

GET | REAL

Comprehensive Sex Education That Works



Involving
Parents

Empowering
Youth

Supporting
Teachers

Middle School

SECOND EDITION

Foreword by

Robie H. Harris
Author of *It's Perfectly Normal*

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advancing
health
equity **etr.**

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Parenthood**
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Planned Parenthood League of Massachusetts

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For
Teacher Review
Only

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Foreword

Are you a teacher who may feel a bit nervous about teaching *Get Real* for the first time—or who may be looking forward to teaching it? Are you a parent who may not feel ready to talk with your child about sexual health—or who may be eager to have conversations with your child through *Get Real's* Family Activities? No matter how you feel, you're about to embark on an important journey with young people—a journey that can help them stay physically and emotionally healthy as they go through puberty and adolescence. *Get Real* will provide just what you need to help today's kids and teens acquire accurate information and develop the skills they need to form healthy relationships and make healthy decisions about their sexual health.

One of the questions many parents and teachers ask is, "Do our kids really need to know this information now?" "Yes!" is our answer. That's because, if kids have accurate and up-to-date information along with the support of trusted adults such as parents and teachers, most can make good decisions for themselves about sexual health issues. And since today's kids and teens are constantly surrounded and bombarded by sexual words and images online and through advertisements, social media, videos, movies, television and music, they need the information found in *Get Real*. Sometimes, the media do provide accurate information. Other times, the media provide inaccurate or misleading information that can lead to unhealthy and risky behaviors.

Friends are another major source of information, but what they say may not always be reliable. Our responsibility as parents and teachers is to ensure that our kids and teens have the most up-to-date and accurate information, so they can make healthy decisions—decisions that will reduce their chances of engaging in behaviors they are not yet ready for, of acquiring a sexually transmitted infection (STI) or of becoming parents before they are mature enough to take responsible care of a baby. *Get Real* provides teachers and parents with the latest information about sexual health and relationships, which teachers can share with kids in the classroom and which parents or other caring adults can talk about with kids at home.

One of the reasons *Get Real* works is because it's organized in a developmentally appropriate way. That means the curriculum makes sense to young people because the information is geared to them. This makes it possible for them to incorporate what they learn into their daily lives and relationships. Planned Parenthood League of Massachusetts has been providing high-quality sexual health information and education to young people and adults for over 100 years. That's a long time to be thinking about the very best ways to deliver essential, life-saving information to young people, and to their parents and teachers as well. Planned Parenthood League of Massachusetts has drawn on its vast scientific and medical expertise in developing the *Get Real* curriculum. It has also integrated all of its experience in talking to thousands and thousands of parents, teachers, kids and teens into this curriculum, which combines classroom learning with take-home activities. Most important, *Get Real* supports the role of parents as the primary sexuality educators for their

children. It also supports their role in raising healthy children by helping families talk about their own personal values when discussing sexual health issues.

Researchers who've studied parent-child communication about sex and sexuality found that more than 40% of adolescents had had sexual intercourse before talking to their parents about safer sex, birth control or STIs. So, it's never too soon to start talking! Parents can take advantage of many teaching moments to talk about the subject, such as mention of sex or sexuality on a TV show, a pregnancy in the family, sexuality education classes in school, or a visit to the doctor or nurse around the time of puberty. When caring adults finally start that first conversation, most discover that such talks can be easier than expected. If kids are asking about sexual issues, it's best to give them an answer right away—or as soon as possible if the answer warrants some reflection or investigation. Parents should seize opportunities as they arise, and a child who is asking for information is the best opportunity there is.

The time has come to roll up your sleeves and start talking to your kids, or to the students in your classroom, because it's really important. Young people may react to the information in *Get Real* in different ways. Some will enthusiastically discuss all aspects of the curriculum; some will plug their ears and implore you to stop talking; and some will do both. Whatever their reaction, it's all perfectly normal. Chances are they will be absorbing a great deal of what you're teaching them. And, at the very least, they'll know they have caring adults to whom they can go when they want to learn or get advice about sexuality and relationships.

Robie H. Harris

Children's book author:

It's Perfectly Normal: Changing Bodies, Growing Up, Sex and Sexual Health,
illustrated by Michael Emberley

It's So Amazing!: A Book About Eggs, Sperm, Birth, Babies and Families,
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It's Not the Stork!: A Book About Birth, Babies, Bodies, Families, and Friends,
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Introduction

About the Curriculum

Curriculum Objectives

The *Get Real* middle school curriculum is designed to delay sex and to increase correct and consistent use of protection methods when a person becomes sexually active. *Get Real* views sexuality in the context of relationships and focuses on social and emotional skills as a key component of making responsible and healthy decisions. Additionally, parent engagement through family activities is central to *Get Real*.

As a result of participating in the *Get Real* program, students will be able to:

- Connect self-awareness, self-management, social awareness and relationship skills to responsible decision making.
- Name reasons abstinence is a healthy and safe choice for youth their age.
- Describe consequences of sexual activity and ways to reduce the risk of negative consequences.
- Apply a decision-making model to real-life situations.
- Demonstrate assertive communication and refusal skills for delaying sexual intercourse and avoiding unprotected sexual activity.
- Increase their opportunities for conversations with their parents and other caring adults about personal, family and community beliefs about sexual health.

Premises on Sexual Health

The *Get Real* middle school curriculum consists of 27 sequential lessons taught across the middle school years—9 lessons each in Grades 6, 7 and 8. The following four premises are built into the curriculum:

- Sexual health is an integral part of health education.
- Parents and other caring adults are students' primary sexuality educators.
- Relationship skills are a key element of a comprehensive sexuality education curriculum.
- While abstinence from sex is the most effective way to avoid sexually transmitted infections and unintended pregnancy, adolescents require a comprehensive understanding of sexual health, sexuality and protection methods, which they will need when they become sexually active.

When addressing abstinence with teens, educators must recognize that there is a range of ways in which people might define this term, from no sexual contact at all, to abstaining only from sexual intercourse. *Get Real* adopts the definition from the Sexuality Information and Education Council of the United States (SIECUS), which defines abstinence as

voluntarily choosing not to engage in certain sexual behaviors, including any sexual behaviors that can result in pregnancy or sexually transmitted infections (STIs), including HIV.

Health Standards

Get Real is mapped to the National Health Education Standards (NHES) using the Sexual Health Module of the Health Education Curriculum Analysis Tool (HECAT). Additionally, the curriculum is aligned to the National Sexuality Education Standards (NSES), which also follow the NHES. These standards support best practices for teaching health education and sexuality education in the classroom. These national standards are endorsed and acknowledged by the Centers for Disease Control and Prevention (CDC) and many state level administrations, school districts and boards, as well as many federal funding guidelines. For more information on the program's alignment to these standards go to www.etr.org/get-real or www.getrealeducation.org.

Parent Engagement

The *Get Real* program recognizes parents as the primary sexuality educators of their children. *Get Real* also understands that not all young people have a parent who is accessible, or a parent with whom they can discuss matters of sexual health. Parents, guardians, grandparents and other caring adults in students' lives impart family and community values, attitudes and beliefs, and *Get Real* values their important role. For brevity, these roles are referred to in the curriculum by the phrase "parents and other caring adults." *Get Real* encourages students to talk with a parent or other caring adult about the material covered in class, and every lesson includes Family Activities that encourage dialogue between students and their parents and other caring adults.

Family Activities: *Get Real* for Parents Website and Handouts

Get Real for Parents is a mobile website that provides parents and other caring adults with access to Family Activities corresponding to each of the lessons in *Get Real*. These interactive activities, along with frequently asked parent questions, conversation starters and other resources, are conveniently accessible on a desktop, phone, tablet, laptop or other mobile device. A pilot and formative evaluation by Wellesley Centers for Women of the *Get Real* for Parents website found that frequency of conversations between parents and teens about relationships and sexuality increased from the start to the end of the *Get Real* program. Educators receive a unique code that provides access for parents and other caring adults to the *Get Real* for Parents website.

Family activities can also be accessed as handouts, which are included as a part of the curriculum and student workbooks.

In whichever ways parents and caring adults access the information, they can engage in conversations with their children about relationships, sex and sexuality with full support of the *Get Real* curriculum and materials.

Parents and other caring adults are supported through:

- A mobile website called *Get Real* for Parents, available in English and Spanish.
- Informational letters that explain what’s being covered in class and the corresponding Family Activity handouts. These are available in nine languages.
- Strategies and tips for talking with their children about topics covered in class.
- Additional education resources.

Schools implementing *Get Real* are encouraged to host parent orientations to give an overview of the curriculum and to answer any questions parents and other caring adults may have. The Family Activities, via handouts and /or the *Get Real* for Parents website, should be a focus of the meetings, as these will allow families to explore their own values about sex and sexuality, learn developmentally appropriate information, and develop the skills to communicate with their children about sexuality. On www.getrealeducation.org, a Parent Toolkit is available to support educators in their engagement of parents and other caring adults. The resources in the Parent Toolkit thoroughly support teachers in linking families to *Get Real* for Parents, hosting a parent night, answering frequently asked parent questions, and providing additional resources to parents and other caring adults.

Social and Emotional Learning

Get Real is framed with the concept of social and emotional learning, or SEL. The program uses SEL because all consensual sexual activity takes place in the context of relationships. According to the Collaborative for Academic, Social, and Emotional Learning (CASEL):

SEL is a process for helping children and even adults develop the fundamental skills for life effectiveness. SEL teaches the skills we all need to handle ourselves, our relationships, and our work effectively and ethically. These skills include recognizing and managing our emotions, developing caring and concern for others, establishing positive relationships, making responsible decisions, and handling challenging situations constructively and ethically.¹

Get Real incorporates the five SEL skills of self-awareness, self-management, social awareness, relationship skills and responsible decision making as key elements in learning how to negotiate relationships. If young people can negotiate relationships, they can better negotiate sexual relationships. These skills are integrated into the content of the lessons through activities and process questions. Educators are trained in the SEL framework during the *Get Real* Training of the Educator curriculum training.

In *Get Real*, the tenets of SEL are incorporated into activities that lead students to use and develop these skills.

- To apply **self-awareness**, students are asked in each lesson to reflect on their personal attitudes and beliefs about the lesson topic, and to consider how these attitudes and beliefs affect their everyday lives.
- Students gain **self-management** skills as they develop their beliefs and put voice to them, associating beliefs with personal boundaries, guidelines and goals.

¹ See www.casel.org/basics/definition.php.

- The many activities that focus on empathy and giving advice introduce students to **social awareness**, and help them gain the ability to see the different roles they play and understand how their actions affect their relationships and the larger community.
- Because *Get Real* is grounded in the belief that consensual sexual activity occurs in the context of relationships, nearly every lesson includes activities that practice **relationship skills**, including refusal skills, negotiation and communication.
- Students practice **responsible decision making** when they use their knowledge of sexual health topics to make informed decisions in scenario situations. These role-play opportunities and the use of a decision-making model utilized throughout the curriculum help equip students with skills to make healthy decisions about their sexual health in the real world.

Inclusive and Learner-Focused

The *Get Real* program understands that traditional sex education is rarely inclusive of LGBTQ+ young people, and therefore strives to be as inclusive as possible, not just in the gender and sexual identity lesson, but throughout the entire curriculum. *Get Real* was reviewed for LGBTQ+ inclusivity in fall 2017. Changes were made throughout the lessons to make language more intentional, and activities more meaningful and accessible to the lived experiences of young LGBTQ+ people. Several lessons and activities were piloted with LGBTQ+ high school students to ensure the language and approaches felt accessible, affirming, inclusive and learner-focused. Additionally, some changes were informed by a pilot implementation with pregnant and parenting teens in high school during the 2017-2018 school year.

Trauma-Informed Approach

A trauma-informed approach is another critical overlay in comprehensive sexuality education to ensure the information taught is intentional, mindful and accessible to those students who have experienced trauma in their lives. In fall 2017, *Get Real* was reviewed for a trauma-informed approach. Changes were made throughout the lessons to make language more intentional and supportive to students by recognizing the effects trauma can have and how it may present itself in the classroom. Additional guidance was added to sections of the Teacher's Guide to support educators as they navigate the curriculum and the specific needs of the students in their classrooms.

Acknowledgements

The *Get Real* Training Institute wishes to acknowledge Cardea for its review of *Get Real* for LGBTQ+ inclusivity and a trauma-informed approach, as well as the following schools and community organizations for piloting and reviewing some of the lessons and activities: Boston GLASS; Brimmer and May GSA; *Get Real* Teen Council; Match Charter Public School; and educators at Planned Parenthood of the Greater Northwest and the Hawaiian Islands.

Additionally, the *Get Real* Training Institute thanks staff and reviewers involved in the alignment of *Get Real* to the Sexuality Module of the National Health Education Standards, especially Antonella Lisanti, MPH, Harvard T.H. Chan School of Public Health in Social and Behavioral Sciences.

Preparation

Teacher Preparation

Teaching a comprehensive sexuality education program can be challenging, humorous and extremely rewarding. Skilled facilitation is vital for the successful implementation of *Get Real*. It's recommended that *Get Real* is taught by teachers who have a high level of comfort in discussing sexuality with students. *Get Real* educators are strongly encouraged to attend the *Get Real* Training of the Educator curriculum training offered by Planned Parenthood League of Massachusetts or a certified *Get Real* replication partner.

Laws and Policies

It's essential that schools implementing *Get Real* adhere to all state and local laws and policies regarding informed parental consent, opt-out procedures, classroom discussions of parents' beliefs about sex, and mandated reporting.

Support from District and School Administration

Get Real should be implemented with full support from the school and district administrations. To optimize buy-in for this curriculum, follow standard procedures for curriculum implementation in the school district and ensure that the school administration is aware of the curriculum and its content.

Supporting and Preparing Parents and Other Caring Adults

Parents and other caring adults play a critical role in how young people learn about their sexual health. The *Get Real* curriculum is best implemented with the support of parents at the school. It's recommended that teachers hold a parent orientation before the curriculum is delivered in the classroom. The objectives of this meeting should be to familiarize parents with the curriculum, allow them to ask questions, explain the Family Activities and access to the *Get Real* for Parents website, and engage and support parents in their role as the primary sexuality educators of their children.

Confidentiality

Students can expect confidentiality from a teacher only if the teacher has no concerns about student safety. It's a legal requirement for teachers to report suspected abuse and neglect on behalf of certain vulnerable groups, including young people under age 18. It's important for educators to know and understand school policies and state requirements for mandated reporting before beginning to teach *Get Real*. State policies on mandated reporting can be found at: www.childwelfare.gov/systemwide/laws_policies/state/

How To Use This Curriculum

The *Get Real* Approach and Educator Training and Support

The *Get Real* Approach is the teaching philosophy and heartbeat of *Get Real*. The tenets of the *Get Real* Approach enable educators to meet students where they are; use intentional and inclusive language; present medically accurate, age-appropriate facts versus personal values; engage parents and other caring adults as the primary sexuality educators of their own children; and present the information in a way that respects the rights and abilities of each student. The *Get Real* Approach to teaching comprehensive sexuality education is part of what makes *Get Real* unique.

The *Get Real* program trains educators to implement the curriculum using the *Get Real* Approach, ensuring that they develop the necessary knowledge and skills to become competent and comfortable teaching comprehensive sexuality education to students. Educators who complete the *Get Real* Training of the Educator are eligible for continuing education credits. A *Get Real* Training of the Trainer is also available for communities seeking sustainability of comprehensive sexuality education over many years.

The Teacher's Guide was created to provide educators with additional facts to know, ways to address potential challenges, strategies for engaging students and useful resources. Ongoing support through an online community, updated materials and additional resources are also available.

Implementation Guidelines

The *Get Real* middle school curriculum is designed to be implemented with 9 sequential classes per year for 3 years while students are in the sixth, seventh and eighth grades, and the lessons are designed to be age appropriate for these particular grades. While schools should use their judgment and discretion about what will serve their students best, altering the lesson sequence, changing the lessons, or omitting lessons or activities may affect the behavior-change outcomes around which the curriculum is designed.

Each *Get Real* lesson is designed to be taught in 45–55 minutes. If classes are generally taught during longer blocks, the lessons can be expanded through prolonged discussion or review of anonymous questions. However, it will be difficult to implement the classes in less than 45 minutes each without substantial changes to the lessons. If necessary, two lessons may be taught in a 90-minute block.

In order to best facilitate group work and discussion, the optimal class size for teaching *Get Real* is 18–25 students.

Family Activity Implementation

In order to establish parents as the primary sexuality educators of their children, it's important to encourage completion of the activities through the *Get Real* for Parents website and/or send home the Family Activities to be completed with the corresponding lessons. Methods of delivery for Family Activities can vary depending on the systems in place at each school. Examples of delivery methods include home mailings at the start of the school

year, sending the *Get Real* for Parents website access code and/or handouts of the Family Activities home with students each week, posting the handouts on a school website, or emailing the website access code and/or handouts directly to parents.

It's important to acknowledge that it may be uncomfortable for students and parents to talk about sex and sexuality. Teachers can model how to approach a parent or other caring adult about completing the Family Activities, and it may be helpful to remind students that their parents have been informed about the activities. Students will identify caring adults in their lives in the first lesson of each grade. These may include parents, mentors, other family members, religious leaders, coaches and teachers. Students who are concerned about asking a parent to participate may be able to complete the Family Activities with another caring adult.

Parents should be encouraged to participate in the *Get Real* Family Activities (via the *Get Real* for Parents website or handouts) at the parent orientation sessions, and they can be reminded of the importance of these activities through any outgoing mailings, emails or newsletters from the school. The Parent Letters that accompany each Family Activity handout explain the topic of the lesson, provide more information, and offer tips on how to talk to their children about the topic. Note that some states may have laws regarding classroom discussions of parents' beliefs about sex. Teachers should research these and adapt how the Family Activities are processed in order to be in compliance with state laws.

Although implementation of the Family Activities is essential and completion is to be expected, it should not be a required component of the class or student grades. Due to the sensitive nature of the material, as well as a student's comfort and safety in approaching a parent or caring adult about this material, students should not be penalized for not completing the Family Activities. Teachers can encourage participation by offering incentives to the class that turns in the most homework. If the *Get Real* class meets only once a week, a Family Activity box or folder placed in the classroom can help keep students from losing or forgetting the assignments. To limit loss of handouts, encourage students to give the *Get Real* for Parents website access code to their parent or caring adult, so completion of the Family Activities can be done online from the convenience of a phone, tablet or other mobile device.

Setting and Resources Required

Get Real lessons should be taught in a classroom setting, either in school or out of school, with a dry-erase board or blackboard and room to post student work. All other materials required are listed on the first page of each lesson.

Classroom Materials

An Activity Kit accompanies the *Get Real* curriculum. The kit includes scenario cards, wall signs and posters. A protection methods kit is also included. These materials can assist in faster and easier preparation and presentation of the lessons, and can support various learning needs.

Role-Plays

Role-plays allow cognitive and behavioral rehearsal and help develop communication skills. Using role-plays in *Get Real* enables students to practice communicating in sensitive situations, such as standing up to peer pressure or decision making about sexual behaviors. Some middle school students will not identify with the characters in role-play scenarios that deal with sexual activity. To reduce discomfort with these scenarios, teachers can tell students that the characters are older teens or young adults who need advice in order to make decisions. While keeping the goal of the role-plays intact, teachers can feel free to change details such as names or locations to make the scenarios more appealing and culturally relevant to the students. Changing names is also important to avoid embarrassing a student who may have the same name as a character in a scenario.

In order for the role-plays to improve self-efficacy of refusal skills, students must demonstrate their responses. Simply observing a role-play is not enough to change self-efficacy. Having students practice with a partner is a good way to ensure that everyone has a chance to demonstrate the skills being covered in the lesson. Some students are excited to participate in role-plays, while others are not. It's important that students who don't feel comfortable performing in front of the class have the option to practice with a partner, even if they do not act it out for the class. Students can also be given the option to create a role-play script and then act as director of the scene for their classmates to act out.

Creating a comfortable space is necessary to engage students in role-plays. Depending on the students' developmental and social needs, teachers can modify the role-play situations or the way in which the role-plays are rehearsed in class. One option is to develop realistic assertive responses for the scenarios before class, and then model these responses before students begin the role-play activity, or use them to prompt students who draw a blank during the role-play practice.

Modeling a role-play first in front of the class helps give students a clearer sense of what to do. However, teachers must avoid putting themselves in a compromising situation in acting out a scenario with a student. Avoid modeling scenarios that feature dating relationships or threatening behaviors, or model these scenarios only with an adult classroom aide rather than a student volunteer. Coach students to act out assertive responses to pressure or problem behaviors, not the problem behavior itself.

It's essential to allow students time to process the role-plays and think about what components they could apply in real life. Whenever students are practicing role-plays, the teacher should circulate through the classroom to help process the situations with pairs or small groups and to keep students on task. It is good classroom management to establish the teacher as the master director of the role-plays who can freeze the action at any time and change out student actors when needed. The Assessment section below offers a simple tool for assessing student performance during role-plays.

Assessment

It's important to be able to gauge student learning throughout *Get Real*. There are a number of different formal and informal assessments built in to the curriculum.

- **Process questions** are included after many activities. These are intended to extend learning and assess student understanding through discussion. If students have difficulty answering the process questions, it may indicate that they do not fully comprehend the material. It's important that students not only recall facts and figures, but be able to apply the information and skills they are learning to their own lives. Process questions offer a chance to extend the information learned in class to broader scenarios or discussions.
- **Class participation** is another tool that can be used to assess student comprehension. However, keep in mind that many students may feel shy or reluctant to participate in a sexuality education class. Consider participation beyond speaking up in front of the whole class. Students may also be assessed on their participation in small-group or partner activities, or in written work. Participation assessment should also reward students who stay on task without distraction.
- **Student handouts** throughout the lessons offer a way to evaluate student work and assess their learning and application of knowledge and skills. These handouts, as well as the family activities for each lesson, are found in the Student Workbook.
- **Final assessments** can be used to assess overall learning in *Get Real*. Suggestions for final creative project options and a test question bank are provided at each grade level.
- **Role-plays** allow for cognitive and behavioral rehearsal of communication and refusal skills during difficult situations. The following simple checklist may be used to assess student performance in role-plays. Teachers are encouraged to share these criteria with students so they understand how they will be evaluated in the performance of the various role-plays.

Skill	3 = Demonstrates Excellence	2 = Shows Good Work at Times	1 = Needs Improvement
Stays focused and on task while practicing role-plays with partner			
Creates responses that are plausible and constructive			
Applies knowledge from the lesson			
Shows efficacy in assertive communication and refusal techniques			

Logic Model

Get Real is grounded in Bronfenbrenner’s socio-ecological model (1979) and employs elements of the Theory of Planned Behavior (Aizen, 1991, 2006). A social emotional learning approach is incorporated throughout the curriculum. *Get Real* is based on a behavior/determinant/intervention (BDI) logic model. The health goal of the curriculum is to promote positive sexual health behaviors and beliefs among students who have participated in the *Get Real* middle school comprehensive sexuality education curriculum, resulting in a delay of sexual initiation, a reduction of unintended pregnancies, and higher use of protection methods.

The behaviors targeted are as follows:

- Delay initiation of sex.
- Increase correct and consistent use of condoms and/or other protection methods.

Each behavior has corresponding determinants (risk and protective factors that affect the behavior). Lessons in *Get Real* are mapped to these determinants, which are listed on the first page of each lesson.

It should be noted that if lessons are altered or activities are omitted, some lessons may no longer address a particular determinant, which may alter the intended behavior-change outcomes.

For
Teacher Review
Only

Get Real: Comprehensive Sex Education That Works Logic Model Snapshot

Get Real/ Intervention Lessons Designed to Change Risk & Protective Factors	Risk & Protective Factors (Determinants) Affecting Sexual Behaviors Addressed in Get Real	Behaviors Directly Affecting Get Real's Health Goal	Get Real's Health Goal
<p>Grade 6 Lessons</p> <p>6.1: Creating the Classroom Climate Activities 6.1-1 – 6.1-5 6.2: Communication and Refusal Skills Activities 6.2-1 – 6.2-5 6.3: Relationships and Boundaries Activities 6.3-1 – 6.3-8 6.4: Anatomy and Reproduction: The Penis and Related Parts Activities 6.4-1 – 6.4-5 6.5: Anatomy and Reproduction: The Vagina and Related Parts Activities 6.5-1 – 6.5-6 6.6: Puberty Activities 6.6-1 – 6.6-4 6.7: Abstinence Activities 6.7-1 – 6.7-4 6.8: Decision Making and Values Activities 6.8-1 – 6.8-6 6.9: Grade 6 Conclusion and Review Activities 6.9-1 – 6.9-7</p> <p>Grade 7 Lessons</p> <p>7.1: Creating the Classroom Climate Activities 7.1-1 – 7.1-6 7.2: Media Literacy and Sexuality Activities 7.2-1 – 7.2-4 7.3: Gender and Sexual Identity Activities 7.3-1 – 7.3-5 7.4: Creating a Safe School Environment Activities 7.4-1 – 7.4-6 7.5: Deciding About Sexual Behavior Activities 7.5-1 – 7.5-5 7.6: Defining and Maintaining Abstinence Activities 7.6-1 – 7.6-6 7.7: Introduction to Sexually Transmitted Infections Activities 7.7-1 – 7.7-6 7.8: Introduction to Protection Methods Activities 7.8-1 – 7.8-4 7.9: Grade 7 Conclusion and Review Activities 7.9-1 – 7.9-5</p> <p>Grade 8 Lessons</p> <p>8.1: Creating the Classroom Climate Activities 8.1-1 – 8.1-5 8.2: Healthy and Unhealthy Relationships Activities 8.2-1 – 8.2-5 8.3: Addressing Obstacles to Abstinence Activities 8.3-1 – 8.3-5 8.4: Comprehensive Protection Methods Activities 8.4-1 – 8.4-7 8.5: STI/HIV Transmission Activities 8.5-1 – 8.5-5 8.6: Living with HIV Activities 8.6-1 – 8.6-5 8.7: Refusal Skills Activities 8.7-1 – 8.7-4 8.8: Goals and Decision Making Activities 8.8-1 – 8.8-4 8.9: Get Real Capstone Project Activities 8.9-1 – 8.9-4</p>	<p>↑ ↑ ↑ ↑ ↑</p> <p>KNOWLEDGE of:</p> <ul style="list-style-type: none"> • Increase awareness of delaying sex as the healthiest choice • Increase knowledge of how pregnancy happens • Increase knowledge of how STIs are transmitted • Increase knowledge of how drugs and alcohol can affect decision making around sexual behavior • Increase awareness of consequences when condoms and/or other protection methods are not used • Increase knowledge of correct and consistent use of condoms and other protection methods • Increase knowledge of resources for community or reproductive health information and services <p>PERCEPTION OF RISK of:</p> <ul style="list-style-type: none"> • Increase perceived risk in having an older partner • Increase perceived risk of STIs <p>VALUES AND ATTITUDES towards:</p> <ul style="list-style-type: none"> • Increase positive attitudes toward condoms and/or other protection methods • Address values around abstinence and sex • Address attitudes about abstinence and sex <p>PERCEPTION OF PEER NORMS about:</p> <ul style="list-style-type: none"> • Address perceptions of peer norms regarding sexual behavior <p>SKILLS to:</p> <ul style="list-style-type: none"> • Increase self-efficacy of SEL skills to delay and /or refuse sex • Promote SEL skills to increase use of condoms and/or other protection methods • Increase self-efficacy to demand the use of condoms and/or other protection methods <p>PARENT-CHILD COMMUNICATION about:</p> <ul style="list-style-type: none"> • Increase communication with parents and other caring adults <p>INTENTIONS to:</p> <ul style="list-style-type: none"> • Address future goal setting 	<p>↑ ↑ ↑ ↑ ↑</p> <p>Delay initiation of sex Increase correct and consistent use of condoms and/or other methods of protection</p>	<p>Reduce incidence of unintended pregnancy</p>

Development of *Get Real* and Research Results

An Evidence-Based Program

In February 2015, *Get Real* was added to the U.S. Department of Health and Human Services (HHS) list of evidence-based programs. Inclusion on this list requires meeting stringent criteria for effectiveness.

Piloting and Formative Evaluation

Get Real was piloted in five Massachusetts schools over a 3-year period. During pilot testing, the curriculum was taught by trained Planned Parenthood educators. Experiences and observations gathered while teaching the curriculum contributed greatly to curriculum revisions. The final year of pilot testing culminated in a formative evaluation conducted by Wellesley Centers for Women (WCW), a scholarly research institution affiliated with Wellesley College. The formative evaluation, carried out with 500 sixth, seventh, and eighth graders, showed promising results, even though the students had only been exposed to 1 year of the 3-year curriculum.

The formative evaluation's results included the following findings:

- Students' belief in their ability to talk about abstinence increased after exposure to *Get Real* lessons. This finding suggests that the abstinence focus of the curriculum was effectively transmitted to the students.
- After exposure to *Get Real*, students who believed they could talk to a dating partner about abstinence were less likely to report having had sex, suggesting that increased trust in one's ability to talk about abstinence is associated with not being sexually active.
- Students who believed their peers had not had sex were less likely to have had sex themselves. Conversely, students who believed their peers were sexually active were more likely to report being sexually active. Both of these trends suggest that perceived peer norms about sex have an important role in adolescents' own sexual activity.
- Students identified their parents and teachers as the most important and most trusted sources of information on sex before they took the *Get Real* class. After exposure to *Get Real*, teachers' and parents' importance as sources of information increased significantly. None of the other sources of information, such as peers, the internet, video games, or even books, were rated as highly as these two sources before or after exposure to *Get Real*.

Impact Evaluation Design

In 2008, Wellesley Centers for Women began the process of conducting a longitudinal impact evaluation to study the effectiveness of *Get Real*. This evaluation was a scientifically rigorous study featuring 24 middle schools in the greater Boston area. Half of the schools were randomly assigned to have *Get Real* taught by a trained educator to a cohort of students for 3 years, and half continued with their usual sex education programs. A total of 2,453 students participated in the evaluation. Of the participating schools, 22 were located in an urban area, 13 were traditional public schools, 9 were public charter schools, and 2 were private middle schools. The sample was 52% female and 48% male, and 33% were of

Hispanic or Latino ethnicity. With respect to race, 53% were Black/ African American, 28% White, 6% Asian/ Pacific Islander, 2% Native American and 11% biracial/ multiracial.

During the evaluation, students completed surveys that measured knowledge, attitudes, and sexual behavior. Surveys were given at the beginning of sixth grade before beginning the program, and follow-up surveys were conducted in seventh, eighth and ninth grades. Researchers also conducted focus groups with students, and interviewed parents about parent-child communication relating to relationships and sexuality.

Impact Evaluation Results

The ultimate aim of the evaluation was to establish whether *Get Real* had any impact on students' first vaginal sex. The sixth–eighth grade analyses showed that there was a significant difference between students attending the treatment schools compared to those in the comparison schools, with students in treatment schools reporting lower levels of sexual activity. The research findings show that *Get Real* works to delay sex among students who received the program, empowers parents to help their children delay sex, reinforces family communication and improves communication skills for healthy relationships.

In terms of delaying sex:

- There was a significant effect for both boys and girls, with 16% fewer boys and 15% fewer girls who received *Get Real* having had sex by the end of 8th grade compared to boys and girls who had sex education “as usual” in comparison schools.
- For boys, family involvement showed an additional effect, with boys who completed Family Activities in sixth grade being less likely to report having had sex in eighth grade than boys who did not complete these activities.

In addition to delaying sex, the research study found that *Get Real* also:

- Reinforced family communication through family activities and empowered parents to help their children delay sex.
- Improved communication skills for healthy relationships. Both boys and girls who received *Get Real* identified that they were more prepared to assert themselves and communicate in a relationship, including saying ‘no’ to sex.

Get Real for Parents Website

In order to increase parents' access to the Family Activities in *Get Real*, the *Get Real* for Parents mobile website was created. *Get Real* for Parents was designed to further engage, support and provide guidance to parents and other caring adults as they have conversations about sex, relationships and sexual health with their children. The website is conveniently accessible via any mobile device including a phone, tablet or laptop. A student's parent or caring adult can log into the website using a code provided by the child's teacher, set up an account based on the child's grade, and access a dashboard with interactive Family Activities that follow the scope and sequence of the lessons in a *Get Real* classroom. *Get Real* for Parents also offers other resources, answers to frequently asked

questions, and conversation starters to support parents in their ongoing communication with their children.

Piloting and Formative Evaluation

Working with Wellesley Centers for Women (WCW), *Get Real* for Parents was piloted in a Spanish-speaking school in Massachusetts, with 25 students receiving *Get Real*. WCW led a teen focus group and conducted parent interviews to assess comfort and usefulness of the website. During the 2016–2017 school year, eight *Get Real* schools or out-of-school programs in Colorado, Massachusetts and Virginia participated in the formative evaluation.

One hundred sixty three parents or caring adults participated in the evaluation. Parents received website access codes from their child’s *Get Real* educator, consented to participation for themselves and their child, and set up an account based on the grade of their child. Parents and teens took pre- and post-surveys, and parents engaged in phone interviews. Survey and interview questions assessed frequency of talk about sexuality and relationships, parent comfort, activity usefulness, and use of online tools as a way to support communication on these topics.

The formative evaluation showed promising results and included the following findings:

- Both parents and teens reported an increase in frequency of talk about relationships and sexuality from the start to the end of the *Get Real* program, using the activities in *Get Real* for Parents.
- For boys, frequency of talk was reported at a higher rate than girls, mirroring *Get Real*’s impact evaluation research, and highlighting the importance of gender in understanding family communication.
- Activities helped teens and parents bring up new conversations and questions.
- Parents appreciated the encouragement to talk with their teens even if they were uncomfortable.

Schools that can implement the program as intended are likely to reap significant benefits from exposing their students to a relationship-skills-based comprehensive sexuality education program with a Family Activities component.

Related Publications

Charmaraman, L., & McKamey, C. (2011). Urban early adolescent narratives on sexuality: Accidental and intentional influences of family, peers, and the media. *Sexuality Research and Social Policy*, 8(4), 253-266.

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Grossman, J. M., Tracy, A. J., Charmaraman, L., Ceder, I., & Erkut, S. (2014). Protective effects of middle school comprehensive sex education with family involvement. *Journal of School Health*, 84(11), 739-747.

For
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Grade 7

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Lesson 7.1

Creating the Classroom Climate

Connecting the Lessons

Builds on Grade 6 *Lesson 6.1: Creating the Classroom Climate*; *Lesson 6.4: Anatomy and Reproduction: The Penis and Related Parts*; and *Lesson 6.5: Anatomy and Reproduction: The Vagina and Related Parts*. Students will apply skills learned to all seventh-grade lessons.

Lesson Goals

- Create group rights and responsibilities.
- Name key components of anatomy and reproduction.
- Explain the importance of responsible decision making.

Preparation & Materials Checklist

- Review SEL skills.
- Create Class Rights and Responsibilities poster.
- Review decision-making model.
- Review key anatomy terms.
- Review student handouts:
 - Handout 7.1-3: Steps to a Decision
 - Handout 7.1-4: Resources
- Copy family letter and family activity.
- Have:
 - SEL Skills poster
 - Anonymous Questions Box
 - Slips of paper for anonymous questions

Terms to Use

- Sexuality
- Decision making
- Reproduction

SEL Skills Addressed

Self-awareness, self-management, social awareness, relationship skills, responsible decision making

Logic Model Determinant(s)

Increase communication with parents and other caring adults.

Increase knowledge of resources for community or reproductive health information and services.

Increase self-efficacy of SEL skills to delay and/or refuse sex.

Teacher Note

Encourage students to seek out caring adults as resources instead of relying on their friends, siblings or the media for information about sexuality.

Be sure to include “confidentiality” in the list of Rights and Responsibilities and to explain your role as a trusted adult and mandated reporter. See the Teacher’s Guide pages for additional resources.

Activity 7.1-1

10 minutes

Introduction and Class Rights and Responsibilities

Establish classroom rights and responsibilities

Welcome the students to the seventh-grade component of *Get Real* comprehensive sex education classes. Ask students what they remember from sixth grade.

Give a brief overview of topics for seventh grade.

Introduce Class Rights and Responsibilities and label a large piece of paper with the heading “Rights and Responsibilities.” Ask students:

- What rights do you need to have in order to engage in a class focused on sexuality and sexual health?
- What rights or responsibilities can we add to support one another in feeling safe discussing these topics?
- What can we all do to make this class successful?

Prompt students as needed and add responses to the list.

Have students sign the list, then post it for future reference.

Icebreaker game (*optional*)

If this class is new to you, lead a brief icebreaker to get to know the students. Go around the room and ask students to say their first names and one thing they feel comfortable sharing about themselves that starts with the same letter as their names (*e.g., a favorite color, sport, or hobby; how many people are in their families*).

→ *Teacher Note*

Important rights and responsibilities to include

- Be enthusiastic
- Feel positive about your sexuality
- Feel how you feel
- Pass
- Self-care
- Be heard
- Express your opinions
- Ask questions
- Be respected
- Not have assumptions made about you
- Privacy
- Confidentiality

Activity 7.1-2

5 minutes

Introduction to Social and Emotional Learning

Explain key points of SEL

Reintroduce the SEL component of *Get Real* and elicit student review of skills. Display the SEL Skills poster. Give definitions and elicit examples from students.

- **Self-awareness:** Recognizing your feelings and values, maintaining self-confidence, being aware of what makes you individual and unique.

- **Self-management:** Expressing emotions appropriately, monitoring progress toward goals.
- **Social awareness:** Understanding others and being able to put yourself in another person’s shoes; recognizing individual and group differences and similarities; finding and using family, school and community resources; understanding the difference between fiction and reality.
- **Relationship skills:** Establishing healthy relationships, resisting social pressure, dealing with conflict, seeking help when needed.
- **Responsible decision making:** Making good decisions, keeping yourself healthy and safe, respecting yourself and others.

→ *Teacher Note*

Self-Management, Rights & Responsibilities

Refer to the Rights and Responsibilities list and talk about how self-management will help students stick to the list even when it is difficult (self-control, impulse control).

Activity 7.1-3

15 minutes

Decision-Making Review

Review decision-making model and scenario

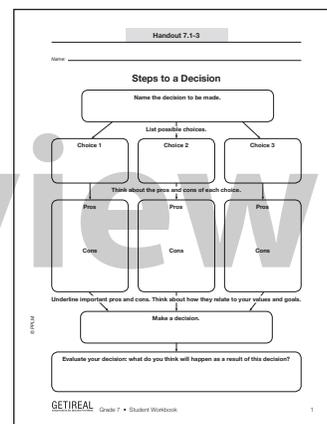
Ask students to turn to **Handout 7.1-3** in the Student Workbook. Connect to SEL and discuss the importance of a decision-making model.

Review the model by applying the following scenario: “Chris really likes Terry, and they are going out. Terry wants to do something sexual that Chris is not comfortable with. Chris is worried that saying no will cause Terry to break up with Chris and make fun of Chris to their friends.”

Have students complete handout in pairs. Ask students to share their answers with the class and write their responses on the board.

Process Questions

1. How does weighing pros and cons assist with decision making?
2. Why is it important to learn a decision-making model?
3. How can you use this model in your everyday life?



Handout 7.1-3

Student Workbook page 1

→ *Teacher Note*

If students have not completed *Get Real* in sixth grade, they are likely unfamiliar with the decision-making process. Either complete this activity together as a class, going through all of the steps together, or start the process of naming the decision to be made and help students come up with possible choices before having them work in pairs.

Activity 7.1-4

5 minutes

Brainstorm Resources

Name resources for questions

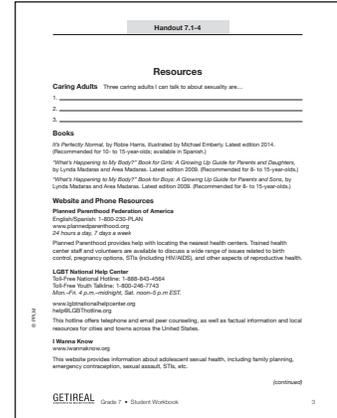
Ask students to name people or places someone could go to with questions about sexuality or relationships. Have students brainstorm for a minute in groups of two or three, then share ideas from their groups. Write a list of their suggestions on the board.

Ask students to turn to **Handout 7.1-4** in the Student Workbook. Ask them to list three caring adults they could speak to about sexuality or relationships. Encourage students to talk to you if they are in need of additional resources or have questions about the content of this course.

➔ *Teacher Note*

A Variety of Resources

While students are brainstorming, prompt them to consider family, school, online and community resources.



Handout 7.1-4

Student Workbook
pages 3–4

Activity 7.1-5

10 minutes

“What Am I?” Game

Review key terms from anatomy and reproduction

In this game, offer students a short description of a reproductive organ or function, and make them guess the answer (give prizes if you want). For example, prompt: “I am the fluid released before an ejaculation that could carry up to 20,000 sperm” or “I am the organ that holds the eggs.” This game assesses student knowledge and can be a great place to reinforce the important facts and ideas from sixth grade.

Process Questions

1. Name some feelings people might have while talking about these terms. Why might they feel this way?
2. Why is it important to be comfortable talking about how bodies work and change?

Activity 7.1-6

Anonymous Questions Box

Reintroduce Anonymous Questions Box

Review the Anonymous Questions Box. The teacher will hand out small pieces of paper at the beginning or end of class. Explain that students may write any questions they have about the topics being covered in class or about sexuality in general on those pieces of paper. They should not put their names on their questions for anonymity, and their questions will be put into a box that will be available during all sessions. The questions will be answered as frequently as the teacher determines. The teacher will also

pose another question to the class (e.g., “What is your favorite video game?”), which students should answer if they do not have a class-related question. Everyone should write something on a slip of paper and place it in the box in order to preserve the anonymous nature of the activity.

Activity 7.1-7

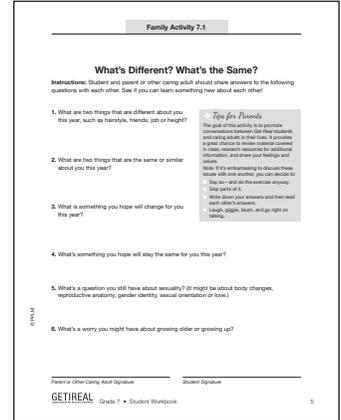
Family Activity

Explain family activity

Review the Family Activity for this lesson.

Get Real for Parents

Remind students to have their parent/caring adult use the access code to log in to the mobile website.



Family Activity 7.1
Student Workbook page 5

References

Information on SEL:

Collaborative for Academic, Social, and Emotional Learning: www.casel.org

Only

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GET | REAL

Comprehensive Sex Education That Works

Dear Parent or Other Caring Adult,

As you know, your child is attending a program called *Get Real: Comprehensive Sex Education That Works* in health class. The program gives young people the facts, in an age-appropriate way, on a range of sexual health and relationship topics. *Get Real* is based on Social and Emotional Learning (SEL). It teaches students five skills that lead to healthy behavior: self-awareness, self-management, awareness of others, relationship skills and responsible decision making.

Get Real recognizes and supports parents and other trusted caregivers as the primary sexuality educators of their children. The teen years and changes of puberty can bring lots of questions and concerns for both parents and their kids. For many reasons, it can be hard to talk with children about sex. But results of a national survey show that parents have the most influence on their children's decisions about sex. A recent study from the National Campaign to Prevent Teen Pregnancy (currently publishing as Power to Decide) found that 87% of U.S. teens said it would be easier to put off having sex if they were able to talk more openly about sex with their parents. But 37% said they had never had a talk with their parents on this topic.

Like last year, students in the *Get Real* program will bring home Family Activities for each class. These are designed to help families start conversations and share information. Please complete the homework with your student, sign, and return the sheet to class. Students who can't do the homework with a parent can work with a guardian or other trusted adult.

These Family Activities give parents a way to explore their own values about sex and sexuality. They'll help you provide facts and information your child can understand, and build skills for having ongoing talks about this important topic. Good information and other resources can also be found on the Planned Parenthood League of Massachusetts parent education website. Just visit www.pplm.org/education and click on "Parent Education."

Good communication between parents and children helps families share their values and enables young people to make healthier, safer and wiser decisions about sex. The themes below can help with your ongoing talks. Remember, it's your right and responsibility to share your values and the facts about sex with your child!

(continued)

Continued

Themes for Parents to Think About

Rights and Responsibilities

- As a parent, you have the right and responsibility to be your child's primary sexuality educator.
- Children *will* get information about sex from the culture around them.
- Taking action to teach your children about sexuality gives you the best chance of having a positive effect on their choices and experiences.
- Children have a right to get information from their parents. They also have a responsibility to understand that their choices about sexuality can have risks.

Values

- Think about your own beliefs and values, so you can clearly share them with your child.
- Look at where your beliefs and values come from. Which are universal? (For example, all children have a right to be safe.) Which are more individual? (For example, people differ in their beliefs about when it's OK for young people to become sexually active.)
- Honest communication between parents and children is key.
- It's OK for parents and children to disagree about values. Examining values can be a powerful, positive influence on a child's developing sexuality.

Feelings and Self-Esteem

- Explore your own feelings around sexuality. Share some of these with your child. Encourage your child to share feelings too.
- Practice how to listen closely. Don't judge or criticize. This will build trust and help your child feel comfortable coming to you with questions or concerns.
- Help your children feel good about who they are. This will build healthy self-esteem and lead to good decisions.

Facts and Knowledge

- Find the resources you need to give your child clear and accurate information about sexuality.
- If you don't know the answer to a question, say so. Promise to get back to your child with the answer. Or look for it together.
- Connect. Keep talking in an ongoing, open way.

What's Different? What's the Same?

Instructions: Student and parent or other caring adult should share answers to the following questions with each other. See if you can learn something new about each other!

1. What are two things that are different about you this year, such as hairstyle, friends, job or height?

2. What are two things that are the same or similar about you this year?

3. What is something you hope will change for you this year?

4. What's something you hope will stay the same for you this year?

5. What's a question you still have about sexuality? (It might be about body changes, reproductive anatomy, gender identity, sexual orientation or love.)

6. What's a worry you might have about growing older or growing up?

→ *Tips for Parents*

The goal of this activity is to promote conversations between *Get Real* students and caring adults in their lives. It provides a great chance to review material covered in class, research resources for additional information, and share your feelings and values.

Note: If it's embarrassing to discuss these issues with one another, you can decide to:

- ▣ Say so—and do the exercise anyway.
- ▣ Skip parts of it.
- ▣ Write down your answers and then read each other's answers.
- ▣ Laugh, giggle, blush, and go right on talking.

Parent or Other Caring Adult Signature

Student Signature

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Lesson 7.2

Media Literacy and Sexuality

Connecting the Lessons

Builds on *Lesson 6.6: Puberty* and *Lesson 6.7: Abstinence*.

Lesson Goals

- Identify myths surrounding sexual behaviors.
- Identify ways in which the media creates and promotes myths.
- Name types of media.
- Identify ways the media contributes to unrealistic body expectations.

Preparation & Materials Checklist

- Review different forms of media to get a sense of (and examples of) sexuality—especially in commercials.
- Find ads for class demonstration that use sexuality to sell the product.
- Review student handouts:
 - Handout 7.2-2: What’s on TV?
 - Handout 7.2-4: Ad Analysis Homework
- Copy family letter and family activity.
- Have:
 - SEL Skills poster
 - Magazine ads or media clips of commercials
 - Anonymous Questions Box
 - Slips of paper for anonymous questions

Terms to Use

- Body image
- Insecurities
- Gender role
- Stereotypes
- Consumerism

SEL Skills Addressed

Self-awareness, social awareness

Logic Model Determinant(s)

Increase communication with parents and other caring adults.

Address perceptions of peer norms regarding sexual behavior.

Increase self-efficacy of SEL skills to delay and/or refuse sex.

→ Teacher Note

There are many commercials and ads from the radio, TV and online that can be used for this lesson. Familiarize yourself with your students’ favorite TV shows so you can refer to them. Consider finding ads in magazines that are popular among your students.

Activity 7.2-1

5 minutes

Process Family Activity

Process Family Activity from Lesson 7.1

Process Questions

1. Did you do the activity with your parent or other caring adult?
2. Name some feelings you had while doing this activity.
3. Name something you learned or discovered during this conversation.
4. What might you do differently as a result of this conversation with your parent or other caring adult?

Get Real for Parents

Remind students to have their parent/caring adult use the access code to log in to the mobile website.

Activity 7.2-2

30 minutes

The Media

Examine different types of media

Announce that today’s class will focus on media literacy. Write the following definition of *media* on the board: “Media includes all the ways that information, ideas, stories, etc., are shared between people. It’s a form of communication that is often, but not always, recorded in some way.” You can also define literacy: “Literacy is the ability to read, identify, understand and interpret material shared through different kinds of media.”

On another part of the board, draw a large stick figure with a confused face, and write “Types of Media” at the top of the board.

Brainstorm different types of media and write student answers around the stick figure.

Ask: “Why is the stick figure confused? How does the media affect people?”

Discuss sexuality shown on TV

Ask students to turn to **Handout 7.2-2** in the Student Workbook. Allow them to complete the questions in groups of 2 or 3. Go over the answers when students are finished.

Point out that sexual activity shown on TV usually doesn’t reflect real life. On some teen dramas, every character is sexually active; but in reality, most young teenagers are not having sex. Only 40% of all high school students and only 4% of teens under age 13 have had sex.

→ Teacher Note

Sex on TV

More than 75% of prime-time television programs contain sexual content, and only 14% of these mention risks or responsibilities of sexual activity.

(American Academy of Pediatrics, Sexuality, Contraception, and the Media.)

Sex Online

One in five students age 12–13 has been exposed to unwanted pornographic images online.

(Wolak et al.)

Handout 7.2-2

Name _____

What's on TV?

1. List three television shows that you or your peers watch.
 -
 -
 -
2. Do any of these shows have characters who are sexually active? Which ones?
3. When the characters on these shows have sex, do they usually discuss pregnancy, STIs or using protection? Why do you think that is?
4. What do you think is realistic about these television shows?
5. What is unrealistic about these television shows?
6. How do these shows promote healthy or unhealthy behaviors?
7. Television shows tend to have higher numbers of sexually active teens than in real life. Why do you think that is?

GETREAL Grade 7 • Student Workbook 7

Handout 7.2-2
Student Workbook page 7

Process Questions

1. In what ways do you think the sex shown on TV is not like real life? What are some things that get left out?
2. What effect can these images have on people who are watching?
3. Does TV add to the myth that all teens are sexually active? If so, why do you think TV shows continue to overrepresent teen sexual behavior?

Activity 7.2-3

15 minutes

Understanding Advertising Messages

Examine effects of advertising on body image

Explain that one powerful form of media is advertising, and one primary purpose of media can be to help sell things to viewers.

Explain that many advertisers use models to sell a product. These models represent an unrealistic image of “beauty,” because most people in the world do not look like these models. Ask the students to describe the models they often see in advertisements.

Show an advertisement featuring a model who has been photoshopped into unrealistic beauty standards, and the original image before the photoshopping. Ask them why advertisers use these images.

Ask students to name a feeling they have or others might have when they see unrealistic body images in the media.

Elicit a definition of “insecurity” (*lack of confidence about something; self-doubt*). Explain that many ads tap into people’s insecurities and encourage people to buy products if they want to be like the people in the advertisements. Ads often focus on body parts or sexuality (*show an ad that does so*). Ask: How do insecurities relate to self-awareness?

Demonstrate how to critique an ad

Brainstorm some insecurities that teens have (*weight, height, acne, athletic ability, etc.*). Which products target these insecurities in their advertisements or commercials? (*Deodorant, face and body wash, makeup, etc.*)

Show an ad to the class. What is this ad really trying to say? Model the questions from their homework worksheet and briefly analyze the ad as a class.

→ Teacher Note

Advertising Fact

The average American child views 40,000 television commercials every year.

(*American Academy of Pediatrics, Children, Adolescents, and Advertising*)

→ Teacher Note

Inclusive Ads

This is an opportunity to be inclusive and intentional in the media representations you display. Be sure to show unrealistic beauty standard advertisements that represent a variety of race/ethnicities, genders, abilities, etc.

Activity 7.2-4

Homework

Ask students to turn to **Handout 7.2-4** in the Student Workbook. Review and have them complete it for homework.

Activity 7.2-5

Anonymous Questions Box

Review anonymous questions

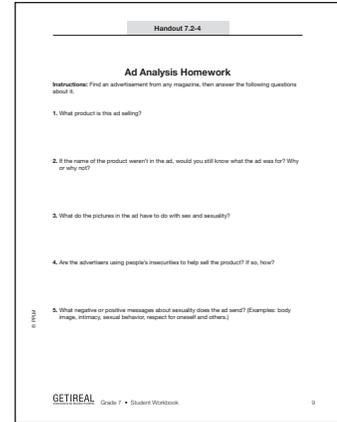
Address student questions from the Anonymous Questions Box. Give students a new question prompt to answer if they don't have one about the class material, and remind students to place their anonymous questions in the box as they leave the classroom.

Activity 7.2-6

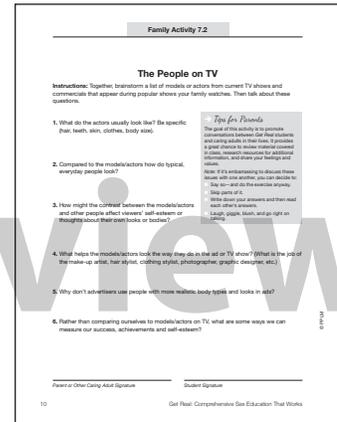
Family Activity

Explain family activity

Review the Family Activity for this lesson.



Handout 7.2-4
Student Workbook page 9



Family Activity 7.2
Student Workbook page 10

Teacher Review Only

Get Real for Parents
Remind students to have their parent/caring adult use the access code to log in to the mobile website.

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Teens and media:

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For
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For Teacher Review Only

GET | REAL

Comprehensive Sex Education That Works

Dear Parent or Other Caring Adult,

Often parents wait for their kids to ask a question about puberty or sexuality rather than starting the conversation themselves. But many children and teens won't ask their parents questions about sexual topics, and parents may avoid these talks because they feel uncomfortable with the subject. A study by the National Campaign to Prevent Teen Pregnancy (currently publishing as Power to Decide) found that while 87% of U.S. teens said it would be easier to postpone sexual activity if they were able to talk more openly about sex with their parents, 37% had never had a conversation with their parents on this topic!

Media plays a big role in the lives of today's teens. So it's no wonder many of the messages young people get about sexuality come from the media they read and view. According to the American Academy of Pediatrics, more than 75% of prime time TV programs had sexual content, but in only 14% of the cases were any risks or responsibilities of sexual activity shown. According to the Committee on Public Education, the average U.S. teen views nearly 14,000 sexual references each year, but only 165 of these will deal with birth control, self-control, abstinence or the risk of pregnancy or sexually transmitted infections.

Help your child learn to filter and assess these media messages. Teaching kids how to be media literate allows them to be an educated viewer who can notice and judge media content. Teens can learn to recognize sexual messages that are exploitive, irresponsible, and unrealistic. One good way to do this is to watch a movie or TV show, go online or read a magazine together. Then discuss the sexual content and messages you both observed.

Use the tips on the back of this letter and the *Get Real* Family Activity to encourage your child to share his or her views and start the conversation.

(continued)

Continued

Tips for Talking with Youth About TV

- Watch TV with your kids.
- Share reactions and ask questions. For example:
 - What do you think of the way that couple relates to each other?
 - How well did they know each other before having sex? Do you think they're making the right choice? What might happen?
 - Is that realistic? Do you think that people really act/think/look like that in real life?
 - Why do you suppose advertisers use sexy people to sell their products?
 - What do you think about the teen in that show having sex/getting pregnant/having a baby?
 - What message does that send?
- Talk about stereotypes shown on TV:
 - What do you think this says about kids? women? men? gay people? people of color? the elderly?
 - Do you think that's true about everyone? How is that portrayal inaccurate?
- Don't talk through the entire show. Look for the "teachable moments." Wait for the breaks and use the mute button.
- Do watch ads and discuss the marketing techniques:
 - Whom does the ad target?
 - What is the advertiser using to sell the product?
 - How does this ad play on people's insecurities?
- Don't have the TV on during meals.
- Listen to your kids' reactions. Try to understand where they are coming from. Don't expect them to always agree. Hearing their ideas, without judging or trying to change them, lets kids know you value them. It gives both of you a chance to think about other points of view and look at your own.

Media Resources for Parents

Follow the media ratings system: www.tvguidelines.org.

Teach kids and teens how to stay safe online: www.netsmartz.org.

Read internet safety guidelines, articles and e-newsletter: www.safekids.com.

Locate detailed reviews for parents on films, videos and tv shows:
www.common sense media.org.

Research media activities by, with and for children: www.unicef.org/magic.

The People on TV

Instructions: Together, brainstorm a list of models or actors from current TV shows and commercials that appear during popular shows your family watches. Then talk about these questions.

1. What do the actors usually look like? Be specific (hair, teeth, skin, clothes, body size).

2. Compared to the models/actors how do typical, everyday people look?

3. How might the contrast between the models/actors and other people affect viewers' self-esteem or thoughts about their own looks or bodies?

4. What helps the models/actors look the way they do in the ad or TV show? (What is the job of the make-up artist, hair stylist, clothing stylist, photographer, graphic designer, etc.)

5. Why don't advertisers use people with more realistic body types and looks in ads?

6. Rather than comparing ourselves to models/actors on TV, what are some ways we can measure our success, achievements and self-esteem?

→ *Tips for Parents*

The goal of this activity is to promote conversations between *Get Real* students and caring adults in their lives. It provides a great chance to review material covered in class, research resources for additional information, and share your feelings and values.

Note: If it's embarrassing to discuss these issues with one another, you can decide to:

- Say so—and do the exercise anyway.
- Skip parts of it.
- Write down your answers and then read each other's answers.
- Laugh, giggle, blush, and go right on talking.

Parent or Other Caring Adult Signature

Student Signature

**For
Teacher Review
Only**

Lesson 7.3

Gender and Sexual Identity

Connecting the Lessons

Planning ahead: Connects to Lesson 7.4: *Creating a Safe School Environment.*

Lesson Goals

- Identify gender stereotypes.
- Explain why stereotypes can be harmful.
- Explain difference between sexual orientation and gender identity.
- Discuss LGBTQ+ issues respectfully.

Preparation & Materials Checklist

- Copy family letter and family activity.
- Have:
 - Gender and Sexual Identity Vocabulary List answer key (*Optional:* Make copies for students.)
 - Gender and Sexual Identity Vocabulary word and definition cards
 - Stereotypes About Men/Boys and Women/Girls written on chart paper (See Activity 7.3.2).
 - Tape
 - Anonymous Questions Box
 - Slips of paper for anonymous questions

Terms to Use

- Sexual orientation
- Straight
- Gay
- Lesbian
- Bisexual
- Gender identity
- Gender expression
- Transgender
- Questioning
- LGBTQ+
- Ally

SEL Skills Addressed

Self-awareness, social awareness

Logic Model Determinant(s)

Increase communication with parents and other caring adults.
Address perceptions of peer norms regarding sexual behavior.
Increase self-efficacy of SEL skills to delay and/or refuse sex.

→ Teacher Note

The focus of this lesson is to teach appropriate terms for gender identity and sexual identity, identify why stereotypes can be harmful, and address the importance of creating a safe space in the classroom for all students. The teacher's tone in this lesson will help set classroom expectations for addressing LGBTQ+ issues in a respectful manner.

Activity 7.3-1

5 minutes

Process Family Activity

Process Family Activity from Lesson 7.2

Process Questions

1. Did you do the activity with your parent or other caring adult?
2. Name some feelings you had while doing this activity.
3. Name something you learned or discovered during this conversation.
4. What might you do differently as a result of this conversation with your parent or other caring adult?

Get Real for Parents

Remind students to have their parent/caring adult use the access code to log in to the mobile website.

Activity 7.3-2

15 minutes

Stereotypes Brainstorm

Explore why stereotypes can be harmful

Let students know that today's class will focus on identity. To begin the conversation tell students first they will talk about stereotypes. Define stereotypes as "an oversimplified generalization about a person or group of people." Give the example that some people might say, "All that teenagers care about is social media." Ask students if this is true. Ask students why stereotypes can be harmful. List student responses on the board as students volunteer them.

Examples may include, "They might be untrue," "They can be negative and make people feel bad," "They can be racist, homophobic, sexist, etc.," "They might be true about some people, but not all people."

Explain that together the class will examine some specific gender and sexuality stereotypes. Post the following stereotypes about men/boys for students to see:

- Men/Boys don't cry
- Men/Boys have muscles
- Men/Boys are attracted to women
- Men/Boys have short hair and wear pants

Ask students if there are any other stereotypes about men/boys that they've heard.

Post the following stereotypes about women/girls for students to see:

- Women/Girls are crazy and emotional

→ *Teacher Note*

Before beginning this activity remind students that there is a difference between sex assigned at birth and gender. Explain that this activity will examine stereotypes and why they can be harmful. For that reason the activity uses the words "men," "boys," "girls," and "women" intentionally.

It may be important for you as the teacher to state that you do not believe these stereotypes to be true.

- Women/Girls wear dresses and makeup
- Women/Girls are bad at math and science
- Women/Girls are attracted to men

Ask students if there are other stereotypes about women/girls that they've heard.

Process Questions

1. Are all of these stereotypes true?
2. Why do some people believe these stereotypes are true? (*The stereotype may be the only thing they've ever heard about a person/group of people, makes them feel powerful and in control, keeps them from feeling threatened by things they don't understand, etc.*)
3. If someone believed these stereotypes were true, how might that affect their self-awareness and self-esteem?

Before moving on to the next activity, tell students that one of the reasons stereotypes can be harmful is that they create expectations around behavior and identity. However, a person's identity is their own, and part of self-awareness is figuring out who we want to be without forcing ourselves into stereotypes. There are lots of terms someone might use to describe their identity, particularly as it relates to their gender and sexuality. Tell students that the next activity will explore those terms.

Activity 7.3-3
15 minutes

Gender and Sexual Identity Vocabulary

Define gender and sexual identity

Explain that, during the next activity, students will discuss terms related to gender and sexual identity. Explain that sometimes people can be confused about what terms to use when talking about gender and sexual identity. This activity is designed to reduce some of that confusion.

Post the Gender and Sexual Identity Vocabulary word cards on the board. Hand out the definition cards to students and ask them to tape their definitions under the correct vocabulary word. Correct placement as needed, and review words and definitions with the class in the order given in the Vocabulary List answer key.

→ Teacher Note

Key Points to Emphasize

- Everyone has a gender identity and a sexual orientation. Learning some of the common vocabulary used to describe these things is important because these are parts of everyone's identity.
- It's also important to learn about identities that may be different than one's own. Sometimes when people are unfamiliar with something, they may view it negatively just because it's different.
- Having a common language to talk about differences can help people to not use stereotypes.
- Be sure to emphasize Process Question 3 and the importance of identity being self-identified. Remind students of the importance of not labeling or putting other people into boxes.

You may wish to have copies of the Gender and Sexual Identity Vocabulary List answer key to distribute to students at the end of this activity.

Process Questions

1. What was one thing you learned that was new to you?
2. Why is it important to define these words? (*To avoid misuse and hurt feelings, to promote understanding.*)
3. Who gets to decide a person's gender and sexual identity? (*The person does. Gender and sexual identity are self-identified.*)

Activity 7.3-4

5 minutes

Visualization

Explore characteristics of attraction

Explain to the students that they are now going to engage in a visualization to help them explore identity further. Tell students that this will be done silently and that they will not be asked to share aloud anything that they picture during the visualization.

Have students close their eyes or put their heads down to focus on themselves. Instruct them to think silently about the questions you are going to ask.

Begin the visualization by stating that some of them might already have experienced liking someone in a romantic way, and some of them might not have had that experience yet.

Ask students to think of someone they've been attracted to or had a crush on. If students haven't been attracted to someone before, they can think of an example of a romantic couple that they know. (*See the Teacher's Guide for a visualization script.*)

After the visualization is over, have students bring their attention back to the classroom. Ask students to keep in mind the previous activities as they process the visualization.

Process Questions

1. Why do you think we did this visualization?
2. Do you think a person can choose who they're attracted to?
3. Why might a person choose not to share who they are attracted to?
4. How might a person feel if they believed they couldn't share this part of themselves with the important people in their lives?

Activity 7.3-5

Anonymous Questions Box

Review anonymous questions

Address student questions from the Anonymous Questions Box. Give students a new question prompt to answer if they don't have one about the class material, and remind students to place their anonymous questions in the box as they leave the classroom.

Activity 7.3-6

Family Activity

Explain family activity

Review the Family Activity for this lesson.

Get Real for Parents

Remind students to have their parent/caring adult use the access code to log in to the mobile website.

Family Activity 7.3

Patrick's Story

Instructions: Either the student or adult can read the story out loud to the other person. While reading or listening to the story, think about how Patrick felt before and after he talked to his parents. After the story, talk about ways that your family is respectful of—or could be more respectful of—people of differing sexual orientations.

Patrick's Story

Patrick told my parents I was gay, the day they wouldn't accept me was overwhelming. Now, knowing that my parents are there for me is incredible. It makes everything better. I see so many stories on the news, and hear from other kids who are gay that their families don't accept them. My parents totally love me, I know they support me. Parents need to know that as a child they have only the gay, unlike your child who you, you don't know. There are ways to bring up the subject. For example, when parents see things about the gay community on TV, they need to be aware of comments they make. If they are supportive, children who are gay will feel they can trust their parents to accept them. There are probably hard times ahead for me, I am fully prepared for discrimination. There are people who are against homosexuality. I've dealt with them before, and I'll probably have to deal with them again. But the love from my parents holds me close with cruel comments. I know my parents love me. It makes me love myself more.

(Open Health Care: Older Being with Kids About Sexual Health, by Andrew Stein, www.worldschool.com)

Tip for Parents

The goal of this activity is to promote conversations between Get Real students and parents/guardians in their homes. It provides a safe, research-informed space for additional information, and offers your help and support.

Note: If it's embarrassing to discuss these topics with the student, you can discuss them with an adult. Write down your answers and then read each other's answers. Laugh, giggle, shrug, and go right on to the next.

Parent or Other Caring Adult Signature _____ Student Signature _____

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Family Activity 7.3

Student Workbook page 11

References**Gender and sexual identity:**

Definitions and background information adapted from the Human Rights Campaign:

- Glossary of Terms: www.hrc.org/resources/glossary-of-terms.
- A Few Definitions to Help Understand Gender and Sexual Orientation for Educators and Parents/Guardians: www.welcomingschools.org/resources/definitions/definitions-for-adults.
- Sexual Orientation and Gender Identity Definitions: www.hrc.org/resources/sexual-orientation-and-gender-identity-terminology-and-definitions.
- Schools in Transition: A Guide for Supporting Transgender Students in K-12 Schools: <https://www.genderspectrum.org/staging/wp-content/uploads/2015/08/Schools-in-Transition-2015.pdf>.

Gay, Lesbian & Straight Education Network, Safe Space Kit: A Guide to Supporting Lesbian, Gay, Bisexual and Transgender Students in Your School. www.glsen.org/safespace

Gender and Sexual Identity Vocabulary List

Sex Assigned at Birth A term referring to how a person is most often assigned a sex at birth based on their external genitalia.

Gender Identity Refers to a person's deeply personal feeling of identifying as a man, a woman or some other gender, which may or may not line up with the sex the person was assigned at birth.

Transgender or Trans An umbrella term for a person whose gender identity and/or expression is different from what might be expected based on the sex they were assigned at birth.

Cisgender A term used to describe a person whose gender identity and expression are aligned with the sex they were assigned at birth.

Gender Expression How people express their gender to the world. This can include a person's name, clothing, hairstyle, behavior, body language and mannerisms.

Sexual Orientation A term that refers to a person's feelings of emotional, romantic or physical attraction to others.

Straight A person who is emotionally, romantically and/or physically attracted to people of another gender.

Gay A person who is emotionally, romantically and/or physically attracted to people of the same gender.

Lesbian A woman who is emotionally, romantically and/or physically attracted to other women.

Bisexual A person who is emotionally, romantically and/or physically attracted to two genders.

Questioning A term used to describe people who are in the process of exploring their sexual orientation or gender identity.

LGBTQ+ An acronym for Lesbian, Gay, Bisexual and Transgender. Q can stand for Questioning or Queer. The plus exists because these are not the only sexual and gender identities a person may have.

Ally A person who is not LGBTQ+ but shows support for LGBTQ+ people and promotes equality in a variety of ways.

Gender and Sexual Identity Vocabulary Word Cards

Sex Assigned at Birth

Straight

Gender Identity

Gay

Transgender or Trans

Lesbian

Cisgender

Bisexual

Gender Expression

LGBTQ+

Sexual Orientation

Questioning

Ally

For
Teacher Review
Only

Continued

Definition Cards

<p>A term that refers to a person's feelings of emotional, romantic or physical attraction to others.</p>	<p>A person who is emotionally, romantically and/or physically attracted to people of another gender.</p>
<p>A term referring to how a person is most often assigned a sex at birth based on their external genitalia.</p>	<p>A person who is emotionally, romantically and/or physically attracted to people of the same gender.</p>
<p>Refers to a person's deeply personal feeling of identifying as a man, a woman or some other gender, which may or may not line up with the sex the person was assigned at birth.</p>	<p>A woman who is emotionally, romantically and/or physically attracted to other women.</p>
<p>An umbrella term for a person whose gender identity and/or expression is different from what might be expected based on their sex assigned at birth.</p>	<p>A person who is emotionally, romantically and/or physically attracted to two genders.</p>
<p>A term used to describe a person whose gender identity and expression are aligned with the sex they were assigned at birth.</p>	<p>A term used to describe people who are in the process of exploring their sexual orientation or gender identity.</p>
<p>How people express their gender to the world. This can include a person's name, clothing, hairstyle, behavior, body language and mannerisms.</p>	<p>A person who is not LGBTQ+ but shows support for LGBTQ+ people and promotes equality in a variety of ways.</p>
<p>An acronym for Lesbian, Gay, Bisexual and Transgender. Q can stand for Questioning or Queer.</p>	

GET | REAL

Comprehensive Sex Education That Works

Dear Parent or Other Caring Adult,

This week in class, students learned more about gender identity and sexual orientation. Young people get messages about this topic from lots of sources, including peers, the media, and the internet. Parents and caregivers can help support the idea that all people deserve respect, no matter what their race, ethnicity, religion, sexual orientation, or gender identity might be. Beliefs about sexual orientation vary and are often based on religious, cultural and family values. Some families already talk about this topic, while it may be challenging for others.

When talking about sexual orientation and gender identity, many different terms may be used. These definitions can help make the Family Activity and your ongoing talks more clear.

Sexual orientation refers to a person’s feelings of emotional, romantic or sexual attraction to others.

- **Straight** refers to people who are emotionally, romantically and/or physically attracted to people of another gender.
- **Gay or lesbian** refers to people who are emotionally, romantically and/or physically attracted to people of the same gender.
- **Bisexual** refers to people who are emotionally, romantically and/or physically attracted to two genders.
- **Questioning** refers to people who are in the process of exploring their sexual orientation or gender identity.

Some people know from a young age that they are attracted to people of the same or another gender. For others, feelings can evolve over time.

Gender identity is people’s deeply personal feeling of identifying as a man, a woman or some other gender, which may or may not line up with the sex assigned to them at birth.

- **Cisgender** is a term used to describe a person whose gender identity and expression are aligned with the sex they were assigned at birth.
- **Transgender** is an umbrella term for people whose gender identity and/or expression is different from what might be expected based on the sex they were assigned at birth.

Being transgender is not the same as being gay or lesbian. *Transgender* describes a person’s internal sense of gender identity, while *gay* or *lesbian* are terms that describe a person’s sexual orientation—the feelings of emotional, romantic and physical attraction the person feels toward other people.

People who identify as transgender have some issues in common with gay, lesbian and bisexual people, such as “coming out” (when a person tells another person about their sexual orientation or gender identity), finding access to welcoming, supportive health care providers, self-esteem and being targets of prejudice or violence. But gender identity is *not* the same as sexual orientation.

Patrick's Story

Instructions: Either the student or adult can read the story out loud to the other person. While reading or listening to the story, think about how Patrick felt before and after he talked to his parents. After the story, talk about ways that your family is respectful of—or could be more respectful of—people of differing sexual orientations.

Patrick's Story

“Before I told my parents I was gay, the fear they wouldn’t accept me was overwhelming. Now, knowing that my parents are there for me is incredible. It makes everything better. I see so many stories on the news, and hear from other kids who are gay, that their families don’t accept them. My parents totally trust me, I know they support me. Parents need to know that a child they love may be gay. Unless your child tells you, you won’t know. There are ways to bring up the subject. For example, when parents see things about the gay community on TV, they need to be aware of comments they make. If they are supportive, children who are gay will feel they can trust their parents to accept them. There are probably hard times ahead for me. I am fully prepared for discrimination. There are people who are against homosexuals. I’ve dealt with them before, and I’ll probably have to deal with them again. But the love from my parents helps me cope with cruel comments. I know my parents love me. It makes me love myself more.”

(from *Words Can Work: When Talking with Kids About Sexual Health*, by Jeanne Blake, www.wordscanwork.com.)

Only

→ Tips for Parents

The goal of this activity is to promote conversations between *Get Real* students and caring adults in their lives. It provides a great chance to review material covered in class, research resources for additional information, and share your feelings and values.

Note: If it’s embarrassing to discuss these issues with one another, you can decide to:

- Say so—and do the exercise anyway.
- Skip parts of it.
- Write down your answers and then read each other’s answers.
- Laugh, giggle, blush, and go right on talking.

Parent or Other Caring Adult Signature

Student Signature

Lesson 7.4

Creating a Safe School Environment

Connecting the Lessons

Builds on *Lesson 7.3: Gender and Sexual Identity*.

Lesson Goals

- Discuss the motivations of bullies and effects of bullying.
- Clarify personal values around bullying and harassment.
- Brainstorm ways to be an ally and respectful of all people.
- Rehearse and demonstrate ways to confront bullying/harassment behavior.

Preparation & Materials Checklist

- Read through the scenes in Handout 7.4-4: Role-Plays.
- Review student handouts:
 - Handout 7.4-2: Speaking Up
 - Handout 7.4-4: Role-Plays
 - Handout 7.4-5: Ally Homework
- Copy family letter and family activity.
- Have:
 - SEL Skills poster
 - Anonymous Questions Box
 - Slips of paper for anonymous questions

Terms to Use

- Harassment
- Bullying
- Ally
- Homophobia

SEL Skills Addressed

Self-awareness, social awareness, relationship skills

Logic Model Determinant(s)

Increase communication with parents and other caring adults.

Address perceptions of peer norms regarding sexual behavior.

Increase self-efficacy of SEL skills to delay and/or refuse sex.

→ Teacher Note

The focus of this lesson is to help create a safe school environment by empowering your students to identify and reject harassment and bullying behaviors, and act as allies for students who are targets of these behaviors. Encourage students who see bullying to speak out and tell a teacher, parent or other caring adult.

Activity 7.4-1
5 minutes

Process Family Activity

Process Family Activity from Lesson 7.3

Process Questions

1. Did you do the activity with your parent or other caring adult?
2. Name some feelings you had while doing this activity.
3. Name something you learned or discovered during this conversation.
4. What might you do differently as a result of this conversation with your parent or other caring adult?

Get Real for Parents

Remind students to have their parent/caring adult use the access code to log in to the mobile website.

Activity 7.4-2
15 minutes

Agree/Disagree

Clarify values around bullying

Tell students this class will be about bullying.

Ask students to turn to **Handout 7.4-2** in the Student Workbook. Emphasize that there are no right or wrong answers, only people's opinions and feelings. Remind students of the Rights and Responsibilities around being respectful of each other's opinions and beliefs. Instruct students not to put their names on the handout so their responses can be anonymous.

Give students a limited amount of time to pick their positions. Then collect the handouts and randomly redistribute them.

Read each statement from the sheet to the class. After each statement is read, ask students to raise their hand if the sheet they have been given is checked "Agree." Then ask students to raise their hands if their sheet says "Disagree." Clarify that they should raise hands based on the sheet they have been given, not on their personal answers.

Ask student volunteers to speak in support of the opinion on their sheet after each statement.

Process Questions

1. What did you notice during this activity?

Handout 7.4-2

Speaking Up

Instructions: Read the following statements and think about what your honest response would be in that situation. Then check a box to indicate whether you agree or disagree with the statement. Do not put your name on this paper!

Statement	Agree	Disagree
1. If a friend or family member of mine were being harassed or bullied for being too smart, I would say something to stop it.		
2. If someone I didn't know very well were being harassed or bullied for being too smart, I would say something to stop it.		
3. If a friend or family member of mine were being harassed or bullied for being gay, I would say something to stop it.		
4. If someone I didn't know very well were being harassed or bullied for being gay by my friend or family member, I would say something to stop it.		
5. If my friends were sending an inappropriate picture of someone in our class, I would say something to stop it.		
6. I find it easy to stick to my beliefs even if everyone around me is doing something different.		

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Handout 7.4-2

Student Workbook page 13

Teacher Note

Defining Bullying

Bullying is unwanted, aggressive behavior that can occur among people of any age that involves a real or perceived power imbalance. The behavior is repeated, or has the potential to be repeated, over time. Bullying can take many forms, such as hitting someone, teasing, making inappropriate sexual comments, spreading rumors about someone, and leaving someone out on purpose. Bullying can happen in school or online.

(www.stopbullying.gov)

2. Why do you think people bully or harass other people even though they're not supposed to? What makes them think it's OK?
3. Why do you think we're discussing harassment and bullying in a sex education class?
4. How do homophobia and bullying relate to social awareness? To relationship skills?
5. How does it feel to be the only one left out? If everyone is doing something, does that make it OK to do it, too?

Activity 7.4-3

10 minutes

Defining Harassment/Bullying and Being an Ally

Discuss being an ally

Ask students to define the term *ally*. Note that this term was defined in the previous lesson as someone who supports the rights of people who identify as LGBTQ+; but it can be defined as someone who supports the rights of any other person. Explain that it takes strong self-awareness to step away from what everyone else is doing to be an ally.

Ask students to listen carefully to the following scenario:

Charles, one of the guys in Alicia's class, has made fun of her clothing all year. He always makes a mean comment or says something negative about what she is wearing, and has started to get others to join in. Alicia hates wearing tight clothes and feels comfortable in baggy jeans, boots and big T-shirts. One day, when Alicia is walking down the hall with her best friend, Teniqua, Charles sees her and says, "Nice shirt. Where did you get that ugly thing?" Alicia and Teniqua don't know what to do, so they just keep walking.

Ask the following questions, making sure the information given below each question is covered:

1. How do you think Alicia felt after hearing Charles's comment?
 - *Angry, frustrated, scared, low self-esteem, etc.*
2. Why do you think Charles is acting like a bully? (Emphasize that none of the answers below make it "right.")
 - *He sees others doing it.*
 - *It's what he has to do to hang out with a certain crowd.*
 - *It makes him feel stronger, smarter or better than the person he is bullying.*
 - *It keeps others from bullying him.*
3. Why did Charles pick Alicia to bully?

→ Teacher Note

Bullying and LGBTQ+ Kids

Tie in the previous topic of sexual orientation: mention that LGBTQ+ youth are often targets of bullying behavior, and define homophobia. Find out if students are familiar with the "It Gets Better" project: www.itgetsbetter.org

- Because she dressed for her comfort and not to follow any gender norm. (Emphasize that Alicia has the right to dress however she chooses and should not have to conform to social or peer norms.)
4. What could Teniqua do to support, or be an ally to, her friend?
- Say something to Charles: “That isn’t cool” or “Stop bothering my friend.”
 - Tell Alicia, “I’m sorry about what just happened” or “I don’t like it when Charles makes those mean comments” to support her.
 - Encourage Alicia to tell an adult what is going on and offer to help by going along.
 - Pay attention to the other kids who see the bullying, and, if they are joining in, tell them they are part of the problem.
 - Tell an adult about the situation.
5. What could Alicia do?
- Tell her parents or another trusted adult.
 - Calmly tell Charles to stop.
 - Try to avoid situations where Charles may be present. (Acknowledge that this can be difficult in a school setting.)
6. How would you define harassing or bullying behavior?
- Bullying or harassment happens when someone hurts or scares another person on purpose. The hurt can be physical or emotional. Usually bullying happens over and over again. Harassment or bullying can happen in person, but it can also happen online over email, on social media or by text message, which is just as hurtful.

➔ *Teacher Note*

Communicating Respect

Ask students:

- What are some verbal and nonverbal ways in which people communicate respect?” (Examples: eye contact, listening to other’s opinions, acknowledging what the person said)
- What are some verbal and nonverbal ways people communicate disrespect? (Examples: eye rolling, sighing, disrespectful comments)

Activity 7.4-4

15 minutes

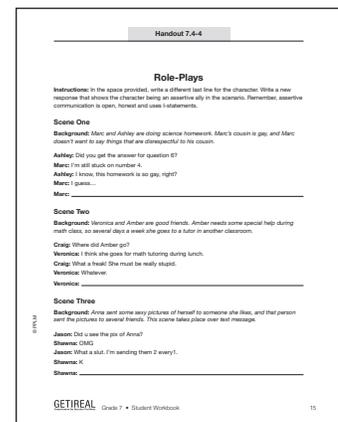
Role-Plays

Practice identifying and stopping harassment

Explain that sometimes harassment is less obvious than physical bullying. The following scenarios will explore more subtle forms of harassment.

Ask students to turn to **Handout 7.4-4** in the Student Workbook. Student volunteers should share the background information for Scene One and read through the role-play in front of the class.

Ask the class to think about how a character in the scene could become an ally and, in the space provided on the handout, to rewrite the end of the scene.



Handout 7.4-4
Student Workbook page 15

Have volunteers read the role-play again. At the end of the scene, have students share their ideas for what the characters could say in that situation to be good allies.

Follow with a discussion of the different solutions portrayed and end with the process questions. If there is time, use the same technique for role-playing the other scenes.

Process Questions

1. What would it be like if everyone in this school dressed the same, thought the same, had the same interests, liked the same foods, and had the same favorite subject? *(Stress that it is our differences that make our experiences interesting and can bring new ways of thinking and feeling into our lives; encourage appreciation for differences versus sameness.)*
2. What were the different strategies used to be an ally in these scenes? What are some other strategies people could try? *(Write strategies on the board.)*
3. At what point should people who witness bullying seek help from trusted adults?
4. In the future, do you think you might use any of the responses observed in the role-plays? Which ones?
5. Ask each student to commit to themselves to trying at least one of the strategies in the role-plays, emphasizing that it should be something they can imagine themselves doing. If there's time, ask them to select a second strategy they aren't as sure about but might be willing to try.

Activity 7.4-5

Homework

Ask students to turn to **Handout 7.4-5** in the Student Workbook. Review and have them complete it for homework.

→ Teacher Note

Scene 1

The main point is to emphasize that using the phrase “X is so gay” is a hurtful comment not only to gay people, but also to those who have LGBTQ+ friends and family and anyone concerned with fairness. Ask what other words could Ashley have used instead of “gay” that would be more descriptive? *(This homework is so hard, difficult, long, boring, etc.)*

Scene 2

The main point is to emphasize that saying mean things behind someone else's back is also a form of harassment or bullying.

Scene 3

Bring out the fact that the word “slut” is a derogatory term generally applied to girls and women. Discuss the effects of sending a cell-phone picture in which someone underage is nude or behaving inappropriately. Brainstorm ways to be an ally in a text-message situation. Ask: What should Shawna do? *(Immediately talk to a parent, school official or other caring adult.)*

Handout 7.4-5

Name: _____

Ally Homework

1. Describe a time in your life when you acted like a bystander instead of an ally.

2. If you could go back in time, how would you behave differently? What would you do or say?

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Handout 7.4-5
Student Workbook page 17

Activity 7.4-6

Anonymous Questions Box

Review anonymous questions

Address student questions from the Anonymous Questions Box. Give students a new question prompt to answer if they don't have one about the class material, and remind students to place their anonymous questions in the box as they leave the classroom.

Activity 7.4-7

Family Activity

Explain family activity

Review the Family Activity for this lesson.

Get Real for Parents

Remind students to have their parent/caring adult use the access code to log in to the mobile website.

Family Activity 7.4

A Safe Place

Instructions: According to the CDC and the National School Climate Survey, students who describe themselves as lesbian, gay, bisexual or transgender (LGBT) experience a significant amount of bullying and harassment. The next experiences were reported in middle school. Working together, circle the answers you think are correct.

- What percentage of LGBT students reported being verbally harassed at school in the past year?
 - a. 20%
 - b. 50%
 - c. 80%
- When compared to peers, this group...
 - a. was more than twice as likely to have attempted suicide in the past year than their heterosexual peers.
 - b. had the same likelihood of attempting suicide as their peer group.
 - c. was less likely to attempt suicide than their peer group.
- What percentage of LGBT students skipped a day of school in the last month because they felt unsafe or uncomfortable?
 - a. 10%
 - b. 20%
 - c. 30%

Discuss with each other:

- Has there ever been a time you felt unsafe at school, either physically or emotionally? What can you do to help create a safe school environment for everyone?
- How often do you hear anti-gay or anti-lesbian name-calling? (For example, "That's so gay.")
- How do anti-gay name-calling and bullying affect people who are or may be gay? How might it affect someone who is not gay?
- What are three ways people who are or think they might be gay or lesbian can find support? What are three ways people can be allies and support their gay and lesbian classmates?

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Parent or Other Caring Adult Signature: _____ Student Signature: _____

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Family Activity 7.4

Student Workbook page 18

References

Information about bullying:

U.S. Department of Health and Human Services: www.stopbullying.gov

The "It Gets Better" project: www.itgetsbetter.org

GLSEN, National School Climate Survey: <http://glsen.org/nscls>

Centers for Disease Control and Prevention, Lesbian, Gay, Bisexual and Transgender Health: www.cdc.gov/lgbthealth/youth.htm

GET | REAL

Comprehensive Sex Education That Works

Dear Parent or Other Caring Adult,

Here are some helpful resources you can refer to in your talks with your child about sex and sexuality. They include call centers, websites and book lists. Try exploring some of the websites with your child to help you start talking and find some more activities to do together!

Phone Resources

Planned Parenthood Sexual Health Counseling and Referral Hotline

English/Spanish: 617-616-1616, Toll-Free: 1-800-258-4448, Option #3
Mon., Tues., Thurs., 9 a.m.–8 p.m.; Wed., Fri., 9 a.m.–6 p.m.; Sat., 9 a.m.–3 p.m. (EST)

Trained health center staff and volunteers are available to discuss a wide range of issues related to birth control, pregnancy options, sexually transmitted infections, including HIV/AIDS, and other aspects of reproductive health.

AIDSinfo

1-800-HIV-0440 (1-800-448-0440), TTY: 1-888-480-3739

Mon.–Fri. 1 p.m.–4 p.m. (EST)

Chat room available in English and Spanish: Mon.–Fri. 12 p.m.–4 p.m. (EST)

Offers information on HIV treatment and research, customized clinical trial searches, and referrals to a host of other useful government-approved resources. Health information specialists can confidentially answer questions in both English and Spanish.

Rape, Abuse & Incest National Network

English/Spanish: 1-800-656-HOPE (4673)

24 hours a day, 7 days a week

National Sexual Assault Hotline offers access to a range of free services including:

- Confidential, judgment-free support from a trained staff member
- Help with finding a local health facility trained to care for survivors of sexual assault that offers services such as sexual assault forensic exams
- Someone to help you talk through what happened
- Local resources that can assist with your next steps toward healing and recovery
- Referrals for long-term support in your area
- Information about the laws in your area
- Basic information about medical concerns

(See reverse side for more resources)

Continued

Websites

Planned Parenthood: www.plannedparenthood.org

This website contains information on contraception, pregnancy testing, emergency contraception, pregnancy options, STI and HIV testing and treatments, as well as a pro-choice action network and sex education programs.

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

www.siecus.org

SIECUS provides medically accurate information about sex and sexually transmitted diseases. They also provide many guides for talking with children about these topics.

Advocates for Youth: www.advocatesforyouth.org/parents

This organization creates programs and advocates for policies that help young people make informed and responsible decisions about their reproductive and sexual health.

Parents, Families and Friends of Lesbians and Gays (PFLAG): www.pflag.org

PFLAG's mission is to promote the health and well-being of gay, lesbian, bisexual and transgender persons and their families and friends. PFLAG provides support in coping with a hostile society, and offers education and advocacy.

Books for Parents

Debra Haffner, *Beyond the Big Talk: Every Parent's Guide to Raising Sexually Healthy Teens*.

Debra Haffner, *From Diapers to Dating: A Parent's Guide to Raising Sexually Healthy Children*.

Justin Richardson and Mark Schuster, *Everything You Never Wanted Your Kids to Know About Sex*.

Deborah Roffman, *Sex and Sensibility: The Thinking Parent's Guide to Talking Sense About Sex*.

Ellen Rosenberg, *Get a Clue: A Parent's Guide to Understanding and Communicating with Your Preteen*.

Books for Adolescents (14–18)

Carol Weston, *Girltalk*.

Columbia University Health Education Program, *The Go Ask Alice Book of Answers: A Guide to Good Physical, Sexual and Emotional Health*.

Ruth Bell, *Changing Bodies, Changing Lives: A Book for Teens on Sex and Relationships*.

Books for Preteens (10–14)

Robie Harris, illustrated by Michael Emberly, *It's Perfectly Normal* (also en Español).

Lynda Madaras with Area Madaras, *“What's Happening to My Body?” Book for Girls: A Growing-Up Guide for Parents and Daughters* (recommended for ages 8 to 15).

Lynda Madaras with Area Madaras, *“What's Happening to My Body?” Book for Boys: A Growing-Up Guide for Parents and Sons* (recommended for ages 8 to 15).

A Safe Place

Instructions: According to the CDC and the National School Climate Survey, students who describe themselves as lesbian, gay, bisexual or transgender (LGBT) experience a significant amount of bullying and harassment. The worst experiences were reported in middle school. Working together, circle the answers you think are correct.

1. What percentage of LGBT students reported being verbally harassed at school in the past year?
 a. 30% b. 50% c. 80%
2. When compared to peers, this group...
 - a. was more than twice as likely to have attempted suicide in the past year than their heterosexual peers.
 - b. had the same likelihood of attempting suicide as their peer group.
 - c. was less likely to attempt suicide than their peer group.
3. What percentage of LGBT students skipped a day of school in the last month because they felt unsafe or uncomfortable?
 a. 10% b. 20% c. 30%

→ Tips for Parents

The goal of this activity is to promote conversations between *Get Real* students and caring adults in their lives. It provides a great chance to review material covered in class, research resources for additional information, and share your feelings and values.

Note: If it's embarrassing to discuss these issues with one another, you can decide to:

- ▣ Say so—and do the exercise anyway.
- ▣ Skip parts of it.
- ▣ Write down your answers and then read each other's answers.
- ▣ Laugh, giggle, blush, and go right on talking.

Discuss with each other:

- Has there ever been a time you felt unsafe at school, either physically or emotionally? What can you do to help create a safe school environment for everyone?
- How often do you hear anti-gay or anti-lesbian name-calling? (For example, "That's so gay.")
- How do anti-gay name-calling and bullying affect people who are or may be gay? How might it affect someone who is not gay?
- What are three ways people who are or think they might be gay or lesbian can find support? What are three ways people can be allies and support their gay and lesbian classmates?

(Quiz answers: 1. c, 2. a, 3. c)

Parent or Other Caring Adult Signature _____

Student Signature _____

**For
Teacher Review
Only**

Lesson 7.5

Deciding About Sexual Behavior

Connecting the Lessons

Builds on *Lesson 7.2: Media and Sexuality*, *Lesson 7.3: Gender and Sexual Identity* and *Lesson 7.4: Creating a Safe School Environment*.

Planning ahead: Concepts addressed in this lesson will be helpful for *Lesson 7.6: Defining and Maintaining Abstinence*, *Lesson 7.7: Introduction to Sexually Transmitted Infections*, and *Lesson 7.8: Introduction to Protection Methods*.

Lesson Goals

- List types of sexual behavior.
- Explain possible outcomes of sexual behaviors.
- Discuss how values affect sexual decision making.
- Discuss nonsexual activities for dating.
- Examine what qualities are important to students in a dating relationship.

Preparation & Materials Checklist

- Read through definitions of sexual behaviors in the Teacher's Guide pages.
- Review student handouts:
 - Handout 7.5-3: What's Important to Me?
- Copy family letter and family activity.
- Have:
 - Behavior cards
 - Risk signs
 - 3 wrapped condoms
 - Tape
 - Anonymous Questions Box
 - Slips of paper for anonymous questions

Terms to Use

- Sexual behaviors
- Vaginal, oral, and anal intercourse
- Outcomes
- Abstinence
- Dating or going out

SEL Skills Addressed

Self-awareness, self-management, social awareness, responsible decision making

Logic Model Determinant(s)

Increase communication with parents and other caring adults.

Increase knowledge of how STIs are transmitted.

Increase knowledge of correct and consistent use of condoms and other protection methods.

Increase perceptions of peer norms regarding sexual behavior.

Address values around abstinence and sex.

Address future goal setting.

→ *Teacher Note*

The focus of this lesson is to have students define different types of sexual behaviors, explore their values around dating and sexual decision making, understand the possible outcomes of different types of sexual behavior, and consider the range of possible dating activities for seventh graders that do not include sexual activity. Be sure to review the Class Rights and Responsibilities, since the topic of the next four classes will be sexual behaviors. Stress that choosing abstinence is the most effective way to prevent unintended pregnancy and STIs, and that people who are sexually active can use condoms and other protection methods to reduce their risk.

Activity 7.5-1

5 minutes

Process Family Activity

Process Family Activity from Lesson 7.4

Process Questions

1. Did you do the activity with your parent or other caring adult?
2. Name some feelings you had while doing this activity.
3. Name something you learned or discovered during this conversation.
4. What might you do differently as a result of this conversation with your parent or other caring adult?

Get Real for Parents

Remind students to have their parent/caring adult use the access code to log in to the mobile website.

Activity 7.5-2

15 minutes

Defining and Deciding About Sexual Behaviors

Define sexual behaviors

Explain that the topics covered in the next four lessons—dating and sexual behaviors, abstinence, STIs and protection methods—are all about self-awareness and supporting students in defining their personal values about dating and sexual behaviors.

Normalize having a variety of feelings around these topics. Remind students about self-management and social awareness skills. These require recognizing that everyone is different and everyone deserves respect.

Explain that in order to make decisions about sexual behaviors, it's important to understand why people have sex. Ask what factors might influence people's decision making about sexual behaviors (*for example, how they feel about themselves, how their friends feel about sex, personal value system, knowing the risks, etc.*). Ask students to name some positive outcomes of people engaging in sexual behaviors when they are ready (*for example, getting to know yourself or another person, expressing affection, taking healthy risks, feeling good*).

Point out the importance of self-awareness for responsible decision making.

Post behavior cards across the front of the room. Ask students to help you arrange the cards in order from “definitely not a sexual behavior” to “definitely a sexual behavior.”

Go through the cards and give a definition for each behavior. Be sure to include clear definitions for oral, vaginal and anal intercourse. (*Consult the Teacher’s Guide for these definitions.*) Acknowledge that this may be the first time some students have heard about these behaviors or had them defined, and again acknowledge that the different feelings that come up are normal. Clarify that not all people engage in all these activities, but the cards represent a variety of behaviors that may occur over the course of a lifetime.

→ *Teacher Note*

Affirm Individual Values

Understanding individual values and boundaries surrounding sexual behaviors is critical. To one person, hugging might feel platonic; to another, hugging might be a sexual behavior.

There will likely be a variety of opinions about where some of the cards should go. Acknowledge that opinions about sexual behavior vary from person to person, so self-awareness of boundaries is important. Ask students to explain the reason they think a card should go in a certain spot on the spectrum, and facilitate any discussion.

Ask students to silently reflect on the question: How does what you’ve learned from parents or other influences play a role in the decisions you make around sexual behaviors?

Process Questions

1. What did you notice as we tried to organize the behavior cards?
2. How do personal values affect where people place the cards in this activity?
3. What does this activity have to do with effective communication?
(*This activity demonstrates how important it is for people to communicate about sexual behaviors and potential boundaries they, or someone else, may have.*)

Activity 7.5-3

20 minutes

Sexual Behavior and Risk

Explain ways to reduce risks of sexual behavior

Explain that while there are many positive things about engaging in sexual behaviors when a person is mature and ready, some sexual behaviors carry risk. Sometimes the risk is emotional, such as guilt or hurt feelings, and sometimes the risk is physical. Ask students to name physical risks of sexual behavior (*unintended pregnancy, STIs*). Remind students that STIs are infections spread through sexual contact that can have health effects. The next activity will address the risk levels of various behaviors.

Put the High Risk, Some Risk, and Low to No Risk signs on the board. Move all of the behavior cards to the side, and ask students where they think the behaviors belong in terms of their risk for pregnancy or STI transmission.

→ *Teacher Note*

For more information about how to facilitate this activity, view the modeling video on www.getrealeducation.org and read through the Teacher's Guide.

There will likely be a variety of opinions about where some of the cards should go. Invite students to share their reasoning. If needed, move cards to the correct category, explaining why. (*See the Teacher's Guide for correct placement.*) After placing the behavior cards, explain that abstinence is the most effective way of preventing unintended pregnancy and STIs, when practiced correctly and consistently. Tape wrapped condoms onto the cards for oral, anal and vaginal intercourse. Explain that, for people who choose to engage in oral, anal or vaginal intercourse, using condoms reduces the risk of pregnancy and STIs because they keep fluids from being transmitted between people. Explain that they will learn more about condoms in a future class.

Ask students how the addition of the condom affects the risk level for sexual behavior. (*The answer is lowers the risk.*)

Move the behavior cards to new categories to reflect anal sex with a condom, vaginal sex with a condom, and oral sex with a condom or dental dam.

Process Questions

1. What did you learn in this activity?
2. Why is it important to understand risk levels?
3. Why is assertive communication important in a relationship when discussing risk levels and sexual behavior? (*Partners may have different ideas about risk level; discussing abstinence and condoms are important prevention methods; etc.*)

Activity 7.5-4

5 minutes

Defining and Deciding About Dating

Explore dating activities for seventh graders

Explain that, while sexuality is a part of life, most people choose not to engage in many sexual behaviors until they are older. Explain that sexual behaviors can occur over the course of a lifetime, and most seventh graders do not engage in any form of sexual intercourse. There are plenty of ways to show affection for someone without having sex.

Ask students to look at the “Low to No Risk” category of behaviors people engage in. Ask students to think silently about which of those behaviors they’d be comfortable with in a dating relationship. Tell them

they won't be asked to share aloud their thoughts about these behaviors. Ask students if it's possible that two people in a relationship might have different levels of comfort engaging in those behaviors? (*Yes.*) If so, what could those partners do in order to ensure they were on the same page about what they wanted to do/were comfortable with? (*Communicate with one another about their boundaries and levels of comfort*)

Remind students that in a healthy relationship partners respect one another's boundaries and discuss those boundaries together. Ask students to think about what other qualities are important to them in a dating relationship.

Ask students to turn to **Handout 7.5-4** in the Student Workbook. Tell them that this handout can be a helpful resource to them in identifying their own personal values around dating, and what they feel are important qualities to have in a dating relationship. Encourage students to complete the handout on their own, and share their thoughts with a caring adult as they complete the Family Activity.

Handout 7.5-4

Name _____

What's Important to Me?

Name three things you like to do for fun.

1. _____

2. _____

3. _____

Name three things you like to do with a friend.

1. _____

2. _____

3. _____

Name three things you could do on a date.

1. _____

2. _____

3. _____

What's Important to Me in a Dating Relationship?

Rate each quality listed below from 1 to 3 on how important it is to you in a dating relationship. 1 means "not important," 2 means "somewhat important," and 3 means "not super sure." Fill in the three blank lines under "Quality" with other qualities that are important to you.

Quality	Rating	Quality	Rating
Good sense of humor		Shares feelings	
Attractive		Self-confident	
Popular		Stands up for others	
Smart		Understands people's feelings	
Does not push drugs or alcohol on others			
Honest and celebrates special occasions			
Works through disagreements with others			

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Handout 7.5-4
Student Workbook page 19

Activity 7.5-5

Anonymous Questions Box

Review anonymous questions

Address student questions from the Anonymous Questions Box. Give students a new question prompt to answer if they don't have one about the class material, and remind students to place their anonymous questions in the box as they leave the classroom.

Activity 7.5-6

Family Activity

Explain family activity

Review the Family Activity for this lesson.

Get Real for Parents

Remind students to have their parent/caring adult use the access code to log in to the mobile website.

Family Activity 7.5

What to Do on a Date

Instructions: Student and parent or other caring adult should set aside some time to discuss this activity together. Pick 5 of the possible dating behaviors listed and brainstorm the pros and cons of each one.

Dating behaviors:

- Chatting, emailing or texting
- Going out on a date in a group
- Cheating
- Touching a partner under clothes
- Flirting
- Going to an unsupervised party
- Watching a movie with a romantic or dating partner
- Talking
- Having sex
- Kissing

Tip for Parents:

The goal of this activity is to provide opportunities for you and your student to discuss a good choice to make instead of avoid. Encourage your student to ask questions, and share your feelings and thoughts. If it's uncomfortable to discuss these issues with one another, you can decide to skip or end the exercise early.

Step 1: Pick 5 of the dating behaviors listed and then read each one out loud.

Step 2: Discuss each one.

Step 3: Laugh, giggle, blush, and go right on talking.

After brainstorming the pros and cons of these 5 activities, agree on a few boundaries around the issue of dating. Make sure that both the adult and the student are comfortable with the boundaries. Examples: only group out with groups of friends; having a fun, coffee.

Parent or Other Caring Adult Signature _____ Student Signature _____

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Family Activity 7.5
Student Workbook page 21

For Teacher Review Only

Behavior Cards

Touching	Having anal intercourse
Talking	Masturbating
Whispering	Touching under clothes
Hugging	Dancing (with contact, aka “grinding”)
Holding hands	Dancing (no contact)
Kissing	Chatting (email, texting, online)
Going on a date	Going online
Having vaginal intercourse	Watching a movie at home with a romantic or dating partner
Having oral intercourse	

Risk Signs

High Risk

For

Teacher Review

Some Risk

Only

Low to No Risk

GET | REAL

Comprehensive Sex Education That Works

Dear Parent or Other Caring Adult,

In addition to being human beings, we are all sexual beings. Sexuality is a normal, healthy, natural part of being human at every stage of life. People’s sexuality is made up of many aspects of their lives—sex is just one part.

Sexuality includes gender, the body and how it works, values, attitudes, beliefs and feelings about life, love and other people, as well as a person’s sexual behaviors. Young people learn about their sexuality from the day they are born, and home is the first place they begin to learn about it. When kids feel good about their sexuality, it’s easier for them to ask questions about sex later in life.

Parents and other caring adults can start to talk with kids about sexuality using many different themes, including relationships, communication, respect and body image, as well as intimacy and sexual behavior. These talks are a way to share values and facts that will help young people take charge of their lives, have loving relationships, and make healthier, safer and better-informed choices related to sexuality.

Here are some ways to define key terms:

Sex can refer to sex assigned at birth or sexual behaviors.

- *Sex assigned at birth* refers to how a person is most often assigned a sex at birth (male, female, intersex) based on their external genitalia.
- *Sexual behavior* usually involves touching oneself or another person in ways that cause sexual feelings and pleasure. Sexual behavior includes many different ways of touching. It can range from holding hands or massage to masturbation or intercourse (vaginal/ oral/ anal).

Sexuality changes and grows throughout a person’s life. It includes sexual behaviors, sexual relationships and intimacy; but also includes:

- How we choose to express our gender (including the way we talk, dress, and relate to others)
- Sexual orientation (straight, gay, bisexual, and other orientations)
- Values, beliefs and attitudes as they relate to gender and sexual identity
- Changes bodies go through during life stages such as puberty, pregnancy and menopause
- Whether and how people choose to have children
- Relationships with romantic partners, friends and others
- The way people feel about how they look, who they are as a person, and how they treat others.

(continued)

Continued

A great resource is *The Parent Buzz*, a bimonthly newsletter that contains helpful strategies for talking with kids about sex and sexuality. It gives parents and other caring adults tips for talking with their children, current information about sex and sexuality issues and trends, links to useful websites, and descriptions of the stages of adolescent development. To receive *The Parent Buzz*, please visit www.pplm.org/parenteducation to sign up. If you decide *The Parent Buzz* isn't for you after reading one issue, simply click on the opt-out box in the newsletter.

For
Teacher Review
Only

What to Do on a Date

Instructions: Student and parent or other caring adult should set aside some time to discuss this activity together. Pick 5 of the possible dating behaviors listed and brainstorm the pros and cons of each one.

Dating behaviors:

- Chatting, emailing or texting
- Going out on a date in a group
- Dancing
- Touching a partner under clothes
- Hugging
- Going to an unsupervised party
- Watching a movie with a romantic or dating partner
- Talking
- Having sex
- Kissing

→ *Tips for Parents*

The goal of this activity is to promote conversations between *Get Real* students and caring adults in their lives. It provides a great chance to review material covered in class, research resources for additional information, and share your feelings and values.

Note: If it's embarrassing to discuss these issues with one another, you can decide to:

- ▣ Say so—and do the exercise anyway.
- ▣ Skip parts of it.
- ▣ Write down your answers and then read each other's answers.
- ▣ Laugh, giggle, blush, and go right on talking.

After brainstorming the pros and cons of these 5 activities, agree on a few boundaries around the issue of dating. Make sure that both the adult and the student are comfortable with the boundaries. (Examples: only going out with groups of friends, having a 9 p.m. curfew.)

Parent or Other Caring Adult Signature

Student Signature

**For
Teacher Review
Only**

Lesson 7.6

Defining and Maintaining Abstinence

Connecting the Lessons

Builds on *Lesson 7.5: Deciding About Sexual Behavior*.

Planning ahead: Concepts learned in this lesson will be useful for *Lesson 7.7: Introduction to Sexually Transmitted Infections* and *Lesson 7.8: Introduction to Protection Methods*.

Lesson Goals

- Define abstinence and postponement.
- Identify reasons why abstinence is a healthy choice for teens.
- Identify links between abstinence and goals.
- Practice and demonstrate refusal skills relating to abstinence.
- Explain the relationship between drug and alcohol use and abstinence.

Preparation & Materials Checklist

- Review definition of abstinence.
- Review student handouts:
 - Handout 7.6-3: Responding to Pressure and Respecting Boundaries
- Copy family letter and family activity.
- Have:
 - Index cards for each student
 - SEL Skills poster
 - Anonymous Questions Box
 - Slips of paper for anonymous questions

Terms to Use

- Abstinence
- Postponement
- Sexual intercourse

SEL Skills Addressed

Self-awareness, self-management, relationship skills, responsible decision making

Logic Model Determinant(s)

Increase communication with parents and other caring adults.
Increase awareness of delaying sex as the healthiest choice.
Address values around abstinence and sex.
Increase self-efficacy of SEL skills to delay and/or refuse sex.
Address perceptions of peer norms regarding sexual behavior.
Increase knowledge of how drugs and alcohol can affect decision making around sexual behavior.

→ Teacher Note

The focus of this lesson is on abstinence and refusal skills. Remind students that any time sexual activity is discussed in the *Get Real* curriculum, it is referring to consensual behavior—something all partners have agreed to—and that sexual assault is not the same as sex. Remind students of their right to self-care and alert them in advance of the topic that will be discussed. Pay attention to students who disengage with the material, as they may have been triggered by something in the lesson, and follow up with them afterward.

Activity 7.6-1

5 minutes

Process Family Activity

Process Family Activity from Lesson 7.5

Process Questions

1. Did you do the activity with your parent or other caring adult?
2. Name some feelings you had while doing this activity.
3. Name something you learned or discovered during this conversation.
4. What might you do differently as a result of this conversation with your parent or other caring adult?

Get Real for Parents

Remind students to have their parent/caring adult use the access code to log in to the mobile website.

Activity 7.6-2

15 minutes

What Does Abstinence Mean?

Define abstinence and postponement

Write the following behaviors on the board and remind students about the activity from the previous class when they discussed the range of sexual behaviors.

- Hugging
- Kissing
- Touching under clothes
- Having oral intercourse
- Masturbation
- Sending naked photos to a partner
- Having vaginal intercourse
- Having anal intercourse

Distribute index cards to students. Write the following question on the board:

- Which of these behaviors would you consider “sex”?

When students have written their answer to the question, have them get into pairs for a few minutes to discuss what they wrote.

Process Questions

1. What did you notice as you talked to your partner? Did you have the same behaviors written down?
2. On TV, when characters say they “had sex,” what behavior do they often mean? (*vaginal intercourse*) Is this the same as your definition? Are there other sexual behaviors that people may consider “sex”?

Review the *Get Real* definition of abstinence

Review the *Get Real* definition of abstinence with students.

Ask students why self-awareness is important when it comes to making decisions about sex and abstinence. (*Doing so helps to set clear boundaries for self as well as others, helps honor one’s personal value system, can help a person achieve personal goals.*) Ask students why abstinence is a healthy choice. (*A person is less at risk for unintended pregnancy and STIs if they choose not to engage in sexual behaviors.*)

Ask students what postponement means (*delaying or putting off something until later*). Review the idea of postponement as it relates to abstinence. Ask students if someone who has engaged in sex before can choose to be abstinent. Stress that young people don’t have to make decisions about abstaining for the rest of their lives. If someone has engaged in sex before, they can choose abstinence in the future. People who don’t feel ready to engage in sex can postpone, or put off, sexual activity until they are older and feel ready.

Recall the previous lesson on dating and all the different nonsexual dating behaviors students came up with. Explain that engaging in these behaviors can help people establish healthy relationships without sexual behaviors.

→ *Teacher Note*

Get Real’s Definition of Abstinence

Get Real defines abstinence as “voluntarily choosing not to engage in certain sexual behaviors, including any sexual behaviors that can result in pregnancy or STIs, including HIV.”

People may have different ideas about what constitutes abstinence, from no sexual contact of any kind, including kissing, to abstaining only from sexual intercourse, and all points in between.

(from SIECUS, “Guidelines for Comprehensive Sexuality Education, K–12”)

Activity 7.6-3

25 minutes

Refusal Skills Brainstorm

Review key parts of refusal, including consent

Explain that one of the potential barriers to abstinence is people not feeling confident in their ability to express their own sexual boundaries.

Being able to express sexual boundaries, and respect a partner’s boundaries, are both aspects of consent. Review the *Get Real* definition of consent with students. In order for behaviors to be mutually consensual, all partners must agree to the behaviors they are engaging in. Ask students why it might be difficult for a person to express a sexual boundary to a partner. (*Fear of rejection, worry about upsetting a partner, pressure, etc.*).

→ *Teacher Note*

Get Real’s Definition of Consent

Consent means “giving permission.” *Get Real* defines sexual consent as requiring a sober “yes” from all partners, free from intimidation or pressure. Consent is an ongoing process, and a “yes” to something once doesn’t mean a “yes” to something always.

Remind students that, in a healthy relationship, partners respect one another’s boundaries and do not use intimidation, pressure or coercion to try to get a partner to do something they don’t want to do.

Review some key components of refusal skills.

Setting limits: Ask students to think to themselves about the sexual behaviors discussed in class. Ask them to silently reflect on which ones they would feel comfortable engaging in at this point in their lives. Then have them think about how they might communicate their boundaries to a potential partner. What would they have to say to ensure that the partner knows how they feel?

Drugs and alcohol: If a person is under the influence of drugs or alcohol, they are unable to give consent to sexual activity. Alcohol and other drugs can make it harder for a person to stick to their decision not to have sex. Additionally, if a person knows their sexual partner and/or friend is under the influence, part of social awareness is not taking advantage of that person and ensuring their safety.

Respecting a partner’s refusal: An important aspect of consent, self-management and relationship skills is respecting a partner’s boundaries and choices, including the choice to abstain. Part of being in a healthy relationship is communicating and respecting a partner’s right to say NO. Pressuring someone into sexual activity shows a lack of respect for that person’s choices and boundaries.

Review Responding to Pressure and Respectful Boundaries handout

Ask students to share examples they have seen in the media of people using pressure or manipulation to get what they want sexually. Ask them what those people have said to pressure a partner and write their examples on the board.

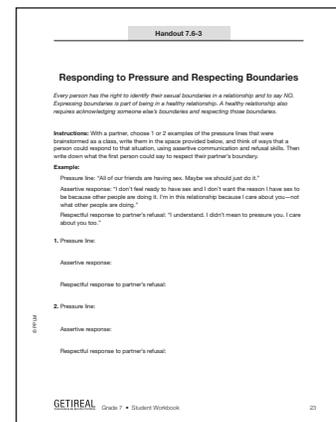
Ask students to turn to **Handout 7.6-3** in the Student Workbook and review the instructions. Explain that expressing a boundary to a partner is only one part of consent. The other part is for a partner to hear and respect that boundary. Explain that, in this activity, they will have a chance to examine both assertively expressing a boundary

→ Teacher Note

Self-Management

Self-management is an important part of setting limits and sticking to them, even when a person experiences sexual desires. Emphasize the importance of impulse control and self-management in maintaining abstinence. Be sure to connect self-management to the point about respecting a partner’s refusal.

Teacher Only



Handout 7.6-3
Student Workbook page 23

AND what a person could say to respectfully accept that boundary. Ask students to complete the handout with a partner.

Process Questions

1. What can be challenging about hearing “no” to something you really want?
2. Why is it important to respect that “no” even if it’s difficult to hear?
3. Other than a partner communicating verbally, how might a person know if a partner was feeling unsure? (*Tone, body language, hesitation, etc.*)
4. What should someone do if they thought their partner was unsure about something? (*Check in with them, stop and ask, do something the person is comfortable with, etc.*)

Activity 7.6-4

Anonymous Questions Box

Review anonymous questions

Address student questions from the Anonymous Questions Box. Give students a new question prompt to answer if they don’t have one about the class material, and remind students to place their anonymous questions in the box as they leave the classroom.

Activity 7.6-5

Family Activity

Explain family activity

Review the Family Activity for this lesson.

Get Real for Parents

Remind students to have their parent/caring adult use the access code to log in to the mobile website.

The screenshot shows a worksheet titled "Family Activity 7.6" with the sub-heading "An Article About Abstinence". It includes instructions for a reporter writing a column on abstinence, a list of five questions for students to answer, and a "Tip for Parents" box. The questions are: 1. Define abstinence for you. 2. Do you think it might mean something different to someone else? 3. What if two people in a relationship had different ideas about what abstinence means? 4. Do you think the word or concept of abstinence is confusing for young people? 5. What can parents, caregivers and teachers do to make it less confusing? The page also has a footer with "GETREAL Grade 7 • Student Workbook" and the page number "25".

Family Activity 7.6
Student Workbook page 25

References

What Does Abstinence Mean?

Activity reprinted with permission from ETR, Scotts Valley, CA, www.etr.org.

Definition of abstinence:

Sexuality Information and Education Council of the United States (SIECUS), Guidelines for Comprehensive Sexuality Education: Kindergarten to 12th Grade, 3d ed., 2004, www.siecus.org/_data/global/images/guidelines.pdf.

More information available from www.siecus.org and by contacting SIECUS at 90 John St., Suite 704, New York, NY 10038.

For
Teacher Review
Only

GET | REAL

Comprehensive Sex Education That Works

Dear Parent or Other Caring Adult,

This week in *Get Real* class, your child has been learning about the concept of abstinence and how it relates to sexual activity. *Get Real* defines abstinence as choosing not to engage in certain sexual behaviors, including any sexual behavior that could result in pregnancy or sexually transmitted infection (STI), including HIV.

People may have different ideas about what abstinence is. For some it means no sexual contact of any kind, including kissing. For others it can include everything but sexual intercourse. Still others fall somewhere in between. Some people choose to abstain from sex until marriage. Some decide to put off or postpone having sex until they are older.

The Family Activity gives you a chance to share your personal and family values around sex and abstinence. Values are deeply held beliefs about what is right and appropriate for us and what is wrong. Some people think of values as morals. Values guide our decisions in life and can help us stay healthy. They help us model healthy behavior and respect ourselves and others.

As your child's primary sexuality educator, it is your right and responsibility to talk about your values around relationships, communication, respect for self and others, and other topics related to sex and sexuality. Even if you and your child disagree about some values, these discussions give you a chance to understand each other's point of view and explain why you feel the way you do.

There are different kinds of values:

- **Personal values** come from our own experiences and are not necessarily agreed on by everyone. For example someone might tidy his or her room every day because of a value for cleanliness. Or different families may have different beliefs about when it's appropriate for people to begin engaging in sexual activity.
- **Cultural values** are influenced by groups, societies or cultures and are largely shaped by their members. For example, a person growing up in the United States might value democracy because that is the accepted political ideal of this country.
- **Universal values** can be looked at as values important to the majority of humans. For example, across most cultures, people value safety, personal health and self-respect.

An Article About Abstinence

Instructions: The student will be a reporter writing a column on abstinence who will interview the parent or other caring adult using the following questions.

“I’m doing research for an article on abstinence for the local newspaper to find out what it means to different people and why it can be confusing. I have some questions for you.”

1. Please define the word *abstinence* for me. What is your idea of what this word means?

2. Do you think it might mean something different to someone else? Why might a common word have different meanings for different people?

3. What if two people in a relationship had different ideas about what abstinence means? What could happen? How could they talk about it?

4. Do you think the word or concept of abstinence is confusing for young people?

5. What can parents, caregivers and teachers do to make it less confusing?

→ *Tips for Parents*

The goal of this activity is to promote conversations between *Get Real* students and caring adults in their lives. It provides a great chance to review material covered in class, research resources for additional information, and share your feelings and values.

Note: If it’s embarrassing to discuss these issues with one another, you can decide to:

- ▣ Say so—and do the exercise anyway.
- ▣ Skip parts of it.
- ▣ Write down your answers and then read each other’s answers.
- ▣ Laugh, giggle, blush, and go right on talking.

Parent or Other Caring Adult Signature

Student Signature

Lesson 7.7

Introduction to Sexually Transmitted Infections

Connecting the Lessons

Builds on *Lesson 7.5: Deciding about Sexual Behavior*, and *Lesson 7.6 Defining and Maintaining Abstinence*.

Planning ahead: Concepts learned in this lesson will be used in *Lesson 7.8: Introduction to Protection Methods*.

Lesson Goals

- List modes of transmission and most common STIs for teens.
- List behaviors that transmit STIs.
- Name the most effective ways to prevent STI transmission.
- Identify having multiple partners as a risk factor.

Preparation & Materials Checklist

- Read over STI information in the Teacher's Guide pages, including multiple sexual partner diagram.
- Review STI Essential Resources and Information Answer Key.
- Review student handouts:
 - Handout 7.7-3: STI Essential Information and Resources
 - STI Chart
- Copy family letter, family activity and answer key.
- Have:
 - SEL Skills poster
 - STI Statistics signs
 - Anonymous Questions Box
 - Slips of paper for anonymous questions

Terms to Use

- STI
- Transmission
- Abstinence
- Protection
- Condom

SEL Skills Addressed

Responsible decision making

Logic Model Determinant(s)

Increase communication with parents and other caring adults.

Increase perceived risk in having an older partner.

Increase knowledge of how STIs are transmitted.

Increase positive attitudes toward condoms and/or other protection methods.

Increase awareness of consequences when condoms and/or other protection methods are not used.

Increase perceived risk of STIs.

→ *Teacher Note*

Familiarize yourself with information about the STIs most commonly contracted by teens, and review local resources for free and confidential STI testing.

Activity 7.7-1

5 minutes

Process Family Activity

Process Family Activity from Lesson 7.6

Process Questions

1. Did you do the activity with your parent or other caring adult?
2. Name some feelings you had while doing this activity.
3. Name something you learned or discovered during this conversation.
4. What might you do differently as a result of this conversation with your parent or other caring adult?

Get Real for Parents

Remind students to have their parent/caring adult use the access code to log in to the mobile website.

Activity 7.7-2

10 minutes

Defining STIs

Explain STDs and STIs

Place STI Statistics signs on the wall for visual reinforcement. Explain that you will discuss these more throughout class.

Ask students to recall some of the risks of unprotected sexual behaviors (*unintended pregnancy, STI transmission*). Tell them that today's lesson will focus on STI transmission.

Emphasize that only abstinence, as defined in *Get Real*, will reduce the risk of STI transmission 100% when practiced correctly and consistently. However, the information about STI transmission they will learn today can help them make healthy choices about sexual activity, now and in the future.

Explain that sexually transmitted infections (STIs) are infections that pass from an infected person to another during sexual or intimate contact. Some people use the term "STD" as well, but *Get Real* uses the term "STI." (See the *Teacher's Guide* for additional talking points.)

Explain to students that some STIs are caused by bacteria, and those STIs can be cured with medication. Other STIs are caused by viruses, and those STIs cannot be cured, but can be treated and managed with medication. Having an STI doesn't mean a person is "bad" or "dirty," and these kinds

→ *Teacher Note*

SEL Skills and STIs

Review the SEL Skills poster as you make the following points:

- The most effective way to prevent STIs is by using responsible decision making (making healthy choices) and relationship skills (communicating with and respecting your partner).
- It's important to check in with your own values and boundaries (self-awareness) and to be aware of how other people feel about these things (social awareness).
- When situations get difficult, you may find yourself using self-management to help you stick to your decisions.

of labels can be shaming and stigmatizing. While an STI may be uncomfortable, or potentially even painful, having an STI doesn't mean that person cannot be in a healthy, happy sexual relationship. If a person is worried that they may have an STI and wants to get tested, it is important that they see a health care provider.

Activity 7.7-3

20 minutes

STIs: What They Are and Prevention Methods

Teach about different STIs

Ask students to turn to **Handout 7.7-3** in the Student Workbook. Guide them to follow along as you fill out the chart. (*See the answer key and Teacher's Guide for talking points.*)

Be sure to highlight the different modes of transmission for each of these STIs. While discussing HIV, be sure to clarify the difference between HIV and AIDS. Also, note that there is a vaccine that can prevent the most common types of HPV, an STI that can cause genital warts and cervical cancer. It's recommended people get vaccinated at age 11 to 12.

Stress that the most common symptom of an STI is to have no symptoms at all. Ask students why it's important to know this. (*So people get tested.*)

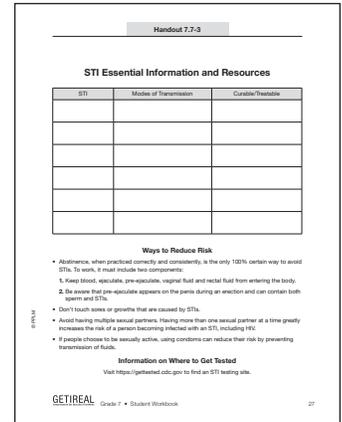
Explain that having one STI can make a person more vulnerable to catching others if exposed.

Discuss how to reduce risk of transmission

Explain that, while STIs are common, they are also easily preventable. Discuss the section labeled "Ways to Reduce Risk" in Handout 7.7-3.

Remind students that abstinence, when practiced correctly and consistently, is the only 100% certain way to avoid the risks of STI transmission. In order for abstinence to be effective, it must include two components:

1. Keep blood, ejaculate, pre-ejaculate, vaginal fluid and rectal fluid from entering the body.
2. Be aware that pre-ejaculate appears on the penis during an erection and can contain both sperm and STIs.



Handout 7.7-3
Student Workbook page 27

Teacher Note STIs and Symptoms

It is very common for a person with an STI to show no symptoms of having one. There are more than 19 million new cases of STIs each year, and many people who have them don't know it.

Teacher Note

Condom Fact

Using a condom to prevent HIV transmission is 10,000 times safer than not using one.

(Carey et al.)

Review other important ways to reduce the risk of STI transmission:

- Don't touch sores or growths that are caused by STIs.
- Avoid having multiple sexual partners. Having more than one sexual partner at a time greatly increases the risk of a person becoming infected with an STI, including HIV.
- If people choose to be sexually active, using condoms can reduce their risk by preventing transmission of fluids.

STI	Transmission	Prevention	Signs and Symptoms	Complications
Chlamydia	Sexual contact with an infected person	Condoms, regular testing	Discharge from the penis, burning when urinating	Infertility, pelvic inflammatory disease
Gonorrhea	Sexual contact with an infected person	Condoms, regular testing	Discharge from the penis, burning when urinating	Infertility, pelvic inflammatory disease
HIV	Sexual contact with an infected person, sharing needles	Condoms, clean needles, PrEP	None	AIDS, death
Herpes	Sexual contact with an infected person	Condoms, antiviral medication	Sores, blisters	None
HPV	Sexual contact with an infected person	Condoms, HPV vaccine	None	Cervical cancer, genital warts
Syphilis	Sexual contact with an infected person	Condoms, regular testing	Sores, rashes	Neurosyphilis, organ damage
Trichomoniasis	Sexual contact with an infected person	Condoms, regular testing	Discharge from the penis, burning when urinating	None
Yeast Infection	Sexual contact with an infected person	Condoms, antifungal medication	Itching, discharge	None

Chart
Student Workbook
pages 29–30

Remind students of the **Sexually Transmitted Infections Chart** in their Student Workbook as a resource.

Activity 7.7-4
10 minutes

Handshake Demonstration

Demonstrate how STIs can spread

Use the following activity to show how STIs can be spread by having sequential or concurrent sexual partners.

Ask 7 students to stand in a line at the front of the classroom. Ask a person in the middle of the line to shake hands with the person to the left. That person should then shake hands with the person to the left, and so on, until half of the line has received a handshake.

Ask students what these handshakes demonstrate about STI transmission. Point out that the transmission goes in only one direction. This demonstration assumes that people have only one partner at a time.

To demonstrate how STI can spread when a person has more than one partner at a time, have the person in the middle of the line shake hands with the people on both sides. Those people should then shake hands with the people on both sides of them, etc.

Ask students how the handshake exercise demonstrated the increased risk of STI transmission when people have multiple partners at one time. *(When the person in the middle shook hands with people on either side of them at the same time the handshakes continued on down the line on both sides. This is also how STIs can be transmitted if a person has multiple partners. That person's partners have an increased risk of transmission, and then so do each of their partners.)*

Remind students that the only way to know for sure whether a sexually active person has an STI, including HIV, is for that person to be tested.

→ Teacher Note

Be sure to review the Teacher's Guide and the Potential Challenges for this activity prior to teaching. This simulation can also be done as a visual on the board.

Process Questions

1. How can responsible decision making reduce the transmission of STIs?
2. What could a person do if they were worried about having an STI?
(Remind students of the CDC website, listed on the bottom of Handout 7.7-3, which provides information on STI testing locations.)
3. Why is communication an important part of STI prevention?
4. Does any information from today’s lesson conflict with messages from the media about sex?

Activity 7.7-5

Anonymous Questions Box

Review anonymous questions

Address student questions from the Anonymous Questions Box. Give students a new question prompt to answer if they don’t have one about the class material, and remind students to place their anonymous questions in the box as they leave the classroom.

Activity 7.7-6

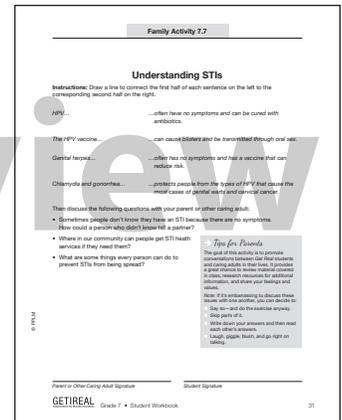
Family Activity

Explain family activity

Review the Family Activity for this lesson.

Get Real for Parents

Remind students to have their parent/caring adult use the access code to log in to the mobile website.



Family Activity 7.7
Student Workbook page 31

References

STI facts and statistics:

American Social Health Association, *State of the Nation 2005: Challenges Facing STD Prevention Among Youth: Research, Review, and Recommendations*, Research Triangle Park, NC: ASHA.

Centers for Disease Control and Prevention, Incidence, Prevalence, and Cost of Sexually Transmitted Infections in the United States:

www.cdc.gov/std/stats/sti-estimates-fact-sheet-feb-2013.pdf

Condom facts:

Carey, R. F., et al. Effectiveness of Latex Condoms as a Barrier to Human Immunodeficiency Virus–Sized Particles under the Conditions of Simulated Use, *Sexually Transmitted Diseases* 19:4, 230–234.

HPV vaccine:

Centers for Disease Control and Prevention, Vaccines and Immunizations:

www.cdc.gov/vaccines/vpd-vac/hpv/#vacc

For
Teacher Review
Only

STI Statistics

**Half of new
STI transmissions
each year affect
15 to 24 year olds.**

**Only
Using condoms to
protect against HIV is
10,000 times safer than
not using condoms.**

Continued

**More than half of
high school students
have NOT had sex.**

**Effectively using
assertive communication
and the other SEL skills
can greatly reduce
a person's risk of
contracting an STI.**

STI Essential Information and Resources

STI	Modes of Transmission	Curable/Treatable
HPV	Skin-to-skin contact during vaginal, anal or oral sex	Vaccine available as prevention; warts can be removed
Trichomoniasis	Infected pre-ejaculate, ejaculate and vaginal fluid	Curable with antibiotics
Chlamydia	Infected pre-ejaculate, ejaculate and vaginal fluid	Curable with antibiotics
Gonorrhea	Infected pre-ejaculate, ejaculate and vaginal fluid	Curable with antibiotics
Genital Herpes	Skin-to-skin contact during vaginal, anal or oral sex (with or without blisters)	Treatable with medication
HIV	Infected pre-ejaculate, ejaculate, vaginal fluid, rectal fluid, blood and breast milk	Treatable with medication

Ways to Reduce Risk

- Abstinence, when practiced correctly and consistently, is the only 100% certain way to avoid STIs. To work, it must include two components:
 1. Keep blood, ejaculate, pre-ejaculate, vaginal fluid and rectal fluid from entering the body.
 2. Be aware that pre-ejaculate appears on the penis during an erection and can contain both sperm and STIs.
- Don't touch sores or growths that are caused by STIs.
- Avoid having multiple sexual partners. Having more than one sexual partner at a time greatly increases the risk of a person becoming infected with an STI, including HIV.
- If people choose to be sexually active, using condoms can reduce their risk by preventing transmission of fluids.

Information on Where to Get Tested

Visit <https://gettested.cdc.gov> to find an STI testing site.

For Teacher Review Only

Sexually Transmitted Infections Chart

Infection	Transmission*	Symptoms May Appear	Common Symptoms	How to Test	Treatment	Treatment of Partner	Possible Complications
Chlamydia (bacteria)	Spread through the exchange of infected pre-ejaculate, ejaculate (semen), and vaginal fluid.	1-2 weeks	Often no symptoms. May experience abnormal vaginal discharge and pain in lower abdomen; bleeding between periods and/or with intercourse; burning or pain with urination. Penile discomfort, penile discharge and burning during urination; pain or tenderness of the testicles; swelling in the scrotum.	Internal swab (vaginal, urethral or rectal) or urine sample	Antibiotics	Essential Partners may also be treated without exam or testing.	PID (Pelvic Inflammatory Disease), which can cause permanent damage to the reproductive system and lead to long-term pelvic pain, infertility and ectopic pregnancy. May infect baby at birth causing eye infection and pneumonia. Infection can spread to the tube that carries sperm from the testicles, and can lead to pain, fever and infertility.
Gonorrhea (bacteria)	Spread through the exchange of infected pre-ejaculate, ejaculate (semen), and vaginal fluid.	2-7 days	Often no symptoms. May experience pain and burning with urination; increased frequency in urination; abnormal vaginal discharge or abnormal periods; milky penile discharge; abnormal anal discharge.	Internal swab (vaginal, urethral or rectal) throat swab, or urine sample	Antibiotics	Essential	PID (Pelvic Inflammatory Disease), which can cause permanent damage to the reproductive system and lead to long-term pelvic pain, infertility and ectopic pregnancy. Infection can spread to the tube that carries sperm from the testicles, and can lead to pain, fever and infertility.
Syphilis (bacteria)	Spread through skin-to-skin contact during vaginal, anal, or oral sex.	10-90 days	Primary: Chancre (painless sore) on or around penis, vagina, mouth, or anus. Secondary: Non-itchy rash, “flu-like” symptoms, swollen glands.	Blood test	Antibiotics	Essential	If untreated, in later years, brain damage, paralysis, heart disease. Can cause stillbirth and birth defects.
Trichomoniasis (protozoa)	Most often spread through the exchange of infected pre-ejaculate, ejaculate (semen), and vaginal fluid.	5-28 days, can be much longer	Often no symptoms. Frothy, often unpleasant-smelling discharge. Blood spotting in the discharge. Itching in and around the vagina, swelling in the groin. Frequent urination, often with pain and burning.	Vaginal smear inspected under microscope Penile/urethral culture	Antibiotics	Essential	Skin irritations, secondary infections.
Scabies and Crabs (parasites)	Sexual contact, other intimate contact. Can be spread from bedding, clothing, or towels.	4-6 weeks, sooner if a person has been infected before	Intense itching on genitals. Crabs and eggs (small nits) attach to pubic hair. Mites/scabies burrow under skin, and redness occurs where the mites have burrowed.	Visual exam	Prescribed medication and careful washing of clothes, towels and sheets.	Essential	Secondary skin infections from scratching.

* Use of condoms or dental dams during sexual activity can reduce the risk of transmission. Animal skin condoms are not effective in preventing transmission of HIV and some other STIs. Planned Parenthood League of Massachusetts Education & Training at www.pplm.org/training

Sexually Transmitted Infections Chart Continued

Infection	Transmission*	Symptoms May Appear	Common Symptoms	How to Test	Treatment	Treatment of Partner	Possible Complications
Human Papilloma Virus – HPV (virus) Genital Warts	Spread through skin-to-skin contact during vaginal, anal, or oral sex.	Warts may appear 3 weeks to 8 months after exposure	Often no symptoms. High-risk HPV infections are typically asymptomatic but can cause changes to cells that can be precancerous, and eventually lead to cancer if left untreated. Warts may be small or large, raised or flat, or shaped like a cauliflower. May itch and cause irritation. Some warts only visible by internal examination.	HPV: Pap smears and visual exam Genital warts: Visual exam	No cure. Vaccines available to reduce risk of cervical cancer and genital warts. Wart removal by chemical application, freezing or surgical removal by practitioner.	Genital warts: Treatment only if warts are present. Screening is essential. Vaccine available.	HPV: Linked to cancers of the cervix, penis, anus, vulva, mouth and throat, head and neck. Genital warts: Can block vaginal, penile, and rectal openings. May infect baby at birth.
Genital Herpes (virus)	Spread through skin-to-skin contact during vaginal, anal, or oral sex, with or without blisters present.	Typically 2–12 days after infection Symptoms may recur often.	Itching or tingling around genitals or anus before blisters appear. Small fluid-filled blisters that break open and cause painful sores, which then crust over as they heal. Some people with herpes have no symptoms.	Visual exam; culture of blister/lesion	No cure. Treatments to decrease severity of symptoms.	Only if symptomatic	May infect baby at birth or cause problems during pregnancy.
Human Immunodeficiency Virus – HIV (virus)	Spread through the exchange of infected pre-ejaculate, ejaculate (semen), vaginal fluid, rectal fluid, blood, and breast milk.	HIV: Usually test positive 6-8 weeks after exposure or up to 3-6 months AIDS: May result from HIV; may take up to 10 years or more to develop	Many people who are infected with HIV do not have symptoms for 10 years or more. The only way to know if someone is infected is to be tested for HIV infection. Symptoms can include: fever, fatigue, and often, rash, headaches, swollen lymph nodes, and sore throat.	Blood test or oral swab. Rapid HIV test can provide results in 10 minutes.	No cure. Prescribed medications. Prevention and treatment of other infections.	Recommended to notify partner whenever possible for medical follow-up. Partners should be seen by a provider for HIV testing.	Compromised immune system and opportunistic infections.
Hepatitis B (virus)	Spread through the exchange of infected pre-ejaculate, ejaculate (semen), vaginal fluid, and blood.	6 weeks-6 months	Often symptoms may be too mild to notice. Weakness, lack of energy, loss of appetite, abdominal pain, fever, headaches, jaundice, muscle pain, dark urine, light colored stool, and “flu-like” symptoms.	Blood test	Medical follow-up and prescribed medication.	Essential Hepatitis B can be prevented with vaccination.	Some infected people become chronic carriers; can lead to chronic liver problems, or liver cancer. A pregnant person with Hepatitis B may infect baby at birth or during pregnancy.

* Use of condoms or dental dams during sexual activity can reduce the risk of transmission. Animal skin condoms are not effective in preventing transmission of HIV and some other STIs. Planned Parenthood League of Massachusetts Education & Training at www.pplm.org/training

GET | REAL

Comprehensive Sex Education That Works

Dear Parent or Other Caring Adult,

When it comes to sex and sexuality, many parents wait for their kids to ask a question instead of bringing up the topic. But many children won't ask a parent questions about sexual topics, and some parents may avoid the subject because they feel uncomfortable. The Family Activity for this *Get Real* lesson will help you talk about sexually transmitted infections (STIs) and share the facts with your teen.

Open-ended questions can be used to start these conversations and keep the door open for a comfortable dialogue about sex and sexuality. Inviting teens to share their observations and ideas can be a good way to ease into discussions. (“The character in that TV show was pretty angry at her boyfriend. Do you think she was right?” or “Have you ever thought about when you might be ready to have sex? What do you think makes a person ready?”)

It's important to validate teens' questions about sex and sexuality. It's also key to really listen without judging when they share their thoughts and feelings. You can be an “askable” parent by rewarding questions with, “I'm glad you came to me.” This will reassure your children that you are open to talking with them about these issues, and teach them to come to you when they have questions. Remember that the unspoken question, “Am I normal?” is often hiding behind many of kids' questions and concerns about sexual development, sexual thoughts and sexual feelings.

Door Openers

- What do you think?
- That's a good question.
- Tell me what that means to you.
- I'm glad you told me about that.
- I think you're saying that you *[fill in the blank]*—is that right?
- Tell me more.

Door Slammers

- You're too young!
- Where on earth did you hear that?
- Do you want to know about it because you're doing it?
- That's none of your business!
- I don't care what your friends are doing.
- We'll talk about that when you need to know.

(See reverse side for more ideas)

Continued

For Kids Who Don't Bring Up the Subject

- "I can't believe how tall you've grown already. Have you noticed other changes in your body? What do you like (or what don't you like) about the changes you're going through?"
- "When do you think a person is ready to be a parent?"

Answering Those Tough Questions You Don't Feel Ready for

- "That's a really good question. It's normal to be curious about *[fill in the topic]*. I'd really like to talk about it with you but I need some time to think about it first."
- "What have you heard or learned already about *[fill in the subject]*, and where did you hear it?"

Questions Parents Can Ask That Open the Door to Discussing Values

- "How do you think people know for sure whether they're ready to have sex?"
- "What do you think about how the couple on *[fill in a favorite TV show]* deal with each other when they get angry?"

Ways to Give the Facts and Clear Up Slang While Responding to the Question

Q. Why do we need to talk about this stuff? I'm not having sex.

A. I know it can be embarrassing to talk about, and I get embarrassed, too. But there are so many things you need to know about as you grow and mature. Your body is going to change, and some of those changes can seem scary or strange. I want you to have all the right information so you can stay safe and healthy.

Q. Where do girls pee from?

A. Another word to describe peeing is "urinating." People urinate through the urethra, a small tube in the body that connects to the bladder.

Q. Everyone is talking about "hooking up." What does that mean?

A. That's a great question. I think it means different things to different people. Some people might use it to describe going out or dating, but others might use it to describe sexual contact in a casual way (not in a serious relationship with a partner). Here's what concerns me about that: *[insert your personal and family values here.]* What do you think "hooking up" means?

Understanding STIs

Instructions: Draw a line to connect the first half of each sentence on the left to the corresponding second half on the right.

- | | |
|----------------------------|--|
| HPV... | ...often have no symptoms and can be cured with antibiotics. |
| The HPV vaccine... | ...can cause blisters and be transmitted through oral sex. |
| Genital herpes... | ...often has no symptoms and has a vaccine that can reduce risk. |
| Chlamydia and gonorrhea... | ...protects people from the types of HPV that cause the most cases of genital warts and cervical cancer. |

Then discuss the following questions with your parent or other caring adult:

- Sometimes people don't know they have an STI because there are no symptoms. How could a person who didn't know tell a partner?
- Where in our community can people get STI health services if they need them?
- What are some things every person can do to prevent STIs from being spread?

→ *Tips for Parents*

The goal of this activity is to promote conversations between *Get Real* students and caring adults in their lives. It provides a great chance to review material covered in class, research resources for additional information, and share your feelings and values.

Note: If it's embarrassing to discuss these issues with one another, you can decide to:

- Say so—and do the exercise anyway.
- Skip parts of it.
- Write down your answers and then read each other's answers.
- Laugh, giggle, blush, and go right on talking.

Parent or Other Caring Adult Signature

Student Signature

Understanding STIs

Instructions: Draw a line to connect the first half of each sentence on the left to the corresponding second half on the right.

HPV... *...often have no symptoms and can be cured with antibiotics.*

The HPV vaccine... *...can cause blisters and be transmitted through oral sex.*

Genital herpes... *...often has no symptoms and has a vaccine that can reduce risk.*

Chlamydia and gonorrhea... *...protects people from the types of HPV that cause the most cases of genital warts and cervical cancer.*

Then discuss the following questions with your parent or other caring adult:

- Sometimes people don't know they have an STI because there are no symptoms. How could a person who didn't know tell a partner?

People who are sexually active can protect themselves and their partners by getting tested for STIs regularly (every 3–6 months), and before engaging in sexual activity with a new partner. People can also use condoms every time they have sex to reduce the risk of getting or transmitting an STI to a partner.

- Where in our community can people get STI health services if they need them?

Answers will vary.

- What are some things every person can do to prevent STIs from being spread?

Be abstinent; communicate openly and honestly with a partner; use condoms if sexually active; get tested for STIs regularly if sexually active; don't have concurrent sexual partners.

→ Tips for Parents

The goal of this activity is to promote conversations between *Get Real* students and caring adults in their lives. It provides a great chance to review material covered in class, research resources for additional information, and share your feelings and values.

Note: If it's embarrassing to discuss these issues with one another, you can decide to:

- ▣ Say so—and do the exercise anyway.
- ▣ Skip parts of it.
- ▣ Write down your answers and then read each other's answers.
- ▣ Laugh, giggle, blush, and go right on talking.

Parent or Other Caring Adult Signature

Student Signature

Lesson 7.8

Introduction to Protection Methods

Connecting the Lessons

Builds on *Lesson 7.7: Introduction to Sexually Transmitted Infections*.

Lesson Goals

- Name the pros and cons of the protection methods most commonly used by teens.
- List the key steps in putting on a condom.
- Identify places to obtain condoms and other protection methods.
- Identify resources for information and support.

Preparation & Materials Checklist

- Obtain at least 1 condom for teacher to demo—more if students will be examining them—and something on which to demo the condom. (Check with class[es] to make sure there are no airborne latex allergies among students.)
- Obtain lubricant.
- Obtain samples of the various protection methods for students to see.
- Review student handouts:
 - Handout 7.8-3: Resources
 - Handout 7.8-4: Protection Methods Homework
 - Protection Methods Chart
- Copy family letter and family activity.
- Have:
 - SEL Skills poster
 - Steps to Correct Condom Use cards
 - Condom(s), demo tool, lubricant
 - Anonymous Questions Box
 - Slips of paper for anonymous questions

Terms to Use

- Abstinence
- Effectiveness rate
- Lubricant
- Emergency contraception
- Protection
- Condom
- Hormonal method

SEL Skills Addressed

Responsible decision making

Logic Model Determinant(s)

Increase communication with parents and other caring adults.
Increase knowledge of how pregnancy happens.
Increase awareness of delaying sex as the healthiest choice.
Increase positive attitudes toward condoms and/or other protection methods.
Increase knowledge of how STIs are transmitted.
Increase knowledge of correct and consistent use of condoms and other protection methods.

→ *Teacher Note*

Inform Students of Topics

This lesson includes an educator-led condom demonstration. For students who have experienced sexual violence/trauma, this activity may bring up these experiences. Be sure to remind students of their right to self-care, and be sure to follow up with students as needed. It may be helpful to alert the school counselor about topics covered, prior to teaching this lesson.

Activity 7.8-1

5 minutes

Process Family Activity

Process Family Activity from Lesson 7.7

Process Questions

1. Did you do the activity with your parent or other caring adult?
2. Name some feelings you had while doing this activity.
3. Name something you learned or discovered during this conversation.
4. What might you do differently as a result of this conversation with your parent or other caring adult?

Get Real for Parents

Remind students to have their parent/caring adult use the access code to log in to the mobile website.

Activity 7.8-2

10 minutes

Why Use Protection?

Review abstinence as the most effective protection method

Ask students to imagine there are two hockey goalies in a big game. One is wearing a goalie mask, and the other is not. Which player is better protected? Why? What are the possible outcomes for each player? Would a professional goalie ever consider playing without protection?

Ask how this scenario might be related to the idea of becoming sexually active.

Explain that while abstinence is the most effective protection method, offering 100% protection when used correctly, most people become sexually active at some point in their lives. It is important for them to be prepared and know how to protect themselves from STI transmission and unintended pregnancy if and when they become sexually active.

Ask students to recall some of the ways in which STIs can be transmitted, as discussed in the last class. Review how pregnancy can occur.

Review the *Get Real* definition of abstinence with students—choosing not to engage in certain sexual behaviors, including any sexual behaviors that can result in pregnancy or STIs, including HIV. Explain that people may have different ideas about what constitutes abstinence, from no sexual contact of any kind, including kissing, to abstaining only from sexual intercourse, and all points in between. Ask students why abstinence is a

safe and healthy choice for middle school students (*decreases risks of unintended pregnancy, STI transmission, etc.*).

Discuss reasons for using protection

Engage students in small-group discussions to answer the question “Why use protection?” by assigning different groups to brainstorm each of the following questions:

- Why might a person decide to become sexually active?
- What are some of the risks involved with becoming sexually active? (*Unintended pregnancy, STI transmission.*)
- What are some positive outcomes of becoming sexually active when the time is right? (*Pleasure, increased intimacy, ability to take on responsibility.*)

Have each group share the top two ideas they came up with.

State that before becoming sexually active, people can ask themselves some important questions:

- Do I feel ready?
- Can I talk to my partner about having sex?
- Am I comfortable seeing my partner without clothes on?
- Do I have information about and access to methods that can protect me from getting pregnant or getting someone else pregnant?
- Do I know how to protect myself from STIs, including HIV?
- Am I prepared for how I’ll feel if the relationship ends?

Explain that considering these questions is essential to responsible decision making and that today’s class will help provide answers to some of them.

→ Teacher Note

Dispel common myths

Some people think...

- You can’t get pregnant the first time you have sex.
- Pulling out is easy and effective protection.
- Urinating after intercourse will prevent pregnancy because urine flushes out the sperm.
- Taking large quantities of medication or drinking alcohol will protect against pregnancy.

Explain the reasons these things are myths.

→ Teacher Note

These questions can be written on a poster and hung in class as a helpful resource. One of the most common anonymous student questions is about sex readiness, and these questions can help students examine their own values about sex readiness.

Activity 7.8-3

30 minutes

Protection Methods: Condom Use and Hormonal Protection

Explain effectiveness rates

Explain how protection methods are rated by their effectiveness against unintended pregnancy. For example, abstinence is 100% effective if it is

practiced correctly and consistently. A protection method that is 98% effective means that out of 100 people using that method, only 2 got pregnant within a year of use.

Ask what the most commonly used protection methods for teens might be (*external condoms, the pill, other hormonal methods*).

Discuss condoms and brainstorm where to get them

Emphasize that there is only one method that protects against *both* unintended pregnancy *and* STI transmission if a person chooses to become sexually active: the condom. Explain that a condom works by putting a barrier between the two partners' bodies to prevent the transfer of fluids, as well as some skin-to-skin contact. A condom can be used during oral, anal and vaginal intercourse to be effective against STI transmission. There are two kinds of condoms: external and internal. Ask where condoms are available, and write the answers on the board (*health centers, corner stores, grocery stores, pharmacy, etc.*). Explain that condoms are often available for free at local health centers and that teens do not need a prescription or parent permission to buy external condoms. Internal condoms are available by prescription and for free at some health clinics.

Explain that the external condom has a 98% perfect-use effectiveness rate and a typical-use effectiveness rate of 82%.

Ask students what they think is meant by the term “typical use” and why this is a lower number, meaning less effective. (*Typical use factors in human error, such as incorrect or inconsistent use of the method.*)

Explain that during the next activity, students will learn the correct steps for using an external condom. Using condoms correctly raises the effectiveness rate and lowers the chances the condom will fail.

→ Teacher Note

Effectiveness rates

Two numbers are usually given for a method's effectiveness rate: one for “correct and consistent use” and one for “typical use.” For example, the pill has a 99.5%–99.9% effectiveness rate for correct and consistent use, and a 92% effectiveness rate for typical use.

Typical use reflects human error, such as forgetting some pills, taking the pills with medication that decreases the effectiveness, not renewing the prescription in time, etc.

Effectiveness rates are not random. People can choose to improve effectiveness by using protection methods correctly and consistently.

→ Teacher Note

Types of Condoms

- **Latex:** Prevents pregnancy and STIs.
- **Polyurethane:** Prevents pregnancy and STIs.
- **Animal skin:** Prevents pregnancy only. Does not prevent STIs.

Dental dams A dental dam is a latex square that can be placed over the vulva or anus to help prevent STI transmission during oral sex. A barrier can also be made by cutting a condom so it can be unrolled into a square.

Condom lineup

Hand out the 17 Steps to Correct Condom Use cards to volunteers. Have the other students act as the judges.

Explain that students with cards should come to the front of the room and hold their cards facing out so the class can read them. The students with cards should read all the cards and then try to arrange themselves in the correct order of the steps. Student judges can call out suggestions for the correct order and say when they think the correct order has been achieved.

The order of the cards may vary a bit (e.g., “Penis is erect” might come first) and that’s OK, but be sure the main sequence of use is correct.

Demonstrate condom use

Facilitate a condom demonstration using a condom and either the condom demonstrator tool or fingers, and ask students to explain the importance of each step.

Conclude the activity by stressing that when condoms are used correctly by following the steps just covered, the effectiveness rate will be closer to the 98% perfect-use figure. People should always use a new condom every time they have sex.

Pass around condoms for students to see and handle.

Discuss how hormonal methods increase protection

Explain that a way to increase protection is to combine condom use with a hormonal birth control method.

Ask students which hormonal methods they have heard of and list on the board, prompting when necessary. Methods that should be listed include the pill, the patch, the ring, the shot, the implant and the IUD.

Explain that these methods are used by people with a uterus and protect against

→ *Teacher Note*

Lubricants improve condom effectiveness

- **Why?** They prevent rips and tears and can make condom use and intercourse more comfortable for both partners. Most condoms come lubricated, but some couples prefer more lubricant than these provide.
- **Where?** Water-based and silicone-based lubricants can be found next to the condoms at the store.
- **Never use oil-based lubricants** (e.g., baby oil, lotion, shampoo, vegetable oil, cocoa butter, Vaseline) because the oil breaks down the latex and makes the condom ineffective. Use water-based or silicone-based lubricants sold at the store near the condoms.
- **Tip:** Lubricant can be put inside the condom as well as on the outside to increase comfort for the partner wearing the condom.

→ *Teacher Note*

The IUD

The IUD is a small device inserted into the uterus by a doctor. The IUD changes the environment of the uterus so the sperm and the egg cannot meet. Some IUDs also include hormones. Depending on the type of IUD, this method may be used for 3 to 12 years. IUDs do not protect against STIs.

unintended pregnancy only. They do not provide protection against STI transmission. But, when used with a condom, the two together provide highly effective protection against both unintended pregnancy and STI transmission.

Explain that hormonal methods work by using hormones to prevent ovulation. Without an egg present, the person cannot get pregnant. So if a condom were to fail, there wouldn't be an egg present to fertilize. Hormonal methods also thin out the uterine lining and thicken the cervical mucus, which also helps prevent pregnancy.

Ask where a person could get a hormonal method. Explain that these methods must be obtained through a clinic or health care provider. Free, confidential services and prescriptions often are available to teens without parent permission.

If time permits, you may want to go over more specific facts for each of the hormonal methods listed above. Be sure to leave time for the process questions at the end.

Explain emergency contraception

Explain that emergency contraception (EC) (sometimes called the “morning-after pill”) is a method of pregnancy prevention that works after intercourse to prevent pregnancy. It was designed to be used when another method has failed or when nothing was used. Be sure students understand that, if exposure to an STI has occurred, emergency contraception will not prevent an infection.

Describe the different types of emergency contraception:

- Some kinds are a pill, or a series of pills, that are taken after unprotected intercourse.
- The copper IUD also acts as emergency contraception when it is inserted after unprotected intercourse.

In general, emergency contraception can be used up to 5 days after unprotected sex, but it is more effective if taken sooner. The effectiveness rate varies by method.

Note that access to emergency contraception varies by method too. As of summer 2014, some pills are available on pharmacy shelves or from a health clinic for anyone of any age to purchase. Other pills are available from a pharmacist or health clinic with certain age restrictions. The copper IUD is only available with an appointment with a clinician.

→ *Teacher Note*

Get the latest info on EC

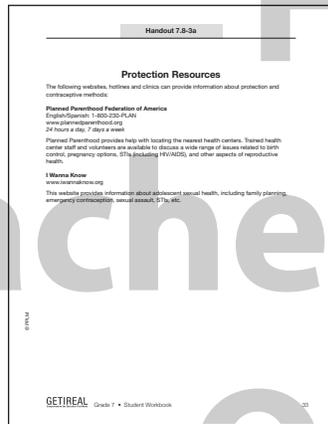
Access to emergency contraception varies by method. Be sure to review the Protection Methods Chart before the lesson, and go to www.getrealeducation.org for the latest information on any changes to laws or regulations pertaining to emergency contraception.

Conclude and review

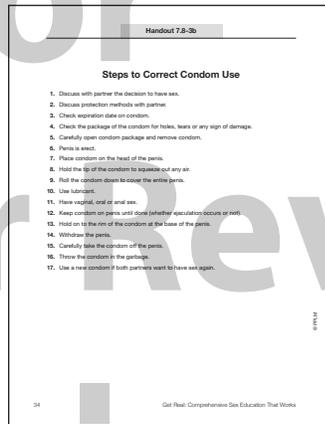
Process Questions

1. Name one new thing you learned during this lesson.
2. What do you think the most effective protection method would be for a teen who has decided to become sexually active? Why? (*Condoms and a hormonal method; good effectiveness rate for both pregnancy and STI prevention.*)
3. What would you tell a sexually active friend who was not using any protection method?

Ask students to look through **Handouts 7.8-3a, 7.8-3b** and the **Protection Methods Chart** in the Student Workbook. Explain that the chart includes important information on all types of protection methods, and that the Steps to Correct Condom Use can be found on the back of the Protection Resources handout.



Handout 7.8-3a
Student Workbook
page 33



Handout 7.8-3b
Student Workbook
page 34

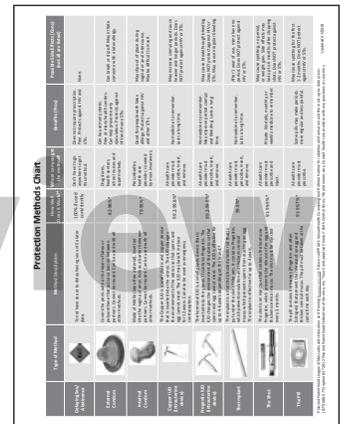
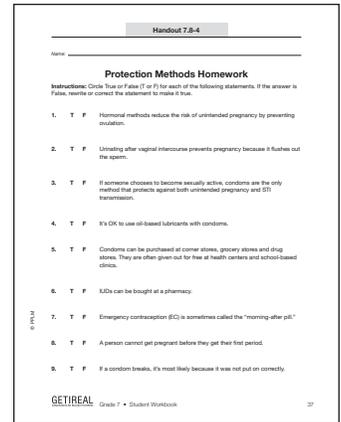


Chart
Student Workbook
pages 35–36

Activity 7.8-4

Homework

Ask students to turn to **Handout 7.8-4** in the Student Workbook. Review and have them complete it for homework. (*See the Teacher’s Guide for additional talking points when reviewing the homework after students have completed it.*)



Handout 7.8-4
Student Workbook page 37

Activity 7.8-5

Anonymous Questions Box

Review anonymous questions

Address student questions from the Anonymous Questions Box. Give students a new question prompt to answer if they don't have one about the class material, and remind students to place their anonymous questions in the box as they leave the classroom.

Activity 7.8-6

Family Activity

Explain family activity

Review the Family Activity for this lesson.

Get Real for Parents
Remind students to have their parent/caring adult use the access code to log in to the mobile website.

Family Activity 7.8

The Best Protection

Over a lifetime, most people choose to be sexually active at some point. When a person starts being sexually active, it's very important to be protected from unintended pregnancy and sexually transmitted infection (STI).

The best protection method is the one a person feels safe and comfortable using consistently and correctly every time. That method could be abstinence or postponement, it could be a barrier or hormonal method. There are many things to think about when choosing a protection method—people have to choose what will work most effectively for them.

Instructions: First, the student and parent or other caring adult should brainstorm together the qualities of an "ideal" protection method and how it would work. List some of its advantages (e.g., is invisible, affordable, etc.). Use your imagination and work together to create the next great product on the market.

Next, list all the protection methods you both can think of that are currently available. Feel free to refer to the Protection Methods Chart. Compare and contrast how they measure up against the "ideal protection method" that you brainstormed.

Discussion:

1. What might stop someone from using a protection method?
2. How would you explain to someone why a protection method is important?
3. Name three resources in your community where someone can get protection methods.

Tip for Friends

The goal of this activity is to provide conversations between you and your parents and caring adults in their time. It provides a great chance to share and get additional information, and share your feelings and needs.

Here, it's recommended to discuss these ideas with your parents, you can decide to talk about it with your caring adult.

Get Real for Parents

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Parent or Other Caring Adult Signature _____ Student Signature _____

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Family Activity 7.8

Student Workbook page 39

References

Protection methods information and statistics:

Trussell, J., Contraceptive efficacy, *Contraceptive Technology*, edited by R.A. Hatcher, J. Trussell, A.L. Nelson, W. Cates, D. Kowal, and M. Policar, 20th ed., New York: Ardent Media, 2011.

Steps to Correct Condom Use

Discuss with partner the decision to have sex	Penis is erect
Discuss protection methods with partner	Place condom on the head of the penis
Check expiration date on condom	Hold the tip of the condom to squeeze out any air
Check the package of the condom for holes, tears, or any sign of damage	Roll the condom down to cover the entire penis
Carefully open condom package and remove condom	Use lubricant

Continued

Have vaginal, oral or
anal sex

Carefully take the
condom off the penis

Keep condom on penis
until done (whether
ejaculation occurs or not)

Throw the condom
in the garbage

Hold on to the rim of
the condom at the base
of the penis

Use a new condom if
both partners want to
have sex again

Withdraw the penis

Protection Methods Chart

Type of Method	Method Description	How Well Does it Work?*	Where can you get the method?	Benefits (Pros)	Possible Side Effects (Cons) (not all are listed)
Delaying Sex/ Abstinence	To not have sex or to delay having sex until a later date.	100% if used consistently	Don't have to go anywhere to get this method.	Does not require prescription. Free. Protects against HIV and STIs.	None.
External Condom	Covers the penis with a thin layer of latex or polyurethane that acts as a barrier between partners. Cannot be reused. Can be used with all other methods.	82-98%*	Drugstores, health centers, school nurses and supermarkets.	Can buy at many stores. Free at many health centers. Can help prevent early ejaculation. Protects against HIV and many STIs.	Can break or slip off. May irritate someone with a latex allergy.
Internal Condom	Made of Nitrile (latex-free material). Inserted into the vagina or anus. Acts as a barrier between partners. Cannot be reused. Can be used with all other methods.	79-95%*	Prescribed by health care provider, covered by most insurances.	Good for people with latex allergy. Protects against HIV and other STIs.	May slip out of place during vaginal or anal intercourse. May be difficult to insert.
Copper IUD (intrauterine device)	The Copper IUD is a small plastic and copper device that is inserted into the uterus. The IUD changes the environment of the uterus so that sperm and egg cannot meet. The IUD may be left in place for 12 years. Can also be used as emergency contraception.	99.2-99.8%*	A health care provider must prescribe, insert, and remove.	No medicine to remember. Lasts a long time.	May increase cramping and cause heavier and longer periods. Does NOT protect against HIV or STIs.
Progestin IUD (intrauterine device)	The hormonal IUD is a small plastic device that is inserted into the uterus. It contains Progestin. The IUD changes the environment of the uterus so that sperm and egg cannot meet. The IUD is effective for up to 4-6 years depending on the brand.†	99.2-99.8%*	A health care provider must prescribe, insert, and remove.	No medicine to remember. May improve period cramps and bleeding. Lasts a long time.	May cause breakthrough bleeding. Does NOT protect against HIV or STIs. May cause irregular bleeding.
The Implant	The implant is a matchstick-sized plastic rod that is put under the skin of the arm. It contains Progestin, which prevents ovulation and thickens cervical mucus which prevents sperm from reaching an egg. The implant is effective for up to 4 years.	99.9%*	A health care provider must prescribe, insert, and remove.	No medicine to remember. Lasts a long time.	After 1 year of use, many have no period. Does NOT protect against HIV or STIs.
The Shot	The shot is an injection that contains the hormone Progestin, which prevents the release of an egg and thickens cervical mucus. The shot must be injected every 3 months.	91-99.9%*	A health care provider must prescribe and inject.	Private. No daily, monthly, or weekly medicine to remember.	May cause spotting, no period, or weight gain. Side effects may last up to 6 months after stopping shots. Does NOT protect against HIV or STIs.
The Pill	The pill contains hormones (Progestin and often Estrogen) that prevent the release of an egg and thicken cervical mucus. The pill must be taken at the same time each day.	91-99.7%*	A health care provider must prescribe.	Some pills may make periods more regular and less painful.	May cause spotting for the first 1-2 months. Does NOT protect against HIV or STIs.

Planned Parenthood League of Massachusetts Education and Training (www.pplm.org). Please call PPLM's Sexual Health Counseling and Referral Hotline for additional information and the most up-to-date prices: (877) 686-5772 option #3 *2012 Planned Parenthood Federation of America, Inc. †Brand names vary. Consult health care provider with any questions or concerns. Updated 07/2018

Protection Methods Chart Continued

Type of Method	Method Description	How Well Does it Work?*	Where can you get the method?	Benefits (Pros)	Possible Side Effects (Cons) (not all are listed)
The Patch	The patch sticks to the skin, and contains Progestin and Estrogen that are absorbed through the skin. These prevent the release of an egg and thicken cervical mucus. A new patch is applied once a week for three weeks, followed by a patch-free fourth week.	91-99.7%*	A health care provider must prescribe.	Can make periods more regular and less painful. No pill to take daily.	Can irritate skin under the patch. May cause spotting the first 1-2 months. Does NOT protect against HIV or STIs.
The Ring	The ring is a small vinyl acetate ring that is inserted into the vagina. The ring contains Progestin and Estrogen, which prevent the release of an egg and thicken cervical mucus. The ring is inserted for three weeks, and then removed for one ring-free fourth week.	91-99.7%*	A health care provider must prescribe.	Can make periods more regular and less painful. No pill to take daily.	Can increase vaginal discharge. May cause spotting the first 1-2 months of use. Does NOT protect against HIV or STIs.
Emergency Contraception (EC)	Emergency contraception pills are designed to prevent pregnancy after unprotected vaginal intercourse. EC can prevent the release of an egg and thicken cervical mucus. The copper IUD is 99% effective as EC if placed within 5 days of unprotected sex.	Plan B®, generic brands: 75-89% if taken within 3 days after unprotected sex ella®: 85% up to 5 days after unprotected sex	Plan B®, generic brands: All ages, no prescription required. ella®: Requires prescription from health care provider.	Available at pharmacies, health centers, or health care providers.	May cause stomach upset or nausea. Next period may come early or late. May cause spotting. Does NOT protect against HIV or STIs.
Diaphragm and Cervical Cap	The diaphragm and cervical cap are barrier methods that cover the cervix to prevent the sperm from reaching an egg. These must be used with a spermicide. Diaphragm and cervical cap must be inserted with each intercourse.	Diaphragm: 81-94%* Cervical cap: 79.5-90.5%*	A health care provider must prescribe and size the diaphragm and cervical cap.	Can last several years. Costs very little to use.	Can be difficult to use. May cause irritation if allergic to latex, silicone, or spermicide. Does NOT reduce the risk of HIV. May reduce the risk of some infections.
Spermicide (cream, gel, sponge, foam, inserts, film)	Spermicides are inserted into the vagina before intercourse. Spermicides kill sperm. Spermicide must be inserted before each intercourse.	71-85%* May raise the risk of getting HIV.	Drugstores, doctor's offices, health centers and supermarkets.	Can buy at many stores. Comes in many forms. Can be put in as part of foreplay.	May irritate the skin of the vagina, penis, or anus. Can be messy. May raise the risk of HIV/STIs.
Dental Dam	The dental dam is a thin layer of latex, plastic, or polyurethane that acts as a barrier between partners when placed over the vulva (outside of vagina) or anus during oral sex. Can also use a condom cut in half. A new dental dam must be used each time.	This device is used for oral sex only. Protects against HIV and other STIs.	Drugstores, doctor's offices, health centers and condom shops.	Protects against HIV and other STIs.	May irritate someone with a latex allergy. Dental dam may slip out of place if not held around the area receiving oral sex.
Permanent Birth Control: Laparoscopic Tubal Ligation, Vasectomy	Permanent birth control is a procedure performed by a doctor that is intended to prevent the sperm from joining the egg by blocking either the fallopian tubes (carry an egg) or the vas deferens (carry the sperm).	Two of the most common types are Laparoscopic Tubal Ligation & Vasectomy: 99.5-99.9%* Talk to a health care provider about other options.	A health care provider must prescribe and perform these procedures.	Private. No medicine to remember.	Mild bleeding or infection may occur right after the operation, reaction to anesthetic, reversibility cannot be guaranteed. Does NOT protect against HIV or STIs.

Planned Parenthood League of Massachusetts Education and Training (www.pplm.org). Please call PPLM's Sexual Health Counseling and Referral Hotline for additional information and the most up-to-date prices: (877) 686-5772 option #3 *2012 Planned Parenthood Federation of America, Inc. "Your Contraceptive Choices" Birth Control Series. †Brand names vary. Consult health care provider with any questions or concerns. Updated 07/2018

Protection Methods Homework

- 1. True** Hormonal methods reduce the risk of unintended pregnancy by preventing ovulation.
- 2. False** Urinating after vaginal intercourse prevents pregnancy because it flushes out the sperm.
Urinating after vaginal intercourse does not prevent pregnancy because the urethra and vagina are different openings in the vulva.
- 3. True** If someone chooses to become sexually active, condoms are the only method that protects against both unintended pregnancy and STI transmission.
- 4. False** It's OK to use oil-based lubricants with condoms.
It is not OK. The oil breaks down the latex and makes the condom ineffective.
- 5. True** Condoms can be purchased at corner stores, grocery stores and drug stores. They are often given out for free at health centers and school-based clinics.
- 6. False** IUDs can be bought at a pharmacy.
IUDs can be inserted only by a medical professional at a doctor's office or clinic.
- 7. True** Emergency contraception (EC) is sometimes called the "morning-after pill."
- 8. False** A person cannot get pregnant before they get their first period.
A person can get pregnant before they get their first period because ovulation happens before menstruation.
- 9. True** If a condom breaks, it's most likely because it was not put on correctly.

**For
Teacher Review
Only**

GET | REAL

Comprehensive Sex Education That Works

Dear Parent or Other Caring Adult,

Today in *Get Real* class, students learned about the protection methods available to help prevent pregnancy and sexually transmitted infections (STIs) for people who choose to be sexually active. Children are naturally curious about their bodies and how they work. During puberty, they want and need the facts about menstruation, wet dreams, other body changes, sex and reproduction. They want to know about sexual and social relationships. They need to know about STIs, birth control methods, and the potential risks of sexual activity.

At this age many kids worry a lot about whether they are “normal.” Concerns about body shapes, such as penis or breast size, may begin to arise. It’s important to reassure them that no two people are the same, and it’s very normal to be different. Preteens often want to “fit in” with their peers, yet, at the same time adults want to help them to think for themselves and not get carried away by the crowd.

Below are some real questions middle school students asked through the Anonymous Questions Box used in the *Get Real* classes. You can visit websites listed on the Parent Resources list sent home earlier, or use a book, such as *It’s Perfectly Normal*, by Robie Harris, to help you answer these and other questions. Practice how you might answer, sharing both the facts and your values, if your child asks you any of these questions.

Anatomy and Physiology

- What is the average size of a penis?
- When does someone first start having their periods? Why do they have a period?

Contraceptives

- When you have sex, do you have to use more than one condom?
- Do condoms always protect people from getting a disease?

Pregnancy

- How old was the youngest person to get pregnant?
- If you smoke when you’re pregnant, what will happen to the baby?

Sexual Behavior

- Is sex fun?
- Even if you think you are ready, how do you know you really like someone enough to have sex?
- Is oral sex healthy if there are no diseases involved?
- Can you have sex with people younger than you?

Gender and Sexual Identity

- How do gay people have sex?
- Why are people transgender?
- If it’s OK for girls to wear pants, why can’t boys wear skirts?

The Best Protection

Over a lifetime, most people choose to be sexually active at some point. When a person does start having sex it's very important to be protected from unintended pregnancy and sexually transmitted infection (STI).

The best protection method is the one a person feels safe and comfortable using consistently and correctly every time. That method could be abstinence or postponement. It could be a barrier or hormonal method. There are many things to think about when choosing a protection method—people have to choose what will work most effectively for them.

Instructions: First, the student and parent or other caring adult should brainstorm together the qualities of an “ideal” protection method and how it would work. List some of its advantages (e.g., is invisible, affordable, etc.). Use your imagination and work together to create the next great product on the market!

Next, list all the protection methods you both can think of that are currently available. Feel free to refer to the Protection Methods Chart. Compare and contrast how they measure up against the “ideal protection method” that you brainstormed.

Discuss:

1. What might stop someone from using a protection method?
2. How would you explain to someone why a protection method is important?
3. Name three resources in your community where someone can get protection methods.

→ Tips for Parents

The goal of this activity is to promote conversations between *Get Real* students and caring adults in their lives. It provides a great chance to review material covered in class, research resources for additional information, and share your feelings and values.

Note: If it's embarrassing to discuss these issues with one another, you can decide to:

- Say so—and do the exercise anyway.
- Skip parts of it.
- Write down your answers and then read each other's answers.
- Laugh, giggle, blush, and go right on talking.

Parent or Other Caring Adult Signature

Student Signature

Lesson 7.9

Grade 7 Conclusion and Review

Connecting the Lessons

Builds on *Lesson 7.7: Introduction to Sexually Transmitted Infections* and *Lesson 7.8: Introduction to Protection Methods*.

Lesson Goals

- Explain importance of communication in relationships.
- Demonstrate skills demanding use of condoms from partner.
- Demonstrate refusal skills.
- Name possible outcomes of sexual activity.

Preparation & Materials Checklist

- Read over the Role-Play scenarios.
- Review Steps to a Decision model.
- Review student handouts:
 - Handout 7.9-3: Steps to a Decision
 - Handout 7.9-5: What I Want to Remember
- Copy family letter and family activity.
- Have:
 - Role-Play scenario cards
 - Paper for reflections
 - Anonymous Questions Box
 - Slips of paper for anonymous questions
- (Optional) Create unit test from Grade 7 Test Question Bank.

Terms to Use

- STIs
- Refusal
- Insistence
- Condoms

SEL Skills Addressed

Relationship skills, responsible decision making

Logic Model Determinant(s)

Increase communication with parents and other caring adults.

Increase self-efficacy of SEL skills to delay and/or refuse sex.

Increase positive attitudes toward condoms and/or other protection methods.

Increase self-efficacy to demand the use of condoms and/or other protection methods.

Promote SEL skills to increase use of condoms and/or other protection methods.

Address values around abstinence and sex.

Address future goal setting.

→ Teacher Note

Since this is the final lesson of seventh grade, be sure to answer any remaining questions from the Anonymous Questions Box. It's also important to review local resources with students and encourage them to seek out caring adults with any questions or concerns they may have about sexuality.

Activity 7.9-1

5 minutes

Process Family Activity

Process Family Activity from Lesson 7.8

Process Questions

1. Did you do the activity with your parent or other caring adult?
2. Name some feelings you had while doing this activity.
3. Name something you learned or discovered during this conversation.
4. What might you do differently as a result of this conversation with your parent or other caring adult?

Get Real for Parents

Remind students to have their parent/caring adult use the access code to log in to the mobile website.

Activity 7.9-2

Anonymous Questions Box

Review anonymous questions

Address any remaining student questions from the Anonymous Questions Box, and remind students that you are always available to help them find resources or answers to their questions.

Activity 7.9-3

15 minutes

Sexual Decision Making

Review possible outcomes of sexual activity

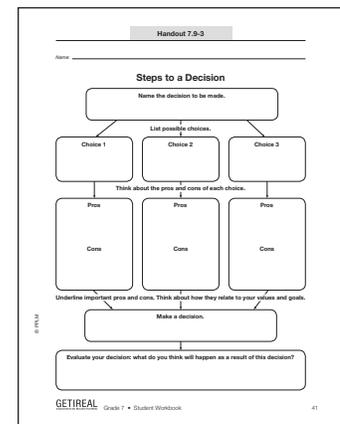
Ask students to name reasons people engage in sexual activity. Then ask them to name outcomes (both positive and negative) of engaging in sexual activity.

Apply decision-making model

Ask students to turn to **Handout 7.9-3** in the Student Workbook. Read the following scenario.

“Ashley and Craig are in high school. They’ve been dating for a few months, but they keep breaking up and getting back together. Craig thinks that if they have vaginal intercourse, it will make their relationship stronger and they won’t break up anymore. Ashley has had vaginal intercourse before and is taking a birth control pill. Craig has had oral sex with other people but never vaginal intercourse. What should they do?”

Have students work in small groups to apply the Steps to a Decision model. Ask groups to share their answers and write some possible decisions on the board.



Handout 7.9-3
Student Workbook page 41

Process Questions

1. What did your group decide that Ashley and Craig should do?
2. If Ashley and Craig decide to have vaginal intercourse, what could they do to reduce their risk for STI transmission or unintended pregnancy?
3. What could Ashley and Craig say to each other to communicate what they want?
4. Why does communication play an important role in preventing unintended pregnancy and STIs?

Activity 7.9-4

20 minutes

Practicing Refusal and Negotiating Condom Use

Practice refusal and negotiation skills

Break students into small groups. Explain that each group will be looking at some scenarios with characters who need help communicating. Scenarios will either focus on one character identifying their boundary, and their partner respecting that boundary, or on partners communicating assertively about protection.

Distribute one negotiation and one refusal role-play scenario to each group of students. Have students take a minute to read the scenarios and write notes about what the characters should do. Then have them talk through the scenarios in their groups and demonstrate the best course of action. Be sure that students act out the responses and practice their negotiation and refusal skills, rather than just talking about the scenarios in an abstract sense.

Call on groups to perform their refusal and negotiation skills for the class. Provide feedback or elicit it from the class, reinforcing abstinence as the most effective method to ensure health and safety, as well as correct and consistent use of condoms and other protection methods.

Process Questions

1. Name one feeling you had while performing these role-plays. What was easy? What was difficult?

→ *Teacher Note*

Reinforcing the message

As students examine the following situations and practice refusal skills, be sure to reinforce that the most effective method of protection is to abstain from sexual activity. But people who choose to become sexually active should always use condoms and other protection methods.

In order to reinforce both of these messages, make sure all students work on at least one refusal role-play and one insistence role-play.

→ *Teacher Note*

For educators who have been trained in guided improvisation and mantle-of-the-expert role-play techniques, this is an opportunity to utilize either of these techniques with the class. For a reminder of how these techniques are facilitated, log on to www.getrealeducation.org for modeling videos.

2. Why are these skills important to learn in a sex education class? What do they have to do with the other topics we've studied?
3. How can refusal skills or negotiation skills be useful to you in life?

Activity 7.9-5

5 minutes

What I Want to Remember

Reflect on learnings from *Get Real*

Remind students that over the course of *Get Real* they've learned important skills and information that they can use throughout their lifetime. Ask students to turn to **Handout 7.9-5** in the Student Workbook. Ask them to reflect on their learning from the past nine classes and think about how they can apply it to their own life.

Handout 7.9-5

Name _____

What I Want to Remember

1. One thing I can do to take care of myself is...
2. I can refuse to...
3. Two responsible decisions I could make about my sexual health are...
4. If I ever need support with an issue I don't know how to deal with, a caring adult I could turn to is...
5. If I ever have questions about my sexuality or sexual health, a resource I could use is...

GETREAL Grade 7 • Student Workbook 43

Handout 7.9-5
Student Workbook page 43

Activity 7.9-6

Family Activity

Explain family activity

Review the Family Activity for this lesson.

Family Activity 7.9

What Have We Learned?

Instructions: Work together to finish these sentences. Think about the things you've both learned and discussed over the 9 weeks of *Get Real* classes and Family Activities.

1. One fact I learned about sex and sexuality is...
2. One value about sex and sexuality I have is...
3. One thing I still wonder about the topic of sex and sexuality is...
4. One thing I want my parent or child to understand about my feelings on this topic is...
5. One thing that keeping in our relationship and communication about this topic is...
6. One of the main messages I want to share with my parent or child about the topic of sex and sexuality is...

Tip for Friends
The goal of this activity is to promote communication between *Get Real* students and caring adults in their lives. For students, a great chance to show parents/caring adults how well they've learned is to discuss their own, personal experiences with sex and sexuality. If it's embarrassing to discuss these things with an adult, you can decide to skip part of it. Write down your answers and then read each other's answers. **Teach, Learn, Share, and Sign up on *GetReal*!**

Parent or Other Caring Adult Signature _____ Student Signature _____

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Family Activity 7.9
Student Workbook page 45

Get Real for Parents

Remind students to have their parent/caring adult use the access code to log in to the mobile website.

Role-Play

Refusal Skills Role-Plays

1. Brittany’s girlfriend wants to have oral sex with her. Brittany really likes her girlfriend, and her friends say that having oral sex will bring them closer together. But Brittany’s mom thinks she should wait until she is older. Brittany agrees with her mom, but she is scared of hurting her girlfriend’s feelings. What should she say?

2. Carlos and Veronica got drunk at a party and had vaginal intercourse last weekend. Now Veronica wants to have sex again, but Carlos doesn’t want to. What should Carlos say?

3. Natasha and Marc have been dating for a long time. They have had oral sex. Their friends keep asking when they are going to have vaginal intercourse. Natasha isn’t sure that she wants to take that step. What should she say?

Negotiation and Communication Skills Role-Plays

4. Erika and Cameron use condoms as their method of birth control. So far, they’ve used a condom every time they’ve had vaginal intercourse, but Cameron wants to see what it feels like without a condom. He asks Erika if they can try it just once without a condom and says he can pull out before he comes, so she won’t get pregnant. What should Erika say?

5. Brianna is thinking about having sex with her boyfriend. She’s never had sex before, and her boyfriend has had a lot of partners. She wants to use a condom, but she’s nervous about asking because he’s said he doesn’t like to use them. What should Brianna say?

6. Corey has had sex with Jamie a few times, but they’ve never used condoms. Now Corey is worried about STIs and wants to start using condoms, but Jamie doesn’t see what the big deal is. What should Corey say?

For Teacher Review Only

GET | REAL

Comprehensive Sex Education That Works

Dear Parent or Other Caring Adult,

This was the final week of *Get Real* classes! The Family Activity will help you and your child talk about the experience together. We hope you have found the *Get Real* Family Activities and letters helpful in your ongoing conversations with your child.

As the primary sexuality educator of your child, here are some general strategies to remember as you continue to talk about relationships, communication, decision making and values—the keys to sexual health!

- **Remember, sexuality isn't just about sex.** Sexuality includes gender, reproduction and sexual activity, but it's also much more. Sexuality involves feelings, attitudes, intimacy, caring, messages about gender, body image and sexual orientation.
- **Know that children and teens want to hear from their parents.** Teens cite parents as the number-one influence on their sexual decision making. Remind them that you care and want to help them make safe, healthy choices.
- **Be connected with their world.** Be curious about young people's interests (music, TV, sports, etc.) and get to know their friends.
- **Affirm them.** Compliments and support build positive self-esteem and will help your child open up to you.
- **Talk less, listen more.** Ask questions that open the door for discussion (e.g., "When do you think a person is ready to be a parent?"). Validate your child's questions, and really listen to your child's thoughts and views without judging. Start on a positive note by giving a compliment.
- **Choose the right times.** Talk in the car or having a snack, etc., not when people are on the run or in the middle of an activity such as homework.
- **Be prepared.** Learn about the sexuality education being taught in the schools, faith communities and youth groups. Identify available resources, such as websites, books and professionals.
- **Remember that it's never too late.** Starting early and talking often is great. But it's never too late to begin. Conversations about sexuality should be ongoing.
- **Be honest.** Communicate your true feelings and values. If you believe your child should wait to become sexually active, say so in a positive, supportive way. Don't expect to have all the answers. Admit when you don't know. Be willing to seek answers together. It's OK to feel embarrassed or uncomfortable, as long as you keep talking.
- **Understand why facts and knowledge are important.** Respect your child's right to accurate and honest information about sexuality. Giving them the information they need helps young people make good decisions.

What Have We Learned?

Instructions: Work together to finish these sentences. Think about the things you've both learned and discussed over the 9 weeks of *Get Real* classes and Family Activities.

1. One fact I learned about sex and sexuality is...

2. One value about sex and sexuality I have is...

3. One thing I still wonder about the topic of sex and sexuality is...

4. One thing I want my parent or child to understand about my feelings on this topic is...

5. One thing that's working in our relationship and communication about this topic is...

6. One of the main messages I want to share with my parent or child about the topic of sex and sexuality is...

→ *Tips for Parents*

The goal of this activity is to promote conversations between *Get Real* students and caring adults in their lives. It provides a great chance to review material covered in class, research resources for additional information, and share your feelings and values.

Note: If it's embarrassing to discuss these issues with one another, you can decide to:

- Say so—and do the exercise anyway.
- Skip parts of it.
- Write down your answers and then read each other's answers.
- Laugh, giggle, blush, and go right on talking.

For
Teacher Review
Only

Parent or Other Caring Adult Signature

Student Signature

There are multiple ways to assess student learning throughout the unit. In addition to the assignments embedded in the unit, you may choose to do a final assessment at the end of the unit. In addition to the test questions included below, here are two creative options that you may choose as assessments:

■ Creative Final Project 1

Working in small groups, students will create a 30-second public service announcement for the radio that tells adolescents how to access sexual health services. Before creating this ad, groups must first research different medical and sexual health services available in their area, finding out location, cost, and how to schedule an appointment. Next they will each write a script incorporating this information. Once you have approved the scripts, students may record their public service announcements in a clear and engaging manner. This project can culminate in a listening session in which all public service announcements are played and the class votes on the best one.

■ Creative Final Project 2

Working in small groups, students will create a “Choose Your Own Adventure” story about bullying and being an ally. The protagonist of this story should be a bystander who witnesses bullying and is nervous about intervening. Using the decision-making model as a starting point, groups will write three possible outcomes to the story based on three possible decisions the protagonist could make. The conflict and possible outcomes must be true to life.

You may also choose to create a final unit test for your students. Below are questions in several different formats that test their ability to recall and apply concepts from this unit of *Get Real*. Use this bank of questions to assemble a test that is well suited to assess your students’ knowledge of the material from this unit.

Multiple-Choice Questions

1. Maya knows that she values waiting until she is in love to have sex. By knowing what her values are, she is demonstrating:
 - a. Self-awareness
 - b. Self-management
 - c. Social awareness
 - d. Relationship skills
2. An ally is someone who:
 - a. Spreads rumors about other people
 - b. Is waiting until marriage to have sex
 - c. Stands up for the rights of other people
 - d. Doesn't drink alcohol
3. This term can be used to describe a person whose gender identity and/or expression is different from what might be expected based on their sex assigned at birth.
 - a. Straight
 - b. Gay
 - c. Bisexual
 - d. Transgender
4. For people who choose to engage in intercourse, which protection method helps prevent pregnancy *and* STIs?
 - a. Birth control pills
 - b. IUD
 - c. Emergency contraception
 - d. Condoms
5. This device can be used to help prevent STI transmission during oral sex performed on the vulva or anus:
 - a. Diaphragm
 - b. Dental dam
 - c. Spermicide
 - d. IUD

6. Which sexual activity has no risks involved?
- Masturbation
 - Oral intercourse
 - Anal intercourse
 - Vaginal intercourse
7. What percentage of high school students have had vaginal intercourse?
- 100%
 - 75%
 - 50%
 - Less than 50%
8. Postponing sex means:
- Having sex right away
 - Waiting until later to engage in sex
 - Pressuring someone into sexual activity
 - Never having sex
9. What is the most common symptom of an STI?
- Painful urination
 - Headache
 - Having no symptoms
 - Warts
10. If people think they may have been exposed to an STI, a healthy choice they could make is to:
- See a medical professional to get tested
 - Take aspirin
 - Drink lots of water
 - Do nothing
11. This kind of STI can be treated but not cured:
- Bacterial
 - Viral
 - Recently transmitted
 - Showing no symptoms

For
Teacher Review
Only

12. The fluids that, when infected, can transmit HIV are:
- a. Blood, vaginal fluid, saliva, urine, ejaculate
 - b. Blood, vaginal fluid, rectal fluid, ejaculate, pre-ejaculate, breast milk
 - c. Blood, saliva, breast milk, ejaculate, vaginal fluid
 - d. Blood, ejaculate, pre-ejaculate, sweat, saliva
13. This kind of protection method prevents ovulation:
- a. Barrier
 - b. Hormonal
 - c. Abstinence
 - d. Dental dam
14. This protection method can be purchased over the counter by people of any age:
- a. Some forms of emergency contraception
 - b. Implanon
 - c. Depo-Provera
 - d. The pill
15. Using this can increase comfort and the effectiveness of condoms:
- a. Alcohol
 - b. Vaseline
 - c. Water-based lubricant
 - d. Baby oil

True or False Questions

If the statement is true, circle T. If the statement is false, circle F.

- 1. T F Sexual situations on TV accurately reflect sexual situations in real life.
- 2. T F Advertisers target people's insecurities.
- 3. T F Someone who identifies as bisexual just can't decide between being straight or gay.
- 4. T F A person who identifies as gay is attracted to everyone they know of the same sex.

Grade 7 Test Question Bank

5. T F A guy who doesn't want to have sex with a girl must be gay.
6. T F Forwarding sexual pictures of someone without their permission can be a form of bullying.
7. T F Everyone has the same ideas about what counts as sexual behavior.
8. T F Using drugs or alcohol can affect a person's decisions about sex.
9. T F Pressuring someone for sex is not consensual and shows a lack of respect.
10. T F Saliva is a fluid that can transmit STIs.
11. T F It can take many years before HIV develops into AIDS.
12. T F Having multiple sexual partners increases the risk of getting an STI.
13. T F Only people who are sexually active need to be vaccinated against HPV.
14. T F A person won't get pregnant if they urinate after intercourse.
15. T F People should use a new condom every time they engage in intercourse.

Short-Answer Questions

1. What is unrealistic about the way sex is portrayed on TV?

2. Imagine that one of your classmates is being bullied because he likes fashion and wears bright colors. Even though you don't participate in the bullying, you see it happen every day. What could you do to be an ally?

3. Why is self-awareness important in sexual decision making?

4. What are 3 questions someone could ask themselves before they become sexually active?

5. Mike wants to use a condom, but his girlfriend says they don't need to worry because she has the implant. What can Mike say to her to explain why he thinks using a condom is important?

For
Matching Questions

Match the description to the protection method it describes.

1. _____ The only method besides abstinence that prevents against STIs
2. _____ The only method that is 100% effective when used correctly and consistently
3. _____ A latex square that can prevent STI transmission during oral sex on the vulva or anus
4. _____ A hormonal method inserted inside the vagina for 3 weeks at a time
5. _____ A device that changes the environment of the uterus, preventing the sperm from reaching the egg
6. _____ Methods that can be used in the event of unprotected sex to prevent pregnancy
7. _____ A method taken daily to prevent pregnancy
8. _____ A hormonal method given by a health care provider every 3 months
9. _____ Place where condoms and some forms of emergency contraception can be obtained
10. _____ Only place where hormonal birth control methods can be obtained

- | | | |
|----------------------------|-------------|------------------|
| a) Pharmacy | e) The shot | h) Dental dam |
| b) IUD | f) The ring | i) Health center |
| c) Emergency contraception | g) The pill | j) Condoms |
| d) Abstinence | | |

Multiple-Choice Questions

1. Maya knows that she values waiting until she is in love to have sex. By knowing what her values are, she is demonstrating:
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 - c. Social awareness
 - d. Relationship skills
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 - b. Headache
 - c. **Having no symptoms**
 - d. Warts
10. If people think they may have been exposed to an STI, a healthy choice they could make is to:
- a. **See a medical professional to get tested**
 - b. Take aspirin
 - c. Drink lots of water
 - d. Do nothing
11. This kind of STI can be treated but not cured:
- a. Bacterial
 - b. **Viral**
 - c. Recently transmitted
 - d. Showing no symptoms

12. The fluids that, when infected, can transmit HIV are:

- a. Blood, vaginal fluid, saliva, urine, ejaculate
- b. **Blood, vaginal fluid, rectal fluid, ejaculate, pre-ejaculate, breast milk**
- c. Blood, saliva, breast milk, ejaculate, vaginal fluid
- d. Blood, ejaculate, pre-ejaculate, sweat, saliva

13. This kind of protection method prevents ovulation:

- a. Barrier
- b. **Hormonal**
- c. Abstinence
- d. Dental dam

14. This protection method can be purchased over the counter by people of any age:

- a. **Some forms of emergency contraception**
- b. Implanon
- c. Depo-Provera
- d. The pill

15. Using this can increase comfort and the effectiveness of condoms:

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- b. Vaseline
- c. **Water-based lubricant**
- d. Baby oil

True or False Questions

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13. T F Only people who are sexually active need to be vaccinated against HPV.
14. T F A person won't get pregnant if they urinate after intercourse.
15. T F People should use a new condom every time they engage in intercourse.

Short-Answer Questions

1. What is unrealistic about the way sex is portrayed on TV?
Possible answers: Everyone is doing it, no one talks about pregnancy or STIs, people don't discuss using protection, people don't communicate before engaging in sex, no explicit consent.
2. Imagine that one of your classmates is being bullied because he likes fashion and wears bright colors. Even though you don't participate in the bullying, you see it happen every day. What could you do to be an ally?
Possible answers: Tell a teacher or other adult, stand up to the bullies, tell the classmate that you don't like it when others say disrespectful and mean things, talk to the classmate being bullied about what they need and what you can do to support them.
3. Why is self-awareness important in sexual decision making?
Possible answers: Set clear boundaries for yourself, know what you are comfortable with, honor your personal values, resist peer pressure.

4. What are 3 questions someone could ask themselves before they become sexually active?
Possible answers: Am I ready? Can I talk with my partner? Am I comfortable being naked with my partner? Do I know how to prevent pregnancy? Do I know how to protect against STIs? Am I prepared for how I'll feel afterward? Am I prepared for how I'll feel if we break up?
5. Mike wants to use a condom, but his girlfriend says they don't need to worry because she has the implant. What can Mike say to her to explain why he thinks using a condom is important?
Possible answers: I want us to be extra safe; it's important to me to take responsibility for protection; I promised myself I would always use condoms; it would make me more comfortable; it's important to also protect ourselves from STIs.

For Matching Questions

Match the description to the protection method it describes.

1. j The only method besides abstinence that prevents against STIs
2. d The only method that is 100% effective when used correctly and consistently
3. h A latex square that can prevent STI transmission during oral sex on the vulva or anus
4. f A hormonal method inserted inside the vagina for 3 weeks at a time
5. b A device that changes the environment of the uterus, preventing the sperm from reaching the egg
6. c Methods that can be used in the event of unprotected sex to prevent pregnancy
7. g A method taken daily to prevent pregnancy
8. e A hormonal method given by a health care provider every 3 months
9. a Place where condoms and some forms of emergency contraception can be obtained
10. i Only place where hormonal birth control methods can be obtained

- | | | |
|----------------------------|-------------|------------------|
| a) Pharmacy | e) The shot | h) Dental dam |
| b) IUD | f) The ring | i) Health center |
| c) Emergency contraception | g) The pill | j) Condoms |
| d) Abstinence | | |

**For
Teacher Review
Only**

7.1 Activities**All 7.1 Activities****Engaging Students**

The majority of Lesson 7.1 is a review of the key themes and concepts that were introduced in the Grade 6 curriculum. Recognizing the students as “experts” because they already made it through a semester of this material is a great way to reintroduce the important ideas, establish Class Rights and Responsibilities, and review the SEL skills.

Activity 7.1-1**Introduction and Class Rights and Responsibilities****Facts to Know**

The first *Get Real* lesson sets the tone for the next eight lessons. Establishing *Get Real* Class Rights and Responsibilities is the first step in creating a positive and safe learning environment. It's essential that students actively decide what they need in order to speak freely about sexual topics in class.

Brainstorm ideas and write responses on large butcher paper to display their suggestions. You should prompt students to share their responses but offer examples if students hesitate. To help elicit student responses, ask, “What do you need from your peers in order to feel comfortable asking questions in class?”

You can ask students to sign their names to create student buy-in. Posting the Rights and Responsibilities in a visible spot in the classroom is a constant reminder of their commitment. Refer to the list throughout the nine lessons to aid in behavior management and student engagement.

The following Rights and Responsibilities will set a positive and safe tone for the classroom environment:

- **Be enthusiastic.** It's the teacher's job to engage students in the lesson topics. Being enthusiastic yourself will allow students to feel enthusiastic. Explain to students that you are aware some of them may feel uncomfortable with the topic, while others may be very excited to learn about sexuality. It's completely normal to feel any of those feelings, but all students have the right to be enthusiastic.
- **Feel positive about your sexuality.** Affirm that, although it might be embarrassing to talk and learn about sexuality, it can be a fun and positive experience. Normalize that everyone has sexual body parts and goes

through sexual changes, and most people have sexual feelings. Feeling excited, curious and positive about these changes is completely normal.

- **Feel how you feel.** Acknowledge that discussions about sexual health can make anyone feel uncomfortable or embarrassed. By normalizing these feelings and reactions, you become more approachable, and students may feel more at ease. Some teachers find it helpful to allow students to giggle for a set amount of time when an “embarrassing” topic is first introduced. It’s also important to acknowledge that many families do not talk about sex in their homes, and this may be the first time some students have had an opportunity to talk about these topics.
- **Pass.** Sometimes talking about a subject goes beyond embarrassment. Discussions on sexual health can bring up feelings of discomfort for personal reasons. Students need to know that if they feel too uncomfortable, for any reason, they can sit and be quiet, pass on classroom discussions, or be excused.
- **Self-care.** Providing students the space to interact with the material at their own comfort level is critical to providing trauma-informed sexuality education. Educators need to create an environment where students feel safe and comfortable. The topics discussed in *Get Real* may trigger students and bring up memories of past experiences that require self-care. Providing them an opportunity to leave class, if the school/organization allows, to go to a separate area of the classroom to disengage, or simply to pass are key parts of being trauma informed. It is important to encourage students to practice self-care when needed and to check in with them throughout and after the class.
- **Be heard.** Everyone has important insights to share. Students should speak one at a time to respect everyone’s right to be heard.
- **Express your opinions.** The teacher’s role is to provide factual information. Neither peers nor teachers should attempt to change a student’s personal values or beliefs. People have the right to their own opinions.
- **Ask questions.** Questions can be asked in front of the class, asked privately to the teacher after class, or written down anonymously for the Anonymous Questions Box. Asking questions should be encouraged. Refer to the Anonymous Questions Box section below for more information.
- **Be respected.** Everyone will be treated with respect. Name calling, using disrespectful language, and negative facial expressions (rolling eyes, etc.) when people are speaking are all considered disrespectful. In order to create a safe space, these behaviors will not be tolerated.

- **Not have assumptions made about you.** Jumping to conclusions or making judgments about people based on what they say or don't say, how they act, how they dress, etc., is not appropriate. Ask students if they know what an assumption is. Use the following example if needed: "Can I assume blue is your favorite color just because you are wearing a blue shirt? Without having all the facts or asking for clarification, it's unfair to make assumptions about each other."
- **Privacy.** Students can share information in class if they choose, but they are never required to do so. Remind students to think carefully before sharing a personal story, as once they say something aloud, they can't take it back. This is much like writing a text message or an email. Once the message is sent, there's no way to unsend it. Also explain that the right to privacy extends to people who are not in the room. If someone wants to share a personal story or a friend or family member's personal story, they should change the people's names or not use names at all.
- **Confidentiality.** Confidentiality means that personal information will not be shared outside of the classroom with students, parents, other teachers, etc. Explain that one-on-one conversations between the teacher and student can be kept confidential unless the teacher has a concern about personal safety. Teachers are required by law to report information if students disclose being hurt or intentions to hurt themselves or others. Reportable disclosures include physical, emotional and sexual abuse; suicidal thoughts or behavior; and other dangerous behaviors. Reporting these situations will allow students to access help. Before teaching the curriculum, teachers should ask about the mandated reporting procedures at their school or organization. Teachers should be upfront with students about what is reportable; they should also let students know what could happen if a report is made (i.e., a social worker may call or visit your home to check up on you and your family).
- **Use appropriate language.** In order to keep class discussions respectful, encourage students to use the medically accurate terms for body parts and sexual functions, instead of slang terms. If students don't know the appropriate terminology, they may ask.

Engaging Students

The optional icebreaker game is useful for teachers who do not know their students well and for students who do not know each other well. Engaging students in an icebreaker activity at the beginning of the *Get Real* curriculum is a method for gaining student trust and respect, since sexuality education may often make students feel uncomfortable or embarrassed. Teachers

should also participate in icebreaker activities to show their interest in the students. Here are some recommended examples of icebreaker activities:

- **Name Tags:** Students make name tags for their desks and decorate them with words or pictures that describe themselves.
- **Name and a Movement:** Students say their names while making a specific movement, and the rest of the class repeats the name and movement.
- **Name and a Hidden Fact:** Students say their names and one fact that people would not know from looking at them. This activity can be tied to “Not have assumptions made about you” on the Rights and Responsibilities list.
- **Name and a Feeling Word:** Students say their names and a word that describes how they are feeling about the day or about beginning the curriculum.
- **North Wind:** Students stand in a circle with one person in the center. The center person says, “The north wind blows for anyone who...” and then completes the statement with something that’s true about himself or herself. For example, “The north wind blows for anyone who loves baseball.” Once the statement has been made, everyone who also identifies with the statement attempts to move to a new spot in the circle. The person left in the middle begins the next statement. This game is very engaging, but it requires classroom space and additional class time.

Activity 7.1-3

Decision-Making Review

Engaging Students

Ask students if they remember any parts of the decision-making model presented in *Lesson 6.8*. See if they can remember how personal and universal values tie into the decision-making process. Ask if they have weighed the pros and cons of a decision over the past year.

Activity 7.1-5

“What Am I?” Game

Engaging Students

The following are some possible questions to use in the game.

The penis and related anatomy:

- “I am about the width of a piece of uncooked spaghetti, and I am the tube that carries sperm from the testes to the seminal vesicle.” (*Vas deferens*)
- “I am the sex cell that develops in the testes.” (*Sperm*)

- “I am the hormone that the testes produce.” (*Testosterone*)
- “I am the fluid that leaves the penis before ejaculations and can contain up to 20,000 sperm. I can also transmit STIs.” (*Pre-ejaculate*)
- “I am the average number of sperm in an ejaculation.” (*300 million–500 million*)
- “I am two fluids that travel through the urethra to the penis.” (*Ejaculate/pre-ejaculate and urine*)
- “My job is to keep the testes cooler than the rest of the body.” (*Scrotum*)
- “I am the time in life when a young person starts producing sperm.” (*Puberty/between ages 11 and 15*)

The vagina and related anatomy:

- “I am about the width of three strands of hair, and I am the passageway the egg travels through to get to the uterus.” (*Fallopian tubes*)
- “I am the part of the body in which a fertilized egg implants and a pregnancy begins.” (*Uterus*)
- “I am the fleshy tissue on the outermost parts of the vulva.” (*Labia*)
- “I am the hormone that ovaries produce.” (*Estrogen*)
- “I am the average length of a period.” (*3–7 days*)
- “I am the part of the uterus that is shed during menstruation.” (*Endometrium, or uterine lining*)

General:

- “I am the most important sexual organ in a person’s body.” (*The brain*)
- “I am the number of eggs and sperm that it takes to create a fertilized egg.” (*One of each*)

An additional way to engage students in this activity is to offer a bonus round in which students label the parts on blank anatomy posters.

Activity 7.1-6**Anonymous Questions Box****Potential Challenges**

When reviewing the anonymous questions, it might help to remind students that the language of the questions should be scientifically and anatomically correct. Questions that are not appropriate for class should not be read out loud. Questions that might be inappropriate should be reworded to use more appropriate terminology.

Mandated reporting extends to anonymous questions. Educators must be informed of their state and school/organization policies. It is important to

let students know about mandated reporting so they are not surprised if an educator follows up with them about a question or something written on a card. Educators can tell students that if they wish to disclose something or discuss a sensitive subject further, they can put their name on the card and the educator will follow up one on one with them.

Engaging Students

A key component of the *Get Real* program is the opportunity for students to ask questions anonymously, and the Anonymous Questions Box is a great way to engage students. Although students are encouraged to ask questions out loud, having an Anonymous Questions Box is a welcome option for some students.

The anonymous questions activity is suggested for the end of this first lesson. Index cards or slips of paper are passed to each student, and they are asked to write down a question. The teacher can provide examples of anonymous questions from previous classes, such as “What’s a wet dream?” or, “Is it normal for a young teen to have sexual feelings?” You can also prompt students by suggesting different *Get Real* topics (e.g., puberty, anatomy, relationships, sexual health, etc.). All students should be encouraged to write something down to support anonymity. Students who have no questions can answer an alternate prompt. To get a sense of the media that the students are most engaged in (and to prepare for *Lesson 7.2*), the question could be, “What is your favorite TV show?” or “What type of music do you like?” If students are reluctant to ask questions, teachers can even plant some questions in the box to read out loud.

Once the process for asking anonymous questions is established, the teacher can close each lesson by answering questions from the previous class. If time is limited, the teacher can decide to answer questions every other class or select only a few questions each time.

A decorated shoe box with a slit cut in the top makes a good Anonymous Questions Box. Having the students decorate the box can help make using it a fun rather than a feared activity. Some teachers opt to leave the box where it is accessible to students during the week. To ensure anonymity, it’s best to use a box that can be locked so that students cannot access questions written by other students.

Student questions must always be answered in age-appropriate and medically accurate ways. Always allow students to follow up with the teacher after class for more information. Sometimes it’s necessary to address the feelings and values of the person asking the question, but it’s always important for the teacher to answer questions factually. Students may also

be directed to ask a parent or other caring adult (e.g., religious mentor, family physician, school nurse, or counselor) for further discussion, especially for questions regarding personal values.

Use the Frequently Asked Student Questions section of www.getrealeducation.org for hundreds of vetted answers to student questions.

Adolescents' questions often fall into one of five categories. The following types of questions have common themes and have been noted in several comprehensive sex education programs. A sample question and suggested answer is provided for each one.

- **Information-seeking.** These are straightforward questions with specific, factual answers. Answer these questions honestly and factually. If you believe there is a value component to the question, it is important to address multiple points of view in your answer.

Q: What is masturbation?

A: Masturbation is defined as touching, rubbing, and/or fondling one's own sex organs for pleasure and stimulation. There are no medical or safety concerns for people who choose to masturbate. It is a personal decision and a normal behavior for people of all ages. People may have different opinions about masturbation, often based on cultural or religious reasons. It's important to know that it's OK to choose to masturbate, and it's OK to choose not to masturbate.

- **Am I normal?** These questions focus on adolescents' concerns about physical and emotional change. Answers should validate their concern and provide factual information about the question asked. Also acknowledge that everyone has different bodies and experiences.

Q: What is the average size of a penis?

A: Lots of people want to know what's considered average. Sometimes people worry that their penises are too big or too small. The average size of a penis for an adult ranges from 2.5 to 4 inches if it is soft (flaccid), and 4 to 6 inches if it is hard (erect). "Average" means that most fall within this range, but some are smaller or larger.

- **Permission-seeking/advice.** These questions indirectly ask the teacher for permission to engage in or avoid a behavior. It's important to remind students that a behavior may be appropriate for one person (e.g., at a certain age) but not necessarily for everyone.

Q: What's the right age to have sex?

A: People have sexual intercourse for different reasons and at different times in their lives. There is no "right" age to have sex. It's important that the two people involved have agreed and given their mutual consent to

engage in sexual intercourse. They must be physically and emotionally mature enough to know about, prepare for, and handle potential risks. Research shows that abstinence—delaying sexual intercourse—is the most effective method for preventing unintended pregnancy and STI transmission.

- **Personal beliefs or experiences.** These questions ask about the teacher's values, beliefs or experiences with regard to a certain topic. Teachers should not share personal information. The teacher's job is to share the facts, not personal opinions or experiences. Refer students to parents and other caring adults for discussions about values surrounding the question asked.

Q: How old were you when you had sex for the first time?

A: I understand you may be curious about my life experience. However, my experiences are not as important as your own values around having sex for the first time. Speaking to a parent or other caring adult will help you form and clarify your own values and beliefs.

- **Shock questions.** These questions are asked to elicit a reaction from the teacher. This is often a test of a teacher's sense of humor and ability to remain calm. Students are looking to see if the teacher will get upset or flustered by a question. Sometimes it's best to ignore the question, but, if the question is relevant, the teacher can reword the question and give a serious answer.

Q: If I banged 200 ladies, do I have AIDS?

A: This question asks, "If I've had sex with 200 women, do I have AIDS?" Having multiple partners can increase the risk of getting an STI, including HIV. Using condoms can help reduce the risk significantly. The only way to know for sure if a person has an STI is to get tested.

Lesson 7.1 Resources

Information on social and emotional learning:

Collaborative for Academic, Social, and Emotional Learning: www.casel.org

Information about reproductive anatomy:

Genitalia and Sexuality Related Body Issues: www.kinseyconfidential.org/resources/bodies

My Body: <http://www.plannedparenthood.org/teens/my-body>

See www.getrealeducation.org for more information and resources.

7.2 Activities**All 7.2 Activities****Potential Challenges**

Throughout this lesson, it's important to keep time constraints in mind. Students will probably have a lot to share about their favorite TV shows, videos games, and so on. You must keep them focused on the goal of the lesson.

It's also important to remember not to disseminate personal values about the media the students identify as popular. Avoid taking an “adultist” stance about the music and TV shows adolescents are excited about, as it can be very alienating for the students. (The term “adultist” refers to behaviors and attitudes that reflect a systemic discrimination against young people by the adults in their lives.)

Activity 7.2-2**The Media****Facts to Know**

Be sure to cover all types of media in the brainstorm—even types that may not be as relevant to students—such as newspapers, books, etc.

Explain to students that “literacy” means the ability to read, identify, understand and interpret material. Therefore, “media literacy” is the ability to read, identify, understand and interpret all the ways in which information, ideas, stories, etc., are shared between people through different forms of media.

Activity 7.2-3**Understanding Advertising Messages****Facts to Know**

“Insecurity” means self-doubt or lack of confidence. Insecurities are things that make people uncomfortable with, or dissatisfied about, themselves.

Potential Challenges

It's easy for this lesson to end up focusing only on how women are portrayed in the media because of the volume of advertisements that show women. To ensure that this does not happen, be sure to collect advertisements that feature men and other genders too. Often fragrance ads, such as those for deodorants or body sprays, highlight male stereotypes. Ask students how media portrayals of men and women affect all genders.

Engaging Students

Connect the idea of insecurities to self-awareness and social awareness. This is also an opportunity to discuss how advertisements target groups of people and prey on their insecurities. This activity has the potential to challenge student norms and to excite the class about challenging media stereotypes. The more the class explores the subconscious implications of the onslaught of media, the more enthusiastic the students will become.

Having discussed the use of Photoshop in advertisements, think intentionally about questions that can be asked of students. For example: have they lightened skin color? does this person have a realistic body type? etc.

Rather than informing students that sexual activity on TV does not reflect real life, phrase the idea as a discussion question: “Does sexual activity on TV reflect real life? Why or why not?” To prepare for this lesson, it can be helpful to view some current teen shows to acquire examples for classroom discussion. Or, having discussed how sexuality is used in the media, have the students describe some of the relationships they see on TV and ask them whether the characters discuss consent or protection methods prior to engaging in sex. Ask them if the relationships feel realistic. Ask them if the characters communicate in an aggressive, passive or assertive way with one another. Ask them what they would do to make the relationships healthier, and so on.

For this activity, you might also want to bring in images of characters from popular video games, and images from advertisements found in teen magazines. Preview all the material to ensure that the examples are appropriate for the students in your classroom.

Activity 7.2-4

Ad Analysis Homework

Engaging Students

Rather than having students choose an advertisement at random, this assignment may be more effective if the teacher prints out one ad for the entire class to use. It will also make grading the assignment easier, as every student will be analyzing the same advertisement. If students choose their own advertisements, explain that their challenge is to find one that uses sexuality to sell the product, so they can answer every question.

Lesson 7.2 Resources

Analyzing media images:

Media Education Foundation: *Tough Guise* and *Beyond Killing Us Softly* are videos that analyze media images and messages. Teachers can preview these videos for more information on the topic of this lesson. Please note, however, that these videos are not meant for use in middle school classrooms: www.mediaed.org.

Parental guidelines for popular media:

Common Sense Media: www.commonsensemedia.org

See www.getrealeducation.org for more information and resources.

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7.3 Activities

All 7.3 Activities**Engaging Students**

Become familiar with state laws protecting LGBTQ+ youth and any restrictions on information regarding sexual orientation or gender identity that can be discussed in the classroom. If your school participates in an LGBTQ Safe Zone program, this is a good lesson in which to revisit that with your students.

Be sure to use the terms *gender identity*, *sexual identity* and *sexual orientation*, rather than *sexual preference*.

Potential Challenges

During this lesson, be especially attentive to students' needs and the dynamics in the room. This is a lesson in which Class Rights and Responsibilities and the idea of parents being the primary sexuality educators need to be reinforced throughout. As in any lesson, be careful to not impart personal opinions, but do provide perspective. Reinforce messages of respect and safety for all students in the school.

One potential trap when discussing LGBTQ+ identities is to use language such as “them” to refer to gay people, or to say “gay people are... this or that.” Make sure, especially when reviewing definitions, that the discussion does not start making distinctions between “us” and “them.” It is best to use language such as, “People who identify as [straight/gay/lesbian/transgender, etc.],” which places the person before the description. It's also best to avoid generalizations—people who identify themselves as gay are a varied group of individuals, just like people who identify themselves as straight.

Engaging Students

This lesson offers an opportunity to reinforce the importance of social awareness and empathy, and to normalize different identities and sexual behaviors. Remember that gender and sexual identity and sexual behavior do not always coincide.

Activity 7.3-2

Stereotypes Brainstorm**Facts to Know**

For the purposes of this lesson we are defining stereotypes as, “an oversimplified generalization about a person or group of people.”

Potential Challenges

This activity is intentionally binary and heteronormative because the goal of the activity is to identify gender stereotypes and explain why they can be harmful.

As students examine and discuss stereotypes, there is a possibility they may internalize these stereotypes and take them personally. It is important to remind students that these stereotypes are not about anyone in the classroom and that you, as the teacher, do not believe them to be true. Reinforce for students that stereotypes are not something they have created; rather they exist in our culture and society and can only be changed when they are named and pushed back against.

Lastly, students may bring up stereotypes that are not “negative”—for example, “girls are pretty” or “boys are good at sports.” It is important to emphasize for students that not all stereotypes are inherently harmful: girls can be pretty and boys can be good at sports. But stereotypes become dangerous when people expect others to only fit into these boxes, and when we tie our self-worth to meeting expectations that may not be achievable.

Activity 7.3-3

Gender and Sexual Identity Vocabulary List

Facts to Know

Many of the following vocabulary words build on each other. To make sure students are clear about each word, introduce them in the following order:

- | | | |
|--------------------------|-----------------------|-----------------|
| 1. Sex Assigned at Birth | 6. Sexual Orientation | 10. Bisexual |
| 2. Gender Identity | 7. Straight | 11. Questioning |
| 3. Transgender or Trans | 8. Gay | 12. LGBTQ+ |
| 4. Cisgender | 9. Lesbian | 13. Ally |
| 5. Gender Expression | | |

The following are some additional definitions and talking points to include for clarification:

- **Why not define *homosexual*?** The term *homosexual* is an outdated clinical term typically used to classify people based on sexual orientation, and therefore can feel derogatory within the LGBTQ+ community. *Gay* and *lesbian* are more commonly accepted terms.

- **Bisexual:** It is important for students to understand that someone who identifies as bisexual is not attracted to every person.
- **Coming out (of the closet):** Sharing one's identity as a person who identifies as LGBTQ+ with other people.
- **Sex assigned at birth vs. gender identity:** If a student is struggling with the difference between sex assigned at birth and gender identity, explain that sex assigned at birth is dictated by a doctor when a baby is born based solely on the baby's external genitalia (for example, a penis or vulva). Whereas, gender identity is self-identified as that person develops and discovers who they are.
- **Queer:** A word that may be used to describe people who identify as gay, lesbian, bisexual, transgender or many other sexual identities. The term "queer" is currently used by some people within the LGBTQ+ community as an affirmation of their sexual and gender identities as different and wonderful, as in, "I'm queer and proud." The term "queer," however, has historically also been a derogatory word used against gay and lesbian people or those suspected of being gay or lesbian. Caution should be exercised in using the word because of this historical association.

Activity 7.3-4

Visualization

Engaging Students

The following is a possible script for the visualization activity:

"We will be starting class with a visualization. I will be asking about feelings that you may or may not have experienced. Do your best during the activity, and know that you will not have to share any private information.

"Please close your eyes and put your head down on your desk. (Note: Some students may not feel comfortable or safe closing their eyes. Allow room for students to choose their own way to comfortably focus on themselves during the visualization.) Focus on yourself and listen silently to my voice as you think about these questions.

"I want you to picture someone you are attracted to or have a crush on. This could be a person you know or a celebrity. Again, you're not going to have to share this information. If you've never had a crush on someone, imagine a couple you know, either people in your life or a famous couple.

"Now that you've got a person or a couple in mind..."

- *How does it feel to have a crush on someone? Are there any physical reactions you experience? A flutter in your stomach? Sweaty palms or nerves? Physical excitement? Does it feel like that person is always on your mind?*

- *How is having a crush on someone different from just being friends?*

“Now picture someone you don’t like very much. Could you make yourself have a crush on that person? How would it feel to force yourself to have feelings for someone that you didn’t really have?”

“Please open your eyes.”

If time allows, after the first visualization is over, have students close their eyes again and lead them through the following exercise:

“Now imagine a world where you can’t express yourself openly, either physically or emotionally, with the person you love. Imagine you are living in a world where a big part of your identity has to be suppressed. Imagine having to hide a big part of yourself from the world around you and the people in your life whom you care about and who care about you.”

Ask the following process questions:

- *How would it feel if you couldn’t be yourself around your friends and family? (Be sure to talk about fear, loss of safety, and loss of freedom.)*
- *Would you be able to change the way you felt in order to fit in?*
- *Would you have anyone you could talk to about this?*

Lesson 7.3 Resources

GLBT National Help Center: www.glnh.org

Parents, Families and Friends of Lesbians and Gays: www.pflag.org

Gay, Lesbian, and Straight Education Network: www.glsen.org

Human Rights Campaign: www.hrc.org

Sex, Etc., Glossary: <http://sexetc.org/sex-ed/sex-terms/>

See www.getrealeducation.org for more information and resources.

7.4 Activities**All 7.4 Activities****Facts to Know**

According to the CDC and the National School Climate Survey, students who described themselves as gay, lesbian, bisexual or transgender (LGBT) experience a significant amount of bullying and harassment. The worst experiences were reported in middle school. Here are some more specific statistics:

- 80% of LGBT students reported being verbally harassed at school in the past year.
- When compared to peers, this group was more than twice as likely to have attempted suicide in the past year as their heterosexual peers.
- 30% of LGBT students skipped a day of school in the last month because they felt unsafe or uncomfortable.

This entire lesson provides an opportunity to connect to messages from Lesson 7.3. In Lesson 7.3, students examined the harmful effects that gender stereotypes can have on people, and discussed appropriate LGBTQ+ terminology. Throughout the activities in Lesson 7.4, especially the role-play activity, it is important to help students recognize this connection to previous learning. Emphasizing the messages and learning of Lesson 7.3 can help students make concrete connections to being an ally and creating a safer school environment.

Potential Challenges

This lesson has many activities and will require extra attention to time management.

Activity 7.4-2**Agree/Disagree****Engaging Students**

This activity is a great way to remind students of the Grade 6 Activity 6.8-3: Stand Up/Sit Down, and encourage them to explore their personal values.

Challenge the class to focus on themselves during the exercise. Then, when the exercise is done, ask if they were able to focus on their own answers or if they felt themselves looking around the room. Since most students inevitably glance around before answering each question, follow up by asking, “Why do you think we do that? It’s a completely normal and natural human response to want to fit into the group, but how do we stand up for personal

values when our peers have different opinions? How does it feel to think about values that might differ from your own?" Relate these points to self-awareness and social awareness.

Activity 7.4-3**Defining Harassment/Bullying and Being an Ally****Facts to Know**

The following are some student-friendly definitions:

- **Bullying:** Bullying is aggressive behavior that is intentional (not accidental or done in fun) and involves an imbalance of power or strength. Often bullying is repeated over time. Bullying can take many forms, such as hitting or punching, teasing or name-calling, intimidation through gestures, social exclusion, and sending insulting messages or pictures by phone or online.
- **Bystander:** A bystander is a person who is present when bullying occurs who does not take part directly in the bullying but also does nothing to stop the bullying.
- **Ally:** An ally is a person who stands up for the rights and safety of others.
- **Homophobia:** The irrational fear of people who identify as gay or lesbian and who may or may not be in same-sex relationships. Homophobia can take many forms, from treating people differently, bullying and harassment, to physical violence or threats of violence.

Activity 7.4-4**Role-Plays****Potential Challenges**

Although not all of the students will be comfortable acting out the scenes in front of the class, everyone can participate in the activity by writing out the script and then practicing each character's lines with a partner. Be sure to have students highlight feeling words that the characters might experience during the scenarios.

If the students are working in larger groups, individual students who don't want to "act" could be assigned the "director" role and could feed the two characters their lines during a rehearsal of the scene. This way everyone still has practice saying the words, but no one feels put on the spot.

For more information about conducting successful role-plays, see the "Guidelines for Role-Play" document at www.getrealeducation.org.

Lesson 7.4 Resources

Information about bullying:

Youth Risk Behavior Surveillance System (YRBSS):
www.cdc.gov/HealthyYouth/yrbs/index.htm

The Surviving Bullies Charity: www.survivingbullies.com

The Respect for All Project: <http://groundspark.org/respect-for-all>

U.S. Department of Health and Human Services, Stop Bullying Now Campaign,
<http://stopbullying.gov/what-you-can-do/teens/index.html>

Information on assertive communication:

Be Assertive, Not Aggressive:
www.peelregion.ca/health/sexuality/relations/comm-assert.htm

Information about teen dating violence:

Step Up Speak Out: www.stepupspeakout.org

See www.getrealeducation.org for more information and resources.

For
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7.5 Activities

All 7.5 Activities**Facts to Know**

In this lesson, it's important to remind students that sex is not an unhealthy behavior. However, unprotected sex can result in an STI or unintended pregnancy, and sex before a person is ready can affect their mental, physical and emotional well-being. Healthy and consensual sexual behavior is something to be enjoyed over the course of a lifetime.

Activity 7.5-2

Defining and Deciding About Sexual Behaviors**Facts to Know**

The following are definitions:

- **Having vaginal intercourse:** Vaginal intercourse is penis-to-vagina sex.
- **Having oral intercourse:** Oral intercourse is mouth-to-vulva, mouth-to-penis, or mouth-to-anus sex. (If necessary, review the definition of *vulva*. The vulva is the term for the external sex organs, including the clitoris, urethra, both sets of labia, and the opening to the vagina. The external genitalia has three separate openings. Two of these are in the vulva: the urethra and the vagina. The third opening is the anus.)
- **Having anal intercourse:** Anal intercourse is penis-to-anus sex.
- **Masturbation:** Masturbation is when people touch their own sexual organs for pleasure. It can be a way for people to explore their bodies and discover what feels good to them. A person can choose to masturbate or choose not to masturbate throughout their life. It's a healthy and natural exploration of one's body.

Potential Challenges

When discussing the possible outcomes of sexual activity, it's important to stress that these are behaviors that people may choose to engage in throughout the course of their lives. The most effective way to prevent STIs and unintended pregnancy is abstinence. If students are having a difficult time coming up with responses, it may help to indicate a specific sexual behavior.

Engaging Students

Students will become more open and comfortable if the educator makes it clear that the class is not defining these sexual behaviors because of an

assumption that the students are, or will be, engaging in them. One way to help with this is to avoid use of the word “you.” Instead, use “people,” “a person” or “someone.”

Activity 7.5-3**Sexual Behavior and Risk****Facts to Know**

This activity is designed not only to help students identify the risks associated with certain sexual behaviors, but, more important, to show students that there are many behaviors people can engage in with dating partners that are low to no risk. Educators should be mindful of not using shaming or stigmatizing language in this activity or pushing their own values about sexual behavior on students.

The following are talking points and the correct placements of the behavior cards and how they change once a condom or barrier is added.

Having anal intercourse: Anal intercourse without a condom carries a high risk for STI transmission and a low to no risk for pregnancy. When a condom is used, that risk level for STI transmission is reduced to “some” risk.

Having vaginal intercourse: Vaginal intercourse without a condom carries a high risk for pregnancy and STI transmission. When a condom is used, that risk level for both STI transmission and pregnancy is reduced to “some” risk.

Having oral intercourse: Oral intercourse without a condom or dental dam carries no risk for pregnancy, but some risk for STI transmission (however, it is lower than the risk of STI transmission for unprotected vaginal or anal intercourse). When a condom or dental dam is used, the risk level for STI transmission is reduced to “low to no” risk).

Without a condom or barrier**High Risk:**

- Having anal intercourse
- Having vaginal intercourse

Some Risk:

- Having oral intercourse

Low to No Risk:

- Hugging
- Kissing
- Asking someone on a date
- Masturbating
- Touching
- Touching under clothes
- Talking
- Whispering
- Holding hands
- Dancing (with contact, aka grinding)
- Dancing (no contact)
- Chatting (email, texting, online)
- Going online
- Watching a movie at home with a romantic or dating partner

With a condom or barrier**High Risk:**

- None

Some Risk:

- Having anal intercourse (with condom)
- Having vaginal intercourse (with condom)

Low to No Risk:

- Having oral intercourse (with barrier)
- Hugging
- Kissing
- Asking someone on a date
- Masturbating
- Touching
- Touching under clothes
- Talking
- Whispering
- Holding hands
- Dancing (with contact, aka grinding)
- Dancing (no contact)
- Chatting (email, texting, online)
- Going online
- Watching a movie at home with a romantic or dating partner

Engaging Students

The conversation about where to place the cards on the spectrum is an opportunity to refer back to *Lesson 7.2: Media Literacy and Sexuality* and note how the spectrum of sexual behaviors illustrated on TV is different from real life. For example, in real life, going on a date can mean going to a movie, going to dinner, going bowling, etc., all without engaging in sexual behaviors. On TV, many dates end with the couple having sex.

It's also an opportunity to tie learning back to *Lesson 7.3: Gender and Sexual Identity* and to note that anyone, no matter their sexual or gender identity, can choose to participate in any of these behaviors. Identity does not dictate behavior.

Activity 7.5-4**Defining and Deciding About Dating****Engaging Students**

Ask students who do not yet relate to dating to think about their friendships while they complete the What's Important to Me? handout. How are the qualities we look for in friends similar to what we look for in a dating partner?

Ask the following process questions:

- How can our friendships help us decide what we might look for in a dating partner?
- Which qualities in a dating partner are similar to qualities in a friend? Which qualities are different?
- Why is it important to be clear about what you like to do for fun at the beginning of a dating relationship?

Lesson 7.5 Resources

Sexual Health and You: www.iwannaknow.org/teens/index.html

Love Is Respect: www.loveisrespect.org

See www.getrealeducation.org for more information and resources.

7.6 Activities**All 7.6 Activities****Facts to Know**

Postponement is a term that *Get Real* uses in conjunction with abstinence. It has a more normalizing and less final feel to it than the term *abstinence* does. As people, we postpone things every day and throughout our lives. For example, people postpone doing homework, cleaning their rooms, going to the grocery store, etc. Sexual activity is also something people can postpone, whether it is postponed for minutes, days, months or years. Young people can postpone sexual activity until they are older and feel ready.

Use this talking point to review the definition of *postponement*: People postpone things throughout their lives. What are some other things that people postpone? Why do people postpone things?

This lesson focuses on refusal skills and consent. It is important to present this lesson with a trauma-informed lens. Let students know ahead of time—either at the beginning of class or at the end of Lesson 7.5—what will be covered. If your school/organization allows students to leave the classroom, provide that as an option. Be sure to alert a school counselor about the topics being covered and follow-up with students as needed.

Engaging Students

This lesson offers an opportunity to connect back to Handout 7.5-4 (What's Important to Me?) and Grade 6 *Lesson 6.7: Abstinence*. Ask students: How would the qualities you highlighted in the handout and the key messages from the discussion on behaviors that may carry risk tie into a person's decision to choose abstinence?

Activity 7.6-2**What Does Abstinence Mean?****Engaging Students**

Although students will have the opportunity to share their answers with a partner, it's still important to debrief the process questions in this activity with the class.

Make sure to emphasize that students will not have to share their specific answers with the class. A major take-away message for this activity is that students need to have a clear definition of abstinence for themselves. They must be able to communicate this understanding of abstinence to a partner

in order to have a shared understanding of abstinence in a relationship. This should be related to the SEL skills of self-awareness, self-management and relationship skills.

The question “Can someone who has had sex before be abstinent?” is critical to process with the class. It’s essential for students to understand that abstinence is not a one-time deal. Being abstinent is a decision people make throughout their lives, and having previously engaged in sex does not mean a person cannot decide to be abstinent now. This is similar to saying that if someone has chosen to get drunk before, they can still abstain from drinking later.

Additional process questions that could be used during this activity:

- Do you think everyone had the exact same answers on their cards? What does this tell us? What does this tell you about the importance of communicating with a dating partner?
- How can young people make abstinence work for them as individuals, especially if they’ve started dating?

Activity 7.6-3

Refusal Skills Brainstorm

This activity may bring up a range of feelings and experiences for students. Be sure to check in with any students who seem to disengage during this activity.

It is important to not have students practice the manipulation/pressure lines that are brainstormed in this activity. The focus of this activity is for students to practice their refusal skills and respecting a partner’s boundary.

Engaging Students

You may consider turning the components of refusal skills into a handout or poster for students to see.

Lesson 7.6 Resources

Sexual Health and You: www.iwannaknow.org/teens/index.html

See www.getrealeducation.org for more information and resources.

7.7 Activities

All 7.7 Activities**Potential Challenges**

This lesson is challenging to complete in the time allotted. In preparing for the lesson, it's important to review the lesson goals to be achieved and identify the most important talking points. Make sure the lesson goals are met.

Be sure to check with your students throughout the lesson to ensure they are engaged. Use process questions to check for understanding. Explain to the students that receiving this information is an important step toward disease prevention and communicating in relationships.

Activity 7.7-2

Defining STIs**Facts to Know**

Get Real uses “STI” and not “STD” because it is more medically accurate. The following information on the difference between the terms “STD” and “STI” is from the American Sexual Health Association:

Diseases that are spread through sexual contact are usually referred to as sexually transmitted diseases or STDs for short. In recent years, however, many experts in this area of public health have suggested replacing STD with a new term—sexually transmitted infection, or STI.

Why the change? The concept of “disease,” as in STD, suggests a clear medical problem, usually with some obvious signs or symptoms. But, several of the most common STDs have no signs or symptoms in the majority of persons infected. Or they have mild signs and symptoms that can be easily overlooked. So the sexually transmitted virus or bacteria can be described as creating “infection,” which may or may not result in “disease.” This is true of chlamydia, gonorrhea, herpes, and human papillomavirus (HPV), to name a few.

For this reason, for some professionals and organizations the term “disease” is being replaced by “infection.”

Activity 7.7-3

STIs: What They Are and Prevention Methods**Facts to Know**

The following are some additional facts about STIs common in teens.

HPV

HPV (human papillomavirus) often has no symptoms. Some strains of the virus produce wart-like growths on the genitals. These growths can appear inside the vagina or urethra and therefore cannot be seen with the naked eye. Other strains of the virus can cause cervical cancer in a person with a uterus. If the virus goes untreated, the warts can continue to grow, or the risk of cervical cancer can increase. This virus is treatable, and warts can be removed at a clinic.

Gardasil-9 is a vaccine for HPV that has been shown to protect against the strains of HPV that cause certain cancers and genital warts cases. This vaccine is available to most people between the ages of 9 and 26 and is most effective before they become sexually active.

Herpes

Genital herpes often has no symptoms. Individuals who do show symptoms have outbreaks of painful blisters on the genitalia. If left untreated, the virus can cause recurring outbreaks throughout life. There is an antiviral medication available to suppress the virus and decrease outbreaks, but there is no cure for genital herpes.

Chlamydia & Gonorrhea

Chlamydia and gonorrhea often have no symptoms. With gonorrhea, some people experience painful urination and green-colored discharge from the penis. Other symptoms include abdominal pain or abnormal vaginal discharge and bleeding between periods.

If these bacterial infections go untreated, they can cause blockages in the vas deferens or fallopian tubes, leading to infertility. They can also cause pelvic inflammatory disease and epididymitis. Both chlamydia and gonorrhea can be treated and cured with antibiotics. Some strains of gonorrhea have developed an antibiotic resistance and so might be treated with multiple drugs.

Trichomoniasis

Trichomoniasis often has no symptoms. If symptoms are present, they may include itchy, unpleasant-smelling discharge from the urethra or vagina, and painful urination. If this infection goes untreated, it can lead to skin irritations, causing the infected person to be at a higher risk for contracting other infections. A doctor can prescribe medication to treat and cure trichomoniasis.

HIV

The following is an adapted definition of HIV and AIDS from the American Sexual Health Association:

HIV stands for human immunodeficiency virus. It is the virus that causes AIDS—Acquired Immune Deficiency Syndrome. HIV can be transmitted through the blood, sexual fluids or breast milk of an HIV-infected person.

Over time, infection with HIV can weaken the immune system to the point that the system has difficulty fighting off certain infections. These types of infections are known as opportunistic infections. These infections are usually controlled by a healthy immune system, but they can cause problems or even be life-threatening in someone with AIDS.

A blood test can determine if a person is infected with HIV. Too many people don't know they have HIV. In the United States, nearly 1.1 million people are living with HIV, and one in seven doesn't know they are infected. Getting tested is the first step to finding out if a person has HIV. When people are HIV positive, getting medical care and taking medicines regularly helps them live longer, healthier lives and also lowers the chances of their passing HIV to others.

If a person tests positive for HIV, it does not necessarily mean that the person has AIDS. A diagnosis of AIDS is made by a physician according to the CDC AIDS Case Definition. A person with HIV may receive an AIDS diagnosis after developing one of the CDC-defined AIDS indicator illnesses. A person with HIV can also receive an AIDS diagnosis on the basis of certain blood tests (CD4 counts) and may not have experienced any serious illnesses.

Of the three forms of sexual intercourse defined in *Get Real*, anal sex carries the highest risk of HIV transmission. Vaginal sex has the second-highest risk, followed distantly by oral sex. The risk of HIV transmission from sharing needles and injection equipment falls in between the risks for anal sex and vaginal sex.

The following bodily fluids can transmit HIV: blood, ejaculate, pre-ejaculate, vaginal fluid, rectal fluid and breast milk.

Talking Points

The following are some additional statistics and talking points about STIs. Additional updated statistics can be found on the Centers for Disease Control and Prevention website: www.cdc.gov/std.

- Young people 13 to 24 years old account for half of the nearly 20 million new STIs each year.
- It's estimated that as many as 1 in 6 Americans has genital herpes, a lifelong but manageable infection. Yet many people with herpes are unaware they have it.
- In 2016, 21% of new HIV infections occurred in youth ages 13 to 24.
- There are some infections, such as meningitis and mononucleosis, that are not sexually transmitted but may be transmitted from close contact, including kissing. The CDC recommends that all 11 to 12 year olds be given a meningitis vaccine.

Potential Challenges

It's important that students know which STIs are the most common in teens. Therefore, HPV and trichomoniasis must be listed in the brainstorm at the beginning of this activity. You can prompt students to say "HPV" by asking if any of them have seen commercials for Gardasil-9.

It is also important to ensure that students understand why language such as "dirty" is harmful and can be shaming and stigmatizing to a person with an STI. Be sure to stop the lesson and address this language if it is heard in the classroom.

Engaging Students

The discussion of STI transmission is a great opportunity to review the definitions of sexual intercourse, as well as the anatomy posters and handouts. What does "skin-to-skin genital contact" mean? Which anatomical parts does this refer to?

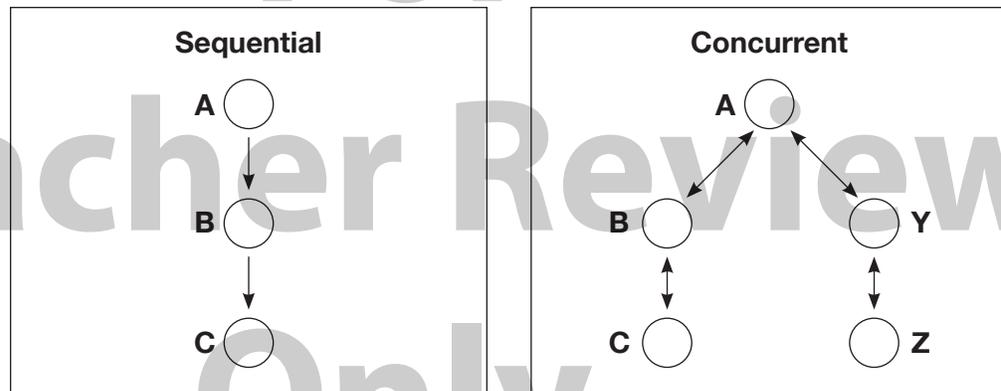
Activity 7.7-4

Handshake Demonstration**Potential Challenges**

Before inviting students to stand in front of the room, explain the activity and what they are volunteering for. Additionally, explain to the class that this activity is a simulation and no assumptions should be made about the volunteers.

Engaging Students

Some classes may not feel comfortable with a handshake activity to demonstrate STI transmission. Instead of the demonstration, the teacher may choose to draw the following diagrams to explain sequential and concurrent sexual partners.



Lesson 7.7 Resources

STI information:

Avert, HIV/AIDS information for educators and young people: www.avert.org

American Sexual Health Association: www.ashastd.org

Centers for Disease Control and Prevention: www.cdc.gov/std

I Wanna Know: www.iwannaknow.org/teens/sti/sti_overview.html

Information about the HPV vaccine:

Gardasil-9: www.gardasil9.com/about-gardasil9

Centers for Disease Control and Prevention: www.cdc.gov/hpv/vaccine.html

Meningitis vaccine: www.cdc.gov/vaccines/vpd-vac/mening

Antibiotic-resistant gonorrhea: www.cdc.gov/std/Gonorrhea/arg/basic.htm

See www.getrealeducation.org for more information and resources.

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Activity 7.8-2

Why Use Protection?**Potential Challenges**

If you are concerned about time, the group brainstorm questions can be prepared ahead of time on sheets of paper. This will allow groups to jump right into their discussions. To simplify this exercise, do a “pros and cons” brainstorm listing the pros and cons of becoming sexually active.

In the follow-up to this activity, students might not mention any myths surrounding birth control. Prompt them by asking, “What are some birth control methods that you’re skeptical about?”

Engaging Students

The following language can be used to introduce the questions for choosing to become sexually active: “When we discussed the decision-making model, we talked about how it is often easier to wait to see what happens than to think ahead about the possible risks of engaging in an activity. But this can be a risky choice. When it comes to sexual behavior, it’s important for people to be able to communicate with their partners and to think about the risks before choosing to engage in the behavior. Here is a list of questions that are really important for a person to answer before choosing to engage in sex.”

For the visual learners in the room, it can be helpful to write the list of questions on a poster.

Ask the following process questions:

- How do these questions relate to self-awareness and relationship skills?
- How do they relate to assertive communication?
- How do they relate to mutual consent?

When reviewing protection methods, to save time, rather than have students brainstorm the methods, the teacher can write some possible options on the board or a handout. Then students can have the opportunity to say which are barrier methods, hormonal methods and myths. Some examples might include condoms (barrier), drinking Mountain Dew (myth), birth control pills (hormonal), smoking marijuana (myth), the Ring (hormonal), dental dam (barrier), etc.

Activity 7.8-3

Protection Methods: Condom Use and Hormonal Protection**Facts to Know**

The following are talking points for the various protection methods.

Abstinence (delaying sex): Abstinence means voluntarily choosing not to engage in any sexual behavior that could lead to pregnancy or STI transmission (such as vaginal, anal or oral intercourse). Abstinence, when used correctly and consistently, is the only 100% effective method for preventing pregnancy and STIs. Abstinence costs nothing, but it requires a person to be able to communicate assertively and effectively with a partner.

People define abstinence differently, so, for abstinence to work, there needs to be open and honest communication about what it means to each person in a relationship. People can choose to be abstinent at any time, even if they have engaged in sexual intercourse in the past.

External condom: An external condom is a thin layer of latex or polyurethane that covers the penis during vaginal, anal or oral sex. When used correctly and consistently, condoms are 98% effective at preventing pregnancy. However, typical use (which takes into account human error) is 85% effective. In order to reach 98% efficacy, all steps to correct condom use must be followed:

- Before use, there should be an open, honest discussion about not only the decision to engage in sex, but also the choice to use protection.
- Condoms should be stored at room temperature and not in cars or wallets.
- The expiration date on the condom must be checked, and the packaging must be checked for holes or tears.
- The penis should be fully erect before the condom is put on. If the penis is not fully erect, the condom is more likely to not fit correctly, break or become uncomfortable during the sexual act.
- When the condom is placed on the penis, the top must be pinched so there is no air inside. A small amount of space should remain at the top to contain semen in case of ejaculation.
- If the condom is placed on backward, it cannot be turned around. In order to ensure that it is put on the right way, the user should roll the condom down slightly on a finger before placing it on the head of the penis.

- The condom must be rolled down to cover the entire penis and must be left on for the entire duration of the sexual act, whether ejaculation occurs or not.
- Before the penis is withdrawn, the condom should be held at the base to ensure that it does not come off during withdrawal.
- If ejaculation does occur, the penis should be withdrawn right away before it becomes soft or flaccid.
- The condom should be removed and thrown away in the garbage. If the two people want to engage in sex again, a new condom must be used.
- The use of water or silicone-based lubricant to increase comfort is suggested. However, oil-based lubricant will break down the condom and should not be used.

Condoms can be found in drugstores, doctor's offices, health clinics, some school nurse's offices and most supermarkets. There is no age restriction on the purchase of condoms.

Steps to Correct Condom Use

1. Discuss with partner the decision to have sex.
2. Discuss protection methods with partner.
3. Check expiration date on condom.
4. Check the package of the condom for holes, tears, or any sign of damage.
5. Carefully open condom package and remove condom.
6. Penis is erect.
7. Place condom on the head of the penis.
8. Hold the tip of the condom to squeeze out any air.
9. Roll the condom down to cover the entire penis.
10. Use lubricant.
11. Have vaginal, oral or anal sex.
12. Keep condom on penis until done (whether ejaculation occurs or not).
13. Hold on to the rim of the condom at the base of the penis.
14. Withdraw the penis.
15. Carefully take the condom off the penis.
16. Throw the condom in the garbage.
17. Use a new condom if both partners want to have sex again.

Internal condom: Made of a thin layer of nitrile, the internal condom can be inserted into the vagina or anus, and acts as a barrier between partners. When used correctly and consistently vaginally, it is 95% effective at protecting against pregnancy. With typical use, it is 79% effective. It is more effective at protecting against skin-to-skin STIs than the external condom because it covers most of the vulva. The internal condom is inserted by squeezing the inner ring and pushing it into the vagina. Silicone or water-based lubricant can be used to make this process easier.

The internal condom will not get stuck or lost in the vagina; the average vagina is generally only 3 to 5 inches long, so the condom should be easy to remove once intercourse is over. Internal condoms are available by prescription only, although some reproductive health centers may provide them for free.

The internal condom can be inserted into the vagina up to 6 hours before intercourse. This condom can also be used for anal sex, but the inner ring should be removed first.

Dental dam: Made of a thin layer of latex, a dental dam is placed over the vulva or anus during oral intercourse and acts as a barrier between partners for protection against STIs. It cannot be used on the penis. Dental dams do not prevent pregnancy.

The pill: Birth control pills contain hormones that prevent the release of an egg from the ovaries. These hormones also cause cervical mucus to thicken, which prevents sperm from entering the uterus and fertilizing an egg if it is present. When used correctly and consistently, the pill is more than 99% effective. In order to reach that efficacy, the pill must be taken at the same time every day. If a pill is missed, the efficacy is reduced and the person should follow instructions in the information pack that accompanies the pill to find out how to continue to take the pill. With typical use, the pill is 92% effective at preventing pregnancy. Taking antibiotics while on the pill can reduce efficacy. The pill does not protect against STIs. It can be obtained only with a doctor's prescription. Some common side effects of the pill are headaches, nausea, mood swings and increased or decreased appetite.

The patch: The patch is a plastic patch that sticks to the skin, much like a nicotine patch would. The patch is designed to remain in place through showering, swimming, sports and other day-to-day activities. The patch contains hormones that are absorbed through the skin and into the bloodstream. These hormones work in the same way the ones in the pill do. The patch should never be placed on the breasts or legs. Once a week, the patch is removed and a new one is placed on a new spot on the body.

After three weeks of patches, no patch is used for the fourth week. When used correctly and consistently, the patch is up to 99% effective at preventing pregnancy. The patch does not protect against STIs. Like the pill, the patch cannot be obtained without a doctor's prescription. Some common side effects of the patch are skin irritation at patch site, nausea and abdominal pain.

The shot: The shot is injected every three months or every 10–12 weeks. It contains the hormone progesterone. When used correctly and consistently, the shot is more than 99% effective at preventing pregnancy. Waiting more than 12 weeks between shots can reduce the efficacy rate. With typical use, the shot is 97% effective at preventing pregnancy. The shot does not protect against STIs. It is important that the injection be given on time every three months, so regularly scheduled doctor or health clinic visits are mandatory. Some common side effects of the shot are increased appetite, headaches, mood swings and irregular menstrual bleeding.

The ring: The ring is a vinyl acetate ring inserted into the vagina. The ring contains hormones that flow into the bloodstream. The hormones work in the same way as those in birth control pills. Each ring is worn in the vagina for three weeks, which is followed by a week without a ring. A new ring is inserted after the week without a ring. When used correctly, the ring is up to 99% effective at preventing pregnancy. The ring does not protect against STIs. Like the pill, the patch and the shot, the ring must be prescribed by a doctor. Common side effects of the ring are headaches, increased vaginal discharge, vaginal irritation and nausea.

Intrauterine device (IUD): An IUD is a device inserted into the uterus that changes the environment of the uterus, preventing a sperm and an egg from meeting. IUDs may be either copper or plastic, and plastic IUDs also contain progesterone. IUDs must be inserted by a medical practitioner and can be left in place for three to five years (progesterone IUD) or up to 12 years (copper IUD). The IUD is over 99% effective at preventing pregnancy. The IUD does not protect against STIs. Side effects may include changes to menstruation such as breakthrough bleeding, increased cramping, and heavier or longer periods. The copper IUD can be inserted as a form of emergency contraception, and then left in place as a regular form of birth control.

The implant: The implant is a small, matchstick sized piece of plastic that is inserted into the arm. The implant contains the hormone progesterone, which is absorbed into the bloodstream. The hormone works the same way as those in birth control pills. The implant must be inserted by a medical practitioner and can be left in place for up to three years. The implant is over

99% effective at preventing pregnancy. The implant does not protect against STIs. Side effects may include irregular bleeding and lighter to no periods after one year of use.

Emergency contraception (EC): Emergency contraception (sometimes called the “morning-after pill”) is a method of pregnancy prevention that works after intercourse has occurred. It was designed to be used when another method has failed or when nothing was used. If exposure to an STI has occurred, emergency contraception will not prevent an infection.

There are different types of emergency contraception. Commonly used is a pill, or a series of pills, taken after unprotected intercourse. Emergency contraceptive pills work by keeping the ovary from releasing an egg for longer than usual. The copper IUD also acts as emergency contraception when it is inserted after unprotected intercourse. The copper IUD works by creating an environment in the uterus that is disruptive for sperm.

In general, emergency contraception can be used up to five days after unprotected sex, but it is more effective if taken sooner. See the Protection Methods Chart for how effectiveness varies by method. Access to emergency contraception varies by method too. As of summer 2014, some pills are available on pharmacy shelves or from a health clinic for anyone of any age to purchase. Other pills are available from a pharmacist or health clinic with certain age restrictions. The copper IUD is only available with an appointment with a clinician.

Effectiveness rate: The effectiveness rate of a protection method measures the percentage of users who did not become pregnant during the first year of using a given method. Two percentages are usually given for effectiveness rate, one for “perfect use” and one for “typical use.”

- Perfect use gives the effectiveness rate when the method is always used consistently and correctly.
- Typical use gives an adjusted rate that takes into account the frequency of human error. Possible errors might include forgetting to take a pill, not renewing a prescription on time, etc.

Potential Challenges

Passing around the samples of protection methods is an important component of this lesson. However, seeing them can distract students from listening to the information being presented. If you think this may be a problem, do not pass out the protection method samples until the end of class. Reserve 10 minutes for students to handle the samples and ask any additional questions they may have.

Potential Challenges

During the Condom Lineup activity, having student volunteers stand with the cards for a long time may not engage the volunteers, and the students still in their seats may become distracted by those standing. Another option for this activity is to have students tape the steps to the board in the order in which they think they belong. This way the volunteers sit down after the steps have been placed in order, and the other students have a chance to make changes, and can even get up to move cards. Be sure the entire class is back in their seats and focused for the demonstration of the correct order of steps and proper condom use.

Students can also work in groups to come up with the steps and present their finished order to the class. Educators can copy the steps onto small pieces of paper and have students put them in order at their desks, in pairs or groups. Educators can also turn this into a competition to see which groups can get the steps in order first, and then go over all of the steps together.

Additional Information

The following are important teaching points for condoms that are not included in the condom lineup steps:

- Condoms must be stored at room temperature and in a location where the wrappers will not become punctured or worn down. Storing a condom where it is too hot or too cold, or where the package's integrity may be compromised, will cause the latex or polyurethane to break down.
- When a condom is placed on the penis and rolled down, it must be rolled down correctly. If the condom will not roll, it's because it has been placed incorrectly. After being placed incorrectly, the condom may not be used. This is because the condom may come into contact with pre-ejaculate fluid on an erect penis. Pre-ejaculate fluid can contain STIs and may contain up to 20,000 sperm.
- One way to check if the condom is going to roll correctly is to place it on the tip of a finger and roll it down once. If it rolls easily that is the way the condom should be placed on the head of the penis. If it doesn't, the condom can be turned around and then placed on the head of the penis.
- Opening a condom correctly means never using teeth or a sharp object to open the condom package.

If an educator is unable to facilitate an in-person condom demonstration with the class due to school/district policy, it is important that they still do the condom lineup, and then show the approved video, available on www.getrealeducation.org. If neither the in-person demonstration nor the video are allowed, the educator will need to be sure to include all important talking points in the lineup activity.

Activity 7.8-4

Protection Methods Homework

Facts to Know

If you choose to review the answers for the Protection Methods Homework with the entire class, here are some additional talking points to use:

- 1. True.** Hormonal methods, such as the birth control pill, the hormonal IUD, the implant, the patch, the ring, and the shot, work by using hormones to prevent release of an egg (ovulation). Without an egg present, a person cannot get pregnant. These methods also thin the uterine lining each month and thicken the cervical mucus, which also help prevent pregnancy.
- 2. False.** Urine travels from a small tube called the urethra, which is not connected to the vagina (though it is nearby). Urinating after vaginal intercourse will not stop sperm from entering the uterus and possibly causing a pregnancy.
- 3. True.** The condom (external or internal) is the only method that protects against both pregnancy and STI transmission. It works by being a barrier of latex, polyurethane or nitrile to prevent skin-to-skin contact and by collecting ejaculate fluid so it doesn't enter a partner's body. Condoms can be used with a hormonal method for added protection against STIs and pregnancy.
- 4. False.** Never use oil-based lubricants (baby oil, lotion, Vaseline, cocoa butter, etc.) with condoms because the oil breaks down the latex and causes condoms to be ineffective. Use water-based lubricants sold at the store near the condoms.
- 5. True.** Condoms are often available for free at local health centers, and teens do not need a prescription or parent permission to buy them.
- 6. False.** IUDs are prescribed, inserted and removed by a health care provider. An IUD is a long-term form of birth control. When it is inserted in a uterus it changes the environment of the uterus so a sperm and an egg cannot meet. IUDs can be effective for up to 12 years and are more than 99% effective at preventing pregnancy. However, they do not protect against STIs, so this method should be used along with condoms.

7. True. Emergency contraception (sometimes called the “morning-after pill”) is a method of pregnancy prevention that works after intercourse to prevent pregnancy. It was designed to be used when another method has failed or when nothing was used. If exposure to an STI has occurred, emergency contraception will not prevent an infection.

There are different types of emergency contraception. Some types come as a pill, or a series of pills, that are taken after unprotected intercourse. The copper IUD also acts as emergency contraception when it is inserted after unprotected intercourse.

In general, emergency contraception can be used up to 5 days after unprotected sex, but it is more effective if taken sooner. See the Protection Methods Chart for how effectiveness varies by method.

Access to emergency contraception varies by method too. As of summer 2014, some pills are available on pharmacy shelves or from a health clinic for anyone of any age to purchase. Other pills are available from a pharmacist or health clinic with certain age restrictions. The copper IUD is only available through an appointment with a clinician.

8. False. A person can get pregnant before their first period because the body may be ovulating, even if menstruation has not yet happened. Puberty is a process; it doesn't happen overnight. Eggs may be released from the ovaries long before the uterus begins to shed its lining. If a person is having sexual intercourse and a sperm and an egg meet, they may get pregnant.

9. True. If a condom breaks, it's most likely because it was not put on correctly. The most common reason a condom breaks is that people don't squeeze the air out of the tip before rolling it down. Then the pressure from the air and an ejaculation can cause the condom to break like a balloon. Here are a few other tips to prevent breakage:

- Use water-based lubricants to help lessen friction.
- Always check the expiration date.
- Check for air bubbles in the package before opening.
- Roll the condom on correctly and all the way down to the base of the penis before the penis enters the partner's body.
- Hold on to the base of the penis while removing the condom.

Lesson 7.8 Resources

Birth control information:

Reproductive Health Technologies Project: www.rhtp.org

Planned Parenthood: www.plannedparenthood.org/health-topics/birth-control-4211.htm

Centers for Disease Control and Prevention:

www.cdc.gov/reproductivehealth/unintendedpregnancy/contraception.htm

ETR health promotion materials: www.etr.org/store

See www.getrealeducation.org for more information and resources.

**For
Teacher Review
Only**

7.9 Activities**All 7.9 Activities****Facts to Know**

This lesson serves as a skill-building lesson for STI and pregnancy prevention. It also serves as a review of all of the key messaging throughout the Grade 7 lessons.

Activity 7.9-2**Anonymous Questions Box****Engaging Students**

Be sure to answer any remaining anonymous questions before the end of class, since you will not be teaching these topics again until the students are in eighth grade.

Activity 7.9-3**Sexual Decision Making****Potential Challenges**

It's important in this activity to focus the decision-making discussion on the pros and cons of having vaginal intercourse.

Some other process questions to ask include the following:

- Why do some people think certain sexual activities strengthen a relationship?
- When might that not be true? (*Be sure to validate the fact that young people might be nervous, unsure, not ready.*)
- Why is communication about sexual activity and protection so important in a dating relationship right from the beginning?
- What happens when couples don't discuss their likes and dislikes? (*This question could cover preferences in everything from food to sexual activity.*)

Activity 7.9-4**Practicing Refusal and Negotiating Condom Use****Potential Challenges**

If any groups do not want to act out scenes, have them write a script and read it aloud. Be sure to have them highlight feeling words that the characters might experience during the scenarios. If individual students don't feel comfortable acting, allow them to take on a directorial role and

feed the two characters their lines during a rehearsal of the scene. See the “Guidelines for Role-Play” document at www.getrealeducation.org for more tips.

Engaging Students

It may be helpful to do a quick review or brainstorm of assertive communication and refusal skills. (See Grade 6 Handouts 6.2-2 and 6.2-4.)

Activity 7.9-5

What I Want to Remember

Engaging Students

If the students will have the same teacher for *Get Real* in eighth grade, they can put their handouts in envelopes for the teacher to keep. Then, during Lesson 8.1, these envelopes can be returned to the students to remind them of the goals they wrote in seventh grade.

Teacher Review Only