determine which materials will work best for constructing the models. If modeling clay is available, it is a good alternative. For the poster board, you can cut up cardboard boxes.
- Consider having a local artist adapt the drawings, or make some additional ones that reflect genital-cutting practices.
- If you have access to suitable readings from your own country with which to begin the lesson, use those.
- It is not necessary for every student to have a photocopy of the worksheets. Have students share, or make one large replica of the drawings (by drawing it on a large paper or using an overhead projector) and have the participants answer in their own notebooks.
- Please note that this lesson is excerpted directly from a larger sexuality education guide, and therefore contains minor references to materials not included in this manual (e.g., the Personal Concerns About Sexuality Checklist referenced on the first page).

SESSION 4 **Anatomy and Physiology**

A WORD TO THE LEADERS

Youth often report that they already have sufficient knowledge of anatomy and physiology. In fact, they may be correct. Many schools do an excellent job of teaching the medical information about human sexuality. However, there is still considerable misinformation among young people on this subject, and the activities in this session provide a light-hearted and enjoyable vehicle for learning about (or relearning) the male and female sexual systems. Perhaps more importantly, in presenting this information with warmth, humor, and straightforward explicitness, you establish a new standard—that knowing and talking about our sexual organs and their functions is completely normal and appropriate.

Pay close attention to what participants know and do not know. Use your assessment of participants' knowledge to build on their existing information and to correct misinformation. Refer to the Personal Concerns About Sexuality checklists from Session One as you plan this session.

If you are able to borrow or purchase additional visual aids, please arrange to do so. Lifelike illustrations, traditional cross-section anatomy diagrams and pelvic models all provide the reality necessary in the study of anatomy and physiology.

SESSION GOALS

- To increase knowledge of male and female sexual anatomy and physiology.
- To increase comfort with the topic of male and female sexual anatomy and physiology.

LEARNING OBJECTIVES

After completing this session, participants will be able to:

- Label the major organs of male and female sexual systems.
- Identify the functions of the major organs of the male and female sexual systems.
- Voice increased comfort with the topic of sexual anatomy and physiology.

SESSION-AT-A-GLANCE

Reentry and Reading (R&R)	15 minutes
Anatomy and Physiology Cards	20–30 minutes
Constructing Sex Systems	40–50 minutes
Reflection and Planning for Next Session	5 minutes

MATERIALS CHECKLIST

For Anatomy and Physiology Cards

- ☐ Masking tape
- ☐ Index cards
- ☐ Poster or drawings of the male and female sexual systems

For Constructing Sex Systems

- ☐ Poster board
- ☐ Scissors (including left-handed)
- ☐ Glue or doubled-sided tape
- ☐ A variety of art materials such as colored paper, small balls, cotton, pipe cleaners, light bulbs, straws, round and tubular balloons, egg cartons, yarn, chunks of foam rubber or Styrofoam, toilet paper cylinders, and different varieties of nuts.
- ☐ Labels
- ☐ Handout 5, Male Sexual System, and Handout 6, Female Sexual System

PREPARATION

- Read the session and decide together how you will divide leadership responsibilities. While there are only two activities in this session, Constructing Sexual Systems is quite involved and takes a lot of time. If your group has a basic knowledge of sexual anatomy, you will have a lot of success with both of these activities. On the other hand, if the group seems to have little knowledge, have them construct the sexual systems first, then do Anatomy and Physiology Cards as a review. If you reverse the activities or omit Anatomy and Physiology Cards, it is critical that you briefly review the male and female systems before having the groups construct the two systems. It is hoped that you can conduct both activities because both are fun, informative, and engaging for participants.
- Call your local family planning agency to obtain large posters or drawings of the male and female sexual (or reproductive) systems. Borrow appropriate books from the library or from health-care professionals.
- Photocopy Handout 5, Male Sexual System and Handout 6, Female Sexual System, for all participants.

NOTE: The correct labels are: *Female labels*: labia, clitoris, vagina, cervix, urethra, bladder, Fallopian tube, ovary, uterus; *Male labels*: penis, testicle, scrotum, urethra, vas deferens, bladder, prostate gland, seminal vesicles.

For Anatomy and Physiology Cards

- Prepare one index card per participant with one of the following body parts written on each card: brain, nose, fingers, eyes, penis, testicles, nipples, prostate gland, urethra, labia, anus, vagina, clitoris, uterus, ovaries, Fallopian tubes, vulva, scrotum, vas deferens, breasts, seminal vesicles.

For Constructing Sexual Systems

- Gather materials described in Materials Checklist.
- Prepare two sets of labels for the sexual systems. (*Female labels*: labia, clitoris, vagina, cervix, urethra, bladder, Fallopian tube, ovary, uterus; *Male labels*: penis, testicle, scrotum, urethra, vas deferens, bladder, prostate gland, seminal vesicles.)

Session Plan

R&R

15 Minutes

1. *Reentry*

Welcome participants and begin a discussion with the following questions:

- Could someone describe our last session? [This is especially helpful when you have members who missed the last session.]
- How many of you had a conversation with someone about sexuality since our last session? How did it go? What kind of language did you use? How comfortable did you feel?
- What's new in your life? Is anything going on that you want to discuss with the group?

2. *Question Box*

Take a few minutes to answer questions from the Question Box.

3. *Reading*

Explain that today's session is about anatomy and physiology—identifying sexual body parts and understanding how each functions. Say that today's readings are comments from college students taking a college course in human sexuality. They come from the textbook *Our Sexuality* by Robert Crooks and Karla Baur (Redwood City, CA: Benjamin/Cummings Publishing Company, Inc., 1990).

Who needs a lecture on male anatomy? Certainly not the men in this class. It's hanging out there all our lives. We handle it and look at it each time we pee or bathe. So what's the mystery? Now the female body—that's a different story. That's why I'm in the class. Let's learn something that isn't so obvious.

I had three children and was 45 years old before I ever really looked at my genitals. I was amazed at the delicate shapes and subtle colors. I'm sorry it took me so long to do this because I now feel more sure of myself sexually after becoming more acquainted with *me*.

Engage the group in discussion with the following questions:

- How did you feel about the guy's comments? Do you agree that the male body is less of a mystery than the female body?
- What do you think of the woman's experience? What do you think it would be like to go through much of your life and to actually have children without understanding your own body?

ANATOMY AND PHYSIOLOGY CARDS

20–30 Minutes

1. Tell participants that you want to get them energized with an activity that will help them remember information about anatomy and physiology.

2. Explain how the activity works:

- Each card has the name of a part of the male or female body written on it. Many are sexual or reproductive body parts, but other parts are included as well.
- I will tape a card on each person's back.

- Your job is to guess which body part is written on your card by walking around and asking others yes-or-no questions such as:

Am I on a male? Am I on a female?

Above the waist? Below the waist?

A sexual part?

- If you cannot guess the body part, we'll give you clues.
- Once you have guessed the body part correctly, take the card off your back and tape it to the front of your shoulder. Then, go around and help others guess the part they have.

3. When everyone has guessed correctly, regather the group. Ask participants to look at the cards taped to themselves and others to get a sense of all the parts that are being discussed in this session. Conclude with the following questions:

- How did you like that activity? [Some people may feel that it was fun, while others may have found it frustrating or embarrassing.]
- How easy was it to guess the various parts of the body? Which parts do you know the least about? [Take this opportunity to show posters or drawings of the male and female sexual systems. Help participants to see where these organs are positioned in the sexual system.]
- Which of these parts of the body have nothing to do with sexuality? [If anyone suggests that the brain, nose, eyes, or fingers have nothing to do with sexuality, point out some of the connections.]
- How do you feel about your knowledge of anatomy and physiology?

CONSTRUCTING SEXUAL SYSTEMS

40–50 Minutes

1. Divide participants into two groups by gender and ask them to construct a three-dimensional model of the reproductive/sexual system of their gender.

NOTE: Alternatively, you could have each group construct a model of the other gender. Or if your group is large enough to have four same-gender groups, you could have two groups construct models of their own gender and two groups construct models of the other gender.

2. Explain that the models should include both external and internal organs, which should be identified with a prepared label. Models will be built on pieces of poster board.

3. Give each group a large piece of poster board, a set of labels, and one half of the materials you collected for this activity. Suggest each group begin by drawing an illustration of the sexual system to be constructed. Expect giggling and laughter along with confusion and frustration. Circulate and provide a little assistance but do not take over the activity.

NOTE: Quite often girls get more involved and seem to take this activity more seriously than the boys. This is probably due to differences in maturity. Do not be disheartened if some boys are silly, loud, or rambunctious. Help the boys get focused and provide them with additional support, if appropriate.

4. When the groups have completed their three-dimensional models to the best of their ability, distribute copies of Handout 5, Male Sexual System, and Handout 6, Female Sexual System. Invite participants to match the numbers to the correct terms

on the handouts. Answer any questions that participants may have and ask them to make any necessary adjustments to their models using the following answer key:

Female

1. labia

2. clitoris

3. vagina

4. cervix

5. urethra

6. bladder

7. Fallopian tube

8. ovary

9. uterus

Male

1. penis

2. testicle

3. scrotum

4. urethra

5. vas deferens

6. bladder

7. prostate gland

8. seminal vesicle

5. When the groups have finished, display the sexual systems models side by side and have a reporter from each group present their creation. Briefly describe how each sexual system functions. Ask for volunteers to help with these descriptions.

6. Discuss the activity by asking a few of the following questions:

- What was it like doing this activity?
- How easy or difficult was it for your group to construct your (or the other) gender's sexual system?
- How many of you knew as much as you thought you did before starting this project?
- How could knowledge of male and female anatomy and physiology help you in your development as a healthy sexual person?

REFLECTION AND PLANNING FOR NEXT SESSION

5 Minutes

1. Announce that it is time for reflection. Ask participants what they thought of today's session. Use the "whip" technique to have each person state one new thing he or she learned today.
2. Tell participants that Session Five will focus on bodies, but this time the group will explore puberty and body-image issues. Common worries about body development and body appearance will be identified and addressed. Mention that during part of the next session, participants will work in same-gender groups with a same-gender facilitator to discuss some of the personal concerns teens have related to puberty.
3. Distribute index cards and have participants write questions for the Question Box.

LEADER REFLECTION AND PLANNING

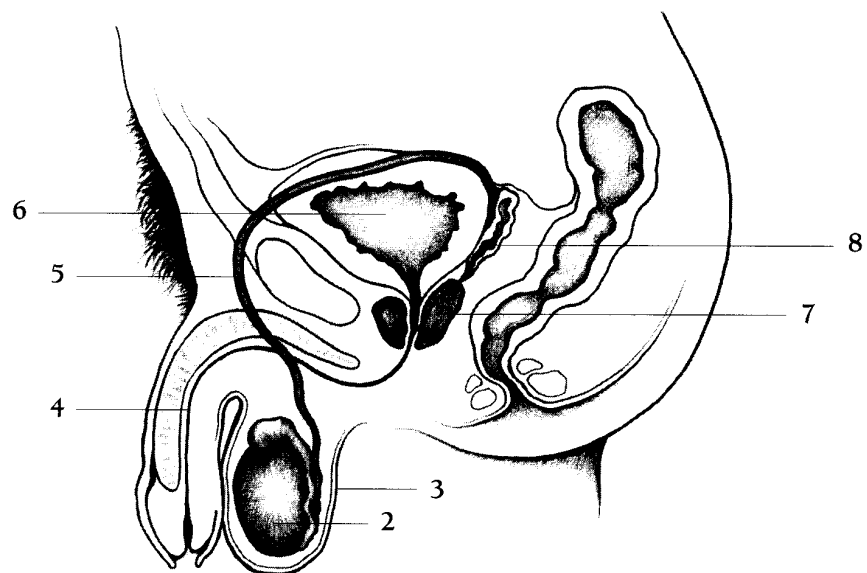
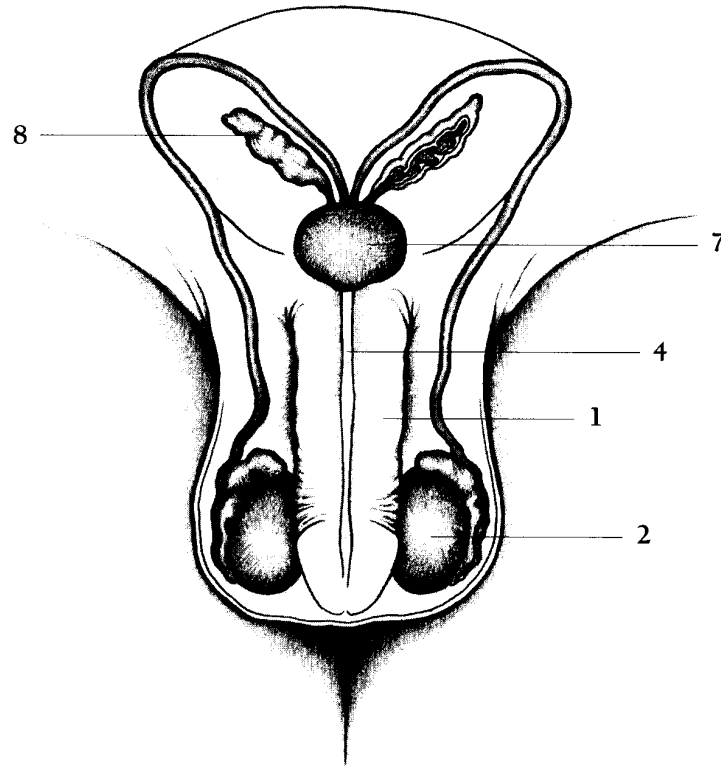
Take a few minutes to discuss these questions with your coleader:

1. What was good about this session? Why?
2. What was not good? Why?
3. What can I learn from this session to strengthen future sessions?
4. What preparation do I need to do for the next session?

Handout 5

SESSION FOUR

MALE SEXUAL SYSTEM

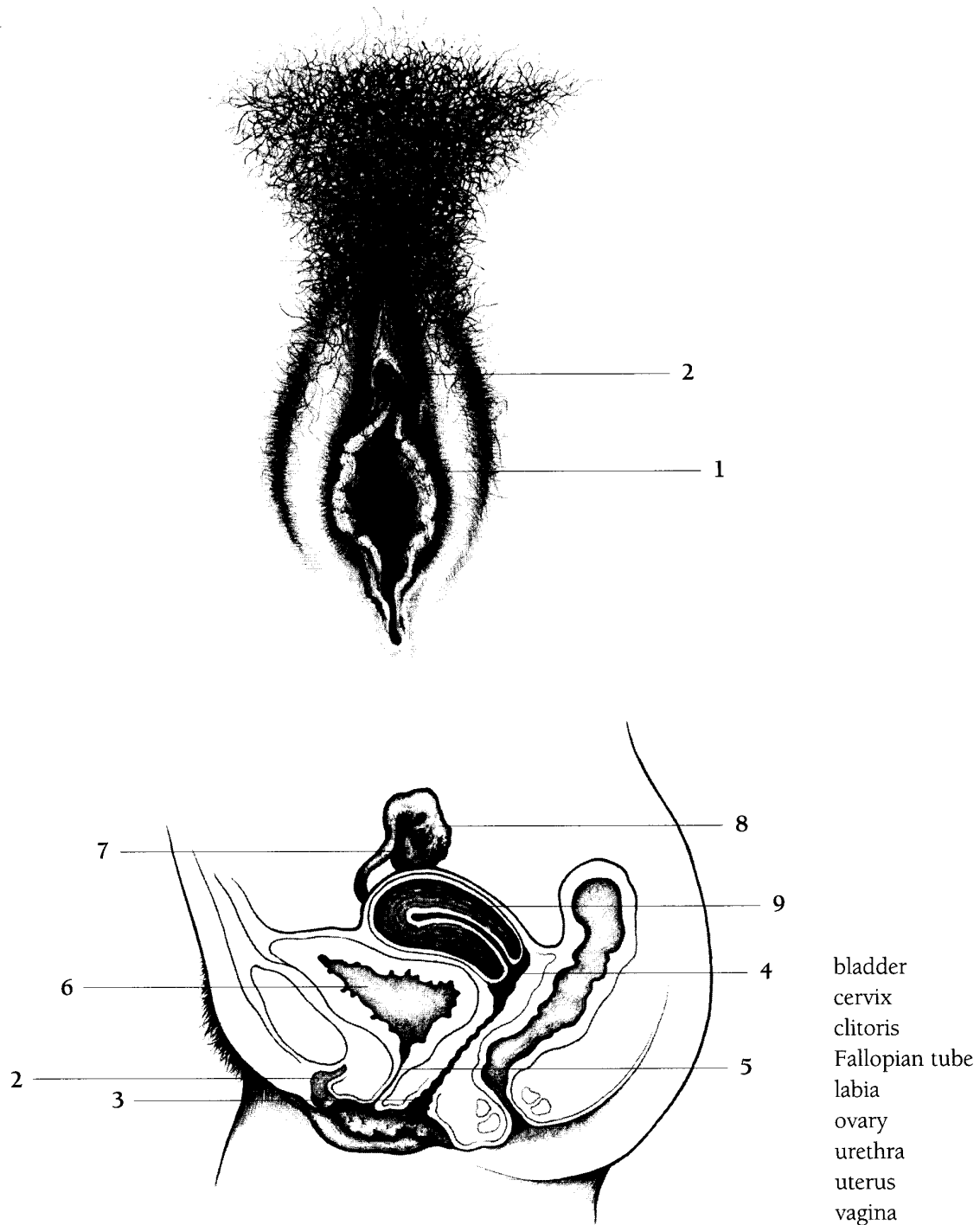


bladder
penis
prostate gland
scrotum
seminal vesicle
testicle
urethra
vas deferens

Handout 6

SESSION FOUR

FEMALE SEXUAL SYSTEM



SELECTED LESSON PLAN 3.2: PERSONAL CONCERNS ABOUT PUBERTY

SOURCE

“Session 5: Personal Concerns about Puberty,” *Our Whole Lives: Sexuality Education for Grades 7–9*, by Pamela M. Wilson. Boston: Unitarian Universalist Association, 1999. Reprinted by permission of the Unitarian Universalist Association. www.uua.org

Suitable for ages 12 to 15

Summary

This is an excellent lesson plan for adolescents who have already started puberty. It approaches physical development and body image from an empathetic, gender-sensitive perspective and addresses the pressures created by media and advertising and their differential impact on boys and girls. The plan uses interactive methods to answer participants’ specific worries and questions in both mixed-sex and same-sex groups, with particular sensitivity to teens’ self-consciousness at this age.

Teaching Notes

- The excellent resource guide covers in detail the information that adolescents need and want to know. Include as much of the information as possible.
- For this lesson to be effective, the educator needs to be very comfortable with the material and good at encouraging teens to talk, as well as understanding their sometimes unspoken concerns.
- You will need to have gender-conscious educators of both sexes to conduct this session.

Adapting the Lesson

- Substitute the readings from American teens with similar materials from teens in your country, or mention that the readings come from American teens and ask your participants if they think teens in your country have similar experiences.
- Omit references to cultural figures or replace them with ones that your participants will know.
- Adapt the ideal images of beauty to those promoted by your media or culture.
- Adapt the sections on boys’ circumcision to the practices in your culture.
- If you live in a country where female genital cutting is practiced, you will need to add a sensitive discussion about this practice to the session for girls.
- Adapt the sections discussing types of menstrual products and athletic supporters to products that are in use in your country or location.
- Please note that this lesson is excerpted directly from a larger sexuality education guide, and therefore contains minor references to materials not included in this manual (e.g., the Personal Concerns About Sexuality Checklist referenced on the first page).

SESSION 5 **Personal Concerns About Puberty****A WORD TO THE LEADERS**

This session gives participants an opportunity to talk about personal questions regarding their own growth and development. Some young people may be harboring concerns they have had since puberty began; others may actually live with the fear that some aspect of their body's size, shape, or function is abnormal. Reassurance is provided as both you and the young people themselves provide accurate information, clear up myths, and answer questions.

Before beginning this session, review the Personal Concerns About Sexuality checklists from Session One for issues that need to be addressed. Throughout the session, stress that normal spans a wide range and is *not* a particular body, behavior, or feeling. Help young people begin to reject common societal messages about what is physically attractive, especially when those messages treat people of color, people with larger than average bodies, and people with disabilities as if they were unattractive or nonexistent.

A unique element of this session is the gender-specific discussion groups that allow youth to talk about very personal aspects of their sexual health and hygiene with members of their same gender only. These discussions are conducted by same-gender leaders to increase comfort and minimize embarrassment. Take this opportunity to share brief stories from your own youth about concerns or questions you had while growing up, embarrassments you suffered, or myths you believed. Such sharing will strengthen bridges you have built with participants, and will allow them to see you as approachable when they need to discuss sensitive issues.

SESSION GOALS

- To help participants identify common concerns about puberty.
- To increase knowledge of health and hygiene issues.
- To provide a forum for participants' to discuss their personal concerns about their bodies and body image.

LEARNING OBJECTIVES

After completing this session, participants will be able to

- List at least two concerns that youth commonly have about body development and appearance.
- Identify at least two habits for keeping their sexual and reproductive organs healthy.
- Recognize the normal variation in shape, form, and rate of development of the sexual organs in humans, especially during puberty.

SESSION-AT-A-GLANCE

Reentry and Reading (R&R)	15 minutes
Am I Normal?	30 minutes
Personal Concerns of Boys and Girls	40 minutes
Reflection and Planning for Next Session	5 minutes

MATERIALS CHECKLIST

- ☐ Newsprint and markers
- ☐ Index cards and pencils

For Personal Concerns of Boys and Girls

- ☐ Menstrual hygiene products
- ☐ Jockstraps
- ☐ Leader Resource 6, Facts About Girls, and Leader Resource 7, Facts about Boys
- ☐ Large anatomy drawings

PREPARATION

- Read the session and decide together how to divide leadership responsibilities.
- Gather menstrual hygiene products and jockstrap(s) for both gender groups. Often samples of menstrual products for the whole group can be obtained from hygiene product manufacturers by writing or calling. Female and male anatomy drawings for both gender groups will also be useful.
- If possible, gather books on adolescent development written for this age level. *What's Happening to My Body? Book for Boys* and *What's Happening to My Body? Book for Girls* by Lynda Madaras, and *The New Teenage Body Book* by Kathy McCoy and Charles Wibblesman are available in most bookstores and libraries and are good resources for you in reviewing this topic.

Session Plan

R&R

15 Minutes

1. Reentry

Welcome participants and lead a check-in with the following questions:

- Could someone describe our last session?
- What's new in your life? Is anything going on that you want to discuss with the group?

2. Question Box

Answer any questions from the Question Box.

3. Reading

Explain that today's session deals with puberty and body image. The following letters from young teenagers are adapted from *The New Teenage Body Book* by Kathy McCoy, PhD, and Charles Wibblesman, MD (New York: The Putnam Publishing Group, 1992). Choose four to six of the letters and give to volunteers to read to the group.

These readings have been very effective in setting the stage for this session. Although it might seem that youth would be embarrassed to read the letters, they often are quite willing. Give volunteers a minute to review the reading. If participants struggle with this, read some of the letters yourself.

I'm 15 and sometimes when I wake up in the morning, I find that I've had what's called a "wet dream." My pajama bottoms are sticky with "come." Is there something the matter with me or am I normal? —*Allen K.*

Could you explain to me why some kids in my class still look like kids and some look like adults (almost)? We're all the same age! What bothers me is that all my friends have their periods and are taller and I still look like a little kid. But I'm almost 13! My mother says my day will come...but I want to know when? And will I end up looking like everyone else eventually? Help!! —*Jennifer C.*

I'm not circumcised and I can't pull my foreskin all the way back to wash underneath. I'm scared to tell anyone because I think it would be very painful to be circumcised. What can I do? —*Brandon*

I always seem to have a pimple attack just when I want to look my best: like just before senior portraits were taken, the day before the prom, and the morning of my sister's wedding (I was maid of honor). Is it my imagination or do pimples have a sort of sixth sense about when they're most unwanted? —*Ann C.*

Several days before I get my period, I get irritable and cry a lot. I also get a bad headache the day before my period starts. My grandma keeps telling me that it's "all in my head" and that if I had a better attitude about menstruation and about life in general, I wouldn't have such a bad time each month. Is she right? Am I causing myself to feel bad? —*Marianne*

I'm 16 and went through most of my puberty three years ago. But my penis is still quite small. In the erect state, it is about five inches long, which seems short, considering some of the movies I've seen. In the soft state, it shrinks down to practically nothing. This is very embarrassing, especially when I'm taking a public shower. (I usually get it erect before I get into a shower so it looks bigger.) Also, I'm still a virgin and I'm afraid that when I do have sex, I'll be too small to keep my penis inside while having intercourse. Will that be a problem? I'm really worried. Help!!! —*Scott*

Help! I'm a 15-year-old girl who is HAIRY! I have hair on my chin and a few hairs around the nipples of my breasts. The hair on my chin really looks awful. What can I do about it? My mom says it runs in the family. Help! —*Maria G.*

For the past two years, I've been perspiring under my arms—a lot! I've tried to hide it by wearing light-colored tops, but forget it! I take a bath every day and use a deodorant, but nothing seems to help. I sweat so much that I have yellow stains on my new clothes. Other kids tease me and I'm worried that this will happen all my life. I'd appreciate any suggestions you might have. —*Miserable*

AM I NORMAL?

30 Minutes

1. To introduce this activity, ask participants to reflect on the readings. Take some time with this if participants are interested. Mention, also, some of the general concerns related to body image that were identified on participants' Personal Concerns Checklist from Session One. Explain that this session explores feelings about body image.

2. Ask participants to think about worries and concerns people their age have about the way their bodies look. Distribute index cards and pencils and give instructions for the activity:

- Don't put your name on this card. The information on the cards will be shared anonymously.
- On one side of the card, write one worry that young people of your gender have about the way their bodies look. Label this side of the card A.
- On the other side of the card (labeled B), write a worry or concern that you think the other gender has.
- Identify your gender by putting an M or an F on side A of the card and circling it.

3. When participants have finished, collect the cards, shuffle them, and redistribute them randomly.

NOTE: If you have any concerns about group members' ability to read or write, collect the cards and read them yourself.

4. Go around the room and ask participants to read the author's gender and then the comments written on side A of the card. List the concerns on newsprint.

5. Now, have participants turn their cards over and read side B. List all the concerns on newsprint. When all the cards have been read, ask participants the following questions as appropriate:

- How do you feel about this list of concerns?
- How correct were the boys in guessing the girls' concerns? How correct were the girls in guessing the boys' concerns?
- If you had a friend who came to you with any of these concerns, what would you tell him or her?

6. As discussion proceeds, be prepared to give reassuring information such as:

- It is normal at this stage of development to have these feelings because the body is changing rapidly: people feel better about their bodies in their later teens.
- Girls' hips widen as they develop. This is to broaden the pelvis for possible childbearing later in life. Some models have very thin hips, but this is not a common body type.
- Media messages encourage us to feel insecure about our bodies. Advertisers encourage insecurities because they want us to buy products that are supposed to make us look better.

Pay special attention to comments that point to unhappiness with physical appearance related to race, ethnicity, or disability. Point out that certain features like fine hair texture, light skin color, and being able-bodied are considered beautiful by our society and that this unfair ideal creates insecure and unhappy feelings inside people who don't fit this mold.

PERSONAL CONCERNS OF BOYS AND GIRLS

40 Minutes

1. This personal concerns session gives young teens time alone with an adult of the same gender in case they have questions that would be embarrassing to discuss in the whole group. Participants are separated into same-gender groups, with a leader of the same gender. In introducing this activity, make it very clear that youth are not being separated in order to get any secret information. Each gender will get information about topics of special importance to them, such as menstruation for girls and nocturnal emissions (wet dreams) for boys. However, both groups can ask questions about any of these topics.

2. Divide participants by gender into two groups to meet with a same-gender leader in a quiet, comfortable space.

NOTE: It is common for girls to engage in this process more easily and more quickly than boys. However, it is a good experience for both genders. Boys tend to need prompting and role modeling from a strong male leader. The male leader can move things along by sharing some of the concerns he had at their age. Also, humor goes a long way with boys. Bring some personal concern questions asked by boys in previous sessions to help jump-start the conversation. Feel free to create some of these questions yourself, if necessary.

3. Tell participants that this is their session and they can bring up any issues they want. Pass out index cards and pencils and ask participants to write any questions they have about any aspect of puberty or sexual development (menstruation, masturbation, crushes, etc.).

4. Collect the cards. Answer the questions one by one, taking time to give additional information and to encourage sharing of feelings. This activity should be a youth-centered group discussion rather than a lecture, rigidly controlled by the leader. Use the questions as vehicles to get discussion going. This is a time when it would be very appropriate for leaders to talk about their growing-up years, concerns they had, lessons they have learned, and so on.

5. Be sure to bring up specific issues of interest to each gender, using the information in Leader Resource 6, Facts About Girls, and Leader Resource 7, Facts About Boys. For example, with girls, discuss the external female genitals (vulva, vaginal lips, clitoris, urethra opening, vaginal opening, and anus) and feminine hygiene. Dispel myths about the vulva and encourage positive images of female genitalia. With the boys, discuss erections, wet dreams, circumcision, pressure to be always “horny” and to initiate sexual behavior at an early age. It is very important for both male and female leaders to be careful to avoid subtly reinforcing gender role stereotypes related to any of these issues. Boys, in particular, benefit greatly from interaction with adult men who are regarded as “cool,” yet are not bound by male stereotypes.

6. Near the end of the small group discussion, ask participants to write questions they have about the other gender.

7. Bring the groups back together to discuss the following:

- What was that activity like?
- How comfortable would you have been discussing the same issues in a coed group? Why do you think that is true?
- What questions did your group write about the other gender? [Answer some of these questions and invite input from participants of that gender. However, do not put any participant on the spot if he or she does not feel comfortable answering the question.]
- What is one new fact that you want to share with your same-gender friends who do not attend this program?

REFLECTION AND PLANNING FOR NEXT SESSION

5 Minutes

1. Tell participants that you want to end the session as usual, with a time for reflection. Use the “whip” or ball-toss technique to have participants respond to the following incomplete sentence:

I feel more comfortable and confident now that I know...

2. Tell participants that in Session Six they will learn about another aspect of sexuality—gender roles and what culture says about what is okay and not okay behavior for males and females.

3. For the Question Box, distribute index cards so participants can write anonymous questions they may have about male and female roles.

LEADER REFLECTION AND PLANNING

Take a few minutes to discuss these questions with your coleader:

1. What was good about this session? Why?
2. What was not good? Why?
3. What can I learn from this session to strengthen future sessions?
4. What preparation do I need to do for the next session?

Leader Resource 6

SESSION FIVE

FACTS ABOUT GIRLS

The Female Genitals

[Refer to the diagram of the external female genitals from Session Four or a diagram in a book or poster that you have brought in.]

The parts of the external female genitals include labia (vaginal lips), clitoris, urethral opening, and vagina. This area of the female's body is called the vulva. Many girls are unfamiliar with the *vulva*, which may have never been named for them. They also may not have information about the clitoris, because its sole purpose is for sexual pleasure. Since the clitoris has nothing to do with reproduction, it is often skipped in discussions of puberty.

Ask girls for their gut reactions to the diagram or drawing of the vulva. What do they think? How do they feel? [Some girls may say the diagram is ugly or that it makes them feel vulnerable.] Explain that the only way to see this view of the vulva is to sit with one's legs open and look into a mirror. Ask girls if they have ever heard any negative messages about the vulva (for example, it smells like fish, that the vagina is an endless tunnel, that blood passing through the vagina makes it dirty, etc.).

Discuss girls' reactions to these myths. Stress that the vulva is an amazing part of a woman's body that is specially designed to keep itself clean. Girls and women do not need to use douches and feminine hygiene sprays for cleanliness—soap and water is sufficient. The only time that the vulva may have a bad odor is if a female has a vaginal infection. Otherwise, the vulva (just like the male genitals) has a musky odor that is very normal and sensuous to many noses. Encourage girls to imagine a rose or other flower in bloom as they look at the diagram.

NOTE: You might want to display one of artist Georgia O'Keeffe's flowers that is quite reminiscent of the vulva.

The Menstrual Cycle

1. *Pituitary gland:* At puberty, the pituitary gland, located at the base of the brain, releases a hormone that signals the ovaries to start producing other hormones. These hormones regulate the menstrual cycle.
2. *Ovaries:* Once a month, an egg ripens and is released from the ovary. This process is called ovulation.
3. *Uterus:* Each month, in preparation for a fertilized egg, the uterus builds up a thickened lining made up of blood and body tissue to nourish the egg. If the egg is not fertilized, this lining is not needed and is shed through the vagina during menstruation.
4. *Pregnancy:* In most cases, menstruation ceases during pregnancy. However, some women experience a brief period after becoming pregnant. During pregnancy, the tissue and blood that usually form the menstrual flow provide nourishment to the developing fetus. Since the woman is pregnant, her pituitary gland stops sending its hormonal message.

All women have menstrual periods from puberty (ages 9 to 16) to menopause (ages 45 to 55) unless they have had a complete hysterectomy (the removal of the uterus). Periods generally last from three to seven days.

NOTE: Women who have very little body fat due to sports activities or eating disorders sometimes do not have menstrual periods.

Menstrual cycles, or the time between periods, are approximately 28 days, with great variation among individuals. Some girls and women have cycles as short as 21 days or as long as 34 days; others have periods at irregular intervals. When girls first start having their periods, it is not unusual for them to be irregular, at least for the first year or two. This is perfectly normal and usually means that the ovaries are not releasing an egg every month. The average menstrual discharge is approximately one-half cup in volume, consisting of four to six tablespoons of blood, other fluids, and mucus.

Women who have too much bleeding (more than 7 to 10 days, extremely heavy with clots, or requiring more than one pad or tampon every two hours), or who go more than two or three months without a period should have a medical check-up. Hormones or birth control pills are safe ways to make the periods more regular.

Menstrual Hygiene

1. *Sanitary napkins*: Gauze-covered cotton pads worn during menstruation to absorb the flow of blood.

- Pads come in many sizes and shapes to accommodate the lightness or heaviness of the menstrual flow.
- Pads should be changed several times a day and before one goes to bed.
- Most pads are made with an adhesive strip on the underside, designed to stick to regular underwear.
- Pads have a plastic layer on the underside to keep blood from coming through and staining clothes. The side that lies against the body is usually plain white.
- Since the pad stays close to the body, no one can tell it is being worn, even when a woman is dressed in slacks.

2. *Tampons*: Thin rolls of cotton and/or other fibers, with a string attached to one end.

- Although there are no medical prohibitions, some people believe it is better for young girls to wear pads than tampons during the first years of menstruation. Daughters should talk with their mothers or other caretakers about tampon use.
- How to use a tampon:
 - Relax and take your time.
 - Stand with legs apart and knees slightly bent; sit with knees apart; or place one foot on the toilet or a chair.
 - To make insertion easier, gently hold applicator with thumb and middle finger.
 - Insert the tip of the tampon into the vagina and slant toward lower back until your fingers touch your body.
 - Use forefinger or other hand to gently push the inner tube until flush with outer tube.
 - Withdraw applicator, being sure both tubes are removed.
 - Gently tug on removal strings until you feel slight resistance to make sure the tampon is properly positioned.
 - Avoid using deodorant tampons; they may irritate the vagina.
 - Change tampons every four to eight hours.

- Toxic Shock Syndrome (TSS) is a rare but serious disease that may cause death. Scientific studies have shown that tampons contribute to the cause of TSS. To reduce risk of TSS,
 - Each woman should use the minimum absorbency needed to control her flow—preferably regular or junior tampons unless the menstrual flow is too heavy.
 - Alternate using tampons and sanitary napkins during the menstrual period.
 - Know the warning signs of TSS—sudden fever, vomiting, diarrhea, fainting, dizziness, or a rash that looks like a sunburn.

Dealing with Cramps

1. Menstrual discomfort varies. Some women experience cramps before and during their periods. Cramps are caused by the tightening and relaxing of muscles around the uterus. Cramps can be treated with a variety of remedies:

- Apply a hot-water bottle to abdomen.
- Take a walk or a warm bath.
- Drink a hot beverage. (Chamomile, comfrey and raspberry leaf teas are recommended as relieving agents.)
- Take medications such as ibuprofen or acetaminophen for severe cramps. Make sure you do not have allergies or other reasons to avoid using particular medications and always consult with your doctor before using any medication.
- Exercise, drink lots of water, and get plenty of sleep.
- If severe cramps persist, see a doctor.

2. Some girls and women also experience premenstrual syndrome (PMS) symptoms such as bloating, pimples, tender breasts, food cravings, headaches, constipation, and feeling irritable, sensitive, or tired. Nonprescription methods of dealing with PMS include getting regular exercise, taking B vitamins, drinking lots of fluids, and avoiding caffeine. Young women with PMS symptoms can check with a health practitioner for further advice.

3. The body may retain more water than usual at this time. Cutting down on salty foods (such as cheese, soda, canned vegetables, and canned soups) will help prevent this. These premenstrual symptoms end when menstruation begins.

Normal Vaginal Lubrication and Discharge

1. Beginning at puberty, all girls and women have a certain amount of clear or cloudy discharge that may dry to a yellowish color on underclothes and give off a mild odor. This normal discharge is created when droplets of mucus are secreted by the cervix. The mucus cleans and moistens the vagina and helps protect the uterus from infection. Just after menstruation, a girl produces very little vaginal discharge and has the sensation of dryness. As she approaches ovulation, the cervix produces more, stretchier mucus, which feels wet. Once ovulation is over, the mucus changes to a dry, thick, heavy consistency. A girl's period generally starts 11 to 16 days after the day of wettest cervical mucus.

2. A girl will also produce more vaginal discharge when she is taking antibiotics or birth-control pills, when she is sexually excited or nervous, or when she is pregnant.

NOTE: Without proper instruction, monitoring vaginal discharge is *not* an accurate way to determine ovulation.

Sexual Arousal

Girls have physical feelings when they get sexually excited or “turned on” either with a partner or alone. The vagina lubricates (gets wet) to prepare for sexual activity. This is entirely normal. Girls and women also have *orgasms*, emotional and physical sensations that occur at the peak of sexual excitement. Orgasm is different for different females and on different occasions for the same female. In most cases, females experience a series of rhythmic muscle contractions near the opening of the vagina, accompanied by feelings of warmth, relaxation, and pleasure.

Vaginal Infections

1. *Symptoms:* If a girl’s vagina becomes infected, she will usually notice changes in her vaginal discharge, although she may notice no symptoms at all. The changes listed below may be symptoms of a sexually transmitted infection:

- Constant, heavier than usual discharge
- Foul odor
- Change in color (discharge becomes greenish, grayish, or bloody)
- Clumpy, curdy discharge (like cottage cheese)
- Itching and/or burning sensation near the entrance to the vagina
- Chills or fever
- Abdominal pain or cramping
- Blisters, sores or warts near the vaginal opening
- Burning sensation during urination
- Unusual bleeding
- Pain during intercourse

2. *Treatment:* When a girl experiences any of these symptoms, she should visit her doctor, nurse practitioner, or a clinic. Upon diagnosis of the specific type of infection, oral medication or a vaginal cream will usually be prescribed.

3. *Prevention:* Some vaginal infections—like yeast infections—are common for adolescent girls and women but can often be avoided:

- Enhance overall health. Eat nutritious food, get enough rest, and exercise regularly.
- Since germs thrive in warm, moist places, keeping clean and dry is important. Bathe or shower daily and wear cotton underpants.
- Bacteria spreading from feces is a common source of vaginal infection. Always wipe from front to back after using the toilet.
- Avoid wearing panty hose, nylon underwear, or tight-fitting slacks. (Panty hose or nylon panties that have a cotton crotch are more likely to help prevent infection.) Also avoid contact with irritating chemicals such as douching products, bubble baths, hygiene sprays, scented toilet paper, and deodorized tampons. (Nondeodorized tampons are fine.)
- Vaginal infections that stem from sexually transmitted diseases cannot be prevented by these measures. STD prevention is discussed elsewhere in the program.

Douching

Some women cleanse the inside of the vagina with liquid by using a douche bag. A douche bag looks like a hot-water bottle that has a tube with a nozzle on the end. Disposable douches are sold in plastic bottles that have a nozzle on the end.

Douching is not recommended because it washes away the natural bacteria in the vagina. Women should consult their doctor or medical provider for further advice about douching.

Bladder Infections

Sometimes bacteria from the vagina or rectum move into the urethra and up into the bladder. The proximity of the vaginal opening, rectum, and urethra to one another at times allows bacteria to be transmitted from the bowels to these other areas. Frequent urination and a burning sensation during urination are symptoms of a bladder infection and should be reported to one's medical provider for treatment.

Preventive Health Care

1. *Pelvic exam:* This is a routine yearly examination of a woman's reproductive organs and genitals to determine if they are healthy and normal and to check for sores, growths, or signs of infection. Teenage girls should begin having exams if they are having sexual intercourse or once they reach the age of 18.

What happens during a pelvic exam?

- It begins with an inspection of the outer skin folds, labia (lips), and pubic hair.
- To examine the vaginal lining, cervix, and lower portion of the uterus, the medical practitioner uses a *speculum*, a plastic or metal instrument that spreads apart the walls of the vagina. The practitioner touches the cervix with a tiny brush to take a Pap smear. The Pap smear is sent to a laboratory to determine whether there are signs of cancer of the cervix. This simple test has helped save many women's lives.
- After the speculum is removed, the ovaries and the upper portion of the uterus are also checked. Pelvic exams should not be painful. If there is pain, it may be a signal that something is wrong. The more relaxed the woman, the easier the procedure. A woman should expect her medical practitioner to take enough time to help her relax and to explain each step of the examination.

2. *Breast Self-Exam:* Girls and women are encouraged to take the time each month to examine their breasts for any unusual flattening or bulging, puckering skin, discharge from a nipple when it is gently squeezed, reddening or scaly crust on a nipple, one nipple harder than the other, or an unusual lump that does not go away in a week or so. The American Cancer Society publishes free information and simple diagrams on breast self-examination.

Leader Resource 7

SESSION FIVE

FACTS ABOUT BOYS

The Male Genitals

[Refer to the diagram of the male genitals in Session Four or a diagram in a book or poster that you have brought in.]

The parts of the external male genitals include the testicles and the penis. The testicles are inside the scrotum. Display the diagram of the male genitals. Ask guys for their gut reactions to the diagram. What do they think? How do they feel? [Boys typically do not have strong reactions to the male genitals probably because they see and touch their genitals every day during urination.] Ask the boys if they have ever heard any strange or negative messages about the penis (for example, that bigger penises are better for lovemaking, that certain products can make the penis bigger, that circumcised penises are better than uncircumcised). Discuss boys' reactions to these myths. Stress that though there is some variation in flaccid (soft, or not erect) penises, there is less variation in erect penises. Also, and perhaps more important, penis size does not affect sexual functioning or pleasure. Describe circumcision and explain that it has no bearing on sexual health or functioning.

Cleanliness

Wash and dry the penis and testicles daily. If uncircumcised, pull back skin to wash away odor-causing smegma (accumulated dirt, lint, and oily substances under the foreskin of the penis). Dry the penis completely; otherwise you risk chapping. Such chapping is not usually serious but can be quite uncomfortable. Male athletes' propensity for chapping has earned the problem the slang term *jock itch* or *jock rash*. It can be treated by applying cornstarch (obtained at the grocery store) or over-the-counter medications.

Athletic supporter

The supporter is also called a jockstrap. Boys and men wear this elastic supporter to protect and support the penis and testicles during recreational activities. If you participate in certain contact sports, you can purchase, at most sporting-goods stores, a plastic or fiberglass cup to insert in the athletic supporter to give additional protection from injury.

Circumcision

This is the removal of the foreskin covering the glans (head) of the penis, usually when the boy is an infant. In the United States, the majority of males are circumcised; in Europe, only a small percentage are. Prior to the 1960s and 1970s, it was generally accepted that circumcision was an important preventative health practice. Then, policy statements from the American Academy of Pediatrics and American College of Obstetricians and Gynecologists concluded that there was no medical indication for circumcision. Current research has provided mixed results—some studies showing

risks associated with uncircumcised males and their sexual partners and others contradicting the same results.

In spite of controversies regarding a medical rationale, many parents prefer the cosmetic appeal of circumcision and want their sons to look like most other boys.

However, the incidence of circumcision has declined moderately in recent years as a result of growing concerns about the risk of damage to the penis during circumcision and about the pain experienced by infants during the procedure. Circumcision is an individual decision that each parent will make, preferably after gaining information on the pros and cons.

Most male Jewish infants are circumcised, many during a ritual ceremony called a *Brith-Milah* (or *Brith*) eight days after birth. In some tribal cultures, circumcision is a religious ritual marking the passage into manhood; in these areas, circumcision is delayed until puberty or later.

Preventive Health Care

1. Testicular self-exam: This simple, monthly, five-minute self-examination is the male's best hope for early detection of testicular cancer. The self-exam is best done after a warm bath or shower, when the scrotum is most relaxed. Examine each testicle by gently rolling it between the thumb and index finger to check for any hard lumps. Most men will notice a ridge along the top and back portion of their testicles; this ridge is the edge of the epididymis, the part of the organ where sperm are stored and mature. If a lump or nodule appears, it may or may not be malignant and should be brought to your physician's attention promptly. The incidence of testicular cancer is low, but it is most prevalent among young men in their late teens and early twenties.

2. Male physical exam: During a male physical exam, a doctor will feel the testicles, scrotum, and penis checking for lumps and pain. Sometimes a doctor will do a rectal examination—that is, feel inside the anus to check for lumps or swelling. He or she may ask questions about genital development, ejaculation, or wet dreams. Unless adolescent boys are actively involved in sports where exams are required frequently, they are unlikely to get annual exams. Ideally, adolescent boys should get a physical at least every two years. Many physicians prefer to see their adolescent patients every year to check in with them about a variety of health issues.

3. Signs of STDs (sexually transmitted diseases) or other infection: Normally, the penis is free of discharge. The following symptoms should be checked by a physician immediately: discharge from the penis (other than preejaculate or semen), blisters or sores on the genitals, and/or painful urination.

Common Experiences

1. Erections: During an erection, the penis gets hard and stands out stiffly from the body. The penis has three spongy canals, which fill with blood and make the penis larger and stiffer. Erections start happening at birth and continue through old age. They can be caused by:

- Any sexual stimulation (this can include pictures, touch, television, books, thoughts).
- Other common events (lifting heavy loads, straining to move bowels, dreaming, exposure to cold, tight clothing, fright, excitement, taking a shower, waking up).
- No apparent cause, especially during puberty.

Erections are the first stage of sexual excitement in males. Other important facts:

- Muscles at the base of the bladder prevent men from urinating while they have an erection.
- Erections will go away by themselves. It is not necessary for a male to have orgasm or to ejaculate to make the erection go away. No harm will result from having an erection without ejaculating—testicles will not turn blue.

2. *Ejaculations*: When sexual stimulation and excitement increase to a certain level, a white milky, “globby” fluid comes out of the penis accompanied by a pleasurable feeling and overall relaxation. This ejaculation is sometimes called having an orgasm or “coming.” Before puberty, a boy can “come” and will have a pleasurable feeling, but no fluid will come out of his penis. Facts about ejaculation:

- During ejaculation, muscles surrounding the base of the penis contract and relax and spurt semen through and out of the penis. Afterwards the penis gradually loses its erection.
- One ejaculation consists of 150 to 600 million sperm in one teaspoon of fluid. The sperm can live inside a woman for two to seven days.
- A full erection is not necessary for ejaculation. Ejaculations may occur during intercourse, masturbation, or wet dreams. However, boys can and do have many erections without ejaculating.

3. *Nocturnal emissions*: Pubescent boys and men regularly get erections while sleeping, often coinciding with periods of dreaming (REM sleep). Occasionally the boy will also ejaculate and may waken then or in the morning with wet clothes and bedding. Most men have had nocturnal emissions (wet dreams); they are especially common during early adolescence. If a boy has another regular outlet for sperm, such as masturbation, he usually won’t have wet dreams. This is normal. Many boys who have wet dreams worry that they are wetting the bed and may be too embarrassed to discuss their experience. However, wet dreams are completely normal experiences that boys are encouraged to discuss with their parents and other trusted adults. If a boy is embarrassed about semen on his sheets, he can change the sheets and wash them or take a wet cloth, clean the spot on his sheet and allow it to dry before making his bed.

CHAPTER 4: REPRODUCTION

The more young people know about reproduction, the better they will be able to decide when they want to become pregnant, and the greater the likelihood that they will have a healthy pregnancy when they do. Teens who do not understand how pregnancy occurs are more likely to have one that is unwanted. They may be pregnant for many months before they realize or acknowledge it, and this may have serious consequences. Those who continue the pregnancy to term may have gone months without prenatal care, which is one reason why teens have poorer pregnancy outcomes. For adolescents who want to abort, the delay may mean they cannot do so safely. Abortions are much safer if they are done early in the first trimester, so recognizing the pregnancy and acting promptly is vital.

Beyond the mechanics of conception, it is essential to discuss with both boys and girls what happens to a woman's body during pregnancy, including the process and risks associated with childbirth. Young women whose bodies are not fully developed are especially at risk for complications. In many countries, maternal mortality rates are still unacceptably high, especially among young adolescents. Sexuality education should ensure that participants understand how to prevent complications. This is also a good time to have participants consider the consequences of becoming a teenage parent, such as interrupted or ended schooling for the girl and sometimes the boy, decreased ability to get a good job, a poorer economic situation, marrying under social pressure to legitimize the birth, and, alternatively, single motherhood.

Teaching Tips

- Explain sexual intercourse briefly when you teach about reproduction; it is discussed in further detail in other lessons.
- Be aware that some teenagers in your class may be pregnant, may have had an abortion, or may already have children. When talking about teen pregnancy, avoid preaching or blaming and be sensitive to how the information may affect them. If they are open about their experiences, consider asking them to talk about them to the whole group.

Content Considerations

- Be very clear about how reproduction occurs. Point out that even if sexual intercourse does not take place, ejaculation close to the vagina can result in pregnancy.
- Make clear that any sexual intercourse can result in pregnancy because contraception can sometimes fail.
- Discuss myths young people may have about pregnancy. For example, a common myth is that you cannot get pregnant the first time you have sex. Another myth is that douching after sex will prevent pregnancy.
- Cover both the factual and emotional aspects of reproduction. Help participants—both male and female—think about and understand the varied feelings involved in the process of becoming pregnant, experiencing a pregnancy, and becoming a parent.
- Briefly mention any medically assisted methods of becoming pregnant that exist in your country, for example, artificial insemination or in vitro fertilization.
- Give some information about infertility among both women and men, and emphasize that untreated sexually transmitted infections (STIs) are a primary cause of infertility.
- Teach about the early signs of pregnancy and how pregnancy can be confirmed. Emphasize that if a woman thinks she might be pregnant, she should get help as soon as possible. Waiting will not make it go away. List places where adolescents and women can go for help in your community if they need it.

- Note that there are a variety of reasons why not all pregnancies are carried to term: some may be miscarried, some may result in stillbirth, and others may be aborted for personal or medical reasons. Even where abortion is legally restricted, abortions occur.
- Emphasize the importance of early prenatal care and address any beliefs or myths about pregnancy and birth in your community, especially those that are harmful. Do an inventory of these beliefs and determine whether their effects are positive, neutral, or harmful. Discuss danger signs and when to get help. To be sure that you have the right information, get assistance from a health professional who works with pregnant women.
- Discuss birth: for example, where women commonly give birth, who attends births, where women can give birth most safely and why. Emphasize the recommendations of the ministry of health, which in most places include giving birth in a health facility with a skilled attendant to ensure the best possible outcome for the woman and baby. When teaching about the process of birth, include both vaginal delivery and cesarean section. Also consider discussing controversial trends in maternity care; for example, in some countries doctors encourage cesarean sections even when they are not necessary.
- Discuss special health risks of early pregnancy and childbirth, such as premature birth, low birth weight, and obstructed labor.
- If vesico-vaginal or rectal fistula – tears between the vagina and the urethra or rectum – is a common complication of birth where you live, address what causes it, how it affects women, what can be done about it, and how it can be prevented.
- Touch briefly on important points related to reproduction and tell participants that they will learn more about the topic later (if they will). For example, tell them that people can control their reproductive lives and avoid becoming pregnant when they do not want to be and that they will learn more about this when you teach about contraception. Learn about the international agreements on reproductive rights, notably the International Conference on Population and Development (ICPD), held in Cairo in 1994, at which 179 countries agreed to the right of “all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so.”
- If at all possible, purchase or borrow a film or video on conception, like “The Miracle of Life” (available online at www.amazon.com, www.videouniverse.com, www.uln.com, www.overstock.com, or video.barnesandnoble.com for approximately \$12-20 USD, plus shipping). It provides a microscopic view of the process of conception, including a human egg actually being released from the ovary and fertilized.

SELECTED LESSON PLAN 4.1: PRENATAL CARE – THE DIFFERENCE IT MAKES

SOURCE

“Positively Pregnant: Prenatal Care – The Difference It Makes,” by Louise Yohalem, *Filling the Gaps: Hard to Teach Topics in Sexuality Education*, Sexuality Information and Education Council of the United States (SIECUS), New York, 1998. Reprinted with permission of SIECUS. 130 West 42nd Street, Suite 350. New York, NY 10036. www.siecus.org

Suitable for ages 14 to 18

Summary

This lesson provides key information on recognizing when one is pregnant and the importance of prenatal care. The lesson covers issues facing pregnant teens, emphasizing the need to get help from a trusted individual early in the pregnancy, but it also provides information that pregnant women of any age need to know. Interactive activities illustrate the benefits of seeing a trained professional early in pregnancy, the reasons why teenagers often delay seeing a trained professional, the signs of pregnancy, and the key steps to a healthy pregnancy. The lesson also includes a story about a girl who thinks she is pregnant and people’s reactions to her, followed by a discussion. The lesson concludes with a myth-fact worksheet about prenatal care, which provides essential information about smoking, alcohol, and drug use during pregnancy as well as the potential effects of STIs.

Teaching Notes

- Think through the order of the activities that would be appropriate for your participants. Consider doing the case study before discussing the steps to a healthy pregnancy.
- To reinforce behaviors helpful to a pregnant teen, ask in step 7: “What should each character have done to help Sheila?” You could also ask: “What could they have done before she got pregnant to help her avoid an unwanted pregnancy?”
- Note that there is no exact order for the steps to a healthy pregnancy. Consider asking the participants to separate the steps into two groups: before and after conception.
- For a richer understanding of the true-false worksheet, ask participants if they can explain why each statement is true or false, providing the correct explanations where necessary.
- To add a gender dimension to the discussion, ask questions about the father’s role in prenatal health.

Adapting the Lesson

- Adapt the story so that it is plausible to your students.
- Read over the worksheet on prenatal care and adapt the statements so that they are appropriate for your community. Specifically, look at points 6, 8, and 9. Note metric equivalents for 5.5 pounds (2.5 kilos) and 25 to 30 pounds (roughly 11.5 to 13.5 kilos).

POSITIVELY PREGNANT: PRENATAL CARE —THE DIFFERENCE IT MAKES

By Louise Yohalem

Adapted with permission from Peggy Brick and colleagues, *The New Positive Images*, Planned Parenthood of Greater Northern New Jersey. For information about this and other related materials, call 201/489-1265.

RATIONALE

This lesson seeks to empower young women and men, whether now or in their future, to identify a possible pregnancy, to get help from people they trust in making decisions about a pregnancy, and to access appropriate community resources.

AUDIENCE

Senior high school

TIME

One class period

GOALS

To help participants:

- Review the importance of early prenatal care for the health of both the mother and the baby
- Know the early signs of pregnancy
- Understand that there are many places a young woman can turn to get help regarding a pregnancy

MATERIALS

- Large cards, each with a “Step to Healthy Pregnancy”:
 - Talk to partner.
 - Talk to good friend.
 - Talk to mother/father/other trusted adult.
 - Get a pregnancy test.
 - Make a decision regarding abortion, adoption, marriage, single parenting.
 - Begin regular prenatal care with a private doctor, midwife or family planning clinic.
 - Stop smoking.
 - Stop drinking any alcohol, including wine and beer.
 - Eat healthy food including milk, fruit, vegetables and grains.

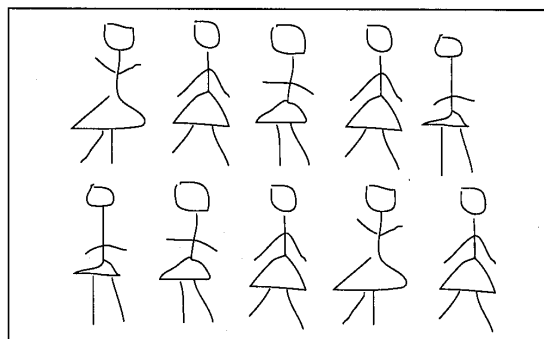
- *Pregnancy: A Case Study Worksheet*
- *The Difference It Makes: The Importance of Prenatal Care Worksheet*

PROCEDURE

- 1 Ask participants to brainstorm all the benefits for a woman who identifies her pregnancy early and knows where and how to get help. List ideas on the board.
- 2 Stress the importance of getting help, telling someone she trusts. Ask participants why, with all the advantages noted on the board, some girls do not get this help.
- 3 Note that one reason why young women do not get help with a pregnancy is that they are not sure whether or not they are pregnant or they may be denying the pregnancy. Put on the board:

PREGNANCY RISK

Note that anyone who has unprotected vaginal intercourse is at risk. Put 10 stick figures on the board.



Ask: If these figures represent women who have intercourse without using any protection for a year, how many would get pregnant? Put guesses on the board. Note that nine out of 10 would. Circle nine of the figures.

4 Ask for signs of pregnancy and list them on the board: tender breasts; missed menstrual period or a light/different period; general feeling of tiredness; changing hunger patterns.

5 Ask for nine volunteers to come to the front; give each one a “Step to a Healthy Pregnancy” card. Ask them to imagine they are a young woman who thinks she may be pregnant. Line up with the cards in the best order for steps to assure a healthy pregnancy.

DISCUSSION QUESTIONS

- Which step(s) are the hardest?
- Why is it important for a woman to get support as soon as she thinks she may be pregnant?
- If, after talking with people she trusts, a woman decides to continue her pregnancy, what help does she need to make certain her baby is born as healthy as possible?

6 Explain that participants are going to have a chance to think about all the people who may be responsible for helping ensure a healthy pregnancy. Hand out the *Pregnancy: A Case Study Worksheet*. Tell participants that you will read the story out loud. As you read, participants should rank the people from *most* to *least* responsible. After you finish reading, repeat the directions and give all participants a minute to rank the individuals. Then, divide participants into groups of five or six and ask them to reach consensus (agreement) on the ranking by trying to convince each other of the reasons for their ranking.

7 After seven or eight minutes, bring the whole group back together for more discussion.

DISCUSSION QUESTIONS

- Did the group reach consensus? If not, why? What did you disagree about?
- What advice would you like to give Sheila? Kevin? Any other character?
- Where could a couple go if they wanted to determine if they were pregnant?
- How could a couple find an adoption referral agency? An abortion provider?

8 Distribute *The Difference It Makes: The Importance of Prenatal Care Worksheet*. Ask participants to quickly take the test in pairs. *After five minutes, tell them that ALL the answers are TRUE!*

9 Summary

Put on board—“*The most important thing to remember about this lesson is...*”

Let five or six participants finish the sentence orally.

PREGNANCY: A CASE STUDY

In October, Sheila missed her period. Since she was only 15 and had missed her period before, Sheila didn't think much about it.

In November, Sheila missed her period again. She told her girlfriend, Sandy, who said, "That happens to all girls our age. Don't worry." Sheila felt relieved. "Missing your period is perfectly normal," she repeated to herself.

By early December, Sheila had trouble sleeping. She wondered, "What if I'm pregnant? Maybe I should buy one of those home pregnancy tests at the drug store? But someone might see me. Who can I talk to? I've got to talk to my mom. She'll kill me. What am I thinking? I've got to talk to her." The next night Sheila tried to talk to her mom. She said that she knew a girl at school who thought she might be pregnant. Her mom said, "I don't know what's wrong with kids today. I'm glad I raised you properly so I don't have to worry about that sort of thing with you." Sheila didn't say anything else.

In January, Sheila began her health class. She was wearing baggy sweaters and sweatpants instead of her usual jeans. Sheila was glad they would be learning about pregnancy and birth control. She thought she might even speak with Ms. Jones, her health teacher. Ms. Jones began her lecture on teen pregnancy by saying, "Getting pregnant as a teenager is a very stupid thing to do! Teens are having sex before they're ready." Sheila's heart sank. She heard nothing for the rest of the period and left as soon as the bell rang.

In mid-February, Sheila mustered enough courage to call Kevin, her former boyfriend. "I think I might be pregnant," she whispered. Kevin swallowed hard. "Sheila, uh, you and me, uh, that was a long time ago. What makes you think I'm the father?" Sheila began to cry. Kevin, trying to stop her tears, came up with a plan. "Listen, I'm not sure about what you're saying, but I'll pick you up at 4 P.M. behind the cafeteria tomorrow to go to the family planning clinic, and we'll see what they say." With shaking hands, Kevin hung up the phone. "Pregnant? Me, a father? I can't be." The next day at 4 P.M., Kevin was playing basketball at the school gym. He remembered he was supposed to meet Sheila, but he kept playing. He would call her next week, or some other time, he thought. Sheila waited for Kevin for two hours and then went home and cried herself to sleep.

In March, Sheila woke up one morning with some pain on her lower right side. It hurt every time she urinated—which she had to do often. She had no idea what could be causing her so much pain. So she ignored it.

In mid-April, the pains became more general and very severe. Not knowing what else to do, Sheila went to the hospital emergency room where they discovered that she was in labor, her cervix fully dilated. She gave birth to a very premature baby (28 weeks) that was put on a respirator. The doctors are unsure whether the baby will ever walk or have a normal life. Sheila was treated for a urinary tract infection, a known cause of premature labor.

Each person, in his or her own way, has affected the outcome of this pregnancy. Rank them below on a scale of 1 to 5, with 1 being the person you believe has acted in the MOST responsible way (not to blame for the negative outcome) to 5 being the person you believe has acted in the LEAST responsible way.

☐ Sheila

☐ Health Teacher

☐ Mom

☐ Sandy

☐ Kevin

THE DIFFERENCE IT MAKES: THE IMPORTANCE OF PRENATAL CARE

Put a T (True) or F (False) in front of each statement.

- ☐ 1. A medical checkup *before* pregnancy may benefit the woman and the baby she later conceives.
- ☐ 2. Alcohol consumption is the number one cause of *preventable* developmental disabilities.
- ☐ 3. Prenatal exposure to alcohol can lead to miscarriage, newborn death, and a group of abnormalities called Fetal Alcohol Syndrome.
- ☐ 4. An untreated sexually transmitted infection in a pregnant woman can cause mental retardation and physical defects in her child.
- ☐ 5. Babies born to women who smoke are more likely to have a low birth weight and lung problems.
- ☐ 6. Pregnant teens can get prenatal care without parent/guardian approval.
- ☐ 7. Early prenatal care is important for the health of the mother and may prevent miscarriage and birth defects.
- ☐ 8. Babies weighing under 5 1/2 pounds at birth and premature babies (born before 36 weeks) are more likely to die as infants or have future health problems.
- ☐ 9. Pregnant women need to gain 25 to 30 pounds so that they and their babies will have enough vitamins and other important food elements to be healthy.
- ☐ 10. Alcohol, tobacco, and drugs are more dangerous to the fetus than to the mother.
- ☐ 11. The sooner the mother-to-be stops using drugs or alcohol during her pregnancy, the greater the chance of having a healthy baby.
- ☐ 12. A woman is more likely to have a healthy baby if she begins healthy eating and exercise, and decreases smoking, drinking, and drug use *before* she gets pregnant.

CHAPTER 5: SEXUAL ORIENTATION

Everyone has a sexual orientation—that is, we are romantically and sexually attracted to either men, women, or both—and an estimated 10 percent of the population is not heterosexual. Women who have sex with women and men who have sex with men may identify as lesbian, gay, or bisexual—or they may not use any label at all. Although we do not know precisely what determines a person’s sexual orientation, we do know that it is formed early in life, is not chosen by the person, and cannot be changed, although its expression is often sublimated because of social taboos and homophobia.

It is important to discuss sexual orientation with young people, as many will experiment sexually with friends of the same sex or may have crushes on friends, acquaintances, or celebrities of the same sex. They should know that such encounters or thoughts are a natural part of being human and do not necessarily mean that they are gay.

Being gay is not a deviation or illness, but in many countries, homophobia and discrimination drive gay people to hide their sexual orientation from public view because they fear repression and violence. Many suffer in silence and secrecy, and some pretend to be heterosexual, marrying and having families to conform to social expectations. Homophobia puts gay and lesbian youth at particular risk for violence, discrimination, depression, and self-destructive behaviors, like drug and alcohol abuse or suicide. They may also engage in unprotected sex and are more likely to experience sexual health problems, such as unwanted pregnancy (young women questioning their sexual orientation may have sex with men) and STIs, including HIV/AIDS. In teaching about sexual orientation, we are seeking to dispel myths with accurate information and to fight hatred, ignorance, discrimination, and violence by building empathy and tolerance.

Teaching Tips

- Be knowledgeable, accepting, and comfortable with this topic before teaching it. If you cannot be, identify someone to teach in your place and carefully screen them.
- Sexual orientation is an extremely sensitive topic. Consider carefully how the community (parents, religious leaders, others) may feel, and work with them to avoid negative reactions.
- Prepare this topic carefully, but do not be overly hesitant about addressing it. If you meet a lot of resistance, work to educate adults in your community before undertaking work with young people.
- If possible, get information about the terms and ways in which gay and lesbian communities in your country or culture define themselves and integrate those definitions into your lessons. In many countries, it is important to include groups such as “men who have sex with men” and “women who have sex with women” because people may not identify with the terms “gay” or “homosexual” even though they have sex with people of the same gender.
- Select your approach based on your community’s ability to handle it. Find out what myths and misunderstandings are common in your community and integrate them into your lessons. Consider the following questions: Are homosexuals completely or nearly completely invisible? Are there any groups working for gay rights? If you cannot teach about homophobia directly, integrate it into other lessons, such as those about stereotypes, diversity, and tolerance. Include examples of homosexuals and homosexual couples.
- If possible, address this topic in different parts of your program to allow participants time to absorb the information.

- Be aware that some young people in your class will be struggling with their sexual orientation and you will not know who they are. Always be sensitive to their feelings.
- Do not tolerate discrimination based on sexual identity in your classroom.

Content Considerations

- One of the most effective educational approaches is to have speakers talk to your group. Many young people may never have met an openly gay person. Personal stories are also a very effective way to help participants understand the lives and realities of all people. Contact gay rights groups in your country or in the region to see if they have speakers or stories about growing up. If no stories are available locally, use some from another region or country, and discuss why there are no local stories (for example, by pointing out that this is one of the effects of homophobia).
- Teach about all sexual orientations and identities, not just homosexuality. Heterosexuality is one orientation and can be used to help people understand how people experience others.
- Identify any resources (organizations, hot lines, websites, etc.) in your community or country and give this information to all participants.

SELECTED LESSON PLAN 5.1: EXPLORING SEXUAL ORIENTATION

SOURCE

"Exploring Sexual Orientation," by Patricia Barthalow Koch, *Filling the Gaps: Hard to Teach Topics in Sexuality Education*. Sexuality Information and Education Council of the United States (SIECUS), New York, 1998. Reprinted with permission of SIECUS. 130 West 42nd Street, Suite 350. New York, NY 10036. www.siecus.org

Suitable for ages 15 to 18

Summary

This is a clever, thought-provoking lesson that emphasizes that sexual orientation is not just about homosexuality. By turning the tables and asking questions about heterosexuality that are usually only asked about homosexuality, participants are exposed to prejudice and misinformation that exists against homosexuals and sexual orientation in general. A discussion of participants' reactions to this experience deepens understanding of sexual orientation. It also stresses key messages and values that enhance acceptance and empathy, for example, that sexual orientation is just one part of who we are, that people, whatever their sexual orientation, share more similarities than differences, and that discrimination is unacceptable.

Teaching Notes

- Read over the questions and make sure that they reflect common ideas or thoughts about homosexuals in your community.
- If you use questions 7 and 9, make sure that the responses do not reinforce gender role stereotypes or imply that gay people do not have children.
- Think about the key points that you want the lesson to bring out, and add any questions that would extend your participants' understanding. For example, you might want to stress that people do not choose their sexual orientation.

Adapting the Lesson

- Adapt the questions on the worksheet so that they reflect the situation where you live, for example, question 8.
- If you cannot reproduce the worksheet, you can either write the questions on the blackboard or read them out as your participants answer.

EXPLORING SEXUAL ORIENTATION

by Patricia Barthalow Koch, Ph.D.

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RATIONALE

When sexual orientations are considered, homosexuality is often the only one examined, reinforcing the idea that being gay/lesbian is “different” while heterosexuality is taken for granted as “the way to be.” This activity fosters increased learning and understanding about sexual orientation.

AUDIENCE

Senior high school

TIME

One class period

GOALS

To help participants:

- Gain more information about sexual orientation, while recognizing there is a lack of knowledge in this area
- Uncover misconceptions and stereotypes about sexual orientation
- Explore one’s own feelings, beliefs, and values about sexual orientation
- Understand other people’s points of view, attitudes, and values
- Develop an ability to empathize with others

MATERIALS

- *Questions for Exploring Sexual Orientation Worksheet*
- Pens and pencils
- Paper

PROCEDURE

1 Introduce the activity by saying that the group is going to talk about sexual orientation. Many times when the issue is addressed, only homosexuality is discussed. This reinforces the idea that homosexuality is “different” or “abnormal,” and that heterosexuality is

simply taken for granted as “the way to be.” By turning the tables on the discussion, we can learn and understand more about sexual orientation in general.

2 Distribute the *Questions for Exploring Sexual Orientation Worksheet*. Tell participants that they are to think about the questions and write down their thoughts and feelings to each question on a separate sheet of paper. (Allow for ample time during the session to complete the exercise.) Assure students that they will not have to share their answers to any of the questions unless they want to do so.

3 Bring participants together into a large group. Process with the group by asking these questions:

- What was the hardest part of this exercise? The easiest?
- Did your responses to any of the questions surprise you?
- What are some of the myths or stereotypes implied by the questions? Are these myths/stereotypes usually about heterosexual or gay and lesbian people? Why do you think that is?
- Many of the questions are commonly asked of gay and lesbian people, but rarely of heterosexuals. What was it like to have the questions asked about heterosexuals? How would your answers have been different if the questions were about gay and lesbian people?

Be sure to explore the following concepts in the discussion:

- Little is known about the cause(s) or development of any sexual orientation. Theories about what determines sexual orientation include physical factors such as genetics and prenatal influences, sociocultural influence, psychosocial factors, and a combination of all these factors.
- People, regardless of their sexual orientation, share more similarities than differences.
- There are many more dimensions to a person than his/her sexual orientation.
- Stereotyping or labeling is unfair and harmful.
- All people should receive fair and equal treatment.

QUESTIONS FOR EXPLORING SEXUAL ORIENTATION

- 1.** Define heterosexuality.
- 2.** How can you tell if someone is heterosexual (straight)?
- 3.** What causes heterosexuality?
- 4.** It is possible that heterosexuality stems from a neurotic fear of others of the same gender?
- 5.** The media seems to portray straights as preoccupied with sexual intercourse. Do you think so?
- 6.** Do you think straights flaunt their sexuality? If so, why?
- 7.** Who assumes the dominant role and who assumes the passive role in a straight relationship?
- 8.** 40 percent of married couples get divorced. Why is it so difficult for straights to stay in long-term relationships?
- 9.** Considering the consequences of overpopulation, could the human race survive if everyone were heterosexual?
- 10.** 99 percent of reported rapists are heterosexual. Why are straights so sexually aggressive?
- 11.** The majority of child molesters are heterosexuals. Do you consider it safe to expose children to heterosexual teachers, scout leaders, and coaches?
- 12.** Are you offended when a straight person of the other gender “comes on” to you?
- 13.** When did you choose your sexual orientation?
- 14.** How easy would it be for you if you wanted to change your sexual orientation starting right now?
- 15.** What have been your reactions to answering these questions? What feelings have you experienced? Why?

SELECTED LESSON PLAN 5.2: SEXUAL ORIENTATION

SOURCE

"Session 8: Sexual Orientation," *Our Whole Lives: Sexuality Education for Grades 7–9*, by Pamela M. Wilson. Boston: Unitarian Universalist Association, 1999. Reprinted by permission of the Unitarian Universalist Association. www.uua.org

Suitable for ages 12 to 15

Summary

This lesson is an excellent model of a positive, factual approach to a controversial topic. It offers a very good introduction to sexual orientation with several different exercises, including readings, a short lecture, and a myth-fact game. The lesson introduces the concepts of homophobia and discrimination and prompts participants to rethink myths and feel greater empathy for homosexuals. Although the lecture is not interactive, it is used effectively in this case to provide new information, to set the tone of the discussion, and to emphasize key values. The introductory Word to Leaders is excellent, and a very good set of definitions of terms is provided in Leader Resource 10.

Teaching Notes

- If most participants do not know much about sexual orientation, the MythInformation Game will give them more information.
- Identify any resources available in your community or country, in case you need to make a referral.
- If your participants have access to the Internet, identify and provide addresses for websites that young people may find helpful. Make sure such sites will be accessible, as they may be blocked by a filter program.

Adapting the Lesson

- Substitute the readings with readings from your culture, country, or region if at all possible.
- Read over Leader Resource 9, Myth/Fact Statements and Answers, and select the ones that you want to use. Eliminate or replace those that are not relevant to your situation, such as item 11; or those that may not be widely believed where you live, such as item 12. Adapt answers to reflect information from your country, such as the number of heterosexual couples that get divorced in item 15.
- Make sure the myth-fact statements reflect the major myths that exist where you live. Possible additions include: "I don't know any gay, lesbian, or bisexual people" and "Homosexuality is a mental illness and can be cured."
- Please note that this lesson is excerpted directly from a larger sexuality education guide, and therefore contains minor references to materials not included in this manual (e.g., certain items in Session-at-a-Glance on the second page).

SESSION 8 **Sexual Orientation****A WORD TO THE LEADERS**

Given the intensity of feelings about sexual orientation, this can be a very challenging session to conduct. The facilitators must have: (1) knowledge about same-gender relationships—current findings, statistics, and research; (2) self-awareness; (3) comfort with the topic; and (4) an attitude of acceptance regarding homosexual and bisexual orientations. If this session is poorly facilitated, it could actually reinforce and/or increase feelings of homophobia among participants.

As a first step in your preparation, ask yourself the following questions:

- How comfortable am I with the issue and the content?
- How comfortable am I with my own sexual orientation?
- What are the politics of this issue in my organization?
- Do I have the support of my colleagues? Of my supervisor? Of the administration?
- How will I react if a participant “comes out”?

If your answers to these questions are vague or leave you with feelings of anxiety, identify an experienced educator from your local Planned Parenthood, AIDS Action Council, or gay rights organization to facilitate this session for you or perhaps co-facilitate with you.

Try to anticipate any controversies that may arise during or after this session. Some individuals in your organization may believe that sexual orientation is not an issue—“We don’t have any of ‘them’ here” or “Why do we have to talk about this? Everybody is welcome here.” Others may say the discussion is immoral and inappropriate. Still others may question your sexual orientation—“Is there something about you we don’t know?” You may face some resistance, but you will also be taking one step toward creating a more just and welcoming environment for gay, lesbian, and bisexual people in your community and in our society.

Because of your leadership as a heterosexual ally or as a gay, lesbian, or bisexual person, one or two very brave participants or staff persons may “come out” to you. It is important to respect their confidentiality and to respond with acceptance. Do not push these individuals to “come out” to others in the organization. In fact, encourage them to think carefully about the pros and cons of “coming out” and to make a thoughtful, rather than impulsive, decision. If someone is ready to “come out” more fully, he or she will appreciate your support.

Communities of color (African Americans, Latinos, etc.) sometimes have especially intense feelings against homosexuality. These feelings may be based on deep-seated religious beliefs or on the idea that homosexuality is really a “white thing.” The incidence of homosexuality is the same across racial lines, and gay men and lesbians of color need special support. Facing discrimination on the basis of skin color and

sexual orientation can be traumatic. Often, gay people of color stay deep “in the closet” in order to maintain acceptance in their racial community.

SESSION GOALS

- To define homophobia (bias against gay, lesbian, and bisexual people) and describe the impact of homophobia on the mental health, safety, productivity, and quality of life of gay people, their families, and friends.
- To identify and reject myths about gay, lesbian, bisexual, and heterosexual orientations.
- To explore personal attitudes and values about gay, lesbian, and bisexual orientations.
- To increase feelings of empathy for individuals who have grown up with feelings of attraction toward members of their own gender.

LEARNING OBJECTIVES

After completing this session, participants will be able to:

- Describe their attitudes about gay, lesbian, and bisexual orientations.
- Define the terms *sexual orientation*, *homophobia*, and *heterosexism*.
- List three negative impacts of homophobia.
- List at least three myths about homosexuality.

SESSION-AT-A-GLANCE

Reentry and Reading (R&R)	15 minutes
Lecturette: Beliefs About Sexual Orientation and Homophobia	15 minutes
MythInformation Game OR Values Voting	25 minutes
Guided Fantasy	20 minutes
Preparation for Guest Speakers	10 minutes
Reflection and Planning for Next Session	5 minutes

MATERIALS CHECKLIST

- ☐ Newsprint, markers, and tape
- ☐ Writing paper, index cards, and pencils

For MythInformation Game

- ☐ Leader Resource 9, Myth/Fact Statements and Answers, Leader Resource 10, Definitions, and Leader Resource 11, Resources on Lesbian and Gay Youth

For Values Voting

- ☐ Leader Resource 12, Sexual Orientation Values Voting Statements

For Guided Fantasy

- ☐ Leader Resource 13, Guided Fantasy

PREPARATION

- Read this session and discuss your feelings and beliefs about the topic with your coleader. Discuss how you will handle difficult or sensitive situations. Decide together how you will divide leadership responsibilities. Note that there are diverse opinions about appropriate language for discussing this topic. Some leaders may prefer the word *homosexual* as an umbrella term for gay and lesbian people. This may be especially true for those living in Canada. Others may prefer the distinct terms *gay men* and *lesbians* but also feel comfortable using *gay* as an umbrella term for both genders. This curriculum utilizes the latter approach. Although some gay, lesbian, bisexual, and transgender people have reclaimed the term *queer* and use it as an umbrella term, we recognize the significance for many people but avoid the term because it can also be offensive.

For the Lecturette: Beliefs About Sexual Orientation and Homophobia

- Write the following outline on newsprint:
 - Gays, lesbians, and bisexuals live, work, go to school, and play among us.
 - Homophobia exists.
 - Heterosexism also exists.
 - Homophobia hurts.
 - Ignorance is the enemy.
 - Everyone has the right to his or her beliefs.

For the MythInformation Game

- Review Leader Resource 9, Myth/Fact Statements and Answers, and Leader Resource 10, Definitions. Familiarize yourselves with this information so you can supply facts in your own words without reading answers from the answer sheet.

For the Guided Fantasy

- Practice reading it aloud slowly with feeling. It takes about eight minutes to read.

For Reflection and Planning for Next Session

- Write the following on newsprint:
 - When this session began, I...
 - I never knew that...
 - I'd like more information about...
 - Some things I'm going to do differently are...
- For the next session (Guest Panel), contact a speakers' bureau from your local gay rights organization to locate the right speakers for your group. Ideally, you want a teenage or young adult gay man, a lesbian woman, and a bisexual person from racial, ethnic, and socioeconomic backgrounds that are similar to the majority of your participants. Make it clear that you need three people with whom participants can relate, preferably people with much speaking experience who are comfortable with adolescents.

Prepare speakers by reviewing your goals, providing a description of the group and suggesting an outline for the session. Such preparation can mean the difference between an informative exchange of ideas and feelings and a very uncomfortable

experience. Find out how much experience the speakers have had with teens. Give them any feedback you have received from your group.

Ask the guest speakers to prepare an outline for their remarks that includes: occupation, current lifestyle (coupled? children?), family background, first awareness of being gay, lesbian, or bisexual, experience growing up gay in this society, exposure to harassment or discrimination. Ask speakers to limit their formal remarks to about 10 minutes each so there will be plenty of time to respond to participants' questions. Brainstorm with the speakers strategies for dealing with any difficult questions you anticipate.

Encourage the speakers to talk about their everyday lives in addition to their attitudes and feelings about being gay. Being able to see and interact with the guests is one of the most valuable learning experiences of this session.

Session Plan

R&R

15 Minutes

1. *Reentry*

Welcome participants and help them reenter the program by asking the following questions:

- Who had an experience with someone different from you since last session? What was that like for you?
- What's new in your life? What's going on that you'd like to bring up with the group?

2. *Question Box*

Take a few minutes to answer any questions from the Question Box.

3. *Reading*

Explain that today's session focuses on the issue of sexual orientation. Ask someone to define sexual orientation or give a brief explanation yourself. Read or have volunteers read the following essays from the book *One Teenager in Ten: Writings by Gay and Lesbian Youth*, edited by Ann Heron (Boston: Alyson Publications, 1983).

I am sixteen and gay. When I started to come out, I only told one straight girlfriend. Later everyone, including the whole school and town, knew. Many of the boys I knew as friends turned out to be the opposite. They stayed away from me in school and called me "queer," "fag," and "punk." Most of my best friends are girls. I am glad that everyone knows because as the days go by it gets easier.

I didn't realize I was gay until I was in the fifth grade; I am now in the tenth grade. My first experience came when I'd invited a boy my age to our home. We did nothing more than kiss.

When I first told my girlfriend, I hadn't planned on it. We were going to a basketball game and there was this guy on the bus who attracted me so I told her to ask him if I could talk to him. He said nothing, so I never did. I told her because she's very trustworthy and understanding. She wasn't surprised because she knew of a girl who was this way also. Everyone else found out about me when I wrote a letter to this same boy about a month later. I dropped the letter

by mistake, and another boy, who doesn't like me, found it and told everyone. They talked about it around their parents, and it went on and on.

Afterwards, things got so intolerable, I told my best friend that I planned to take pills and I did. She told my brothers and sisters and they told my mother about the pills and also how I had written a letter to a boy. My mother said anyone who likes the same sex is sick. She thought I was mixed up and she sent me to a counselor. I am still going now, each Monday. I guess my mother realizes things won't change and she seems to have accepted it. (My father left home when I was born and died six years later.)

Some good has come from all this. My mother and I seem to have gotten closer. People see me the way I am; I'm more myself than I've ever been in my whole life.... —Allen, 16, Gillett, Arkansas

I had trouble admitting to myself that I was gay—so, for a long time, telling others was out of the question. I had known for quite some time about my sensitive feelings for other girls, but it wasn't until I was seventeen that I first told someone. Somehow, after that, that someone no longer wanted to associate with me. The one thing which annoyed me extremely was that she even turned other friends against me. Unfortunately, ignorance can cause ridiculous behavior.

I live with my father and he hadn't known about my being gay; he wouldn't have even considered it. But he found out over the holidays. He found out through my cousin who is gay himself, but ashamed to admit it. Pretty soon I felt like everyone knew. It was both easy and difficult. Easy, because I didn't have to face telling anyone, and difficult because most of the people around me were very bigoted, especially my father's girlfriend. She made me go see a therapist thinking that I could be "cured." She laid all this crap on me about how gays are all sick in the head. Considering all the years we've known each other, I thought she'd be supportive, but she alienated me for weeks. The tension was really mounting and I was desperately trying to come up with a solution.

Now the one thing I believe is that a person must be true to him or herself, but for my own reasons I had to lie about my being gay. I told her that I was probably just going through a phase. This, you must understand, was to ease the hostility around me. But I knew that it was not, and is not, a phase. Since I've been "found out" (I didn't come out), I have been placed under all types of restrictions; no driving the car, not being allowed to see my gay friends, and not being allowed to see my lover. We had to break up, as you can imagine—hesitantly, I might add.

Straights and adults say, "How can teenagers know their own minds, let alone know that they're gay?" Well, that is where they're wrong! It's hard, as I'm sure most of us realize, going to school, being gay, and restraining the feelings we want so much to show. Straight friends can't possibly know and can't even begin to understand the emotional aspects of being gay. As a result, we end up having very few friends at school and our sensitivity about every matter is heightened. There's no escaping the fact that such narrow-minded people exist. The best thing is to build your self-confidence in who and what you are. Avoid those who simply cannot deal with "our" issue.... —Liza, 17, Los Angeles, California

Invite reactions to the readings and lead a discussion. Make the following points:

- It's okay to be confused or thrown off at the beginning of this session.
- Many of us are very ignorant about issues of sexual orientation because we have never had the opportunity to obtain information or to talk openly with people who are gay, lesbian, or bisexual.
- These readings may be the first opportunity you've had to hear the stories of gay and lesbian teens.

Ask the group:

- What do you think of Liza and Allan?
- How do their lives sound to you?

LECTURETTE: BELIEFS ABOUT SEXUAL ORIENTATION AND HOMOPHOBIA

15 Minutes

1. Post the newsprint you have prepared and explain that there are six beliefs upon which this session is based. Review the following points *briefly* and informally.

Encourage some two-way communication during the lecturette.

- *Gay and lesbian people live, work, go to school, and play among us.* Ask, "How many of you know someone who is gay?" When many but not all hands go up, say, "Probably even those of you who didn't raise your hands know someone. You just don't know that you know them." Sexuality educators have estimated that 1 in 10 people are gay or lesbian. Other estimates are lower. The numbers may be lower, or they may be higher. It doesn't really matter, because a significant number of real people are affected. This means that someone in your elementary school, high school, family, Boys or Girls club, neighborhood, etc. was/is gay.
- *Homophobia exists.* Homophobia is discrimination and bias against gay, lesbian, and bisexual people. Although homophobia literally means fear of homosexuals, the word is generally used to describe all acts of hatred, ridicule, discrimination, and exclusion aimed at gay, lesbian, and bisexual people. Homophobia can range from very violent acts such as beating or murdering gay people to subtle behaviors such as telling antigay jokes or supposedly imitating a gay man by walking around with a limp wrist.
- *Heterosexism also exists.* Heterosexism is the assumption that everyone around us is heterosexual and/or should be. Most people assume, for example, that teen women have boyfriends and that teen guys have girlfriends or that they are looking. If a very nice person doesn't have a boyfriend or a girlfriend, sometimes friends might try to play matchmaker. For a guy, someone will say, "Hey, I want to introduce you to my sister or my girlfriend." Unless the guy fits some stereotype, no one ever considers that he might not be interested in girls. Heterosexism is the belief that heterosexuality is better than homosexuality or bisexuality.
- *Homophobia hurts.* The acts of hatred or exclusion that many gay people experience are emotionally and sometimes physically painful. Most gay, lesbian, and bisexual people work hard to hide their sexual orientation from other people because they want to avoid the hatred, gossip, jokes, and violence. It takes quite a bit of energy to censor every word that comes out of one's mouth. Heterosexuals can talk freely at school about what they did over the weekend. They can mention their boyfriend's or girlfriend's name without fear. Gay, lesbian, and bisexual people spend a lot of mental energy hiding, energy that could be used more productively in school or on the job.

Family members and friends of gay people also feel uncomfortable in a setting that is homophobic. Suppose somebody tells a “fag” joke and everyone laughs. How does someone who is gay or has a gay brother, sister, mother, or father feel?

Homophobia also directly hurts heterosexuals. It keeps them from doing certain things that might be perceived as gay and keeps them from knowing gay, lesbian, and bisexual people.

- Ignorance is the enemy, and silence is a tool to maintain ignorance. Most of us do not learn much accurate information about gay people when we are growing up. Ask, “How many of you have a book in your home that explains what it means to be gay? What about a book at school or a pamphlet in the rack outside the counselor’s office?”

Ignorance breeds fear. When we don’t understand something we are often afraid of it. [Give or ask for some examples of how ignorance breeds fear.] Then, fear breeds hatred or avoidance. If we are afraid of something, we avoid it, and we even start to dislike it, because it makes us feel uncomfortable. For example, many of us do not know much about people with physical disabilities. A blind man at a picnic is often ignored because people do not know what to say or whether they should tap him on the shoulder and ask his name or grab his hand and shake it during an introduction. This ignorance makes us uncomfortable. Some people may even wish that the blind man had stayed home so he does not make everyone else feel uncomfortable. But once you have spent time talking to this man and finding out how he wants to be treated, you will probably feel more comfortable with him and with the next blind person you meet.

- Everyone has the right to their personal and religious beliefs about homosexuality. *However, no one has the right to oppress or treat someone unfairly because of his or her sexual orientation.* In school and work situations, individuals who are very different have to learn and work together. The issue in public school and work settings is not what you believe, but how you treat others.

2. End the lecturette with the following questions:

- Which of these beliefs do you accept? Why?
- Which do you challenge? Why?

EXPLORING ISSUES OF SEXUAL ORIENTATION

25 Minutes

Choose MythInformation Game OR Values Voting.

MythInformation Game

1. Remind the group that points of view are often formed from ignorance or from a lack of information. Tell participants that they will have an opportunity to sort out facts from myths regarding homosexuality by participating in a fun myth information game.
2. Divide the group into two or more teams.
3. Post a sheet of newsprint divided into columns. Ask each team to choose a name for itself. Write the team names at the top of the columns.
4. Explain the rules:
 - I will read a series of statements.
 - You will take turns being the spokesperson for your group. When it is your turn, you must decide whether the statement is a fact or a myth.

- Team members may talk among themselves briefly, but the spokesperson must give the answer.
 - A correct answer earns a point.
5. Read a statement to the first player from one team. Once an answer has been given, state whether the answer is correct, and if so, record a point on the newsprint. Then, have the team explain their response.
 6. Draw upon Leader Resource 9, Myth/Fact Statements and Answers, and Leader Resource 10, Definitions, to correct any misinformation that surfaces in the discussion. Allow a few minutes for discussion of the statement and provide additional information as appropriate.
 7. Continue by reading the next statement to the first player on the next team and alternate until all statements have been discussed.

NOTE: You can vary the procedure for this activity by having each group nominate a permanent spokesperson who gives all the answers for that group. Or, you might eliminate the teams if you want to avoid competition. The competition does add some energy, however.

Leader Resource 9

SESSION EIGHT

MYTH/FACT STATEMENTS AND ANSWERS

1. Homosexual behavior is unnatural.

MYTH. Anthropologists Ford and Beach found that homosexual behavior is present in every species of mammal that has been carefully studied. Since human beings in all cultures, animals, and insects engage in sexual behavior with the same gender frequently and in significant numbers, it cannot be considered unnatural.

2. Gay and lesbian people can be easily identified by the way they look and act.

MYTH. While some gay people do fit stereotypes, most do not. There is no way to know for sure if someone is gay unless he or she tells you. For example, heterosexual guys who have characteristics that some people regard as effeminate are often labeled as gay. The way a person carries himself or herself is not what makes a person gay. What makes a person gay is the strong internal feelings of romantic and sexual attraction to members of the same sex.

3. People choose their sexual orientation.

MYTH. People do not choose to whom they are attracted. Feelings of attraction are discovered rather than chosen. Most experts today believe that sexual orientation is determined early in life and influenced greatly by biological factors.

4. Parents are the major influence on whether their child is straight or gay.

MYTH. Heterosexual, gay, lesbian, and bisexual children are raised in all kinds of families. Studies have been unable to show that any particular style of parenting leads a child to be gay or straight or that the sexual orientation of the parent is a factor. More than 90 percent of the children who live with a gay parent have a heterosexual orientation. Likewise, the vast majority of gay people have been raised by heterosexual parents who wanted and expected their children to be heterosexual. The fact is, children seem to develop their sexual orientation independently of their parents.

5. Gay people can become heterosexual if they really want to and work hard at it.

MYTH. Although many attempts have been made, efforts to change the orientation of gay and lesbian people have failed overwhelmingly. People who view homosexuality as an illness have sought so-called cures, but there is no cure because being gay is not an illness. Gay people have been able to change their sexual behavior but not their sexual orientation. This means that the gay men and lesbians who behave heterosexually are acting in deep contradiction to their innermost feelings, a practice that usually leads to psychological turmoil and pain.

6. Lesbians are at much lower risk of getting STDs than gay men or straight women and men.

FACT. Lesbians are typically at very low risk for all sexually transmitted diseases, including HIV/AIDS. This is largely true because lesbians tend to be more monogamous than heterosexual couples and gay men. Also, lesbians do not engage in high-risk behaviors, such as penis-vagina intercourse or anal sex. Of course, other STDs can be transmitted through oral sex if one partner has a disease, and if lesbian women engage in heterosexual intercourse or other high-risk behaviors, they are as vulnerable to infection as anyone else. However, compared with other groups, lesbian women have very low rates of STDs.

7. Most lesbians want to be men and gay men want to be women.

MYTH. Lesbians are biological women who see themselves as women who are romantically and sexually attracted to other women. Gay men think of themselves as men loving men. People who are born one sex but feel psychologically that they are actually the other sex are called transsexuals.

8. If you've had a pleasurable sexual experience with someone of the same gender, that means you're gay.

MYTH. The question often arises, "How do I know if I'm gay?" Sexual orientation has nothing to do with wanting to be the other gender. It is also not the result of having one positive experience with the same gender. It is very possible for someone with a heterosexual orientation to enjoy a sexual experience with someone of the same gender, often by fantasizing about a heterosexual partner. A person is gay if his or her primary feelings of romantic and sexual attraction are for members of the same gender. Sexual orientation is all about feelings. It is important to note that some people who have these feelings choose not to act on their feelings and may not call themselves gay or lesbian.

9. Gay people generally become aware of their feelings when they are teenagers or even younger.

FACT. Most gay people say that they knew that they were "different" at an early age. They knew that they had special feelings for specific members of their same gender, that their crushes were homosexual and that they could not relate to the excitement surrounding heterosexual relationships in society.

10. There is no such thing as a true bisexual. Bisexuals are generally confused about their sexuality or they are exploring.

MYTH. Bisexuality is a legitimate sexual orientation. Some people have the potential to achieve sexual and emotional satisfaction and fulfillment with members of both sexes. Bisexuality is a lifelong orientation, although relating sexually to both sexes may be limited to a particular period in a bisexual person's life. Some experts believe that the majority of human beings are bisexual. However, many people never tune into the homosexual side of their attractions. Some people have bisexual feelings but do not identify themselves as bisexual. Bisexuals tell us that they feel like they are in two closets because they are often not accepted in either the gay or straight community.

11. The United States Constitution protects a gay person from being fired or denied housing solely on the basis of his or her sexual orientation.

MYTH. The United States Constitution provides no civil rights protection on the basis of sexual orientation. In other words, there is no national law that prevents employers, landlords, or service providers from discriminating against someone because she or he is gay. However, as of 1999, there are specific nondiscrimination laws in ten states (California, Connecticut, Hawaii, Massachusetts, Minnesota, New Hampshire, New Jersey, Rhode Island, Vermont, and Wisconsin.) In all other states, discrimination on the basis of sexual orientation is legal. In Canada, however, a federal antidiscrimination law includes sexual orientation in the categories named in the Human Rights Code. Provincial school boards also have antiviolence codes that define violence to include harassment due to sexual orientation.

12. The majority of people in the world with AIDS are heterosexual.

FACT. As of 1998, this is not yet true in the United States, but the trend is headed in that direction. The largest increase in rates of HIV infection in the United States are among heterosexual women and teenagers. In Canada, the largest increase in rates of HIV infection are among teenagers, young adult women, and IV drug users.

13. The majority of child molesters are heterosexual.

FACT. Over 90 percent of reported child molestations involve adult heterosexual men and young girls. The adult is usually someone the child knows and trusts, often a member of the family.

14. In a lesbian or gay relationship, one partner plays the male (“butch”) role and the other plays the female (“femme”) role.

MYTH. In most same-gender relationships, the partners do not play roles. They do not try to mimic heterosexual relationships. One person is typically more outgoing than the other. Either person is likely to initiate sexual activity, although as in any relationship, one person may be more interested than the other. Even in heterosexual relationships, couples are getting away from playing rigid roles based on gender.

15. Gay and lesbian relationships seldom last.

MYTH. Gay and lesbian people, like straight people, have many different kinds of relationships. Some last and some don't. The myth is that it is rare to see long-term relationships among gay or lesbian couples. There are, however, gay couples who have been together for 20, 30, 40 years, and longer. Among heterosexual married couples in the United States and Canada, almost 50 percent end in divorce. Relationships don't always last among heterosexual or gay couples.

16. Gay people can't have children.

MYTH. Gay men and lesbian women are very capable of having children, although not as a result of having sex with their same-gender partner. Many gay people are parents as a result of an earlier heterosexual relationship or marriage. Some lesbian women choose to become artificially inseminated or to become pregnant by a male friend (sometimes a gay man who also wants to be a parent). Other gay people adopt children or raise a child who needs a home. Parenting is a very important life experience for many gay men and lesbian women.

Leader Resource 10

SESSION EIGHT

DEFINITIONS

SEXUAL ORIENTATION The deep-seated direction of one's romantic and erotic attraction toward the same sex (homosexual), other sex (heterosexual), or both sexes (bisexual). Sexual orientation is a continuum, not a set of absolutely distinct categories. People do not choose their sexual orientation; they discover their feelings of attraction. The only choice is whether or not to act on those feelings. Some people's feelings vary over time.

HOMOSEXUALITY Romantic and sexual attraction to and/or behavior with members of the same gender. It's normal, not an illness, and has no known cause.

BISEXUALITY Romantic and sexual attraction to and/or behavior with members of both genders. It's normal, not an illness, and has no known cause.

HETEROSEXUALITY Romantic and sexual attraction to and/or behavior with members of the other gender. It's normal, not an illness, and has no known cause.

GAY A descriptive label assigned to people, most often men, who are romantically and sexually attracted to members of their own gender. The label *gay* is used often as an umbrella term for both gay men and lesbians, especially in the United States. The term became popular in the late 1960s as a symbol of self-acceptance and self-affirmation.

LESBIAN The term of preference for most gay women because it offers an identity independent from men. The term originates from the island of Lesbos in the Aegean Sea, which was the home of the Greek poet Sappho, who was a lover of women.

LIFESTYLE This term is used to describe the way individuals lead their lives. For example, some people like living in the country. Others like the city life, using public transportation, and taking advantage of all the city has to offer. The word *lifestyle* is sometimes used incorrectly to describe a person's sexual orientation, as in "She is living a gay lifestyle." This usage is problematic because gay people live many different lifestyles. Being gay, in and of itself, is not a lifestyle any more than being heterosexual is a lifestyle.

BI A slang term for people who accept their bisexual orientation and identify (define) themselves as bisexual. Bisexuals face misunderstanding and discrimination from gay and heterosexual people.

TRANSVESTITE Individuals who enjoy wearing the clothes of and appearing as the other sex. Also known as cross-dressers. Most are heterosexual men. Some gay people enjoy drag and camp as liberating humor.

TRANSSEXUAL Men and women who feel their true identity is that of the other gender and that they have been born with the wrong set of sexual organs. Many transsexuals have sex-change operations. Transsexuals may be gay, bisexual, or heterosexual, in the same way that the general population may be.

HETEROSEXISM Powerful cultural assumption that everyone is heterosexual or should be, that heterosexuality is the only normal, right, and moral way to be, and that anything else, therefore, is abnormal, unnatural, and wrong.

HOMOPHOBIA The fear and intolerance of homosexuality, lesbians, and gay men. Homophobia is the problem, not homosexuality. Even gay people may internalize homophobia.

BIPHOBIA Fear of intimacy with and closeness to people who do not identify with either a heterosexual or homosexual orientation. Bisexuals confront bias from both the gay and heterosexual communities and often feel that they are in two closets. Bisexuals are sometimes seen as trying to have it both ways or as homosexuals who haven't admitted it yet.

HETEROPHOBIA For some homosexual persons, the fear or distrust of heterosexuals and anything associated with heterosexuality; often based on negative life experiences.

IN THE CLOSET Being totally or partially secret about one's gay, lesbian, or bisexual orientation; often necessary due to self-denial, discrimination, and/or antigay violence. Keeping the secret takes incredible energy and often causes psychological pain.

COMING OUT The never-ending process of becoming aware of one's homosexual or bisexual orientation, accepting it, acting on it, and telling others about it. Gay, lesbian, and bisexual people often are only partially "out."

GAY PRIDE Although gay people began to organize politically before the Stonewall Rebellion in June 1969, that event marked the official beginning of the Gay Rights Movement. On June 27, 1969, the police were making a routine raid on the Stonewall Bar on Christopher Street in New York City. Until that time, when police raided gay bars, they typically were paid off by patrons who didn't want to risk public exposure. However, on this day, the Stonewall patrons refused to cooperate and resisted harassment. Eventually, bricks were thrown at the police who barricaded themselves inside the building. News reports of the ensuing three-day riot spread rapidly, and "Gay Power" became a new civil rights cry throughout the country. Since then, gay, lesbian, and bisexual people and heterosexual allies work for justice and celebrate Gay Pride month during June. Pride activities include parades, educational programs, concerts, and other inspirational events.

CHAPTER 6: INTIMATE RELATIONSHIPS

People begin exploring their ideas and feelings about romantic love in adolescence. They may experience infatuation, crushes, attractions, or even their first love. In many societies, the process of developing relationships that lead to marriage begins at this time as well. But few adolescents have thought clearly about the qualities that are important to them in a long-term partner or even what they would consider a healthy relationship, how to begin one, or how to get out of a relationship that is not healthy. And they usually receive very little adult guidance, even from their parents.

Some relationships are not healthy. Assessing a relationship objectively, and especially concluding that it should end, is difficult for everyone, but it can be especially confusing for teens. Young people often misinterpret or ignore signs of serious relationship problems, making them vulnerable to emotional or physical abuse or exploitation. Power imbalances frequently go unquestioned—they may even be socially sanctioned or encouraged—and very often affect young girls. In many countries, poverty leads young women to develop relationships with older men of means—so-called sugar daddies—which are usually highly unequal. In the context of the HIV/AIDS epidemic, older men may also seek out young girls because they believe that they are free from infection or even that sex with a virgin will cure HIV.

Unhealthy, unequal relationships put young women in particular at high risk of physical abuse, forced sex, unwanted pregnancy, and STIs, including HIV. Participants should learn how to recognize the signs of an unhealthy relationship and develop the communication skills necessary to avoid or end it.

Teaching Tips

- Talk to adolescents and young adults about their current dating and courtship rituals. These practices are changing in many cultures. Ask participants what they want to learn and discuss, but remind them that they do not need to share personal information or respond to questions that make them uncomfortable.
- The lessons included here are from cultures in which young people form romantic relationships based on their own choice. However, much of the content is still relevant or adaptable to cultures where coupling is more formalized (for example, arranged by parents), or where there is little dating or even opportunity to meet members of the opposite sex.
- Be aware that participants are likely to have different levels of experience with romantic relationships, and that some participants may be homosexual or struggling with their identity. These lessons may be difficult for them because they may be hiding any romantic relationships they have had out of fear.
- The components of various types of loving relationships (such as friendships and family relationships) are actually not that different from romantic relationships. Therefore, much of the content can be taught based on any loving relationship.

Content Considerations

- Many aspects of relationships can be addressed in your sessions, including expectations and desires, determining if relationships are healthy, relationship skills, and recognizing and coping with difficulties. Decide which elements are the most important for your participants based on their interests and common issues. Address all of the main elements if possible.

- Give your participants the opportunity to discuss all the different ways in which relationships form and develop in your community. Allow them to explore their feelings and values about how relationships are formed, for example, how they feel about arranged marriages versus love matches.
- Be clear about the elements or signs of both healthy and unhealthy relationships. Explore cultural sayings, beliefs, and images (including media or literary images) about love that present unrealistic or even potentially harmful notions of love.
- Help participants identify the qualities that are most important to them in a long-term partner, how they can assess whether or not a potential partner has them, and the characteristics of healthy relationships. You could, for example, ask them to consider the marriages of their parents or other couples they know who have had long-lasting partnerships, and identify positive and also negative qualities in them.
- Use stories and role playing to teach skills for starting, developing, assessing, and ending relationships. Include skills in communication, negotiation, and problem solving in different phases of relationships and types of situations.
- Help participants learn to identify dating situations that can be risky and the warning signs of serious relationship problems. Rather than telling them what to do, teach them the skills for deciding what to do if they notice problems.
- Ensure that participants know their rights and have thought about what behavior they would not tolerate in a relationship.
- Encourage both sexes to examine power issues in relationships and evaluate their impact on both partners. Discuss how they can be addressed. Stress that challenging common sources of power imbalances in relationships is essential for healthy, equal relationships.
- Emphasize realistic ideas about love and the development of loving relationships. Include the idea that maintaining love requires work from both partners and that every relationship will have some difficulties. Help participants identify what these difficulties might be. Talk about economic issues, value differences, raising children, and infidelity.
- Help participants look at the effects of gender-role stereotypes on relationships, particularly how inequality between partners decreases the possibility of a healthy, intimate relationship. Discuss the characteristics of equal relationships and how they can be established.

SELECTED LESSON PLAN 6.1: DATING AND COURTSHIP

SOURCE

"Relationships, Session 3: Dating and Courtship," by Peter Simon, *Skills for Life: A Manual for Facilitators*, United Nations Population Fund (UNFPA), Peace Corps Mongolia, and the Ministry of Science, Technology, Education and Culture (MOSTEC), Ulaanbaatar, Mongolia, 2003. Reprinted with permission of UNFPA Mongolia.

Suitable for ages 15 to 18

Summary

Romantic relationships are a new type of social relationship for adolescents, about which they have many questions and concerns and for which they need new skills. This lesson offers a creative, interactive way for participants to think about, discuss, and practice how to begin and develop healthy dating or romantic relationships. A story involving a girl and a boy, presented from both characters' perspectives, is interspersed with questions about what they could do or say. Participants explore one another's ideas and reactions, and discuss interpreting nonverbal messages and issues of consent. The lesson explores gender issues and develops communication skills.

Teaching Notes

- Each activity in this lesson is fairly similar, so if your participants get restless, keep up the pace of the lesson.
- Develop ideas about answers to the questions before teaching the lesson so that you can guide participants if necessary. When processing their responses, emphasize the importance of direct and open communication and giving clear signals in romantic relationships.

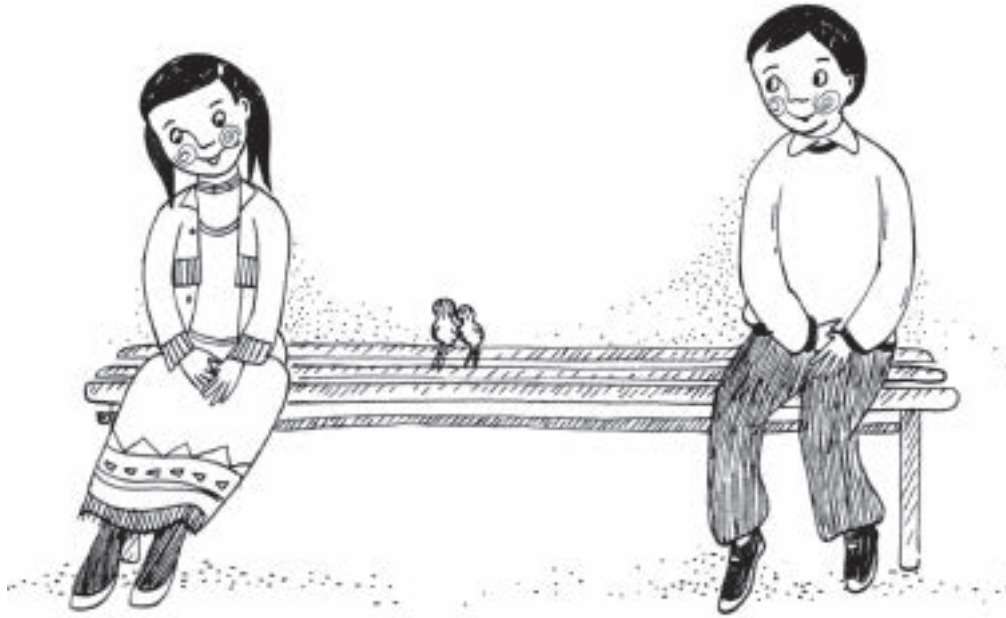
Adapting the Lesson

- Adapt the story to the way that romantic relationships develop where you live. If you are teaching in a place where adolescents do not date, but meet once or a few times before deciding whether or not to continue the relationship in marriage, rewrite the story to reflect this, including the types of questions the person would ask, what they should notice, what they might be thinking, how they would assess the relationship after a meeting, and how they would handle situations that are likely to arise immediately after marriage.



RELATIONSHIPS

Session Three



Dating and Courtship



INTRODUCTION

In this session participants will discuss the progression of a romantic relationship from both the male and the female perspective. They will work as a group to generate and discuss the various ways a person can go about meeting someone they are interested in, initiating sexual contact, negotiating sexual situations, and discussing sexual intercourse in the relationship.



LEARNING OBJECTIVES

By the end of the session, participants will be able to:

- List two possible ways of initiating contact with a member of the opposite sex they are interested in meeting.
- List two possible ways of initiating sexual contact.
- List two possible ways of turning down a sexual advance.
- List two possible ways of responding when a sexual advance is turned down.
- Suggest a way of bringing up and talking about sexual intercourse in a relationship.



KEY MESSAGES

- Both men and women should work to communicate their needs and desires to their partner.
- Both men and women should work to understand and listen to their partner's needs and desires.
- Men and women are often concerned about similar things in relationships.
- Assumptions about the other person's desires or intentions are obstacles to developing and maintaining healthy relationships.



TIME NEEDED

2 hours 20 minutes



MATERIALS

- Flipchart or board
- Markers or chalk



PREPARATION

Note to Facilitator:

1. This session works better if the group has at least three members of each sex. If you have no male or no female participants you will need to adjust the procedure slightly so that all answers are generated and discussed by the participants as a group. You might also want to do this if you have very few participants of one sex to avoid putting them in what could be an uncomfortable position.
2. This session discusses sexual behavior in an open and frank manner. It is important that young people be introduced to this information before they become sexually active, and it is recommended that the session be run without modification for participants 15 years of age or older. If your participants are younger than this, you may want to adapt or shorten the session to include those parts of the session that you feel are relevant to your participants' lives.
3. This session involves a set of quite similar steps carried out repeatedly for different scenarios. Make sure to keep the session moving along fairly quickly to prevent participants from getting bored or losing interest. Make sure the atmosphere fosters open dialogue.

SESSION PROCEDURE

I. Checking In (10 minutes)

Go around the group and have each participant “check in” by saying their name or nickname and sharing with the group how they are feeling. Participants should be encouraged to share what is on their minds. This can include things that are troubling them, things that are making them happy, or things that they are currently thinking about.

Participants should also be strongly encouraged to share any thoughts or observations about how life skills relate to their lives. Participants might mention instances of how they have used life skills recently, thoughts they have had connected to how a specific life skill has affected their life, or instances when they have had difficulties using a life skill.

II. Activities

Introduce the session by telling the participants that today they will talk about how young people can initiate and handle different situations in a romantic relationship involving sex and sexual touch. Tell participants that even though most teenagers are not having sex, it is important for young people to talk about these issues before they become sexually active.

Activity One: The Meeting (15 Minutes)

1. Tell the participants that you are going to read a story about the relationship between Munkhuu and Oyuna from both Munkhuu’s and Oyuna’s perspectives. Parts of the stories are incomplete and the participants will get the chance to fill in the necessary details.
2. Begin by dividing the participants into single-sex groups of three or four participants. Have all the male groups sit on one side of the classroom and all the female groups sit on the other.
3. Continue by reading the beginning of the following story:

Munkhuu is in the tenth grade and lives in UB. He has been noticing Oyuna at school—she’s in the ninth grade. She seems smart, and she’s pretty, too. He is really attracted to her, and he has been thinking about how he could meet her.

One day when Munkhuu is waiting for the bus in front of Ard Cinema near where he lives, he sees Oyuna walk up to the bus stop. Munkhuu thinks, “I should try to meet her now – But what should I say?” Even though Munkhuu feels really nervous, this seems like a lucky chance. He stands there for a while, looking in another direction, getting more and more nervous. Finally, he says to himself, “Come on! She’s just a person like me...” He gathers up his courage and goes over to where she is standing.

Oyuna is a student in the ninth grade in UB. She hasn’t had a boyfriend yet, but there are a couple of guys at school who she thinks are nice. She has especially noticed a guy name Munkhuu who plays basketball. She would love to get to know him and has been wondering how she can meet him.

One day, when Oyuna gets to the bus stop on her way to visit a friend, she notices Munkhuu is waiting there, too. This seems like the perfect opportunity to meet him! But suddenly she feels nervous and pretends not to see him. She thinks to herself, “Don’t be silly, girl! Just do it!” She decides to walk up to him.

4. Tell the male groups to write several options for what Munkhuu could say to Oyuna. Tell the female groups write several options for what Oyuna could say to Munkhuu. After they have finished, each group should pick what they think are the two best ways.
5. Start with Oyuna's perspective. Have the female groups give their best options and the reasons that they like these options. Write them on one side of the board.
6. Ask the boys the following questions:
 - What do you think of the girls' suggestions?
 - How do you think Munkhuu would react?
 - Could this way of meeting someone be misunderstood or put someone in an uncomfortable situation? If so, how could this be avoided?
7. Now move on to Munkhuu's perspective. Have the male groups give their best options and the reasons that they like these options. Write them on the board next to the girls' options.
8. Ask the girls the following questions:
 - What do you think of the boys' suggestions?
 - How do you think Oyuna would react?
 - Could this way of meeting someone be misunderstood or put someone in an uncomfortable situation? If so, how could this be avoided?
9. After you have heard from both the female and male groups, ask them to compare the responses for Munkhuu and for Oyuna and ask them the following questions:
 - Are the responses similar or different? Why?
 - If they are different, should they be different?
 - What are some other ways Munkhuu and Oyuna might have met if they hadn't bumped into each other at the bus stop?
 - ↳ Answers include:
 - Try to show up wherever the person is.
 - Approach the other person directly in school.
 - Have a friend introduce them.
 - Have a friend arrange a group activity and invite both of them.
 - What will happen if both of them are too shy and do nothing?
 - ↳ Answers include:
 - They may never meet each other and then would never know if they both like each other and want to go out together.
 - They miss out getting to know a person they might have really liked.
 - They may regret it.
10. Finally, ask the whole group: What would NOT be good things for Munkhuu or Oyuna to say in this situation? Why?

Note to facilitator: Make sure you get examples from both girls and boys.

Activity Two: Reading Reactions (20 Minutes)

1. Continue by reading the next part of the story:

Munkhuu decides to pay attention to Oyuna's reaction to what he says to see if she might be interested in getting to know him too.

Oyuna also decides to pay attention to Munkhuu's reaction to what she says to see if he might be interested in getting to know her too.

2. This time tell the male groups to list all the possible reactions Oyuna might have and to categorize them as (positive, negative, and neutral). Positive reactions indicate that Oyuna is interested in getting to know Munkhuu better, negative reactions indicate that she is not interested, and neutral reactions don't send a clear message in one direction or another.

Tell the female groups to do the same for Munkhuu's reactions.

Divide the board into three columns with two vertical lines while participants are working. Label the first column "Positive," the second column "Negative" and the last column "Neutral."

3. Begin with Munkhuu's perspective and have the male participants read their lists of positive signs and list them on the board. Follow the same process for negative signs and for neutral signs.
4. Now ask the girls if they agree with the boys' interpretations of the ways that Oyuna could react. Discuss anything they disagree with and why. Move the reactions from column to column until everyone agrees.
5. Follow the same procedure for the female groups: have them provide their list of positive, negative and neutral reactions (draw a line under the boys' list on the board and write the girls' suggestions underneath them) and then let the boys comment on them and discuss.
6. Now ask the group the following questions:
 - Did you notice any differences in the interpretations of Munkhuu's reactions and of Oyuna's reactions?
 - If Oyuna or Munkhuu IS interested, what would be the clearest way for them to communicate that interest?
 - If they are NOT interested, what would be the clearest way for them to communicate their lack of interest?
 - What would NOT be good choices in this situation? Why?

Note to facilitator: Make sure you get examples from both girls and boys.

- If one of them is not sure if the other is interested or not, what should they do?

Activity Three: Setting a Date (15 Minutes)

1. Continue by reading the next part of the story:

Now that they have met, Oyuna figures out ways to run into Munkhuu at school. Over the past six weeks, they have been chatting often. She thinks he is a really great guy and would love to go out with him. She feels silly waiting to see if he will ask her out – what if he is too shy? So even though she wonders if he will think she is too aggressive, she decides to ask him out.

Now that they have met, Munkhuu goes out of his way at school to run into Oyuna and chat with her. He really, really likes her. He keeps thinking about asking her to go out on a date with him, and decides he might as well do it!

2. Ask the female groups to brainstorm a list of what Oyuna might say when she asks Munkhuu out and have each group pick their best option. Ask the male groups to do the same for Munkhuu.
3. Begin with Oyuna's perspective and ask the female groups to give their best options and their reasons for selecting them. List them on one side of the board.
4. Now ask the boys the following questions:
 - What do you think about the options that the girls came up with?
 - How do you think Munkhuu would react to these options?
 - Could this way of asking someone out be misunderstood or put someone in an uncomfortable

situation? If so, how could this be avoided?

5. Now have the male groups give their best options and write them on the board next to the girls' options.

6. Ask the girls the following questions:

- What do you think about the options that the boys came up with?
- How do you think Oyuna would react to these options?
- Could this way of asking someone out be misunderstood or put someone in an uncomfortable situation? If so, how could this be avoided?

7. Ask the groups to compare the responses of the female and male groups and ask them the following questions:

- Are they similar or different?
- If different, why do you think that is? Should they be different?
- Do you think Munkhuu and Oyuna should go out alone (just the two of them) or together but in a group for their first date? Why? Explore risks.

8. Finally, ask the group: What would NOT be good choices in this situation? Why?

Note to facilitator: Make sure you get examples from both girls and boys.



Activity Four: First Kiss (15 Minutes)

1. Continue by reading the next part of the story:

Munkhuu and Oyuna go with some friends of both of theirs to the river to fish and have a picnic on Saturday. Munkhuu has a really nice time. A couple of times Oyuna seemed quiet, but overall he thought she had enjoyed herself. Now Munkhuu is walking Oyuna home and he takes her hand. She doesn't pull away. As they get closer to her apartment building, he starts thinking about kissing Oyuna. He wonders what he should do.

On Friday night Oyuna had been feeling a bit tense about how the picnic would go, but they had a great time. When they got back to town, Munkhuu offered to walk her home. What a nice guy! He takes her hand as they walk. As they near her building, she thinks that she really wants to kiss him. She wonders what he would think if **she** kissed **him**?

2. Tell the male groups to come up with a list of ideas for what Munkhuu should do. Tell the female groups to come up with a list of ideas for what Oyuna should do. Have each group pick their two best options.

3. Begin with Munkhuu's perspective and have the male groups give their best options and the reasons that they like these options. Write them on one side of the board.

4. Ask the girls the following questions:

- What do you think of the boys' suggestions?
- How do you think Oyuna would react?
- Could this behavior be misunderstood or put someone in an uncomfortable situation? If so, how could this be avoided?

5. Now have the girls share their best options with the group. Write them on the board next to the boys' options.

6. Ask the boys the following questions:

- What do you think of the girls' suggestions?
 - How do you think Munkhuu would react?
 - Could this behavior be misunderstood or put someone in an uncomfortable situation? If so, how could this be avoided?
7. Ask the groups to compare the responses of the female and male groups and ask them the following questions:
 - Are they similar or different?
 - If different, why do you think that is? Should they be different?
 8. Now ask both the male and female groups to share some of the ideas they had that they thought would not be good and explain why. Ask the others if they agree.



Activity Five: Sexual Advances (15 Minutes)

1. Continue by reading the next part of the story:

After that day, Munkhuu and Oyuna start hanging out together more and going out on dates. They both feel comfortable being themselves around each other, they love to talk about everything and have shared things they've never told anyone else before. They like each other more and more.

A few months pass and one day, when they go out to the mountains to pick berries with some friends, they sneak off into the forest—just the two of them. When they are alone, they start kissing. Munkhuu is feeling really turned on. He is caressing Oyuna's back, but he really wants to touch her breasts. He moves his hand under her shirt. She doesn't stop him so he feels encouraged, but when he tries to touch one of her breasts, she puts her hand on his and stops him. Munkhuu feels uncertain. What should he do?

When they are kissing, Oyuna feels really excited and happy. Munkhuu caresses her back and it feels good when he touches her under her shirt. But when he touches her breast, she starts to feel uncomfortable. She isn't sure that she is ready for that yet and is worried that things could go too far. What should she do?

2. Tell the female groups to come up with a list of all the things that Oyuna could do in response to Munkhuu's sexual advance. They should list all their options, not just the one described in the story. Tell the male groups to come up with a list of all the things that Munkhuu could do in response to Oyuna's reaction as described in the story. When they have finished each group should select the two options that they think are best.
3. Begin with Oyuna's perspective and ask the female groups to share their two options and write them on the board.
4. Ask the boys the following questions:
 - What do you think of the girls' suggestions?
 - How do you think Munkhuu would react?
 - Could any of these choices be misunderstood or put someone in an uncomfortable situation? If so, how could this be avoided?
5. Now have the male groups share their two best options and write them on the board.
6. Ask the girls the following questions:

- What do you think of the boys' suggestions?
- How do you think Oyuna would react?
- Could any of these choices be misunderstood or put someone in an uncomfortable situation? If so, how could this be avoided?



7. Ask the group which options would be most likely to help Munkhuu and Oyuna understand each other clearly and feel good about their relationship.

Note to facilitator: Make sure that participants identify direct and honest communication about their feelings as one of the best choices.

8. Finally, ask the group to share some of the ideas they had that they thought would not be good and explain why.
 - ➔ Poor options for Oyuna include:
 - Not doing or saying anything (being passive).
 - Being violent or mean (acting aggressively).
 - Not telling Munkhuu the truth about how she feels and why she reacted as she did.
 - Sending an unclear message and not making it more clear or direct if Munkhuu seems to not understand.
 - ➔ Poor options for Munkhuu include:
 - Ignoring Oyuna's response.
 - Assuming Oyuna doesn't mean what she communicates (verbally or non-verbally).
 - Get angry or act aggressively.
 - Not asking Oyuna how she feels or what she is thinking.

Activity Six: Talking about Sex (15 Minutes)

1. Continue by reading the next part of the story:

Sometimes Munkhuu's friends talk about having sex, and lately Munkhuu has been thinking more about having sex with Oyuna. He really loves her and he doesn't want her to feel like he is putting pressure on her or like she should do it to make him happy. He wonders how she feels about it. Munkhuu decides that the best thing for them to do is to talk about it.

At the same time, making out with Munkhuu has made Oyuna start thinking about sex. Sometimes she wonders what it would be like, but she feels confused. On the one hand, she loves Munkhuu, which makes her feel like she wants to do it, but she's also feeling kind of scared. It might change their relationship. Munkhuu might leave her. And she knows that having sex carries risks too. After some time, Oyuna thinks that she and Munkhuu should discuss sex before they get carried away. She wonders how he will react if she brings it up, but it is too important not to talk about it.

2. Tell the male groups to come up with several sentences that Munkhuu could use to start a conversation with Oyuna about sex and how he is feeling. Tell the female groups to come up with several sentences that Oyuna could use to start a conversation with Munkhuu about sex and how she is feeling. After they have finished, ask each group to select their best idea.
3. Begin with Munkhuu's perspective and ask the male groups to share their best ideas and write them on one side of the board.

4. Ask the girls the following questions:
 - What do you think of the boys' suggestions?
 - How do you think Oyuna would react?
 - Could this way of bringing up the topic of sex be misunderstood or put someone in an uncomfortable situation? If so, how could this be avoided?
5. Now have the female groups share their best ideas and write them on the board next to the boys' options.
6. Ask the boys the following questions:
 - What do you think of the girls' suggestions?
 - How do you think Munkhuu would react?
 - Could this way of bringing up the topic of sex be misunderstood or put someone in an uncomfortable situation? If so, how could this be avoided?
7. Ask the groups to compare the responses of the female and male groups and ask them the following questions:
 - Are they similar or different?
 - If different, why do you think that is? Should they be different?
 - Which options would be most likely to help them to understand each other clearly and feel good about their relationship?

Note to facilitator: Make sure that participants identify direct and honest communication about their feelings as one of the best choices.
8. Tell participants that unlike Oyuna or Munkhuu many people decide NOT to talk about sex and just "play it by ear." Ask the group the following questions:
 - Why do people often not want to talk about sex with their partners?
 - ↳ Answers include:
 - They are embarrassed.
 - It is difficult to talk about sex.
 - They might think it kills the romance.
 - What are the problems that can arise if a couple has not clearly talked about sex?
 - ↳ Answers include:
 - Sexual situations can become uncomfortable or tense.
 - It leaves the door open for miscommunication.
 - The consent of both partners may not be clear; date rape could happen.
 - There is a danger that one of them will do something they might regret.
 - It makes it more difficult to plan for or engage in safe sex.
 - It makes it more difficult to use contraception.

III. Conclusion (25 minutes)

Conclude the session by asking the participants the following questions:

- What was it like to discuss these topics in the class?
- Was it useful or not? In what way?
- Why was it useful to hear the comments made by participants of the opposite sex?

- How different were the responses of the female participants and male participants? What was different? Why?
- Were there any responses made by participants of the opposite sex that surprised you? Which responses?
- What was one important thing that you learned from thinking about Munkhuu and Oyuna's story?
- People often assume men and women want completely different things in relationships. What do you think about this idea after talking about today's story?
 - ➔ Answer: The things they wanted were not so different in many instances.
- What are some possible difficulties or problems that might arise from men thinking they know what women want (and don't want) and vice versa?
 - ➔ Answers:
 - It makes it unlikely that each will be able to give the other what they really want.
 - If you assume you know, you will never ask. Each person is different.
 - If you assume you know, you might not listen actively to your partner.
- People often expect men to "make the moves" and women to respond. What are some problems associated with this idea?
 - ➔ Answers:
 - Women might want to initiate intimate contact, but feel that they shouldn't.
 - This puts a lot of pressure on the man.
 - If the man is shy, nothing will happen regardless of what either the man or woman wants.
 - It promotes the idea that women should be passive, and this might be carried over into other parts of the relationship.
- What are some advantages of women also "making the moves?"
 - ➔ Answers:
 - Frees women to show romantic or sexual interest when they want to.
 - Takes pressure off the man.
 - Allows for the possibility of greater equality.
- How do the male participants feel about the idea of women "making on the moves?" Why?
- How do the female participants feel about this? Why?

IV. Homework

Write in your journal about a time you were interested in someone but did nothing. Use the following questions to guide you:

- Why didn't you do anything?
- How do you feel about it now?
- Do you think it's possible that if you had acted on your interest something positive might have come out of it?
- If you could go back, what would you do differently?
- Imagine you had decided to do something about your interest. What could you have done?

SELECTED LESSON PLAN 6.2: RECOGNIZING AN UNHEALTHY RELATIONSHIP

SOURCE

“Warning Signals: Recognizing Clues to an Unhealthy Relationship,” by Sue Montfort and Peggy Brick. *Unequal Partners: Teaching About Power and Consent in Adult-Teen and Other Relationships*, 2nd Ed. ©2000 by Planned Parenthood of Greater Northern New Jersey and reprinted with permission. All rights reserved. www.ppgnnj.org

Suitable for ages 12 to 18

Summary

This lesson uses a combination of methods to help adolescents develop the ability to recognize behaviors that indicate serious problems in a relationship and confront them effectively. Participants are given the opportunity to consider how they would react to specific unhealthy behaviors and what behaviors would make them end a relationship. After a discussion, the lesson clearly defines certain behaviors as serious warning signs. Participants discuss the difficulties in ending relationships, the skills needed, and helpful strategies. Role plays of helping a friend decide to get out of a relationship reinforce the importance of ending unhealthy relationships and ideas about how to do so.

Teaching Notes

- In step 5, consider having participants brainstorm ideas about how one could end a relationship, and then select the best ideas.
- If you have limited time, have participants role-play ending a relationship rather than simply advising a friend.
- If certain unhealthy practices (such as wife beating or infidelity) are common or widely accepted where you live, consider spending more time discussing them. Ask participants to compare how they would handle the situation if it occurred during dating or after marriage, and the implications for selecting a life partner.
- If you have a mixed gender group, consider comparing male and female answers and discussing the possible reasons for any differences.
- Some warning signals are quite dangerous to the person in the relationship. Ask participants which of the warning signs, such as hitting and then promising not to do it again, indicate a dangerous situation if repeated. Alternatively, ask them which could be precursors to a violent relationship, to one that might result in stalking (constant threatening or menacing behavior), or to other dangerous or even lethal situations that occur where you live.

Adapting the Lesson

- Review the worksheet Warning Signals and add any common behaviors that should ring alarm bells.
- Draw the worksheet on the board if you can't photocopy it.
- Adapt the role-play situations to your own context.
- For cultures in which dating is not common or is very brief, these situations could still arise, possibly during courtship or, more likely and more problematically, after marriage. Although difficult, it would be useful to discuss these issues in the context of marriage. To follow up, ask participants to talk to their parents about how they would react if told about such a situation in a marriage and what they would expect their children to do.

WARNING SIGNALS

Recognizing Clues to An Unhealthy Relationship

OBJECTIVES:

Students will:

1. identify common behaviors that signal a relationship is not honest, equal, respectful, and/or responsible.
2. determine what they would do if they were confronted with a partner's behaviors that warn of problems in the relationship.
3. practice skills for helping a friend end an unhealthy relationship.

RATIONALE:

People of all ages continue relationships even when there are clear signs that their partner does not respect them and the relationship is damaging to the person's emotional and/or physical health. Often individuals deny the seriousness of the situation or minimize the extent to which their own needs or wishes are being discounted by their partner. In this lesson students examine some common warning signs and decide when and how they might end a relationship that signals trouble.

MATERIALS:

- *Worksheet: WARNING SIGNALS*

PROCEDURE:

1. Introduce the lesson by noting that sometimes people find themselves in an intimate relationship that is not good for them. Sometimes these relationships are damaging to their emotional and/or physical health, but for a variety of reasons the individual continues the unhealthy relationship. Ask for volunteers to name some behaviors that are unhealthy in a relationship, without naming names. Quickly jot some of these on the board/easel.

2. Distribute the **Worksheet: WARNING SIGNALS**. Review the instructions, asking students to use their imaginations and decide what they would probably do in each situation.
3. As students complete their **Worksheets**, ask them to pair up with another student and compare their answers. Then bring the whole group together for discussion. (At the end of the discussion, stress that **all** of these behaviors are negative signs in a relationship.)

Discussion Questions:

- a. How did you decide which box to check?
 - b. If you checked the middle column for the behavior, whose behavior were you trying to change?
 - c. How did your responses compare with the responses of your discussion partner's?
 - d. What might be the consequences of ignoring one of these behaviors?
 - e. What behaviors were clear signals to you that it was time to end a relationship?
 - f. What tips would you give someone for discussing these behaviors with a partner?
4. Note that sometimes people know they should get out of a relationship, but do not do it. Ask them what the reasons might be. List them on the board/easel.
 5. Now ask students to think of someone they know who overcame the barriers and successfully ended an unhealthy relationship. Without naming names, ask them to describe how the person did this. List these strategies on the board/easel.
 6. Explain that they will now have a chance to role-play a situation where friends or family members are helping someone get out of a relationship. Depending on the abilities of your students, ask three volunteers to role-play in front of the whole group OR divide students into teams of three and have the teams do the role-play simultaneously.

Possible Role-Play Situations: (or use some suggested by students earlier)

- a. **The situation:** A 15-year-old high school female has been in a relationship with a 20-year-old college student for five months. Last night he made a crack about her being young and revealed he's cheating on her at college.

The characters: the 15-year-old girl and two high school friends

- b. **The situation:** A 16-year-old high school junior is telling his 18-year-old brother and 22-year-old sister about his relationship with a 35-year-old married woman who is a waitress at the restaurant where he works weekends.

The characters: the 16-year-old, his 18-year-old brother, and his 22-year-old sister

- c. **The situation:** A 17-year-old girl is telling her 18-year-old cousin and 36-year-old aunt about the 18-year-old guy she is dating. He demands to know where she is all the time and yells at her whenever he finds her talking with other guys.

The characters: the 17-year-old girl, her 18-year-old cousin, and her 36-year-old-aunt

- d. **The situation:** A 17-year-old guy met a 44-year-old man at a gay bar 4 months ago. This man is very popular, handsome, and has a reputation for hitting on young men. He has just asked the 17-year-old to come live with him.

The characters: the 17-year-old guy and two other gay friends

7. **Discussion Questions**, to conclude:

- a. What did role-players do that was useful to the person in a likely unhealthy relationship?
- b. If you had a friend in a situation similar to one of these, how would you decide whether to encourage your friend to **change** or **end** the relationship?

Worksheet: WARNING SIGNALS

Directions: A healthy relationship is *honest, equal, respectful*, and *responsible*. Some people have identified the behaviors listed in the chart below as *warning signs* that a relationship is *not* honest, equal, respectful, and responsible. Check what *you* would probably do in each of the following situations.

IMAGINE YOUR PARTNER:	YOU WOULD PROBABLY:		
	Do nothing	Discuss relationship/try to change behavior	End relationship
1. Makes negative comments about your clothes, body, or hair.			
2. Reveals there is a much greater age difference between you than you had been led to believe.			
3. Always decides where you will go together.			
4. Makes you hide things from your friends.			
5. Puts you down in public.			
6. Accuses you of fooling around with someone when you are not.			
7. Calls and turns up unexpectedly in order to check up on you.			
8. Ignores what you want to do.			
9. Lays a guilt trip on you when you go out with friends or family.			
10. Keeps you away from your family.			
11. Hits you and then apologizes.			
12. Refuses to use a condom.			
13. Will not let you get or use protection.			
14. Demands you have intercourse when you do not want to.			
15. Refuses to get tested for a sexually transmitted infection.			

From Montfort, Sue and Brick, Peggy (2000). *Unequal Partners: Teaching About Power and Consent in Adult-Teen and Other Relationships*, 2nd Ed. ©2000 by Planned Parenthood of Greater Northern New Jersey and reprinted with permission. All rights reserved.

CHAPTER 8: SEXUAL DECISION MAKING

Adolescents are beginning to explore their sexuality at the same time they are being bombarded with a jumble of confusing messages about sex. Mainstream movies, television, and music (not to mention the pornography industry) make sex seem highly desirable but ignore its consequences, and peers typically perpetuate a wide range of misinformation as they brag, exaggerate, and tease each other. Both create psychological pressure to have sex. On the other end of the spectrum, parents and other adults, including teachers, often communicate vague or dire warnings that aim to cast sex as unappealing, dangerous, or sinful, but all too often give biased or incomplete information, which fails to prepare young people for the joys and heartbreak, responsibilities and risks, that they will inevitably experience when they do have sex.

The fact is that most teens do not feel ready or want to have sex until later in adolescence, but they may find it difficult to communicate their wishes or feel good about a decision to abstain. In between abstaining and having intercourse are a range of behaviors in which they will likely be engaging. As educators, our role is to help adolescents understand their options, including but not limited to abstinence, and how they can communicate their wishes to a partner.

Most young people have no models of positive, healthy sexual relationships in which partners talk about sex together and make decisions that allow both to safeguard their health. In addition to providing those models, educators can validate abstaining from intercourse as a positive choice and give adolescents skills to implement the decision if they choose it. However, to be effective in protecting the health of all adolescents, these lessons must not be “abstinence-only.” To withhold information in the era of AIDS is irresponsible.

Teaching Tips

- Do not preach or moralize. Provide clear, accurate, balanced messages. Your task is to provide information to young people, who are learning to be independent and mature, and help them learn how to draw conclusions and make decisions.
- Be aware that some adolescents in your class are likely to have already had sex and some may have been sexually abused or raped. Validate the option of deciding not to have sex again until later.

Content Considerations

- Recognize and affirm adolescent sexuality. It is developmentally appropriate and natural for adolescents to have sexual feelings and desires.
- Be conscious that you are not only helping young people make decisions about their sexuality today but also preparing them for the time when they will engage in shared sexual behavior.
- Discuss the range of behaviors that constitute sex and clarify the meaning of sexual abstinence, which many define as not having penetrative vaginal, anal, or oral intercourse, whereas others define it as no sexual touching whatsoever.
- Talk about the reasons that adolescents decide to have or not to have intercourse and alternative ways to express love, affection, and sexual feelings.
- Teach decision-making skills; skills for setting limits, responding to pressure, and avoiding risky situations; and mutual respect for other people’s decisions and rights, especially those of one’s partner.

- Cover both abstaining from sex and using condoms to prevent pregnancy and HIV/STIs. Even if students are choosing to abstain, for most it will be a temporary choice. Educate for the future as well as for today.
- Discuss societal, family, and individual views about abstinence and sexual activity, including how these views differ based on gender. Discuss the double standard that exists in many societies, which supports and promotes early male sexual activity while punishing and shaming young women for the same behavior.
- Examine the gender dimensions of messages about sexual behavior, pressure to have sex, and the consequences of sex. Do not assume that it is always the boy who pressures the girl. Boys may believe that they should want sex even when they do not. Ask students to envision a society in which the gender roles are equal, and discuss what would be different.
- Discuss situations in which partners have different opinions about whether or not to have sex, focusing on what both people should do, not only the one who does not want to have sex. Relate this situation to the qualities of a healthy relationship and make sure that participants understand that it is never right to pressure someone to have sex or engage in particular behaviors against his or her will.
- Depending on how romantic and sexual situations develop where you live, you may need to substantially change the situations presented in these lesson plans to suit your circumstances. For example, in some places the greatest pressure to have sex occurs after engagement or marriage. You can also use examples of other situations in which young people experience pressure or difficulty asserting what they want, such as refusing a date or a proposed marriage partner.

SELECTED LESSON PLAN 8.1: THERESA AND SAM: A TRUE STORY

SOURCE

"Theresa and Sam: A True Story" by Monica Rodriguez, *Filling the Gaps: Hard to Teach Topics in Sexuality Education*, Sexuality Information and Education Council of the United States (SIECUS), New York, 1998. Reprinted with permission of SIECUS. 130 West 42nd Street, Suite 350. New York, NY 10036. www.siecus.org

Suitable for ages 12 to 18

Summary

This lesson provides an engaging and realistic way to explore issues young couples face when deciding to abstain from sexual intercourse. The lesson revolves around a story of an adolescent couple who have decided not to have intercourse because the boy wants to wait until marriage, but now the girl is questioning their decision. The lesson doesn't preach, but enables adolescents to think for themselves about reasons to postpone intercourse, how to handle situations in which the partners have differing opinions, and respect for the other person's decision. By having the male character want to abstain and the female character want to have intercourse, the lesson refreshingly challenges traditional gender roles, which helps reassure boys who postpone sex. Through role playing, participants develop strategies for avoiding peer pressure and sticking to a decision to abstain over the long term.

Teaching Notes

- The role-playing activity in step 5 could also be used to practice saying no to any activity that one finds unappealing, such as going out, meeting alone, kissing, and so on.

Adapting the Lesson

- Read over the story and make changes so that the adolescents in your group will be able to identify with it. In some places, it may be more appropriate for the characters to be somewhat older or for the couple to be engaged to marry.
- If you cannot make copies of the story for all the participants, have one person read the story aloud. You may want to have the story read twice to make sure that participants remember the details. Write the questions on the board or on large paper before the session begins.
- Read over the scenario and the lines used in Love in the Afternoon Role Play and adapt them to make sure they are typical and appropriate to your context.

THERESA AND SAM: A TRUE STORY

By Monica Rodriguez

RATIONALE

This activity provides an opportunity for participants to discuss making choices and sticking with them, and to practice the skills needed for abstinence or avoiding unwanted sexual behavior.

AUDIENCE

Senior high school

TIME

One class period

GOALS

To help participants:

- Explore some of the reasons why a person might decide to abstain
- List practical actions that young people can take to postpone sexual involvement
- Practice the skills necessary to negotiate abstinence and avoid unwanted sexual behavior

MATERIALS

- *Theresa and Sam Worksheet*
- *Love in the Afternoon Role Play*

PROCEDURE

1 Introduce this activity by explaining to participants that they will discuss some of the reasons why people choose not to engage in sexual intercourse, think of things that a person can do to make sure they stick to their decision, and practice saying no in role-play situations where one partner is pressuring the other.

2 Distribute copies of the *Theresa and Sam Worksheet* to participants. Have one participant read the story aloud while the rest follow. Instruct participants to pay particular attention to the reasons why Theresa and Sam choose not to have intercourse, the reasons why they think they might have intercourse, and what each of them can do to make sure they don't have intercourse.

3 After reading the story, allow time for participants to answer the questions on the worksheet. Have participants share their answers and discuss responses as needed. Write participants' responses to worksheet questions 3 and 5 on the board. Encourage participants to think of more things a person can say or do to delay intercourse.

4 Explain that they will role-play for the rest of the session on how to respond to pressure to have intercourse.

5 Divide participants into pairs and distribute copies of the *Love in the Afternoon Role Play*. Explain that Partner #1 will say the line and that Partner #2 will respond by saying no in a creative and respectful way. Both words and body language should clearly convey the message. Instruct participants to alternate between Partner #1 (saying the line) and Partner #2 (responding to the line). Move from pair to pair to facilitate the role-plays as needed.

6 Process using the following questions:

- How convincing were the responses? What would you say or do differently to make sure that you were understood?
- How would you feel saying things to a partner in real life?
- What suggestions would you give to someone who was trying to stand by their decision not to have intercourse?

THERESA AND SAM WORKSHEET

Directions: After reading Theresa and Sam's story, answer the following questions.

Theresa and Sam are juniors who have been dating for just over six months. They spend a lot of their free time together and think they have a special relationship. They are best friends. They trust each other. They tell each other everything.

When they first started dating, Theresa and Sam decided that they were not ready to have intercourse. They talked about the fact that Sam was taught he should wait until he was married to have intercourse. He loves Theresa a lot, and he worries that their relationship would change if they have intercourse. Theresa knows and respects Sam's feelings.

While Theresa and Sam haven't actually had intercourse, they have kissed and touched each other a lot and have come pretty close to "going all the way." Lately, Theresa has felt a little bit jealous of her friends because some of them say they've had intercourse. She worries that she is "falling behind" and that she will always be a virgin. Theresa has started putting some pressure on Sam to have intercourse.

Theresa and Sam are both feeling confused and have decided that they need to talk. Sam thought

Theresa understood his feelings and isn't sure why she is starting to pressure him. Theresa respects Sam's feelings and doesn't want to push him into doing something he doesn't want to do. But she feels that as long as they're in love they shouldn't have to wait until marriage. They are arguing a lot more. They are also starting to spend less time with each other and more time with other people.

Sam is worried that he is losing Theresa. He decided to talk to one of his friends about it. His friend said, "I don't know why you're making such a big deal out of this. Intercourse is great! That's why everybody does it!" Sam doesn't really believe his friend, but sometimes he feels as if he's the only one who isn't doing it. He wishes he could talk to his Dad about it, but he doesn't know how. Sam is feeling pretty lost and doesn't know what to do.

Sam and Theresa are trying to work things out. They decide to go on a date to the movies. Later, they go back to Sam's home to talk. When they get there, they find out that Sam's Dad got called in to work and won't be back for a few hours. Sam and Theresa find themselves home alone.

1. Describe one reason that Sam might not want to have intercourse.

a. _____

2. What are some other reasons why a person might not want to have intercourse? _____

3. Describe two things Sam can say or do to make sure that he waits until he is ready to have intercourse.

a. _____

b. _____

4. Why should Theresa wait until Sam is ready? _____

5. What are two things Theresa can do to help herself wait until Sam is ready?

a. _____

b. _____

LOVE IN THE AFTERNOON ROLE PLAY

You and your partner are hanging out after school, watching TV. You decide to lie down on the couch together and you start to get close. This is exactly what happened the last time you went further than you wanted to sexually. You have decided that you don't want to go as far with your partner as you did before.

Person 1: I love you.

Person 2:

Person 1: Don't worry. It'll be okay.

Person 2:

Person 1: Just let me try this for a little bit.

Person 2:

Person 1: Whats the big deal? We've done this before.

Person 2:

Person 1: Well, I just don't want to stop. It's too much fun.

Person 2:

Person 1: Okay. I promise we'll stop after this.

Person 2:

Person 1: Other people have let me.

Person 2:

SELECTED LESSON PLAN 8.2: COMMUNICATING MESSAGES AND ASSUMPTIONS

SOURCE

"Linda and Larry: Communicating Messages and Assumptions," by Jay Friedman and Nancy Abbey, *Filling the Gaps: Hard to Teach Topics in Sexuality Education*, Sexuality Information and Education Council of the United States (SIECUS), New York, 1998. Reprinted with permission of SIECUS. 130 West 42nd Street, Suite 350. New York, NY 10036. www.siecus.org

Suitable for ages 15 to 18

Summary

In this lesson, participants work in small groups to analyze the story of one couple who did not communicate clearly about sex. Some groups read the girl's perspective and some groups read the boy's, a clever technique for illustrating how subjective interpretations of indirect and non-verbal messages can be and how easily they can lead to misunderstandings and violence. The class regroups to analyze where the couple's communication went wrong and identifies mixed messages, missed messages, the assumptions of each character, and how misunderstandings could have been avoided. The lesson addresses consent and emphasizes that coerced sexual activity constitutes sexual assault.

Teaching Notes

- Review the first step and adapt it to suit your situation. An alternative way to start the lesson would be to ask a question such as, "What are some ways that misunderstandings start between two people?"
- The third question on the two worksheets is not discussed in the lesson. If you want to discuss it, you can do so during step 3.
- Some additional questions that could be used for step 4 include: "What myths did they believe?" "How did drinking influence this situation?" "What should you do if you are in a sexual situation and the other person seems to be resisting or struggling?" "What should you do if the other person says no?"

Adapting the Lesson

- Read the two parts of the story – Larry's worksheet and Linda's worksheet – and make changes so that your participants will be able to relate to the story. Make sure you include confusing and indirect messages about expectations and desires.
- This lesson will work best if you can make one copy of the story for every two students, but if you cannot, you will need at least one copy per group.

LINDA AND LARRY: COMMUNICATING MESSAGES AND ASSUMPTIONS

By Jay Friedman and Nancy Abbey

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RATIONALE

Clear communication is a critical factor in making healthy decisions about sexuality and carrying them out. When we are misinterpreted, we are at risk. This activity is designed to help participants understand how good communication about sexual thoughts, needs, and feelings is necessary in relationships.

AUDIENCE

Senior high school

TIME

One class period

GOALS

To help participants to:

- Understand the importance of clear communication in a loving relationship
- Be able to determine that “no” means “no” and “yes” means “yes,” and to always make this assumption
- Develop awareness of how one’s actions may send messages that one may not intend to send
- Identify any form of forced or coerced sexual activity—male or female—as sexual assault

MATERIALS

- *Larry’s Story Worksheet* (enough for half of the class)
- *Linda’s Story Worksheet* (enough for half of the class)

PROCEDURE

1 Ask students if they’ve heard that in some cultures a guest is expected to belch after dinner to show appreciation of fine food. Many people in our culture would consider this an insult. Remind them that people of different cultures often think a behavior means something it’s not intended to convey. Explain that sometimes

there are real cultural differences between two people in a relationship. A lot of misunderstandings start when one person takes something the wrong way. It’s called poor communication. Tell students that today they will read a story about two poor communicators.

2 Divide the class into groups of four to five people. Distribute *Larry’s Story Worksheet* to half of the group, and *Linda’s Story Worksheet* to the other half. Allow students time to read the story and answer the questions in the box. (This can be done individually, in pairs, or in small groups if students have trouble reading.) Clarify any questions they may have about the worksheets. Explain that they are to share their understanding of what happened in their group. Allow 10 to 15 minutes for discussion.

3 With students still in their small groups, read Linda’s story and have the groups with her story share their responses to the first two questions. Repeat with Larry’s story. Stress that neither Linda nor Larry communicated in a way that could overcome the myths and stereotypes they had about each other.

4 Provide categories students can use to analyze the confused messages between Linda and Larry. For example:

- *Mixed Messages*: A mixed message is one where words and actions seem to contradict each other; e.g., Linda’s dress seemed to indicate to Larry she wanted to have intercourse, but Linda just wanted to look attractive.
- *Missed Messages*: A missed message is one that is so vaguely stated that the other person doesn’t catch it; e.g., Larry thought he had let Linda know he had sex on his mind.

- *Assumptions:* People often believe or assume that something is true without confirmation; e.g., Linda expected a “perfect gentleman” to know she didn’t want to have intercourse. Larry assumed that a low-cut dress sent a message of receptivity to intercourse and that women resist intercourse but want to be talked into it.

Lead a discussion using the following questions:

- What mixed messages were sent by Larry or Linda?
- What are the missed messages?
- What are the assumptions made by Larry or Linda?
- What could Larry and/or Linda have done to avoid this outcome?

- 5 Suggest that students be alert in the next few days to assumptions and confusing messages in their interactions with friends and family. Remind students of the points they came up with at the end of the lesson. Reinforce the importance of taking “no”—even a weak “no”—as a “no” in a sexual situation.

LINDA'S STORY WORKSHEET

I'll never forget that night as long as I live. Larry and I had been dating for a while and he had acted like a perfect gentleman. Well, we had done our share of kissing, but he never gave me any reason not to trust him.

The night of the party I wore this gorgeous dress that I'd borrowed from my roommate. It was a little flashier than I normally wear but I thought it was very flattering. I really wanted to dance, but it had always been hard to talk Larry into it.

At the party, I had some beer—my cup always seemed to be full—and it made me really tired. Strangely, Larry wanted to dance, but I was so tipsy that I could barely hold on to him to keep from falling. Maybe I shouldn't have suggested that we both lie down together, but I needed to rest, and it felt weird to just go upstairs by myself and leave Larry all alone.

I was groggy and felt like I was falling in and out of sleep. The next thing I remember, Larry was all over me, forcing me to have intercourse with him. I didn't want to scream and make a fool of myself. Anyway, the party was loud and I doubt anyone would have heard me. At first, I tried to fight him off, but I was too wiped out to really do anything. Besides, it was fast and he said something about showing our love. I'm so confused. He seemed like such a nice guy, and now he's left a message on my machine about a party this weekend.

What's going on?

1. What did Linda want when she suggested they lie down together? _____

2. Why did she feel she would be safe with Larry? _____

3. Why is Linda confused now? _____

LARRY'S STORY WORKSHEET

I still don't understand what happened. Linda and I had been dating for a long time and, while we hadn't slept together yet, I told her I was attracted to her and gave her lots of signs that I eventually wanted to go to bed with her. We were supposed to go to a party, and when she showed up in this sexy, low-cut dress, I thought this was her way of saying she was ready.

At the party, we drank some beer, which made her sort of sleepy and sensual. While I don't normally dance, I was really feeling good that night. I was surprised, but loved the way she held her body close to mine when we danced. And then when she suggested that we find a place to lie down, what was I supposed to think? Of course, I thought she wanted some privacy to finally have a chance to make love.

Granted, she did grumble a bit when I started to undress her, but I figured she just wanted to be persuaded. Lots of girls feel a little funny about being forward and want the guy to get them off the hook.

I don't know. We had intercourse and it was fine—I even told her that it was the ultimate expression of our love. I took her home from the party and I thought everything was okay. But I haven't heard from her since, and she hasn't returned my call inviting her to this weekend's party.

What's going on?

1. What happened that led Larry to believe Linda wanted to have intercourse? _____

2. Why did Larry have intercourse with Linda even though she "grumbled"? _____

3. Why is he confused? _____

CHAPTER 9: SEXUALLY TRANSMITTED INFECTIONS AND HIV/AIDS

The HIV/AIDS epidemic is having a devastating effect on young adults in most countries, directly and indirectly. Partly for this reason, there is a growing recognition that many young people are sexually active and need sexuality education. Although HIV rightly captures a lot of our attention, teaching about other STIs is also crucial. Many STIs are more widespread than HIV/AIDS and have serious health consequences, including increasing one's vulnerability to HIV infection.

Adolescents are at particularly high risk for acquiring an STI or HIV for a number of reasons. They may not have the knowledge or skills to make good decisions and stick to them; they may not have a realistic sense of their own vulnerability and therefore take risks; and they are in a phase of life when they are likely to be starting new relationships. Biologically, women are more vulnerable to STIs and HIV, and young women are at even greater physical risk because their cervixes are not mature. Sexuality educators need to ensure that young people have full and accurate information about STIs and HIV/AIDS and the skills to protect themselves now and in the future.

Teaching Tips

- In most places, particularly where HIV/AIDS has been widespread for many years, participants will already have heard a lot about it. Find out what your participants believe and make sure that their information is correct.
- Many of your participants will have been personally affected by HIV/AIDS in their families and communities. Be sensitive. Address this directly by teaching about the effects of the epidemic on individuals, families, and communities, and the importance of preventing or opposing discrimination and violence.
- STIs and HIV/AIDS are transmitted primarily through shared sexual behaviors and shared needles. Make sure you are prepared to talk about these issues directly, openly, and nonjudgmentally with your participants.
- Gather information on STIs and HIV/AIDS in your country, including rates of infection, particularly among adolescents. Some information should be available from the ministry of health or the local World Health Organization or UNFPA office. The data are often not very accurate, but they will give you an idea of teens' risk level. Also gather information about clinics where adolescents can get diagnosis, treatment, and advice on STIs. If possible, get pamphlets about STIs and HIV/AIDS.
- New information about STIs and HIV/AIDS is being gathered all the time. Update your information as much as possible. Different sources may give different assessments; for example, there is still debate about the risk of HIV transmission through oral sex at this writing. Note, however, that oral sex does carry a risk of acquiring other STIs.
- Adapt recommendations for prevention to what is available where you live. For example, if lubricants are not commonly available for purchase, you can suggest alternatives like saliva or egg whites. Be sure participants know not to use oil-based lubricants with condoms.

Content Considerations

- Gather knowledge about the epidemiology and disease progression in your country and include this information in your sessions when appropriate. Some issues vary greatly by culture and country, such as the extent of drug-resistant strains of STIs and HIV; the availability and cost of different treatment drugs; the most common types of opportunistic infections; the extent to which the blood supply is screened; and ways HIV may be transmitted through cultural practices (such as the practices of barbers, manicurists, and pedicurists; traditional cutting; or tattooing).
- Do not focus too much on the signs and symptoms of STIs, as in more than half of all cases (and more so in women than in men), the infected person has no symptoms. Emphasize that anyone who has had unprotected sex should see a health care provider, as he or she could have an STI and not know it.
- Out of shame and embarrassment, people often try to treat themselves if an STI is suspected. Strongly discourage this. If the person has symptoms, he or she should go to a health care provider immediately.
- Provide accurate and balanced information. Do not exaggerate risk levels or omit them as a way to encourage behaviors that you consider preferable.
- Aim to develop an appropriate level of concern without creating excessive fear.
- Explore how gender stereotypes about female sexuality can make women more vulnerable to infection, and strategize about ways to change that on an individual and societal level. Discuss rights: girls and women need to be free from discrimination, coercion, and violence in order to protect themselves.
- Since condom use is so essential for participants' future reproductive health, each student should have the opportunity to practice putting a condom on a model (bananas and cucumbers work well) and removing it. You may be able to get free condoms or even anatomical models from a clinic or supplier for educational purposes.
- Address the complexities and difficulties of protecting oneself from HIV/AIDS. For example, discuss why asking for a partner's prior sexual history is not enough (they might lie about it); why relying on monogamy for protection is problematic (because a partner may not be faithful); why some men who identify as heterosexual have relations with other men and keep it secret.
- Help participants develop an understanding of AIDS as a disease. Encourage participants to be compassionate, avoid blaming others, and work to end stigma and discrimination.
- Stories are powerful ways to teach students about the reality of living with HIV and the need for compassion, as well as the risks of HIV. If possible, invite people living with HIV/AIDS as guest speakers, or use true stories or videos if they are available.
- Learn about the politics of the HIV/AIDS epidemic in your country before teaching so that you are aware of controversies and issues. Have participants discuss different viewpoints on these topics.

SELECTED LESSON PLAN 9.1: STD PREVENTION

SOURCE

“STD Prevention,” *Our Whole Lives: Sexuality Education for Grades 7–9*, by Pamela M. Wilson. Boston: Unitarian Universalist Association, 1999. Reprinted by permission of the Unitarian Universalist Association. www.uua.org

Suitable for ages 12 to 18

Summary

This lesson is an engaging and fun way for participants to personalize HIV/STI risk, access correct information, and learn how to use condoms—all essential to increasing their ability and motivation to prevent infection. The session begins with a letter in which a young person is told that he or she has been exposed to the HIV virus; participants explore how they would react. Because many young people already have quite a bit of information about STIs and HIV/AIDS, a game is used to review and increase their knowledge. Participants go through an “obstacle course” to test the strength and sensitivity of condoms and practice putting them on, a clever way to challenge two common excuses for not using them: that men can’t feel anything and that they break easily.

Teaching Notes

- Participants should already know basic information about STIs and HIV/AIDS.
- The condom obstacle course requires a lot of materials and set-up, but this activity is strongly recommended because of the importance of condom use in prevention.
- The STD Game is modeled after the American TV show *Jeopardy!* In this game, participants are given the answer and have to respond with the correct question. Read the instructions carefully if this is confusing.
- When preparing the game board, write the money amount on one side of the paper, and the clue for the participants on the other side.
- To bring out key points at the end of the STD Game, ask: “What did you learn or remember doing this activity?” “What information about STIs and HIV/AIDS do you think is the most important for teenagers to know? What about for adults?”
- Read over step 2 of the Condom Obstacle Course and adapt it to your local situation. If you do not have dental dams, talk about latex barriers made out of condoms for oral sex with women instead.
- Only two of the original three stations are included in our excerpt of the Condom Obstacle Course. Develop your own station 3 to address a concern especially relevant or common to your participant group.

Adapting the Lesson

- Adapt the letter to fit your context.
- For the STD Game, change the amounts to your local currency. Review all of the clues and answers and make sure they are relevant and cover the main points you want to emphasize. For example, change the second and fourth questions under STDs. Make sure the harder questions are worth more money.

Session Plan

R&R

10 Minutes

1. Reentry

Welcome participants and help them reenter by asking the following questions:

- What's new in your life? What's going on that you'd like to bring up with the group?
- What's been in the news about STDs or AIDS since our last session?

2. Question Box

Answer questions from the Question Box.

3. Reading

Read the following letter that a young person received from a former partner.

Hi Kim,

How are you? I know I promised to write when we left camp last summer, but somehow I never did. Sorry.

I have something important to tell you. I just tested HIV-positive. I don't know whether I was infected while we were together or not. I hope not, but you've got to get tested right away. If you test positive, you've got to start HIV/AIDS counseling right away, too. There are lots of people who can help.

I really hope I didn't give you HIV. I really hope you're luckier than I am. Good luck.

Jody

Discuss the reading by asking the following questions:

- How would you feel if you got a letter like this?
- What would you do?
- How would you feel if you had to write a letter like this?

THE STD GAME

30 Minutes

1. Invite participants to join you in a quiz game to review some facts about HIV/AIDS and other STDs. Go over the following rules with the group:

- There will be two teams. Each team will select a spokesperson, who will have a sound signal [bell, whistle, rattle, etc.].
- When a team member knows the answer, he or she touches the spokesperson's right or left shoulder.
 - The spokesperson sounds the team's noisemaker.
 - The spokesperson has 10 [or 5] seconds to answer the question. This time allows the team member to tell the spokesperson the answer.
 - The spokesperson must give the correct answer in the form of a question or the answer will be considered incorrect. The other team will then have 10 seconds to answer the question correctly.

- The team that answers correctly is awarded the money and selects the next category and amount.
- The Risky Behaviors category should be answered “*What is No Risk or Low Risk or High Risk.*” You must remember the “*What is....*” to be credited for a correct answer.

2. Give the following examples to make sure everyone understands how the game is played.

Answer: It is the acronym for infections or diseases spread through sexual activity.

Question: What is an STD?

Answer from the

Risky Behaviors Category: Living in a home with an HIV-infected person.

Question: What is “No Risk?”

Tell participants that unless the answer says someone is uninfected, they have to assume there could be an infection.

3. Form two teams and start the game. When participants have selected a category and an amount, remove the construction paper cover and read the answer. If the question asked in response to the answer is correct, hand the team the cover so they can keep track of their money. If a team answers incorrectly, take money away from them and give the other team a chance to answer. At the end of the game, have teams tally their scores and name the winning team.

4. After the game, lead a discussion with the following questions:

- How did you like this game?
- How much did it really help you learn about or reinforce your knowledge of HIV and sexuality?

CONDOM OBSTACLE COURSE

35 Minutes

1. Ask participants to brainstorm all the reasons why young people don't use condoms or latex barriers every time they have intercourse. List the responses, which may include:

- It's like taking a shower with a raincoat on. It's not real—you can't feel anything.
- No need to use a condom—the sexual partner was too young, too sweet, too clean, or too smart to have a sexually transmitted disease.
- The male thinks his penis is too big. Condoms won't fit.
- You only need to use a condom with a new partner or someone who has sex with a lot of people.
- It's embarrassing or difficult to get condoms.
- Somebody is watching out for me. I'm not dead yet so I've got somebody protecting me.
- I'm going to die of something, so if it's AIDS, that's the way it is.
- Condoms are too hard to use.
- A latex barrier to use on a female (dental dam) is too difficult to find, and you can't feel anything.

2. After you have a sizable list, ask participants how many have ever heard of a dental dam. Ask, "What protection can a partner use when having oral sex with a woman?" [Dental dam.] Display a dental dam and explain that (1) it works a lot like a condom and (2) it serves as a barrier to keep one person's fluids from entering the partner's mouth or body. Now ask, "What might keep people from using a dental dam?" [Answers may include: people don't know where to get them; you can't feel anything, etc.] Explain that instead of a dental dam, one can use a condom cut into a square to serve as a barrier. Demonstrate how to cut a condom into a square. Pass the dental dam and condom square around the group and address any questions participants have.

3. Tell the group that you have set up an obstacle course to help them overcome three of the obstacles they have listed. Explain that participants will work in small groups (of two to five) to move around to the different stations. At each station, they will test a different aspect of the condom or latex barrier.

4. Divide participants into three groups and assign each group their first station. Give the following instructions:

- You will visit three stations to learn various things about condoms/dental dams.
- When you arrive at a station, read the instructions and follow them. Work together as a group to complete your tasks.
- When I call time, move to the next station.

5. Have participants begin the Condom Obstacle Course. At approximately five-minute intervals, signal the groups to move to the next station. Direct this process so that each group moves to a new station at every interval. Ideally, one coleader will visit the different groups and assist them as needed while the other coleader staffs station three and assistants staff stations one and two.

6. After youth have visited all three stations, ask for a volunteer to demonstrate the correct use of a condom using the penis model. Coach the volunteer, as appropriate. Lead a brief discussion with the following questions:

- What was this activity like for you?
- What did you learn about condoms/dental dams today?
- What about some of the other obstacles you mentioned earlier? Is it really possible to determine if a partner has a disease? [Emphasize that it really is *not* possible to know for sure. Even the nicest, sweetest, smartest, calmest partner may be infected. That person could have had intercourse only once in their life and be infected. If a person has *ever* had unprotected intercourse or *ever* used IV drugs he or she is at risk. The best advice is to *always* be protected.]
- How confident do you feel about your ability to use condoms/dental dams in the correct way? How easy do you think it would be to follow these steps in the heat of passion?
- How would being high or drunk affect someone's ability to use a condom or latex barrier correctly?

Leader Resource 43

SESSION TWENTY-FOUR

GAME ANSWERS

Signs and Symptoms of STDs

- \$10 If a person experiences this sensation while urinating, it can be a symptom of an STD. (What is a *burning sensation*? or What is *pain*?)
- \$20 If these appear on the genitals, it's a sign of herpes. (What are *blisters*, *lesions*, or *ulcers*?)
- \$30 Symptoms such as weight loss, fatigue, night sweats, purple lesions on the skin, rare pneumonia, and other rare opportunistic diseases can lead to a diagnosis of this disease. (What is *AIDS*?)
- \$40 When it comes to signs and symptoms of gonorrhea, most women and some men have this experience (What is *no signs or symptoms*? or What is *nothing*?)
- \$50 It is because of this fact that many women do not see signs or symptoms of STD infections. (What is *having reproductive organs that are internal*?)
- \$60 If a woman notices that this has become heavy, thickened or clumpy, or foul-smelling, it is a sign of infection. (What is *vaginal discharge*?)
- \$80 This is the best first response to any sign or symptom of an STD. (What is *going to a clinic or doctor*?)
- \$100 This painless sore can be a symptom of syphilis. (What is a *chancre*?)

HIV/AIDS

- \$10 It is the virus that causes AIDS. (What is *HIV*?)
- \$20 It is what the acronym AIDS stands for. (What is *Acquired Immune Deficiency Syndrome*?)
- \$30 Unprotected sexual intercourse of any kind and sharing needles for any purpose are the two main ways this is passed. (What is *HIV*? or What is *the AIDS virus*? NOT What is AIDS?)
- \$40 Has caused more deaths than the Korean War, the Vietnam War, and the Persian Gulf War. (What is *AIDS*?)

- \$50 Teenagers and young heterosexual women are the two groups experiencing the fastest growth in this area. (What is *being infected with HIV*? or What is *being diagnosed with AIDS*?)
- \$60 The material used in barriers that are effective in the prevention of the spread of HIV. (What is *latex*? or What is *polyurethane*?)
- \$80 The name of the cells that the HIV virus destroys. (What are *T cells*? or What are *CD4 cells*?)
- \$100 A disease that would not normally harm a healthy immune system. (What is *an opportunistic disease*?)

Risky Behaviors

- \$10 Open mouth/deep kissing with an uninfected person. (What is *No Risk*?)
- \$20 Unprotected vaginal intercourse. (What is *High Risk*?)
- \$30 Bringing a partner to orgasm with hand stimulation. (What is *Low Risk*?)
- \$40 Unprotected anal intercourse. (What is *High Risk*?)
- \$50 Touching one's own genitals for sexual pleasure. (What is *No Risk*?)
- \$60 Sharing needles for tattooing or ear piercing. (What is *High Risk*?)
- \$80 Drug use. (What is *High Risk*? [due to impaired decision making])
- \$100 Giving blood or having a blood test (including an HIV test.) (What is *No Risk*?)

Sexually Transmitted Diseases

- \$10 Diseases that are passed from person to person through sexual contact. (What are *STDs*?)
- \$20 Is sometimes called "clap" or "drip" and occurs in both males and females. (What is *gonorrhea*?)
- \$30 A virus that causes sores or blisters that appear on the genitals of both males and females. (What is *herpes*?)
- \$40 The most common STD in the United States. It can cause sterility in both males and females. It can be treated and cured. (What is *chlamydia*?)

- \$50 This STD has three stages. An early symptom is a painless sore called a chancre that usually goes away on its own, but that does not mean the disease is gone. (What is *syphilis*?)
- \$60 A virus that produces warts on the genitals. (What is *genital warts* or *HPV*?)
- \$80 Genital warts, herpes, and HIV/AIDS are caused by this kind of organism. (What is *a virus*?)
- \$100 STDs caused by viruses have this characteristic in common. (What is *no cure*?)

Forms of Protection

- \$10 It is the most effective method of birth control and disease prevention. (What is *abstinence*?)
- \$20 It is an object that can be used to place a barrier over the vulva during sexual contact. (What is *a dental dam*? or What is *a condom that has been cut and opened into a square*?)
- \$30 This should be checked for before a condom is used. (What is *the expiration date*? or What is *latex* or *type of condom*? or What is *lubrication with nonoxynol-9*? or What are *rips or tears*?)
- \$40 The substance found on some condoms that kills sperm. (What is *a spermicide*? or What is *nonoxynol-9*?)
- \$50 Condoms, female condoms, and dental dams are all called this. (What is *a latex or polyurethane barrier*?)
- \$60 Foams, creams, and jellies used for birth and disease control contain this substance. (What is *a spermicide*? or What is *nonoxynol-9*?)
- \$80 A polyurethane sheath with flexible rings at each end that keep sperm from entering the vagina. (What is *a vaginal pouch* or *female condom*?)
- \$100 Condoms should not be used with lubricants that contain this substance. (What is *petroleum*?)

Leader Resource 44

SESSION TWENTY-FOUR

GAME BOARD

	<i>Signs and Symptoms</i>	<i>HIV/AIDS</i>	<i>Risky Behaviors</i>	<i>Sexually Transmitted Diseases</i>	<i>Forms of Protection</i>
\$10					
\$20					
\$30					
\$40					
\$50					
\$60					
\$80					
\$100					

Leader Resource 45

SESSION TWENTY-FOUR

STATION SET-UP

How to create stations for the Condom Obstacle Course.

Station One

Obstacle to overcome: You can't feel anything if you use a condom.

At this station, place a feather and a selection of condoms and post the following instructions:

1. With the help of a team member, place a condom on your fist. BEWARE OF SHARP FINGERNAILS!
2. Close your eyes and ask a teammate to touch your fist with his or her finger. Can you feel the person's finger touching you?
3. Close your eyes and ask a teammate to touch your fist with the feather. Can you feel it? Have your teammate blow air on your fist. Can you feel it?
4. How thick do you think the condom is now?

Station Two

Obstacle to overcome: Condom is too small to fit.

Place a measuring tape and a selection of condoms at this station. Post the following instructions and questions:

1. Stretch the condom as big as you can without breaking it. You can pull it with your hands or feet or blow it up.
2. Measure the condom when it is fully stretched.
3. How big around did the condom get?
4. How long did the condom get?
5. What happened to the condom when it was stretched?

SELECTED LESSON PLAN 9.2: NEGOTIATING RISK REDUCTION

SOURCE

"Negotiating Risk Reduction," *Filling the Gaps: Hard to Teach Topics in Sexuality Education*, Sexuality Information and Education Council of the United States (SIECUS), New York, 1998. Reprinted with permission of SIECUS. 130 West 42nd Street, Suite 350. New York, NY 10036. www.siecus.org

Suitable for ages 15 to 18

Summary

This activity uses role playing to develop participants' communication skills in implementing their decisions about sexual activity. The lesson plan includes different strategies for risk reduction and avoiding pregnancy. It doesn't assume that everyone will make the same choices. Groups of three create three role plays in which they negotiate abstinence, condom use, and another form of contraception. Each group performs their best role play and then discusses how convincing it was and how it could be improved, which gives adolescents a chance to practice this crucial skill and exchange ideas. A concluding discussion brings out their feelings about the activity and ways to handle discord about risk reduction within a couple. The lesson emphasizes the importance of good communication and respect and normalizes these strategies for reducing risk.

Teaching Notes

- Tell participants that in developing their role plays, they should also strive to maintain a positive relationship with their partner during the negotiation.
- To begin the discussion, ask participants how they felt about the activity and what they found difficult.

Adapting the Lesson

- Use small pieces of paper instead of index cards.

NEGOTIATING RISK REDUCTION

Adapted and reprinted with permission from Carol Hunter-Geboy, *Life Planning Education*, Advocates for Youth.
For information about this and other related materials, call 202/347-5700.

RATIONALE

The purpose of this activity is to practice communicating comfortably and effectively about risk reduction.

AUDIENCE

Senior high school

TIME

One class period

GOALS

To help participants:

- Practice communicating about risk reduction

MATERIALS

- One index card for each participant. Write *abstinence* on a third of the cards, *condom* on another third, and *condom and another form of contraception* on the remaining third.
- Make packets of cards containing one of each, to distribute to small groups in Step 2.

PROCEDURE

1 Tell participants that while knowing about the risks of unprotected sexual intercourse is important, the essential thing is to be able to do what is necessary to avoid those risks when with a sexual partner. Explain that this activity will help them practice the important skill of communicating with their partner, the first step in negotiating risk reduction.

2 Divide participants into groups of three and distribute the packets of index cards. Ask each participant to take one index card. Then, go over the following instructions:

- Create three role-play presentations, one for each word on your index cards. In each, one person will bring up the subject of sexual risks with another group member and say she or he wants to use the method listed on the card. The goal of this role play is

for one actor to convince the other actor to agree to practice the assigned method of risk reduction.

- While two group members act as characters, the third member should act as “coach.” The coach will make suggestions to help the actors role-play and comment on whether the approach they are using is convincing. Take turns being the coach.
- Once the group has finished their role play, they should pick the most convincing presentation to perform for the entire group.

3 Tell participants they have 30 minutes to work together and create three role-play presentations. Give lots of encouragement and assist with the coaching if needed.

4 After 30 minutes, ask a group to volunteer to present first. After leading the group in a round of applause, ask the audience to provide feedback on the role play, using the following questions:

- How realistic was this role play? Why?
- Which character was more convincing? Why?
- What other approaches would have been effective?

5 Continue with additional role plays in the same fashion. Challenge teens to redo any role play they feel they could make stronger after the group provides feedback on it.

6 When every group has had an opportunity to present, conclude the activity using the following questions:

- How did it feel to try and convince someone else to go along with your assigned method of risk reduction? How did it feel to have someone else try to convince you? Do you think these feelings are pretty common for teenagers dealing with these issues?
- What are effective ways for a couple to discuss abstinence? The use of condoms? The use of condoms and another method of contraception?
- What should a person do if their partner will not agree to their chosen method of risk reduction?

CHAPTER 10: CONTRACEPTION

Even though most sexuality education programs for youth encourage delaying sexual intercourse, young people still need to be fully informed about contraception so that the knowledge is there when they need it. For many people, your sexuality education course will be the only time in their lives that they receive structured, accurate information and education on the subject.

There are many obstacles to contraceptive use by adolescents. One common reason given by adolescents for not using it is that they did not expect to have sex. This is a manifestation of widespread denial of adolescent sexuality, and of female sexuality in particular. Girls learn that they should not want or think about sex and are discouraged from using contraception or carrying condoms for fear that their "reputation" will be ruined. For boys, the message is often the opposite. Such double standards discourage girls from accepting and taking responsibility for their sexuality, discourage open communication between partners, and increase the likelihood of unsafe sex. Adolescents often face other obstacles as well: they don't know where to get contraceptives; they can't afford them; they're too embarrassed to get them; they've heard that "the pill will make them fat" or "condoms don't work."

Many countries would like to reduce their rates of adolescent pregnancy, and particularly those pregnancies that are unwanted. Even where condoms and other methods are available, adolescents often lack the confidence and skills to propose and negotiate contraceptive use and to refuse sex without protection. Sexuality education should not only impart information but also help participants to develop the communication and negotiating skills they need to practice safer sex.

As a result of biology, gender inequality, and a scientific community slow to develop contraceptives for men, the burden of pregnancy prevention is usually not equally shared between partners. Women typically must obtain and pay for methods of contraception, even the male condom, and they must assume the possible side effects of systemic hormonal contraceptives. Women also ultimately bear the consequences of contraceptive failure or misuse.

Teaching Tips

- Update your knowledge about contraception using reliable sites on the Internet or other sources. New information is made available on a regular basis and new methods are also developed from time to time.
- Find out what methods are available in your community and in your country and focus your sessions primarily on those. Also find out if there are some methods that providers do not recommend for youth, and why. If you do not have this information, go to your local clinic to find out or ask UNFPA.
- Have examples of methods for the participants to examine if at all possible.
- If you are not comfortable teaching about contraception, find out if your local reproductive health clinic can send someone to teach this topic. However, they may only lecture, which is not ideal.
- Review the prevailing myths about pregnancy and contraception before teaching these lessons. Alternatively, ask your group to write down everything they have heard about a specific method or ways to avoid pregnancy, and then discuss them or include them in an activity.

Content Considerations

- Give participants thorough basic information—the names of the various methods, how to use them, how they work, effectiveness, advantages and disadvantages, cost, and where they are available.
- Focus primarily on the methods that are available in your country or will soon be available. Focus more on the methods that young people typically use. If you have time, talk about the methods that are available globally but not in your country, and discuss why this is so. If possible, get brochures on different methods from a clinic or from UNFPA to share with your participants.
- Include information about emergency contraception.
- Develop positive attitudes toward using protection, and practice related skills, including decision making, communicating with a partner, refusing unprotected sex, and communicating with family planning providers.
- Always stress that among contraceptive methods, only condoms protect against STIs and HIV when used correctly.
- Personalize the risks and responsibilities of sexual intercourse as much as possible so that your participants will be motivated to protect themselves; encourage them to imagine or role-play specific situations.
- Acknowledge that some religions and groups find contraception unacceptable, but that members of such faiths can offer guidance in balancing one's beliefs and behaviors.
- Explore gender issues, including ideas and stereotypes about which partner is responsible for contraception (and for the pregnancy if contraception is not used or fails), who should obtain or purchase contraception, attitudes toward girls who carry condoms, attitudes toward male methods compared to female methods (for example, vasectomy compared to tubal ligation, or male condoms compared to hormonal methods), and the roots and consequences of these attitudes.
- Consider discussing international agreements on reproductive rights such as ICPD, focusing on the right of "all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so."
- Discuss how negative attitudes toward adolescent sexuality, and toward female sexuality in particular, decrease the likelihood that teens will use contraception.
- If possible, take your group on a visit to a reproductive health clinic, or have them visit a clinic (or even a pharmacy) in small groups as a homework assignment so that they know where it is and are more comfortable going there.

SELECTED LESSON PLAN 10.1: PREVENTING UNWANTED PREGNANCY AND HIV/STIS

SOURCE

"All Together Now: A One-Shot, 40-Minute Lesson on Preventing Unwanted Pregnancy and STI/HIV," (2003 version) by Peggy Brick and Bill Taverner. *Positive Images: Teaching Abstinence, Contraception, and Sexual Health*, 3rd Ed. ©2001 by Planned Parenthood of Greater Northern New Jersey and reprinted with permission. All rights reserved. www.ppgnnj.org

Suitable for ages 12 to 18

Summary

This lesson is designed for teachers who need to cover contraception and HIV/STI prevention in less than an hour, and a great example of how to cover a lot of material quickly yet effectively. Participants personalize risk by discussing potential outcomes of unprotected sex and how difficult they would be to deal with; then they assess their own risk. Participants use information provided to assess how effective different contraceptive methods are in preventing pregnancy, placing them on a continuum, and do the same for how effective they are in preventing HIV/STIs. By comparing the two, they decide for themselves which methods offer the most protection.

Teaching Notes

- This lesson requires that you have at least some copies of information sheets on different methods. There is a Contraceptive Options Chart at the end of this lesson, or you may be able to get pamphlets on methods from your local reproductive health clinic that can be used if they cover the necessary information.
- Consider adding a discussion of monogamy as a method for avoiding STIs. If you do, stress that knowing whether or not your partner is monogamous is difficult because people generally keep infidelity a secret.
- The IUD is not included in the methods on the worksheet. Consider including it even though it is not recommended for women who have never had children. Bear in mind that you are educating your participants for the future.
- There is no answer sheet for the worksheet. Be sure to read all the materials and know the correct answers before teaching.

Adapting the Lesson

- Include only the methods that are available in your country.
- If you cannot make copies of the worksheet, write the first step on the board or on large paper. When you get to step 6 of the lesson, read aloud the questions and choices offered in items 2 to 4 of the worksheet.
- If you have time, add some additional generalizing questions at the end of the lesson, such as: "What are some things that prevent people from protecting themselves?" "What can you do to overcome those barriers to safety?"

ALL TOGETHER NOW:

A ONE-SHOT, 40-MINUTE LESSON ON PREVENTING UNPLANNED PREGNANCY AND STI/HIV

Peggy Brick

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and

Bill Taverner

Planned Parenthood of Greater Northern New Jersey

OBJECTIVES:

Participants will:

Examine their personal feelings about the relative risks of unplanned pregnancy, sexually transmitted infections and HIV.

Compare the effectiveness of the major methods for preventing pregnancy and STI/HIV.

Discuss integrating prevention of unplanned pregnancy with preventing STI/HIV.

RATIONALE:

Unfortunately, educators sometimes have only a single session in which to talk with students about contraception and "safer sex." Although one session is completely inadequate, our research indicates that even a one-shot lesson can have a positive effect on participant knowledge regarding specific contraceptive methods and their comfort in accessing reproductive health care.ⁱⁱ We find that the precious 40 minutes are best spent raising participants' consciousness and helping them assess their own risk, rather than in detailing facts about each method of contraception. This lesson emphasizes the importance of preventing both unplanned pregnancy and STI/HIV.

MATERIALS:

Worksheet: ALL TOGETHER NOW: PREVENTING UNPLANNED PREGNANCY AND STI/HIV

CONTRACEPTIVE OPTIONS CHART from the manual *Positive Images: Teaching Abstinence, Contraception, and Sexual Health, Third Edition* or pamphlets describing contraceptive choices.

A set of large signs with the following:

**VERY EFFECTIVE
PROTECTION**
(No/Very Low Risk)

SOME PROTECTION
(Some Risk)

NO PROTECTION
(High Risk)

PREGNANCY

STI/HIV

Two sets of smaller signs; each set a different color, with the following labels:

ABSTINENCE
CONDOM & SPERMICIDE
CONTRACEPTIVE PATCH
DEPO-PROVERA
DIAPHRAGM

FEMALE CONDOM
IMPLANT
LUNELLE
MALE CONDOM
NO METHOD

OUTEROURSE
SPERMICIDE ALONE
THE PILL
VAGINAL RING
WITHDRAWAL

PROCEDURE:

(Before the lesson begins, put the large signs on the wall or board in the format shown on the *Worksheet*.)

1. Put the following words on the board or newsprint and ask participants to rank them:
 - (1) the most difficult for you to deal with at this time in your life
 - (2) the second most difficult, and
 - (3) the least difficult.

PREGNANCY
SEXUALLY TRANSMITTED INFECTION
HIV

Discussion Questions:

- (a) What are the reasons for your ranking?
- (b) Among the people you know, are they more likely to be at risk for an unplanned pregnancy, an STI, or HIV?
- (c) How much do people you know think about ways they can avoid all three risks? Explain.

2. Distribute:

- (a) *Worksheet: ALL TOGETHER NOW*
- (b) *THE CONTRACEPTIVE OPTIONS CHART* or pamphlets describing contraceptive choices.
- (c) The 30 smaller signs; if too few participants, some can take two or more; if too many participants, some can work in pairs.

3. Show participants the large signs on the wall that mark a continuum of protection from unplanned pregnancy from **VERY EFFECTIVE PROTECTION** (very low or no risk) to **NO PROTECTION** (high risk).

4. Ask participants with one color of signs (e.g., blue) to use the **CONTRACEPTIVE OPTIONS CHART** or pamphlets to determine where on the **PREGNANCY PREVENTION** section of the continuum their method belongs. When they have decided, they should tape their sign in the correct place showing how effective that method is in preventing PREGNANCY.

Discussion Questions:

- (a) Does anyone disagree with the location of any of the methods? If you disagree, why? Where should the method be on the continuum? (If the group agrees with the change, move the sign).
- (b) Are there any other methods we should include?
- (c) What can increase or decrease the effectiveness of a method? (Forgetting to take a pill, certain drugs decrease effectiveness of pill, using oil-based lubricant on a condom)

5. Ask participants with the other color signs (e.g., yellow) to come forward and tape their method on the bottom part of the chart at the appropriate place showing how effective that method is in preventing SEXUALLY TRANSMITTED INFECTIONS/HIV.

Discussion Questions:

- (a) Does anyone disagree with the location of any of these methods?
- (b) Looking at the **PREGNANCY** (top) part and the **STI/HIV** (bottom) part of the chart, what conclusions do you draw? What questions do you have? (Emphasize that some methods that are most effective for preventing pregnancy, do not protect against STI/HIV.)

Note that spermicidal methods are **NOT** recommended for protecting against sexually transmitted infections. Rather, they sometimes act as a skin irritant, resulting in lesions that could actually facilitate the transmission of sexually transmitted infections.

6. Ask participants to quickly fill in the top of their *Worksheets* and then answer the questions on the bottom. Emphasize that the *Worksheets* are confidential and will not be collected.

Discussion Questions:

- (a) How can teens protect themselves from both pregnancy and STI/HIV?
- (b) Do you think that people who participate in this lesson will be more likely to protect themselves from unplanned pregnancy and STI/HIV? Explain.

Worksheet: ALL TOGETHER NOW
PREVENTING UNPLANNED PREGNANCY AND STI/HIV

1. Place each method in a continuum on the chart twice, once for the protection it gives in preventing pregnancy and once for the protection it gives in preventing STI/HIV.

ABSTINENCE
 CONDOM & SPERMICIDE
 CONTRACEPTIVE PATCH
 DEPO-PROVERA
 DIAPHRAGM

FEMALE CONDOM
 IMPLANT
 LUNELLE
 MALE CONDOM
 NO METHOD

OUTERCOOURSE
 SPERMICIDE ALONE
 THE PILL
 VAGINAL RING
 WITHDRAWAL

P
R
E
G
N
A
N
C
Y

**VERY EFFECTIVE
 PROTECTION**
 (No/Very Low Risk)

SOME PROTECTION
 (Some Risk)

**NO
 PROTECTION**
 (High Risk)

S
T
I
/
H
I
V

2. Considering your own behavior now, where on the continuum of risk do you place yourself for an unplanned pregnancy? **NO/VERY LOW** **SOME** **HIGH**
 For a sexually transmitted infection? **NO/VERY LOW** **SOME** **HIGH**

3. Do you want to change your location on the continuum? Yes No

4. If yes, one thing you could do is: _____

i Adapted from Brick, P. and Taverner, B. *Positive Images: Teaching Abstinence, Contraception, and Sexual Health, Third Edition*, Morristown, NJ: Planned Parenthood of Greater Northern New Jersey, 2001. For more information about *Positive Images*, please contact PPGNNJ (973-539-9580, ext. 120) or send an e-mail message to Bill.Taverner@ppfa.org.

ii Research done with Pearila Brickner Namerow, Ph.D., Columbia University, Center for Population and Family Health.

CONTRACEPTIVE OPTIONS CHART

METHOD	KEY ADVANTAGES	POSSIBLE PROBLEMS	EFFECTIVENESS ¹
Abstinence	No physical side effects Can be used anytime Nothing to purchase Excellent protection against sexually transmitted infections (STI)	Requires commitment and self control by both partners Social pressure to engage in intercourse Many people fail to use protection when abstinence ends	100% <i>if</i> used consistently
Birth Control Pill	Continuous protection against pregnancy Nothing to apply or insert at time of intercourse More regular, shorter periods Ability to become pregnant returns quickly when use is stopped Protects against painful, heavy, or irregular periods, ovarian and endometrial cancer, and infections of the fallopian tubes	Must remember to take daily Possible side effects: nausea, breast tenderness, weight gain or loss Rare, but serious health risks (blood clots, heart attack, and stroke – these risks are higher for women over 35 who smoke) No protection against STI	92% to 99+% <i>if</i> used correctly and consistently
Implant*	Continuous protection against pregnancy for 5 years (Norplant) or 3 years (Implanon) Nothing to apply or insert at time of intercourse	Minor surgical procedure Irregular menstrual bleeding Possible weight gain or loss Visible – can be seen under skin No protection against STI	99+%
Injection	Continuous protection against pregnancy for 3 months (Depo Provera) or 1 month (Lunelle) Nothing to apply or insert at time of intercourse Menstruation stops for over half of women who use Depo Provera (some may not consider this an advantage) Private – no visible sign that person is using this method Other physiological advantages similar to those of the pill	Requires injection Must remember to get the shot Availability of Lunelle may be limited Possible side effects (Depo Provera): irregular period, weight gain, headaches Other side effects and risks for Depo Provera and Lunelle similar to those of the pill Return to fertility may take several months (Depo Provera) Increased spotting/bleeding in first month of use (Lunelle) No protection against STI	97% to 99+% <i>if</i> used consistently
Contraceptive Patch	Continuous protection against pregnancy for 1 month Nothing to apply or insert at time of intercourse Other physiological advantages the same as those of the pill	Must remember to replace patch weekly and not wear it the week of menstruation Visible – worn on the skin Not available in all skin tones No protection against STI Not recommended for women over 198 pounds	99+% <i>if</i> used correctly and consistently
Vaginal Ring	Continuous protection against pregnancy for 1 month No precise placement necessary Nothing to apply or insert at time of intercourse Other physiological advantages the same as those of the pill	Must remember to remove during week of menstruation, and then insert new ring for next 3 weeks Requires high level of comfort with one's body No protection against STI	99+% <i>if</i> used correctly and consistently
Intrauterine Device (IUD)	Two types – one offers continuous protection against pregnancy for 5 years, the other for 10 years Nothing to apply or insert at time of intercourse IUDs with hormones may reduce menstrual cramps and bleeding Non hormonal IUDs are an alternative for women who cannot use hormonal methods	Must be inserted and removed by clinician Heavier periods Rare, but serious health risks (uterine expulsion or perforation, pelvic inflammatory disease) No protection against STI Not typically recommended for adolescents	98%

* At the time of this printing, Implanon is not yet available in the United States and there are no plans to reintroduce Norplant. For updated information about contraceptive methods, please visit www.managingcontraception.com.

METHOD	KEY ADVANTAGES	POSSIBLE PROBLEMS	EFFECTIVENESS ¹
Male Condom	Excellent protection against STI May help delay ejaculation Male involvement Inexpensive, available over the counter	May leak or break if used incorrectly May interfere with spontaneity	85% to 98% <i>if used</i> correctly and consistently
Female Condom	Available over the counter Alternative for people with latex allergies Good protection against STI	Requires high level of comfort with one's body May be difficult to insert May become dislodged during intercourse May interfere with spontaneity	79% to 95% <i>if used</i> correctly and consistently
Diaphragm or Cervical Cap	Can be inserted in advance of intercourse Can remain in place for multiple acts of intercourse (diaphragm – 24 hours; cervical cap – 48 hours)	Requires high level of comfort with one's body Requires fitting by clinician May be difficult to insert Limited STI protection, but also possibility of irritation (by spermicide) that could facilitate STI transmission	84% to 91% (cap) or 94% (diaphragm) <i>if used</i> correctly and consistently
Spermicides	Available over the counter in a variety of forms (creams, films, foams, gels, suppositories) Adds lubrication (creams, foams, gels)	Timing: must insert close to each intercourse May cause allergic reaction Possibility of irritation that could facilitate STI transmission	71% to 85% <i>if used</i> correctly and consistently
Withdrawal	Nothing to purchase Available as a last resort	Dependent on male partner Requires great control May affect pleasure No protection against STI	Effectiveness varies: failure rate increases if the male does not predict and control ejaculation correctly
Fertility Awareness Methods	Nothing to purchase Permitted by some religious groups that prohibit the use of other methods	Requires commitment No intercourse for much of menstrual cycle No protection against STI	75% to 99% <i>if used</i> correctly and consistently: combined use of calendar, basal temperature and cervical mucous methods
No Method	Nothing to purchase	No protection against pregnancy No protection against STI	15%
Vasectomy or Tubal Ligation	Permanent protection against pregnancy Nothing to apply or insert at time of intercourse	Requires surgery Reversal has relatively low success rate No protection against STI Usually available only to older individuals	99+%
Emergency Contraception (e.c.)	Can be used up to 120 hours <i>after</i> unprotected intercourse Good for emergency situations	May cause nausea and vomiting Not for regular use No protection against STI	Effectiveness depends on timing. The sooner e.c. is taken after unprotected intercourse, the higher the success rate. Used within 24 hours – reduces risk of pregnancy by up to 95%; used within 72 hours – reduces risk of pregnancy by 75% to 89%

Note:

If a method is 99% “effective,” 99 women in 100 having sexual intercourse regularly for one year are expected **not** to become pregnant. If a method is 15% “effective,” 15 women out of 100 would be expected **not** to become pregnant. (Lower percentages indicate “typical user” rates; higher percentages indicate “perfect user” rates.)

Sources:

Hatcher, R. et al, *A Pocket Guide to Managing Contraception*, 2002-2003, 2002
Hatcher, R. et al, *Contraceptive Technology*, 17th Edition, 1998
Planned Parenthood Federation of America, *Your Contraceptive Choices*, 2002

To be used with *Positive Images: Teaching Abstinence, Contraception, and Sexual Health, Third Edition*. Brick and Taverner, Planned Parenthood of Greater Northern New Jersey, 2001, revised 2003.

From Brick, Peggy, and Taverner, Bill (2001). *Positive Images: Teaching Abstinence, Contraception, and Sexual Health*, 3rd Ed. ©2001 by Planned Parenthood of Greater Northern New Jersey and reprinted with permission. All rights reserved.

SELECTED LESSON PLAN 10.2: PREDICTING PREGNANCY RISK

SOURCE

"Predicting Pregnancy Risk," *Life Planning Education: A Youth Development Program*. Adapted for use from the Teen Outreach Program (TOP), Changing Scenes curriculum with permission from Cornerstone Consulting Group, Inc. www.cornerstone.to

Suitable for ages 12 to 18

Summary

This lesson provides an excellent activity for motivating adolescents to use contraception if they are having sex by graphically demonstrating the risk of pregnancy and debunking the common myth that it isn't that easy to get pregnant. The main activity is a visual representation of risk: the facilitator puts candies or other small objects of two colors in a bag in the same proportion of the risk of getting pregnant during a year of unprotected intercourse. Each participant draws a candy, which provides a powerful simulation of the likelihood of conceiving when contraception is not used. Then the facilitator makes a bag representative of the chances of a pregnancy occurring when contraception is used. Discussion questions are used to focus on feelings and personalizing the risk, as well as the effects of HIV and STIs on pregnancy.

Teaching Notes

- In step 5, the teacher should emphasize that couples who regularly have sex without any form of contraception for one year have an 85 percent chance of conceiving.
- In step 8, before displaying the poster of contraceptive failure rates, inform participants that in the exercise they saw an average failure rate for all contraceptives. Ask them if they think that all methods have the same failure rate.
- Explore the reasons for contraceptive failure. Point out that the rates presented on the chart are for "typical use." For each method, ask participants: "What kinds of mistakes might reduce its effectiveness?" "What else can a person using this method do to further reduce the risk of pregnancy?" "Is it possible to completely eliminate a possible method failure?" (No, methods sometimes fail even when used perfectly.) "Do you agree that those who are abstinent have a zero failure rate? Why or why not?" (Abstinence does not have a zero failure rate because some users will not stick to the decision to abstain.)
- To briefly review STI prevention, before asking the fourth discussion question, ask participants which methods can protect them from getting an STI.

Adapting the Lesson

- Instead of using candies in the first activity, you can use any small object that comes in two colors, or small pieces of paper with two types of marks on them. Fold them up so that it is easier for participants to take just one piece.
- In the list of contraceptive methods, include only those that are available in your country or where you live.

Predicting Pregnancy Risk

Materials: 105 small, wrapped candies of one color and 95 of a second color (these candies must feel exactly the same but look different — for example, butterscotch and peppermint hard candies); two paper bags; copies of the handout, “Contraceptive Failure Rates;” newsprint and markers or board and chalk

Time: 30-40 minutes

Planning Notes:

Purpose: To demonstrate the risk of pregnancy during intercourse both with and without contraception

- ✓ Put 90 candies of one color and 10 candies of the other in a paper bag marked “Intercourse **without** Contraception.” The 90 candies represent unplanned pregnancy. Put 85 of the second color and 15 of the first color in the remaining bag marked “Intercourse **with** Contraception.” The 15 candies of the first color will represent unplanned pregnancy. (You can cut the numbers in half, but keep the proportions the same.)
- ✓ Create a poster to present information on the Leader’s Resource.
- ✓ Keep the pace lively and humorous as you conduct the first seven steps of the activity. Reserve a few minutes to go over the failure rates of contraceptive methods.

Procedure:

1. Point out that people often do not believe how risky sexual intercourse without contraception can be.
2. Explain that the group will focus on the **pregnancy risk** associated with unprotected intercourse. Ask teens to imagine 100 heterosexual couples who are having sex regularly for one year. How many of those couples would they predict would be pregnant by the end of the year, if they **did not use** contraception? Record their guesses on the board or newsprint.
3. Display the bag marked “Sex **without** Contraception” and explain that the candies in the bag represent the exact proportion of pregnancy that is risked by unprotected intercourse.
4. Show teens which candies represent “pregnancy” and which represent “no pregnancy.” Ask each participant to draw a candy from the bag, without looking, and hold it up. If the candy represents “pregnancy,” that means one of the 100 imaginary couples having sex without contraception has gotten pregnant.
5. When everyone has drawn, ask how many drew an unplanned pregnancy. Emphasize that **85 out of 100** couples having sex without contraception for a year would get pregnant.
6. Now ask the group to predict how many couples having sexual intercourse for a year would get pregnant, if they **did use** contraception. Record their guesses on newsprint or the board.
7. Repeat the process with the bag of candies representing “Sex **with** Contraception.” Have teens draw a candy once more from the bag and hold it up. Ask how many drew an unplanned pregnancy this time. Point out that contraception makes a big difference. **Only 15 out of 100** couples who have sex for a year get pregnant if they use contraception.
8. Display the poster of contraceptive failure rates and ask someone to explain how to read it. Be sure teens interpret the chart correctly. (For example, out of 100 women using the pill for contraception, only three to five will become pregnant by the end of a year and so on.)
9. Conclude the activity using the Discussion Points. Let the group eat the candy!

Adapted from Teen Outreach: Youth Development Through Service and Learning. Association of Junior Leagues, International, Inc., New York, N.Y., in press.

Discussion Points:

1. What was the most important thing you learned from this activity?
2. How did you feel when you drew candy from the “without contraception” bag? How about the “with contraception” bag? How may people feel after they have had intercourse without using contraception?
3. Imagine that we just got a notice from the local health clinic saying that everyone in this group, or their partner, is pregnant! What might happen if you or your partner were pregnant at this time?
4. When pregnancy occurs, there is also the risk of infection with HIV or another STD. If you were pregnant or made someone pregnant unintentionally, how would contracting an STD affect that pregnancy? What if you contracted HIV infection from your partner at the time conception occurred?
5. What fact would you share with any teen considering having vaginal sexual intercourse?

Leader's Resource

Contraceptive Failure Rates

Method

User Failure Rate*
(Percentage of women
experiencing an accidental
pregnancy in one year
of typical use of the method)

Abstinence	0
Norplant (6 Capsules)	1
Oral contraceptives	3
Intrauterine Device (IUD)	3
Male condom	12
Diaphragm and spermicidal jelly	18
Withdrawal ("pulling out")	18
Cervical cap (for women who have never had a baby)	18
Natural Family Planning ("rhythm method")	20
Foam, cream, jelly or vaginal contraceptive film	21
Female condom (Reality)	21
No contraceptives or controls used	85

CHAPTER 11: UNINTENDED PREGNANCY AND ABORTION

Abortion is a reality in every country regardless of its legal status. Out of 210 million pregnancies worldwide each year, approximately 22 percent, or 46 million, end in abortion. Where abortion is legally restricted, botched abortions are a major cause of maternal death. Young women in particular are at high risk for unintended pregnancy, have limited access to money, and are more likely than women aged 20 to 35 to seek an abortion. A significant percentage of those women who end up in the hospital with complications from unsafe abortion are young. Adolescents may be afraid to tell their parents about a pregnancy and may attempt to induce an abortion themselves or find an underground provider on their own. Such decisions are a matter of life and death. As educators, we need to ensure that adolescents are informed about unsafe abortion and the options available to them should they have an unwanted pregnancy.

It is also important for young people to explore the different moral positions and arguments regarding abortion and discover where their personal values lie. When initiating this discussion, put abortion into a human rights context. Regardless of one's personal feelings about abortion, it remains a fact that where abortion is legally restricted or not universally available, girls and women die and suffer disabling injuries trying to terminate unwanted pregnancies. Women's rights to life and to health, as well as their right to make decisions about their own bodies, must be respected and protected.

Teaching Tips

- Your approach to teaching about abortion and the content of your sessions will be significantly influenced by the actual and perceived legal status of abortion in your country, as well as by the various beliefs and experiences of your students. Even in countries where it is highly restricted, abortion is important to discuss because teenagers and adult women have abortions regardless of laws.
- In most countries abortion is a sensitive topic. Adjust the content of your sessions depending on how abortion is viewed where you live and the circumstances in which you are teaching. At a minimum, you should be able to teach facts about abortion globally and locally, the effects of different abortion laws, and the consequences of not providing safe services.
- Get detailed information about the laws in your country from a reliable source, including the circumstances under which abortion is allowed and what the restrictions are. Although abortion data are frequently unreliable and often difficult to get, gather as much existing data as you can, including methods commonly used for abortions in your country and services where adolescents can get counseling or advice.
- Make a link to previous sessions on decision making about sexual behavior and contraception as ways to prevent unintended pregnancy.
- Decide what terminology you will use before teaching. In some places, there may be confusion about such terms as "miscarriage," "abortion," "menstrual regulation," and "induced" or "spontaneous" abortion. Use the most common neutral terms that are current in your community, clarifying any confusion. The language is often value laden and judgmental.
- Be aware that participants in your sessions may have already experienced an unintended pregnancy and abortion.

Content Considerations

- Help students put abortion into context. Discuss the reasons why a woman would have an unwanted pregnancy in the first place. For example, she may not have access to contraceptive services or the quality of the services may be poor. Or she may have fears about certain methods or disagreements with her partner about limiting childbearing. Or her contraceptive method may have failed. Or she may have been raped.
- Teach about all possible options a woman or couple has when faced with an unwanted pregnancy, including carrying the pregnancy to term and keeping the baby, having an abortion, and carrying the pregnancy to term and giving the baby to someone else to bring up, whether through adoption or fostering. Explore the motivations for each choice and the consequences involved.
- Be clear that there is a link between legality and safety, but that other factors, such as the length of the pregnancy, the skills of the provider, and the type of facility play as great a role in safety as legality.
- If there are many cases of adolescents who attempt to induce an abortion where you live, learn about the consequences and emphasize the risks of self-induced abortion.
- Explore all positions that people take on abortion, but do so carefully, encouraging participants to respect each other's right to their own positions and values. Include information on ICPD and other international agreements.
- Address gender issues related to unwanted pregnancy and abortion. Help students to understand that women bear the greater burden and all of the physical risk in pregnancy, childbirth, and abortion, and ultimately will make decisions about taking those risks. Men, however, share the responsibility for their partners' pregnancies and should understand why and how to support the woman's decisions about pregnancy. Discuss the impact on families and society of high numbers of women dying from unsafe abortions.
- Do not spread or tolerate common clichés about abortion, such as "Abortion is not a method of family planning" (it isn't a method of contraception, but it can be a method of family planning), or "If abortion is legalized, women will not use contraception; they will just have abortions" (history has shown that this is not true).

SELECTED LESSON PLAN **11.1: THINKING ABOUT ABORTION**

SOURCE

“Thinking About Abortion—Around the World,” by Peggy Brick and Bill Taverner. *Educating About Abortion, 2nd Ed.* ©2003 by Planned Parenthood of Greater Northern New Jersey and reprinted with permission. All rights reserved. www.ppgnnj.org

Suitable for ages 12 to 18

Summary

This solid introductory lesson presents the facts about abortion from a global perspective. The lesson humanizes abortion yet focuses on the facts, giving participants the opportunity to look at abortion as a public health issue as well as a moral issue. The lesson covers important agreements reached by governments at the ICPD in 1994 and asks participants to discuss the meaning of sexual and reproductive rights. Participants brainstorm reasons why women have abortions and compare their ideas to a list based on research. They are provided with information about the legality of abortion worldwide, which enables them to consider the effects of these laws on abortion rates and safety. Participants also learn about the comparative risk of mortality between carrying a pregnancy to term and having a legal abortion, a risk that is often disregarded. A true-false exercise debunks common misconceptions.

Teaching Notes

- When participants list the reasons why women may choose to have an abortion, address answers that blame women. If participants suggest reasons that research has refuted, offer correct information.
- At the end of step 3, the questions posed by participants are not answered or discussed. You may want to return to these questions at the end of the lesson if they remain unanswered after the true-false exercise.
- After the groups finish the Facts About Abortion Around the World worksheets, go through each statement and ask participants if they thought it was true or false and why. Give the correct information as needed.
- If you have time, have participants break into small groups and go through discussion question D in step 6. This question could also be asked about your own country rather than the world.
- Between discussion questions C and D, consider asking participants if they know your country’s laws on abortion, then provide them with any information they do not have about the legal situation. You could also ask: “Why don’t laws that limit access to abortion stop women from having abortions?” “How do laws on abortion affect poor women and rich women differently?” Note that rich women can always get a safe abortion even when it is highly restricted in their country, whereas poor women can usually get a safe abortion only when it is legally and freely available, and even then they may face restrictions.

Adapting the Lesson

- If you have problems making copies, for step 2 you could make a complete list from the participants' ideas and just add those that are missing. For the worksheets you can make displays on large paper, write them on the board beforehand, or use overheads. For the Facts About Abortion Around the World worksheet, you can read out the statements and give participants time to answer.

THINKING ABOUT ABORTION - AROUND THE WORLD

OBJECTIVES:

Participants will:

1. Discuss key facts about abortion around the world.
2. Examine the reasons women give for deciding to have an abortion.
3. Compare safe and unsafe abortion in rich and poor countries worldwide.
4. Evaluate the concept that reproductive and sexual health is a human right, a goal of the International Conference on Population and Development.

RATIONALE:

Every year 46 million women around the world have an abortion (an average of 35 out of every 1,000 women of childbearing age). In every part of the world, these women give broadly similar reasons for their decision. Unfortunately, many of these abortions are dangerous, for while abortions performed in developed nations are extremely safe, many performed in developing nations are done without adequate medical facilities or by people who lack necessary skills. In this lesson participants expand their understanding of the role of abortions worldwide by examining the facts and making hypotheses about important issues regarding abortion.

Source: The Alan Guttmacher Institute, Sharing Responsibility: Women, Society and Abortion Worldwide, 1999.

MATERIALS:

- **Worksheet: REASONS WHY WOMEN MAY CHOOSE ABORTION**
- **Worksheet: SAFE AND UNSAFE ABORTION**
- **Worksheet: COMPARISONS - WHEN ABORTION IS LEGAL/ILLEGAL**
- **Worksheet: THE FACTS ABOUT ABORTION AROUND THE WORLD**

PROCEDURE:

1. Write on the board/newsprint:

“Reproductive and sexual health is a human right.”

Introduce the lesson by noting that in 1994 an International Conference on Population and Development set a goal of providing “universal access to a full range of safe and reliable family planning methods and related reproductive and sexual health services by the year 2015.” It established a “Program of Action” based on the proposition above. Ask participants what they think this statement means. Ask what such a Program of Action might include. Jot answers on the board or newsprint.

2. Explain that the goal includes access to family planning services, prenatal care, and safe abortion. The best estimates are that 46 million abortions (some safe, some unsafe) are performed throughout the world each year. Divide the group into small groups of four or five, and ask them to list as many reasons as they can, “Reasons Why Women May Choose Abortion.” After five minutes, distribute the **Worksheet: REASONS WHY WOMEN MAY CHOOSE ABORTION**. Ask groups to compare their answers to the list.

Source: The Alan Guttmacher Institute, Sharing Responsibility: Women, Society and Abortion Worldwide, 1999. Note this figure translates to an average of 35 out of every 1,000 women of childbearing age every year.

Discussion Questions:

- a. Which of these reasons did your group not identify?
 - b. Which of these reasons seem most important to you?
3. Note that almost every nation permits abortion for some of these reasons and makes it illegal for other reasons. Ask participants to remain in their groups. Distribute **Worksheet: SAFE AND UNSAFE ABORTION** and **Worksheet: COMPARISONS - WHEN ABORTION IS LEGAL/ILLEGAL**.

Ask groups to examine the **Worksheets**, and write down questions raised by the statistics shown on the charts. As preparation before the groups begin, review the charts with the whole group, and elicit one sample question. For example, “Does outlawing abortion decrease the number of women who die from abortion?”
 4. After several minutes, ask each group to share one or two of their questions. Then distribute **Worksheet: THE FACTS ABOUT ABORTION AROUND THE WORLD**.

5. Ask participants to again work in their small groups to hypothesize whether each statement is true or false. If members of the group cannot agree, they are to put a question mark by the statement.
6. When all groups have completed the *Worksheet*, tell them that according to current data, **ALL** statements are **TRUE**.

Discussion Questions:

- a. Which of these facts surprised you?
- b. Why do women have abortions even when they are illegal and unsafe?
- c. Why do countries make abortion illegal?
- d. If you were hired by an international agency devoted to reducing the number of abortions worldwide, what strategies would you recommend?

Worksheet:
REASONS WHY WOMEN MAY CHOOSE ABORTION

In every part of the world, women who have had an abortion give broadly similar reasons for their decision:

To stop childbearing

- I have already had as many children as I want.
- I do not want any children.
- My contraceptive method failed.

To postpone childbearing

- My most recent child is still very young.
- I want to delay having another child.

Socioeconomic issues

- I cannot afford a baby now.
- I want to finish my education.
- I need to work full-time to support (myself or) my children.
- My children go to bed hungry almost every night.

Relationship problems

- I am having problems with my husband (or partner).
- I do not want to raise a child alone.
- I want my child to grow up with a father.
- I should be married before I have a child.

Age

- I think I am too young to be a good mother.
- My parents do not want me to have a child.
- I do not want my parents to know I am pregnant.
- I am too old to have another child.

Health

- The pregnancy will affect my health.
- I have a chronic illness.
- The fetus may be deformed.
- I am infected with HIV.

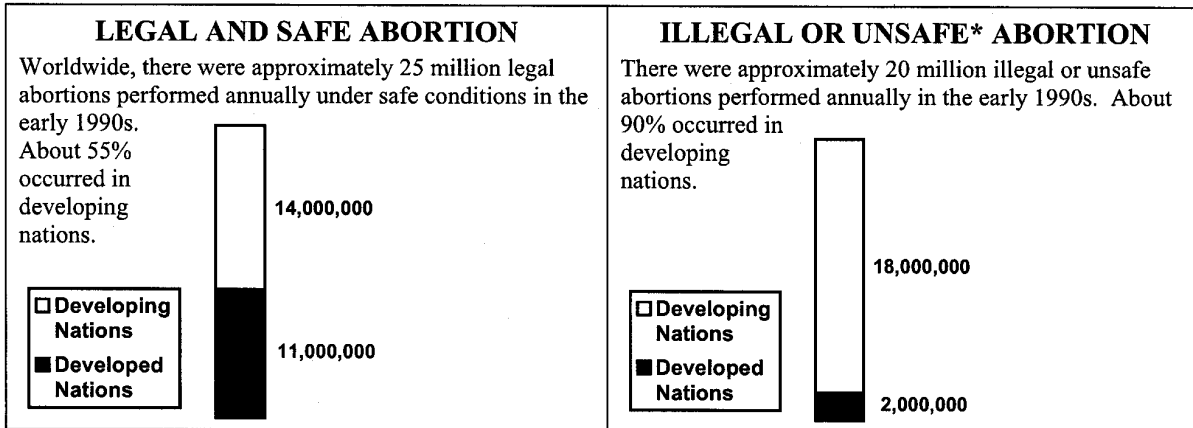
Coercion

- I have been raped.
- My father (or other male relative) made me pregnant.
- My husband (or partner or parent) insists that I have an abortion.

To be used with *Educating About Abortion, Second Edition*. Peggy Brick and Bill Taverner, Planned Parenthood of Greater Northern New Jersey, 2003.

Worksheet: SAFE AND UNSAFE ABORTIONS

OCCURRENCE OF ABORTION



* Unsafe abortion is defined as being undertaken either by persons lacking the necessary skills or in an environment lacking the minimal medical standards or both.

DEATH RATES FROM ABORTION

Abortion, like any medical procedure, carries medical risks, including death. The risk of death magnifies when abortion is performed under unsafe circumstances, particularly in developing nations.

	Total number of abortions in the early 1990s	Deaths from unsafe abortions	Deaths from safe and legal abortions
DEVELOPED NATIONS	13,000,000	700	500
DEVELOPING NATIONS	32,000,000	69,300	500

COMPARATIVE RISKS

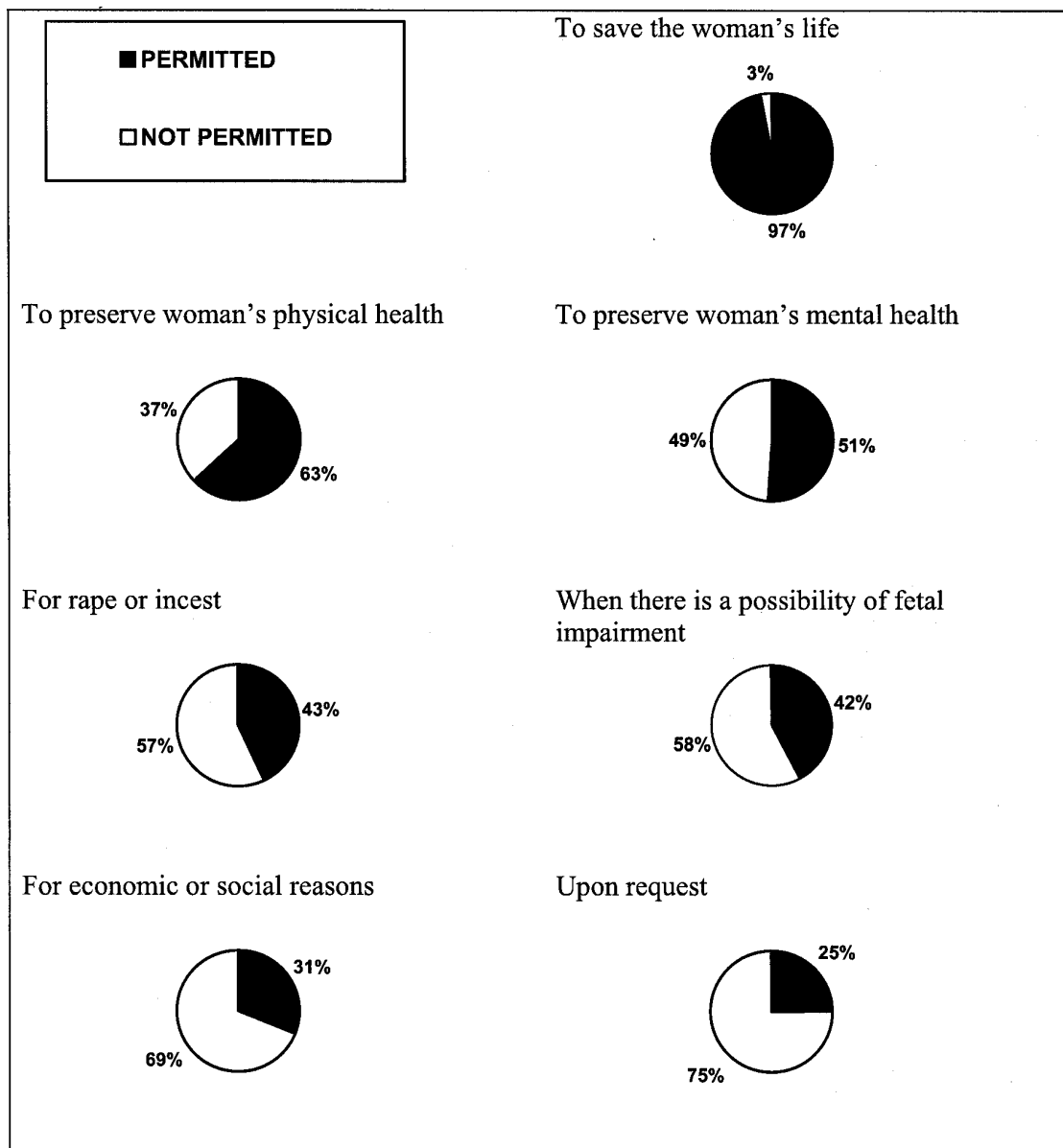
<u>Risk From:</u>	<u>Chance of Death in a Year</u>
Continuing pregnancy	1 in 10,000
Legal abortion	
Before 9 weeks	1 in 262,800
Between 9 and 12 weeks	1 in 100,100
Between 13 and 15 weeks	1 in 34,400
After 15 weeks	1 in 10,200

Sources: Hatcher, R. et. al, *Contraceptive Technology*, 17th Edition, 1998.
New York Times, June 7, 1998; Population Division of the Department of Economic and Social Affairs of the United Nations Secretariat.

To be used with *Educating About Abortion, Second Edition*. Peggy Brick and Bill Taverner, Planned Parenthood of Greater Northern New Jersey, 2003.

Worksheet: COMPARISONS - WHEN ABORTION IS LEGAL/ILLEGAL

Percent of countries that permit abortion under certain circumstances



Worksheet:
THE FACTS ABOUT ABORTION AROUND THE WORLD

Directions: Based on what you've heard and read, mark each of the following statements regarding family planning worldwide T for True or F for False. The purpose of the *Worksheet* is **not** to test you, but to encourage you to think about the topic.

- _____ 1. The majority of nations permit abortion under some circumstances.
- _____ 2. About 46 million abortions are performed worldwide each year.
- _____ 3. Because women throughout the world increasingly desire smaller families, family size has fallen from an average of six children in the 1960s to less than three today.
- _____ 4. In the last 40 years, contraceptive use has increased from less than 10% of couples worldwide to 60% of couples today.
- _____ 5. Worldwide, of the 210 million pregnancies (excluding miscarriages and stillbirths) each year, about 25% are terminated by abortion.
- _____ 6. The current worldwide abortion rate implies a lifetime average of about one abortion per woman.
- _____ 7. Worldwide, more than 40% of abortions are performed illegally.
- _____ 8. The lowest abortion rates are in countries that rely on contraception and where abortion is legal under broad conditions, and services are provided without charge to the woman.
- _____ 9. Contraceptive use drives down the abortion rate.
- _____ 10. Legalization of abortion and access to abortion services do not lead to increased use of abortion for fertility control in the long run.

THE FACTS ABOUT ABORTIONS AROUND THE WORLD

Answer Sheet

*All of the statements are **TRUE**. See below for references and more information.*

1. **TRUE.** A study by the United Nations Secretariat shows that 97% of nations permit abortion in order to save a woman's life while only 25% permit women to decide for themselves whether to have an abortion regardless of the reasons. (*New York Times*, June 7, 1998; Population Division of the Department of Economic and Social Affairs of the United Nations Secretariat.) A rapid process of liberalization occurred between 1950 and 1985 in most countries of the developed world, as a response to growing concern of health and risks to life posed by unsafe and back-room abortions. (The Alan Guttmacher Institute. Sharing Responsibility: Women, Society and Abortion Worldwide. New York: The Alan Guttmacher Institute, 1999.)
2. **TRUE.** An estimated 46 million women around the world have abortions each year, 26 million in countries with liberal abortion laws and 20 million where abortion is restricted or prohibited by law. Despite variations in the legal status of abortion, overall rates are quite similar under both conditions - 39 and 34 abortions per 1,000 women, respectively. (The Alan Guttmacher Institute. Sharing Responsibility: Women, Society and Abortion Worldwide. New York: The Alan Guttmacher Institute, 1999.)
3. **TRUE.** As nations have modernized and become more urbanized and as women have achieved higher levels of education and begun to work outside the home, smaller families have increasingly become the norm. (ibid.)
4. **TRUE.** Globally, 58% of married women practice contraception. Use is higher, 65% to 80%, in developed regions, Latin America, the Caribbean East Asia; it is lower in the rest of Asia, 42%, and quite low - only 20% - in Africa where large families are still the ideal and access to birth control services poor or non-existent. (United Nations, Population Division, Levels and Trends of Contraceptive Use as Assessed in 1998. New York: UN, 1999.)
5. **TRUE.** Worldwide, of approximately 210 million pregnancies occurring every year an estimated 38% are unplanned and 22% end in abortion. In developed countries, 49% are unplanned and 36% end in abortion; in developing countries, 36% are unplanned and 20% end in abortion. Unwanted and mistimed pregnancies occur primarily because sexually active women who do not want a child are not using an effective contraceptive method, but also because all methods have some risk of failure and methods are not always used correctly. (S.K. Henshaw, et. al, "The Incidence of Abortion Worldwide," *International Family Planning Perspectives*, 25, Supplement (S35), 1999.)

6. **TRUE.** Given the current rate of 35 abortions annually per 1,000 women age 15 - 44, over the course of 30 years (roughly the span of a woman's childbearing years), about 1,050 abortions will occur per 1,000 women. Of course, rates differ greatly in different regions and the likelihood of a woman having an abortion differs accordingly. However, whether a woman lives in a developed or developing country, her average chance of having an abortion is much the same. (The Alan Guttmacher Institute. Sharing Responsibility: Women, Society and Abortion Worldwide. New York: The Alan Guttmacher Institute, 1999.)
7. **TRUE.** See chart on *Worksheet: SAFE AND UNSAFE ABORTION*. About 20 million of the 46 million abortions annually are performed illegally (about 43%.) (ibid.)
8. **TRUE.** The lowest documented abortion rates are in Belgium and the Netherlands, countries that rely on contraception to maintain low fertility. In both countries, abortion services are provided without charge to the woman, and abortion is legal under broad conditions. (S.K. Henshaw, "The Incidence of Abortion Worldwide," *International Family Planning Perspectives*, 25, Supplement (S36), 1999.)
9. **TRUE.** It is common during periods of rapid fertility decline for populations to increase their use of both abortion and contraceptives to meet the desire for smaller families and to time births more exactly. Eventually, however, contraceptive use drives down the abortion rate. South Korea illustrates this pattern: Between 1970 and 1996, the total fertility rate fell from 4.5 to 1.8 lifetime births per woman, while contraceptive prevalence among married women increased from 25% to 79%. Meanwhile, estimates of the abortion rate increased from 44 per 1,000 in 1970 to a peak of 64 per 1,000 in 1981 and then fell to 20 per 1,000 by 1996. (S.K. Henshaw et al., "Recent Trends in Abortion Rates Worldwide," *Family Planning Perspectives*, 25:1, 1999.)
10. **TRUE.** Recent trends in legal abortion rates are predominately downward. The most likely reason for the decline is greater use of modern contraceptives. Rates in the former Soviet Union and in Eastern and Central Europe declined by one-fourth to one-half during a period when fertility was also declining, demonstrating that even populations with a long history of reliance on abortion can rapidly increase their use of contraception and decrease use of abortion. (Westoff, C.F. et al., Replacement of Abortion by Contraception in Three Central Asian Republics. Washington, DC: The Policy Project and Calverton, MD: Macro International, 1998.)

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SELECTED LESSON PLAN **11.2: ABORTION: TEACHING ALL SIDES**

SOURCE

"Abortion: Teaching All Sides Without Taking Sides," *Filling the Gaps: Hard to Teach Topics in Sexuality Education*, Sexuality Information and Education Council of the United States (SIECUS), New York, 1998. Reprinted with permission of SIECUS. 130 West 42nd Street, Suite 350. New York, NY 10036. www.siecus.org

Suitable for ages 15 to 18

Summary

This lesson is particularly useful in places where abortion is hotly debated and provides a very good model for discussing any controversial topic without taking a position. The lesson focuses on opinions and feelings about abortion, with an emphasis on getting participants to see different points of view. Participants brainstorm what they have heard about abortion and the law and categorize the information. Small groups are given different hypothetical laws on abortion and asked to create a statement defending that law, even if they do not personally agree with it. Each group presents its case and then can rebut other groups. The lesson concludes with processing questions about the exercise and its emotional impact.

Teaching Notes

- In steps 11 and 12, you could ask participants questions to bring out the summary points, such as: "Do you think this issue can be resolved to people's satisfaction?" or "Why do you think it is useful to understand all sides of the debate?"

Adapting the Lesson

- In steps 3 to 9, substitute the word "states" with "countries."
- In step 12, ask participants how they can make their views known, and adapt the possible responses to suit your situation.

ABORTION: TEACHING ALL SIDES WITHOUT TAKING SIDES

Adapted with permission from Mary Krueger, Ph.D., Emory University

RATIONALE

This activity asks young people to think about all of the abortion issues with which they are familiar and to take a position and defend it. By having to defend a position with which they might not agree, participants will become aware of the reasoning and beliefs of other people and, hopefully, gain some understanding of positions different from their own. This exercise will also help participants think about their own values and beliefs on this controversial topic and to reaffirm them or think about altering them.

AUDIENCE

Senior high school

TIME

One class period

GOALS

To help participants:

- Recognize and understand the various positions on abortion
- Clarify their own values about abortion
- Learn to take and defend a position on a controversial topic

MATERIALS

- Prizes for the winning “state” (candy, gum)
- Newsprint and markers

PROCEDURE

Note: The lesson is more powerful when students are asked to defend positions counter to their own.

- 1 Ask participants to brainstorm a list of issues they have heard discussed in the media or elsewhere about abortion and the law.
- 2 After mentioning all issues (the facilitator may add some that the group missed), the participants will put

them into categories. Some examples of categories might include:

- *Questions of age.*
Should minors have access to abortion services?
- *Questions of consent.*
Should minors need parental consent to have access to abortion services? Should women need their partner's consent to have access to abortion services?
- *Questions of rights.*
Do women have the right to control their reproductive lives? Do fetuses have a right to life?
- *Questions about when life begins.*
Should abortions be outlawed after the first trimester? Second? Should all abortions be outlawed at conception?

3 Explain to the group that they will explore sides of the legal debate on abortion by role-playing citizens of states with different laws regarding abortion and abortion services.

4 Divide the participants into four groups. Each group goes to a corner of the room.

5 Inform the participants that each corner represents a state with different abortion laws.

The laws are as follows:

- **State A**
All first-trimester abortion is legal on request from a pregnant woman, regardless of age.
- **State B**
Pregnant women under the age of 18 need the signed permission of one or both parents in order to have an abortion.

- **State C**

Pregnant women, regardless of age, need the signed permission of the father of the pregnancy before having an abortion.

- **State D**

Abortion is illegal under any circumstances. *(Explain that although abortion is presently legal in all states, an assumption that State D exists will be made for the sake of the activity.)*

Note: Other “laws” could be designed to reflect issues identified or salient in class discussion.

⑥ Each group is given 10 minutes to create a three-to-five-sentence statement defending the abortion laws of their state. All members of each state must participate in writing the statement. Inform students that the state with the most convincing argument will win a prize.

⑦ The facilitator should stand in the middle of the room. Tell participants that each state will have the opportunity to present its argument without interruption, with all members of the state participating in the presentation.

⑧ At the conclusion of all four presentations, allow each state to rebut any or all of the other states. Whenever a particularly convincing rebuttal or defense

statement is made, the facilitator should take one step in the direction of that state. (Doing this usually encourages other states to scramble to refine their own arguments.)

⑨ When all points in the debate have been offered for rebuttal and defense, declare the “winning” state. (Allowing more than one state—or all states—to win is usually a good way to end this activity.)

⑩ Process the activity with some questions for the whole group:

- What was it like to defend a point of view counter to your own?
- Did this exercise challenge or reinforce your own view? If so, how?
- What did you learn from this experience regarding how and on what basis people form their opinions on controversial issues such as abortion?

⑪ Summarize by stating that the abortion issue will probably always be very controversial but that understanding all sides will help people be more tolerant of views different from their own, as well as more respectful of others who hold those beliefs.

⑫ Discuss how citizens make their views known on controversial issues such as voting, writing legislators, and calling talk shows.

CHAPTER 12: SEXUAL VIOLENCE AND HARMFUL PRACTICES

Sexuality should be a source of pleasure and emotional connection for people, but the unfortunate truth is that sexual violence, harassment, and abuse are prevalent in most societies, as are harmful practices, such as female genital cutting and “dry sex.” All of these problems compromise people’s health and human rights, particularly women’s, and in many cases harm women’s sexual functioning and capacity for pleasure. Young people may have already suffered years of abuse at the hands of a relative: it has been estimated that in some places one in three girls and one in eight boys are victims of sexual abuse. Some may have experienced female genital cutting. Some may have been raped. And it is likely that many have experienced sexual harassment in one form or another. The World Health Organization estimates that one in three women worldwide will experience violence in her lifetime.

Discussing sexual violence in a sexuality education program is important for many reasons, but primarily to raise awareness, break the silence, and reduce its incidence whenever possible. People often turn a blind eye to issues like rape, harassment, and abuse, and that silence feeds into what in many cases is tacit social acceptance. Adolescents need to be able to recognize abuse and know where to go for help; they need to be aware of the prevalence of date rape (or acquaintance rape) and clearly understand the concept of consent; they need to understand that drug and alcohol use can impair judgment and lead to risky, coerced, or violent sex; they need to recognize the elements of sexual harassment and know what recourse is available; and they need to understand the psychological and physiological effects of harmful practices and their origins in the desire to control women through their sexuality.

To help end violence and harmful practices, educational programs must promote people’s right to dignity and equality; their right to full information; and their right to the full enjoyment of, and control over, their own sexuality, including their bodies. Educational programs must empower people to protect and take responsibility for their health.

Teaching Tips

- Gather data about sexual harassment, rape, and abuse in your country, but remind students that numbers are often highly inaccurate (that is, much lower than the real numbers) because of stigma and fear. Use this as an opportunity to discuss why such incidents go unreported.
- Be prepared for the possibility that students may disclose abuse, violence, or harassment to you. Respond by acknowledging their trust in you, listening, comforting, and providing referrals. First and foremost, it is important to believe them.
- In some countries, teachers are required by law to report evidence or suspicion of child sexual abuse to a social welfare agency. If there are such laws where you live, make sure your participants understand your legal obligations.
- Because most rape and sexual harassment is done by men to girls and women, teaching about it may bring up gender divisions in your group. Be aware of this, and make sure to point out that women are also capable of sexual abuse and harassment, and that men sometimes harass or assault men or boys, often the result of homophobia.
- Gather information about any resources for adolescents who have experienced sexual abuse, violence, or harassment. Make sure that you are not referring adolescents to places where they will suffer more abuse. Sometimes those who claim to help can cause more harm by

blaming the young person, challenging the story, or discounting it altogether. Law-enforcement officials, legal personnel, or health professionals may not be trained or may be subject to bribery – or they may simply leave the young person in the abusive situation. These kinds of responses will only make it more difficult for the adolescent to get out of the situation and to recover.

- When discussing traditional practices that are harmful, such as female genital cutting, be sensitive to those who have experienced the practice. If you do not belong to the group whose practices you are teaching about, consider inviting someone to facilitate or co-facilitate with you who is committed to ending such practices and mitigating their harm. The best advocates for ending a harmful practice are those who have been directly affected.
- Gather information about traditional practices in your community, particularly the groups in your community to which you do not belong. There may also be national studies on the prevalence and effects of such practices.

Content Considerations

- Teach your participants about their right to live free from abuse, whether the abusers are family members, friends, lovers, acquaintances, or strangers, and help them learn how to identify, avoid, resist, and escape abuse.
- Provide participants with basic information about rape and other abuse, and help them understand fully what rape is and what consent means and requires. Discuss different forms of rape, including stranger rape, acquaintance rape (including date rape), gang rape, marital rape, and child sexual abuse. Some forms of rape may not be illegal where you live, in which case discuss the values this reflects.
- Present a clear definition of what constitutes sexual harassment and explain it using examples. In some places, the law helps to define sexual harassment, although usually not all forms of sexual harassment are illegal. If your country does not have laws about harassment, give students information about extralegal recourse available.
- Consider conducting a small survey about sexual harassment in your school, if applicable. Explore how gender discrimination and homophobia contribute to the acceptance and perpetuation of sexual harassment and violence.
- When discussing traditional practices, make it clear that you are not against tradition or cultural practices in general, and that some can be beneficial or neutral, like dietary restrictions for pregnant women. Participants could make an inventory of practices in their community.
- Explore the gender aspects of the practices. For those that only affect one gender, look at their link to discrimination and assess whether the practice is consistent with a community in which equality and social justice is desired.

SELECTED LESSON PLAN **12.1: DATE RAPE**

SOURCE

“Workshop 35: Date Rape,” *Our Whole Lives: Sexuality Education for Grades 10-12* by Eva S. Goldfarb and Elizabeth M. Casparian. Boston: Unitarian Universalist Association, 2000. Reprinted by permission of the Unitarian Universalist Association. www.uua.org

Suitable for ages 15 to 18

Summary

Unfortunately, date rape is common among young people, and this lesson skillfully illustrates how unclear communication can play a role. The lesson centers on a story of a young man and woman who have sex without sufficient communication to establish consent. Participants look carefully at both the male and female interpretations of events leading up to the intercourse and then discuss whether or not the situation described was rape and why. Participants are asked to consider how the male character would feel if the female character accused him of rape. They also analyze what the characters in the story could have done to prevent the rape from occurring. The lesson emphasizes issues of consent and clear communication about sexual limits. The responsibility of both genders for rape prevention is raised by having participants brainstorm a list of ideas about things men can do and things women can do to reduce date rape.

Teaching Notes

- If you have covered sexual assault in other lessons, ask participants to define rape at the beginning of the session. To get participants thinking about the topic, ask them to define date rape, instead of giving them the definition.
- If you have many participants, divide them into more than two groups in step 3 to increase participation.
- To establish factors that increase risk, ask participants during the discussion what behaviors and attitudes contributed to what happened in the story (alcohol use, poor communication skills, being away from other people).
- As a part of the final question in step 5, ask participants to explain their opinions. You could also ask them how realistic they think the story is.

Adapting the Lesson

- Read over the stories and adapt them to reflect situations that occur where you live.
- If you cannot make copies of the stories for each participant, make one copy per group and ask them to share.

WORKSHOP 35 Date Rape**RATIONALE**

Acquaintance, or date, rape is a serious concern for young people. Poor communication and sex role stereotyping can put adolescents in exploitative and violent sexual situations. This workshop helps participants to avoid such situations by identifying strategies that reduce the risk of misinterpreting another person or of being misinterpreted.

Time Required: 40 minutes

GOALS

To help participants

- analyze why date rape might occur in a given situation.
- identify how date rape might be prevented.

OBJECTIVES

By the end of this workshop, participants will be able to

- demonstrate their understanding of factors that increase the risk of date rape by discussing, as a group, why date rape may have taken place in a fictional story.
- develop, through group discussion, strategies that men and women can employ to prevent date rape.

MATERIALS

- ☐ Newsprint, markers, and masking tape
- ☐ Handout 17, Diane's Story, and Handout 18, Mark's Story

PREPARATION

- Review this workshop and decide how to share leadership responsibilities with your coleader.
- Make copies of Handout 17, Diane's Story, and Handout 18, Mark's Story, for all participants.
- Post the ground rules from the Opening Session.

Activity

AVOIDING DATE RAPE

40 minutes

1. Tell participants that this workshop deals with date rape, also called acquaintance rape. Explain that date rape is a sexual assault that occurs between people who are in a dating situation, even though it may be the first date. Unlike stranger rape, date rape involves people who have some kind of relationship; they may even have had a sexual relationship in the past. Date rape can occur between people of all ages, but it is very common among people between the ages of sixteen and twenty-five.
2. Acknowledge that rape can be hard to talk about and tell participants that they may pass on participating in the discussion if they wish to do so. (Keep in mind that a member of your group may have firsthand experience of rape or abuse.) Explain that understanding why date rape occurs and working on ways to prevent it are sometimes the best ways to deal with the feelings of fear, anger, and helplessness that talking about rape can bring up.
3. Divide participants into two groups. Explain that each group will read and discuss a story about a dating situation. Have each group select three volunteers to take turns reading the group's story out loud, one paragraph per person. After the stories have been read, have each group discuss the questions that follow the story.
4. Ask the groups to sit away from each other so that the conversations do not disturb them. Give Handout 17, *Diane's Story*, to the members of one group and Handout 18, *Mark's Story*, to the other. Tell participants that they will have about 10 minutes to read the stories and discuss their responses.
5. When time is up, bring two large groups together and have a participant read Handout 17 to the whole group. Then have someone read Handout 18 to the whole group. Use the questions that accompany the stories to lead a group discussion. Invite participants to compare how they felt about the characters before and after they heard the other side of the story. Use the following questions to discuss the activity:
 - When a person is very aroused and wants to continue sexual activity but isn't sure what a partner wants, what should she/he do?
 - When a person is unsure what he/she wants to do as a sexual encounter continues, what should she/he do?
 - What do you think Mark would say if Diane accused him of rape?
 - What will happen if Diane does not say anything?
 - What could Mark and Diane have done differently?
 - Some colleges have a code of dating etiquette that requires couples to ask permission before engaging in any sexual activities. For example, one partner may ask, "May I kiss you?" or "May I touch your breasts?" Is this type of code useful?
6. Ask the group for ideas about what can be done to prevent date rape. Have the group brainstorm a list and record their responses on newsprint. Then make two additional lists: one of things that men can do to prevent date rape and another of things that women can do to prevent date rape.

Handout 17

WORKSHOP THIRTY-FIVE

DIANE'S STORY

Diane and Mark were going on their second date, and Diane could not believe her luck! She'd only been at college for a month, and already she was dating a great guy. Mark was a junior, captain of the soccer team, in a great fraternity, and really cute. Her friend Joan told her that she thought Mark was an honor student, too, but he was too modest to tell anyone. On their first date, they had gone to a party at his fraternity and Diane had met a lot of his friends. Most of them seemed really nice but a little rowdy. At the end of the date, he had driven her back to her dorm and been a perfect gentleman. She had thought he was really cute and she had felt so attracted to him that she would have loved to have kissed him, but she was glad to see that he was a really nice guy and not too pushy. Diane really wanted to make a great impression on him for the second date. She dressed carefully and spent more time than usual on her hair and makeup.

On their second date, Mark took her to a very fancy and expensive restaurant; all of her friends had been impressed when she had told them where they were going. "He must really like me a lot," she thought. Mark ordered a bottle of wine with dinner, and it was so good that they finished the whole thing, something Diane almost never did. Mark was funny and easy to talk to, and he seemed really interested in her. She felt as though she would just melt into his brown eyes. After dinner, she didn't want the date to end. She was happy when he asked her back to his frat house. They walked there from the restaurant, holding hands and stopping every once in a while to kiss gently. When they got back, they sat on the couch in the main room and watched some television with his fraternity brothers, and Mark had a few beers. After a while, the guys were getting loud and Mark asked her if she would prefer going up to his room. She said sure.

When they got to his room, he asked her if she'd like to hear some music. She said yes, and he put on something low and jazzy. Then, he asked her to dance. As they moved together, they kissed and he rubbed her back. She felt beautiful and sexy and very aroused. She felt that she could keep kissing him and dancing forever. She held herself close to him and moved her body against his. She was really getting into it, and then she realized that she could let things go too far if she didn't get a hold of herself. She gently pulled back from Mark and asked him if he could drive her home in a few minutes. He said yes, but then he said he felt pretty drunk and didn't think it would be such a good idea for him to get behind the wheel. Diane didn't feel sober enough to drive either. Mark suggested that she stay over and sleep in his bed. He said he would sleep on the floor. He sounded so responsible and caring that she agreed. They started dancing again and kissing. It felt so good, and she was re-

ally attracted to him. She didn't stop him when he moved her over to the bed, and they sat down next to each other. They made out for a while, and then he took off his shirt. Diane decided there was no harm in that; she wanted to feel his skin against hers, so she took her shirt off too, and they held each other and touched each other for a long time. When Mark put his hand inside her pants, Diane tried to squirm away. She was very turned on, but everything was happening so fast. She kept on kissing him, whispering "no" between kisses. He climbed on top of her and they lay together, moving against each other. Mark kept trying to push her pants down, and she kept trying to squirm away. Before she knew what was happening, Mark was yanking her pants down and pushing her legs apart. All of a sudden she felt him pushing his penis inside her. She was trying to scream "no," but his mouth was over her mouth and he was so strong.

Discussion Questions

- Would you define this situation as rape?
- Why or why not?
- What could Diane have done to prevent this situation from occurring?
- What could Mark have done differently?
- What should a person do when she/he wants to be sexual but doesn't want to have intercourse?
- Do you think Mark planned to have sex with Diane from the beginning of the date?

Handout 18

WORKSHOP THIRTY-FIVE

MARK'S STORY

Mark really liked this new girl, Diane. Although she was pretty young, she seemed smart and together, and she was just beautiful. His fraternity brothers had been really impressed when he had shown up at the party with her last week. He was proud of himself, too, because he hadn't even tried to kiss her at the end of their first date, even though he was dying to! He didn't want her to think he was just after sex. For their second date he wanted to let her know how much he liked her, so he made reservations at the best restaurant in town. She sounded pretty thrilled when he told her about it. When he picked her up, she looked fantastic, even more beautiful than before. It was exciting to be out with someone so pretty. He ordered wine with dinner, and before he knew it they had finished the whole thing! They talked about everything, and she was really smart and funny. He really enjoyed being with her. As they walked back to his frat house after dinner, they held hands and stopped every once in a while to kiss gently. Although he would have loved to have taken her up to his room and made love to her, he had no idea if she would be into it and he didn't want to offend her by just blurting it out, so he decided to wait and see if she gave him any signals. They sat and watched television with his buddies for a while and Mark had a few beers. Then the guys started getting kind of loud, and he asked Diane if she'd like to go up to his room with him. She said sure.

When they got to his room, he asked her if she'd like to hear some music and she said yes, so he put on something low and jazzy. Then he asked her to dance. They moved together on the floor and kissed. Her body felt so great as she pressed herself against him, and she smelled so good that Mark was really getting turned on. His head felt kind of fuzzy from the wine and beer and the music, and he just wanted to keep touching her and feeling her. Then she gently pushed back from him and asked him to drive her home in a few minutes. First he said sure, but as he tried to clear his head, he realized that he was pretty drunk, and he said that he was too drunk and it wouldn't be safe to get behind the wheel. He offered to let her have his bed and he would sleep on the floor. Although she seemed to hesitate, she agreed and they went back to dancing.

Mark was really turned on, but he was getting tired of standing, so he maneuvered Diane over to the bed and they sat down. They touched and made out for a while. Mark was really getting aroused, and he felt that she was, too. Then he took off his shirt. He wanted to see what she would do, and he was just dying to touch her bare skin. She took off her shirt, too, and they touched for a long time. It seemed that she was as into him as he was into her. When he tried to put his hands inside her pants, she squirmed away, but she didn't seem mad,

so he kept kissing her. He laid her back on the bed and climbed on top of her, and they moved against each other. Mark felt as though he would just explode. He wanted her so badly. She seemed to want him; she was moving against him and kissing him back, and she had taken off her shirt! Mark thought that she really wanted him but she probably didn't want him to think she was too easy. He just wanted her so much and she was moving under him and if he pulled hard he could get her pants down and then he could get inside her. She was squirming under him . . . and he could hear her say no, but he wanted her and she really wanted him . . . and he really wanted to do it . . . and he pushed her and he was inside her.

Discussion Questions

- Would you define this situation as rape?
- Why or why not?
- What could Mark have done to prevent this situation from occurring?
- What could Diane have done differently?
- What should a person do when they want to be sexual but don't want to have intercourse?
- Do you think Diane planned to have sex with Mark from the beginning of the date?

SELECTED LESSON PLAN 12.2: GENDER TRADITIONS AND HIV INFECTION

SOURCE

Jill Lewis, "Gender traditions as the risky ground of HIV infection," *Gendering Prevention Practice: A practical guide to working with gender in sexual safety and HIV/AIDS awareness education*, The Living for Tomorrow Project at the Nordic Institute for Women's Studies and Gender Research (NIKK), 2003, Oslo. Reprinted with permission.

Suitable for ages 15 to 18

Summary

This activity uses a fairly simple technique to help participants recognize and discuss the critically important but often neglected issue of how gender-based traditions related to sexual behavior can be harmful to sexual safety and reproductive health. Participants are given a questionnaire and broken up into groups, and each group is assigned to work on a different part of the questionnaire. They discuss their ideas and opinions and then regroup and share their conclusions. The questions address the impact of a range of gender-based sexual traditions, from issues of rights and power, to body practices, to the relationship between sex and money. Finally, the group as a whole discusses the impact of these gender traditions on sexual health. Because the questions ask participants to identify their own gender-based practices and traditions related to sexuality, the lesson can be used in any culture.

Teaching Notes

- If you have time, ask the groups to discuss more than two of the questions in the section that they have been assigned.
- Review the discussion questionnaire headings and questions, and determine if there are some questions or issues that you want your participants to focus on more than others. Not all sections or questions need to be used. Alternatively, this session could be broken into several sessions in order to go into more depth, or some questions or sections could be assigned as homework.
- If you are working with teenagers who will not be providing health education to others, consider changing the concluding questions. Alternative questions include: "How do these issues affect the prevention of sexual health problems?" "How do they influence establishing positive relationships based on equality?" "What changes in gender traditions would increase sexual safety?" "What can you do to achieve this?"

Adapting the Lesson

- If you cannot make copies of the questionnaire for every student, give each group one copy of either the entire questionnaire, or just those questions that group will be considering. If you want the participants to have the whole list of questions to do the follow-up activity, write it on the board and ask them to copy it down.

Gender traditions as the risky ground of HIV infection

- Aim:** To activate reflections on how sexual behaviors often taken for granted in relations between men and women embody damaging gender norms and HIV risk
- Materials:** Printed handouts of the following questionnaire, enough for all participants
- Time:** 20 minutes in groups, 30 minutes feedback and reflection on HIV implications

Give everyone a copy of the following questionnaire. Ask participants to form groups of 4 or 5.

Each group should be assigned one numbered part of the questionnaire. Ask them to read through the questions together and then select one or two of the questions to discuss. The group should also prepare feedback to the full group on the main issues raised in their discussion.

Back in the full circle, after 20 minutes discussion, each group should report back:

- **What questions were discussed?**
- **What issues were raised?**

Conclude the session by asking people to reflect on what might be the implications for sexual health education and HIV/AIDS prevention.

Follow-up: participants can be asked to take the full list of questions home, and discuss some of them with people in their family, friends, community organizations in the coming days.

Gender traditions as the risky ground of HIV infection and AIDS

Discussion questionnaire

Gender differences in our culture: questions of rights and power

Do men and women have equal rights in determining sexual behavior?

Do men and women have equal power to share decisions about sexual behavior?

Can or do men and women collaborate equally in taking initiative for sexual relations and acts?

Can men and women equally take part in negotiations about safer sexual behavior?

Is it hard for women and men to communicate about sexual issues? What would make discussion of sexual safety more open and possible between men and women?

Do you think there are equal rights for men and women to have protection against sexual violence and exploitation?

Gender, body practices / body vulnerability

Are there practices men do to their own bodies that make them vulnerable to sexual infection?

Are there practices women do to their own bodies that make them vulnerable to sexual infection?

Are there practices men do to women's bodies that make women's bodies vulnerable to sexual infection?

Are there practices women do to men's bodies that make men's bodies vulnerable to sexual infection?

Given these practices, how are women placed to help stop the spread of HIV?

How are men placed to stop it?

What collaborative strategies can men and women build together to make sexual traditions and behaviors safer?

Beliefs and traditions involving gender and sexuality

Are there traditional beliefs about men's or women's bodies that promote risk and vulnerability to infection? Where and from whom do boys learn about sex – both physical information and behavior information? And girls?

Do inheritance issues or family traditions affect sexual behaviors in any way where risk of HIV infection is increased?

Are there traditions, customs, or popular beliefs that give men rights over women's bodies? Or give women rights over men's bodies?

Are there traditions that inhibit women from participating equally in sexual decision-making – including safety practices? And men?

Are there traditions where, for example, certain sexual relations MUST take place?

Sex, “freedoms,” constraints, gender and power

Are the aims and expectations of sexual relations and behaviors considered different for men and women? If so, in what way? And do any differences affect the spread of HIV?

Is it assumed that ‘real men’ have a lot of sexual relations, sexual partners? What would be the best strategies to make men’s sexual behaviors safe, so they do not get HIV and do not spread it?

Is there a double standard – where men marry and are meant to be faithful – while in reality many men have other partners or buy sexual services from others? If many men do this, what must happen to stop HIV spreading through these behaviors?

What happens if wives and mothers have other partners outside marriage or buy sexual services from others? Does this happen? Are the consequences the same for men and women? What would have to happen to stop HIV spreading through these behaviors?

Are there things women do to please men and be ‘proper’ women in the eyes of others (that women dislike or do not necessarily feel good about)?

Are there things men do to please women and be ‘proper’ men in the eyes of others (that men dislike or do not necessarily feel good about)?

Sex and money, sex and exchange of goods or privileges

How can women’s economic and social subordination to, or dependence on men impact on sexual behaviors?

Does a man’s capacity to earn more than women affect his sexual relations with women? His wife? Other women?

What happens if he cannot find work, so cannot earn? In what ways might this impact sexual relations in our culture?

Do women fear men will go elsewhere if they question men’s unsafe sexual behaviors or if they do not comply with men’s sexual demands (even if risky) and expectations?

How could men be encouraged to keep sexual health and HIV in mind when they pay for sex?

Do older men in your culture use their experience or age or money or goods to get younger women or girls to have sex with them? What do you feel about this (as a man, as a woman)?

Do women’s economic vulnerability, greater poverty, and their need to provide for children and help the household or family cope mean they are cornered into exchanging sexual services for survival?