

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*

Mark A. Schuster, MD, PhD
Boston Children's Hospital

advancing
health
equity **etr.**

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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,
illustrated by Michael Emberley

It's Not the Stork!: A Book About Birth, Babies, Bodies, Families, and Friends,
illustrated by Michael Emberley

Mark A. Schuster, MD, PhD

William Berenberg Professor of Pediatrics, Harvard Medical School
Chief of General Pediatrics, Boston Children's Hospital

Co-author: *Everything You Never Wanted Your Kids to Know About Sex (But Were Afraid They'd Ask): The Secret to Surviving Your Child's Sexual Development from Birth to the Teens*

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 <i>Get Real</i>	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</p> <p>6.2: Communication and Refusal Skills Activities 6.2-1 – 6.2-5</p> <p>6.3: Relationships and Boundaries Activities 6.3-1 – 6.3-8</p> <p>6.4: Anatomy and Reproduction: The Penis and Related Parts Activities 6.4-1 – 6.4-5</p> <p>6.5: Anatomy and Reproduction: The Vagina and Related Parts Activities 6.5-1 – 6.5-6</p> <p>6.6: Puberty Activities 6.6-1 – 6.6-4</p> <p>6.7: Abstinence Activities 6.7-1 – 6.7-4</p> <p>6.8: Decision Making and Values Activities 6.8-1 – 6.8-6</p> <p>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</p> <p>7.2: Media Literacy and Sexuality Activities 7.2-1 – 7.2-4</p> <p>7.3: Gender and Sexual Identity Activities 7.3-1 – 7.3-5</p> <p>7.4: Creating a Safe School Environment Activities 7.4-1 – 7.4-6</p> <p>7.5: Deciding About Sexual Behavior Activities 7.5-1 – 7.5-5</p> <p>7.6: Defining and Maintaining Abstinence Activities 7.6-1 – 7.6-6</p> <p>7.7: Introduction to Sexually Transmitted Infections Activities 7.7-1 – 7.7-6</p> <p>7.8: Introduction to Protection Methods Activities 7.8-1 – 7.8-4</p> <p>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</p> <p>8.2: Healthy and Unhealthy Relationships Activities 8.2-1 – 8.2-5</p> <p>8.3: Addressing Obstacles to Abstinence Activities 8.3-1 – 8.3-5</p> <p>8.4: Comprehensive Protection Methods Activities 8.4-1 – 8.4-7</p> <p>8.5: STI/HIV Transmission Activities 8.5-1 – 8.5-5</p> <p>8.6: Living with HIV Activities 8.6-1 – 8.6-5</p> <p>8.7: Refusal Skills Activities 8.7-1 – 8.7-4</p> <p>8.8: Goals and Decision Making Activities 8.8-1 – 8.8-4</p> <p>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.

Erkut, S., Grossman, J. M., Frye, A. A., Ceder, I., Charmaraman, L., & Tracy, A. J. (2013). Can sex education delay early sexual debut? *Journal of Early Adolescence*, 33, 479-494.

Grossman, J. G., Frye, A., Charmaraman, L., & Erkut, S. (2013). Family homework and school-based sex education: Delaying early adolescents' sexual behavior. *Journal of School Health*, 83(11), 810-817.

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
Teacher Review
Only

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Grade 8

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Lesson 8.1

Creating the Classroom Climate

Connecting the Lessons

Builds on *Lesson 7.9: Grade 7 Conclusion and Review* and *Lesson 6.8: Decision Making and Values*.

Lesson Goals

- Create group Rights and Responsibilities.
- Review decision making.
- Acquaint students with resources.

Preparation & Materials Checklist

- ☐ Review SEL skills.
- ☐ Create Class Rights and Responsibilities poster.
- ☐ Review student handouts:
 - Handout 8.1-3: Steps to a Decision
 - Handout 8.1-4a: Resources
 - Handout 8.1-4b: My Road Map to Resources
- ☐ Copy family letter and family activity.
- ☐ Have:
 - SEL Skills poster
 - Construction paper and markers
 - Anonymous Questions Box
 - Slips of paper for anonymous questions

Terms to Use

- Sexuality
- Decision making
- Caring adult
- Resources

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 self-efficacy of SEL skills to delay and/or refuse sex.
Promote SEL skills to increase use of condoms and/or other prevention methods.
Increase knowledge of resources for community or reproductive health information and services.

→ Teacher Note

As students complete their Road Maps to Resources, encourage them to seek out caring adults as resources instead of relying on their friends, siblings or the media for information about sexuality.

Activity 8.1-1

10 minutes

Introduction and Class Rights and Responsibilities

Establish classroom expectations

Welcome students to the eighth-grade component of the *Get Real* comprehensive sexuality education classes. Ask students what they remember from seventh grade (media and sexuality, sexual orientation, abstinence, STIs, protection methods).

Give a brief overview of the topics for eighth grade.

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

- What rights do you need 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 important 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. 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. Ask students to write down something that makes them unique. It could be a personal trait, a style choice, a belief, or an experience they’ve had that reflects their individuality. Go around the room and ask students to share their first names and what makes them unique.

→ *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 8.1-2

5 minutes

Introduction to Social and Emotional Learning

Explain key points of SEL

To go along with the Rights and Responsibilities list, introduce Social and Emotional Learning (SEL) skills that students will focus on this year. Ask if they remember any of the skills from last year.

Display the SEL Skills poster. Give definitions and elicit examples from students.

- **Self-awareness:** Recognizing your feelings and values, maintaining self-confidence.
- **Self-management:** Expressing emotions appropriately, monitoring progress toward goals.
- **Social awareness:** Understanding others, putting yourself in other people's shoes, recognizing individual and group differences and similarities, recognizing and using family, school and community resources.
- **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).

Ask students why it's important to value individuality in this sexuality education class. How does this relate to SEL skills?

Activity 8.1-3

15 minutes

Road Map to Resources

Brainstorm components of sexuality and sexual health

Ask students to brainstorm all the components of sexuality and sexual health they learned about in sixth and seventh grade. Examples should include SEL skills, values, puberty, anatomy, feelings, STI protection, pregnancy prevention, relationships, etc. Write these examples on the board.

Identify resources

Point out that students do not need to make decisions about any of these topics entirely on their own. There are a number of people and resources they can turn to with questions about sexuality or for support in making important decisions. Asking other people for help is an important part of self-management, relationship skills and responsible decision making.

Ask students to name people or places they could go to with questions about sexuality or relationships. Brainstorm a list on a new part of the board.

Ask students to turn to **Handout 8.1-3a** in the Student Workbook, and highlight those resources most relevant to your community. Ask students to list three caring adults they could speak to about sexuality or

Handout 8.1-3a

Resources

Caring Adults Three caring adults I can talk to about sexuality are:

1. _____
2. _____
3. _____

Books

It's Perfectly Normal, by Robie Harris, illustrated by Michael Emberley. Latest edition 2014. (Recommended for 10- to 15-year-olds, available in Spanish.)
What's Happening to My Body? Book for Girls: A Growing-Up Guide for Parents and Daughters, by Lynda Madans and Anna Madans. Latest edition 2008. (Recommended for 9- to 15-year-olds.)
What's Happening to My Body? Book for Boys: A Growing-Up Guide for Parents and Sons, by Lynda Madans and Anna Madans. Latest edition 2008. (Recommended for 9- to 15-year-olds.)

Website and Phone Resources

Perinatal Parenthood Federation of America
 English/Spanish: 1-800-233-PLAN
www.perinatalparenthood.org
 24 hours a day, 7 days a week

Perinatal Parenthood provides help with locating the nearest health centers. Trained health center staff and volunteers are available to discuss a wide range of issues related to birth control, emergency options, STIs (including HIV/AIDS), and other aspects of reproductive health.

LBGT National Help Center
 Toll-Free National Helpline: 1-888-845-4588
 Toll-Free Youth Helpline: 1-800-246-7743
 Mon-Fri, 4 p.m.-midnight. Sat. noon-5 p.m. EST
www.lgbtnationalhelpcenter.org
help@lgbttrusting.org

This helpline offers telephone and email peer counseling, as well as factual information and local resources for cities and towns across the United States.

I Wanna Know
www.iwannaknow.org
 This website provides information about adolescent sexual health, including family planning, emergency contraception, sexual assault, STIs, etc.

GET REAL Grade 8 • Student Workbook

(continued)

Handout 8.1-3a

Student Workbook pages 1-2

relationships. Encourage students to talk to you if they need additional resources or have questions about the content of this course.

Students design road maps to resources

Ask students to turn to **Handout 8.1-3b** in the Student Workbook and have them take a few minutes to design their own personal road maps to resources. As with any map, students should think about the starting point (their knowledge before *Get Real*) and the ending point (being well informed about sexuality). To create their road maps, they must select 8 components of sexuality from the brainstorm and place them along the path. For each of these topics, they must suggest a resource from their caring adults list or from the Resources handout.

Ask students to share their road maps in small groups.

Process Questions

1. What were some key similarities and differences among the maps in your group?
2. Were there any resources that everyone included on their map? Which ones? Why?

Decision-Making Review

Review decision-making model

Distribute **Handout 8.1-4**. Ask students which SEL skill this handout applies to (responsible decision making) and why they think having a decision-making model is important.

Review the model by applying it to a real-life situation. Give students the following scenario: "The person you like is in a relationship, but this person claims to like you too and asks you to meet someplace private after school. What should you do?"

Get Real for Parents

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

→ Teacher Note

A Variety of Resources

While they are brainstorming, prompt students to consider family, school, online and community resources (library, health centers, school nurse, teachers, etc.).

Handout 8.1-3b
Student Workbook page 3

Handout 8.1-4
Student Workbook page 5

Activity 8.1-4

10 minutes

Have students complete their handouts with a partner. Ask students to share their answers with the class and write their ideas on the board.

➔ Teacher Note

Feel free to adjust the scenario to a situation that would apply to the students in a particular class.

Process Questions

1. Why does taking the time to weigh pros and cons help make a decision more responsible?
2. How could someone use this model every day, even if they didn't have the paper to fill out?

Activity 8.1-5

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 8.1-6

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 8.1

What Are Three Things...?

Instructions: Student and parent or other caring adult discuss their answers to the following questions with each other.

1. What are three things that make growing up exciting?

2. What are three things that make growing up scary?

3. Whom do you consider your best friend(s)? What are three things you like about them?

4. Is there a person your own age whom you don't like? Why?

5. What are three things that I do around you that embarrass you? Why?

6. What are three things that I do that make you proud of me?

7. What are three things that other people like about you?

8. How do you think life would be different if you were a different gender?

9. What is a goal you have for this year?

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Parent or Other Caring Adult Signature _____ Student Signature _____

Grade 8 • Student Workbook 7

Family Activity 8.1 Student Workbook page 7

References

Information on SEL:

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

For
Teacher Review
Only

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 enable 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 about 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 Are Three Things...?

Instructions: Student and parent or other caring adult should share their answers to the following questions with each other.

1. What are three things that make growing up exciting?
2. What are three things that make growing up scary?
3. Whom do you consider your best friend(s)? What are three things you like about them?
4. Is there a person your own age whom you don't like? Why?
5. What are three things that I do around you that embarrass you? Why?
6. What are three things that I do that make you proud of me?
7. What are three things that other people like about you?
8. How do you think life would be different if you were a different gender?
9. What is a goal you have for this year?

→ *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 8.2

Healthy and Unhealthy Relationships

Connecting the Lessons

Builds on *Lesson 6.2: Communication and Refusal Skills* and *Lesson 6.3: Relationships and Boundaries*.

Lesson Goals

- Name and contrast qualities of a healthy relationship with qualities of an unhealthy relationship.
- Develop a plan for healthy relationships.
- Discuss the importance of respect and boundaries.

Preparation & Materials Checklist

- ☐ Be familiar with legal consequences for rape and statutory rape.
- ☐ Alert the school nurse, guidance counselor or social worker about the topic of this class, as it may bring up issues for some students.
- ☐ Review student handouts:
 - Handout 8.2-3a: Power and Control Wheel
 - Handout 8.2-3b: Equality Wheel
 - Handout 8.2-4: My Plan for Having a Healthy Relationship
- ☐ Copy family letter and family activity.
- ☐ Have:
 - Healthy Vs. Unhealthy scenario cards
 - SEL Skills poster
 - Anonymous Questions Box
 - Slips of paper for anonymous questions

Terms to Use

- Consent
- Boundaries
- Rape and statutory rape
- Communication

SEL Skills Addressed

Self-awareness, self-management, relationship skills

Logic Model Determinant(s)

Increase communication with parents and other caring adults.

Increase perceived risk in having an older partner.

Address future goal setting.

→ *Teacher Note*

This lesson discusses qualities of healthy and unhealthy relationships, boundaries and consent. These topics may bring up a number of feelings and experiences for students. It's important to remind students of their right to self-care, and to check in with any student who is disengaged or seems upset about the topic. It can be helpful to alert the school counselor about the topic of discussion ahead of this lesson.

Activity 8.2-1

5 minutes

Process Family Activity

Process Family Activity from Lesson 8.1

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 8.2-2

5 minutes

Healthy/Unhealthy Relationship Characteristics

Brainstorm qualities of relationships

State that today's class will discuss the differences between a healthy and an unhealthy relationship.

Explain that relationships can mean friendships or family interactions as well as dating/sexual relationships. Write "Healthy Relationship" and "Unhealthy Relationship" on the board. Have students brainstorm characteristics for each, writing their suggestions on the board. Ask students if a big age gap between partners would be considered healthy or unhealthy. What might be unhealthy about it?

Explain that today's class will focus on the characteristics of healthy and unhealthy relationships so they can recognize both in the future.

Process Questions

1. What are some examples of healthy and unhealthy relationships you've seen on TV or in movies? How did you know these relationships were healthy or unhealthy?
2. How might the way relationships happen in movies or on TV affect people's relationships in real life? (*Note: Tie this to the skill of social awareness.*)

Teacher Note

Healthy Vs. Unhealthy

In healthy relationships, people feel respected, safe, and trusted. They respect each other's personal boundaries. In unhealthy relationships, people may feel unsafe or uncomfortable or may believe their partner doesn't trust them.

Activity 8.2-3

20 minutes

Healthy Vs. Unhealthy**Explore healthy and unhealthy relationships**

Ask students to turn to **Handout 8.2-3a** and **Handout 8.2-3b** in the Student Workbook.

Ask them which SEL skills are necessary to have a relationship with the characteristics found in the Equality Wheel. How are those skills important? (*Elicit reasons for each of the five SEL skills.*)

Break students into small groups and give each group two Healthy Vs. Unhealthy scenario cards. Ask students to decide in their groups which parts of the Power and Control Wheel and/or the Equality Wheel match the different scenarios and why. After some time for discussion, ask the groups to present their scenarios to the class and discuss how they match the different wheels. (*See the answer key as a guide.*) After each group presents, ask the class if there are other sections of the wheels where these scenarios could fit, then discuss briefly.

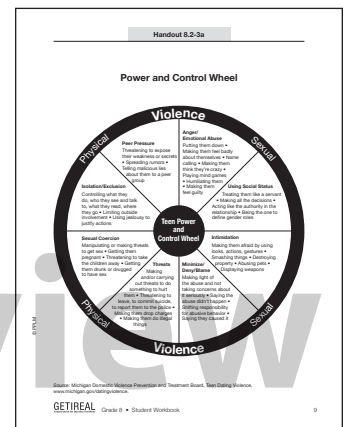
When discussing the Respect, Trust/Support and Intimacy sections of the Equality Wheel, bring up the concept of consent. Consent means “giving permission.” Sexual consent requires a sober “yes” from all partners, free from intimidation or pressure. Consent is an ongoing process, and a “yes” to something once, doesn’t mean a “yes” to something always.

Stress that consent applies to all sexual activities, and that in order for something to be mutually consensual, all must agree to engage in the behavior. Each person has a right to define their boundaries; and, in a healthy relationship, partners respect these boundaries. This is an important part of having relationship skills.

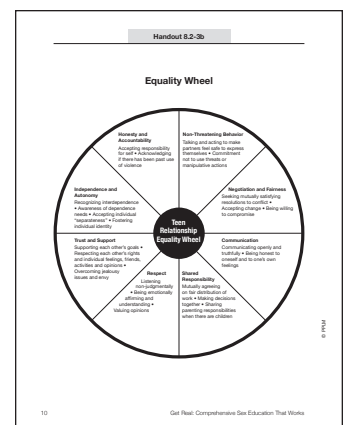
Help students address the fact that some characteristics of an unhealthy relationship may be deemed “OK” or “normal” by teens, such as calling a partner names, but saying it was just a joke. Point out that no one in a relationship has the right to make the other person

→ Teacher Note

The scenarios in this activity do not have gender associated with the characters’ partners. If students struggle with this, or need to add gender to the scenario, it is OK to allow that to happen. However, it is important for the educator to process with them that these situations can happen within any relationship.



Handout 8.2-3a
Student Workbook page 9



Handout 8.2-3b
Student Workbook page 10

feel bad or put them down. These kinds of behaviors can escalate and even become dangerous.

Process Questions

1. Why do you think people get into and stay in unhealthy relationships?
2. Part of consent is respecting a partner's boundaries, which can sometimes be difficult. In a healthy relationship, what could a person do if their partner said "no" to something they really wanted to do? How could they show that they respect their partner's boundary?
3. Why can a big age difference indicate an unhealthy relationship?
4. Some relationships can be classified as unhealthy, while others are classified as dangerous. What do you think would make a relationship fall into the "dangerous" category? (*Threat of emotional or physical harm.*)
5. What are some things that people in unhealthy relationships can do to get out of them? (*Get at least five suggestions for this question, making sure that talking to trusted adults and finding resources are covered. Explain that people don't have to face these situations alone. Seeking help is an important component of relationship skills.*)
6. Does a person's gender identity or sexual orientation affect whether a relationship is healthy or unhealthy? Why or why not? (*No, any relationship between any two people can be healthy or unhealthy depending on the behaviors of the people in the relationship.*)

→ Teacher Note

When Relationships Change

Young people sometimes find themselves in relationships that started out great but later become unhealthy or dangerous. At that point, they may feel as though they can't leave the relationship because they are committed to or in love with the other person. Some people stay in dangerous relationships because they fear their partner will hurt them if they try to leave. Leaving an unhealthy relationship can be difficult, and it's important to get support from caring adults.

Activity 8.2-4

15 minutes

My Plan for Having a Healthy Relationship

Students plan what they want in a relationship

Ask students to tell you why a healthy relationship is important. Ask if people can be in a healthy, caring relationship without having sex.

Brainstorm what "dating" is and ask students what words people their age use to describe dating ("going out," "hanging out," etc.). Ask why it's important to have a clear understanding of what is and is not a "date." Explain the tie-in between self-awareness (*knowing what you want from a relationship*) and relationship skills.

Handout 8.2-4

Name _____

My Plan for Having a Healthy Relationship

1. What are the top 3 characteristics I want or will want in a healthy relationship?

•

•

•

2. What are 3 characteristics I know I don't want in a relationship?

•

•

•

3. What are 3 fun (harmless) things to do with someone on a date? (Example: Go to the movies.)

•

•

•

4. What are 3 behaviors my partner and I could do to show our relationship is healthy?

•

•

•

5. What are 3 behaviors my partner and I could avoid to keep our relationship healthy?

•

•

•

6. If my partner wanted me to do something I didn't feel comfortable doing, I would take the following action(s):

•

•

•

GETREAL Grade 8 • Student Workbook 11

Handout 8.2-4

Student Workbook page 11

Ask students to turn to **Handout 8.2-4** in the Student Workbook and give them a few minutes to complete it, leaving time for the process questions.

Process Questions

1. Why is consent an important quality in a healthy relationship?
2. What are some resources someone could seek out if they, or someone they cared about, was in a dangerous relationship?
3. If someone you were dating didn't want to do something that you really wanted to do, what action(s) could you take to keep the relationship healthy?

Activity 8.2-5

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 8.2-6

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 8.2

Looking at Relationships

Instructions for students: Find out what your parent or other caring adult's experience was like when they were younger. Ask these questions and discuss their answers.

1. When did you have your first crush or partner?

2. What were some of the feelings you remember having?

3. What were some of the good parts of that relationship? What do you wish had been different?

4. What do you think are the ten most important characteristics of a healthy relationship? Choose your top three and explain why they are important.

5. As my parent or other caring adult, what is 1 important message you'd like to give to me about building healthy and fulfilling relationships?

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

GETREAL Grade 8 • Student Workbook 13

Family Activity 8.2
Student Workbook page 13

References

Power and Control and Equality Wheels:

Adapted from the Power and Control and Equality Wheels developed by the Domestic Abuse Intervention Project, Duluth, Minnesota. Reprinted with permission from the Michigan Domestic Violence Prevention and Treatment Board, "Teen Dating Violence," www.michigan.gov/datingviolence.

For Teacher Review Only

Healthy Vs. Unhealthy

Ava

Ava always threatens her partner by saying that if she doesn't get what she wants, she's going to spread rumors to their peers.

Ava

When her partner said "I can't hang out this weekend," Ava responded: "That's cool. I like that you do your own thing and we don't always have to be together."

Leanna

After Leanna and her partner agreed they were ready for sex, Leanna told her partner she would stop by the clinic and get them condoms so they could be safe.

Leanna

You hear Leanna say to her partner, "You were nothing until you started going out with me."

Meg

Meg tells you her partner touches her breasts even though she tells him not to.

Meg

Meg was comforted by her partner when he said, "Tell me what's going on. I'm not going to judge you or make you feel bad."

Ronald

When Ronald had a disagreement with his partner, he said: "Even though we don't agree all the time, I'm really glad we can talk about this."

Ronald

You overhear Ronald say to his partner, "If you don't make time for me this weekend, you might as well delete my number."

Continued

Tiana

Tiana accidentally scratched her partner's CD, but she was honest about it and offered to buy a new one.

Tiana

Tiana is always saying it's all her partner's fault when they are late to a party.

Ryan

When Ryan told his partner he was going to the party with his friends instead of her, she said: "That party sounds like it's going to be great. I hope you have a great time."

Ryan

Ryan never plays ball anymore. He says his partner gets really angry when he doesn't spend his free time with her.

George

Whenever he's making a decision that will affect them both, George checks in with his partner to make sure they both agree.

George

It seems as though George is always calling his partner a "loser" or something negative.

Jill

Jill says to her partner, "I picked the movie last time, so you should pick it this time."

Jill

Jill says to her partner, "I'll find someone else to date if you don't take me to the concert."

Healthy Vs. Unhealthy

Ava

Ava always threatens her partner by saying that if she doesn't get what she wants, she's going to spread rumors to their peers.

Peer Pressure

Ava

When her partner said "I can't hang out this weekend," Ava responded: "That's cool. I like that you do your own thing and we don't always have to be together."

Independence and Autonomy

Leanna

After Leanna and her partner agreed they were ready for sex, Leanna told her partner she would stop by the clinic and get them condoms so they could be safe.

Shared Responsibility

Leanna

You hear Leanna say to her partner, "You were nothing until you started going out with me."

Using Social Status

Meg

Meg tells you her partner touches her breasts even though she tells him not to.

Sexual Coercion

Meg

Meg was comforted by her partner when he said, "Tell me what's going on. I'm not going to judge you or make you feel bad."

Nonthreatening Behavior

Ronald

When Ronald had a disagreement with his partner, he said: "Even though we don't agree all the time, I'm really glad we can talk about this."

Communication

Ronald

You overhear Ronald say to his partner, "If you don't make time for me this weekend, you might as well delete my number."

Intimidation

Continued

Tiana

Tiana accidentally scratched her partner's CD, but she was honest about it and offered to buy a new one.

Honesty and Accountability

Tiana

Tiana is always saying it's all her partner's fault when they are late to a party.

Minimize/Deny/Blame

Ryan

When Ryan told his partner he was going to the party with his friends instead of her, she said: "That party sounds like it's going to be great. I hope you have a great time."

Trust and Support

Ryan

Ryan never plays ball anymore. He says his partner gets really angry when he doesn't spend his free time with her.

Isolation/Exclusion

George

Whenever he's making a decision that will affect them both, George checks in with his partner to make sure they both agree.

Respect

George

It seems as though George is always calling his partner a "loser" or something negative.

Anger/Emotional Abuse

Jill

Jill says to her partner, "I picked the movie last time, so you should pick it this time."

Negotiation and Fairness

Jill

Jill says to her partner, "I'll find someone else to date if you don't take me to the concert."

Threats

GET|REAL

Comprehensive Sex Education That Works

Dear Parent or Other Caring Adult,

This week's class explored healthy and unhealthy relationships. Your child learned more about what makes a relationship healthy or unhealthy. Students also talked about the importance of respect and boundaries, and created a plan for building healthy relationships. The Family Activity will give you a chance to share some of your memories, hopes and wishes for your child regarding healthy relationships. Families want their children to be in healthy, safe and satisfying relationships. What can you say to help them along the way?

The Parent Buzz is a bimonthly newsletter that contains strategies for talking with kids about sex and sexuality. It offers an easy way for parents to get helpful tips, current information about sex and sexuality, links to useful websites, and facts about how children and teens develop.

To receive *The Parent Buzz*, please visit www.pplm.org/parenteducation to sign up. If you decide *The Parent Buzz* isn't for you, you can simply click on the opt-out box in the newsletter.

For
Teacher Review
Only

Looking at Relationships

Instructions for students: Find out what your parent or other caring adult's experience was like when they were younger. Ask these questions and discuss their answers.

1. When did you have your first crush or partner?

2. What were some of the feelings you remember having?

3. What were some of the good parts of that relationship? What do you wish had been different?

4. What do you think are the ten most important characteristics of a healthy relationship? Choose your top three and explain why they are important.

5. As my parent or other caring adult, what is 1 important message you'd like to give to me about building healthy and fulfilling relationships?

→ *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 8.3

Addressing Obstacles to Abstinence

Connecting the Lessons

Builds on *Lesson 6.7: Abstinence* and *Lesson 7.6: Defining and Maintaining Abstinence*.

Lesson Goals

- Identify positive outcomes of abstinence.
- Brainstorm obstacles to abstinence.
- Plan approaches to dealing with these obstacles (peer pressure, alcohol, etc.).

Preparation & Materials Checklist

- ☐ Cut colored slips of paper.
- ☐ Review student handouts:
 - Handout 8.3-4: Advice Column Homework
- ☐ Copy family letter and family activity.
- ☐ Have:
 - Glass container (vase, bowl, large jar, etc.)
OR draw a vase/jar on newsprint
 - Colored slips of paper
 - (Optional) Sticky notes
 - (Optional) Magic markers
 - SEL Skills poster
 - Anonymous Questions Box
 - Slips of paper for anonymous questions

Terms to Use

- Abstinence/postponement
- Commitment
- Sexual intercourse
- Obstacles
- Personal goals

Logic Model Determinant(s)

Increase communication with parents and other caring adults.

Address values around abstinence and sex.

Address attitudes about abstinence and sex.

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

Increase knowledge of how drugs and alcohol can affect decision making around sexual behavior.

Address perceptions of peer norms regarding sexual behavior.

Teacher Note

Abstinence is normal, common, acceptable and available to anyone at any time for any reason, even people who have already been sexually active. Sexual expression doesn't have to include sexual intercourse. There are other, lower-risk activities that people may choose to engage in to explore sexual feelings, by themselves or with others. If someone chooses not to be abstinent, another protection method, such as wearing a condom consistently and correctly, is important to avoid pregnancy and STIs.

Activity 8.3-1

5 minutes

Process Family Activity

Process Family Activity from Lesson 8.2

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 8.3-2

20 minutes

Planning for Abstinence

Define abstinence and postponement

Explain that this lesson will focus on how to make abstinence work for teens and what kinds of obstacles teens might face in trying to be abstinent.

Ask students why it is healthy to delay or postpone sex.

Acknowledge that different people might have their own definitions of abstinence, but for this activity, abstinence is defined as avoiding sexual behaviors that could lead to pregnancy or STI (*i.e., refraining from vaginal, oral and anal sex, and genital contact that can transmit STI*). Other sexual behaviors, such as masturbation, kissing or touching a partner, are much safer. Abstinence is normal, common, acceptable, and available to anyone at any time for any reason, even people who have already been sexually active.

Identify positive outcomes of abstinence

Normalize abstinence and delaying sex as a choice teens can make to reduce their chance of unintended pregnancy or STI transmission despite the messages they may get from society.

Ask students to get in pairs and brainstorm three reasons why a teen might choose sexual abstinence. Have pairs share their answers with the class. Remind students that it's

→ *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")

→ *Teacher Note***Reasons to Choose Abstinence**

- To reach personal goals
- To avoid unintended pregnancy
- To avoid getting or giving an STI or HIV
- To develop a healthy or deeper relationship that isn't just about sex
- To graduate from school and get a good job, without the pressures of being a parenting teen

important to practice self-awareness and reflect on their own values around abstinence.

Filling the “abstinence jar”

Tell students that talking about abstinence and postponement is one thing, but making it work is another. Much like other protection methods, abstinence has a number of components that make it effective. For example, the pill contains hormones to make it effective, so a person must know how to use it correctly, and people need a prescription in order to take it. Abstinence is most effective when people think about the skills and strategies they need in order to make it work in their own lives.

Show the students the empty glass container. During this class, students will be filling the glass container with the names of various skills or strategies that help make abstinence effective. Ask them to think of things that make abstinence work (prompt with examples if needed). Examples may include self-management, assertive communication and refusal skills.

Distribute a small slip of colored paper to each student. Ask students to write one idea on the paper and put it into the “abstinence jar” as you walk around with the container. After the container is full, select some ideas to read aloud and write on the board. Ask how each skill contributes to abstinence and what it takes for a person to develop that skill or attribute.

→ *Teacher Note*

Skills and Strategies for Effective Abstinence

- Assertiveness
- Communication
- Standing up to peer pressure
- Self-control
- Self-esteem
- Shared values
- Dedication to achieving goals
- Knowing personal values
- Support from friends, family, teachers, etc.
- Having goals
- Understanding the risks of not abstaining
- Respect for self and others
- Self-knowledge (about risks)
- Responsibility
- Trust
- Honesty

Activity 8.3-3

15 minutes

Obstacles to Abstinence

Brainstorm obstacles to abstinence

Ask what might make abstinence fail to be effective. Remove one slip of paper and ask what would happen if a person had all the other skills or attributes in the abstinence jar except that one. Have a few volunteers take out other pieces of paper, one at a time, and discuss in the same way. (For example, if “assertiveness” were taken from the container, how could a person talk with a partner? What if two partners had different ideas of what abstinence means?)

→ *Teacher Note*

The Risks of Alcohol & Other Drugs

It's especially important to emphasize drug and alcohol use because they are obstacles not only to abstinence, but also to using condoms and other protection methods.

Ask what situations in teenage life might cause abstinence to fail. Students should brainstorm in groups of two or three, then share their ideas with the class.

Write student ideas on the board (*e.g., drug and alcohol use, peer pressure, wanting sexual pleasure, fear of rejection by a partner if they say “no,” media influence, wanting a baby, being in a risky situation, wanting intimacy*).

Affirm the reality of abstinence obstacles facing teens today, including their natural sexual desires. Explain that curiosity and desire are normal feelings for most teenagers. Not experiencing these feelings is also normal. There are many activities outside of sexual intercourse (*define if needed as oral, vaginal and anal*) where teens can explore these feelings with much lower risk to themselves and their partners. It is up to each individual person to decide what feels comfortable sexually and what the personal limits are.

Remind students that dealing with desire and other feelings is part of responsible decision making. Discuss abstinence as a commitment and the importance of defining and knowing the personal goals that will support the commitment of abstinence.

Process Questions

1. How does this activity affect the way you look at abstinence?
2. A person needs many different skills to be successful at abstinence. What other things in life require a similar strategy for success?
3. If people practice abstinence only sometimes, what else can they do to keep themselves safe and meet their life goals? (*Have a backup method—wear a condom and/or use a hormonal method of birth control consistently and correctly to avoid getting pregnant or contracting an STI.*)
4. Name any connections you can see between planning for abstinence, self-awareness and self-management. (*Refer to SEL Skills poster.*)

Activity 8.3-4

5 minutes

Homework

Ask students if they are familiar with advice columns. Do they know anyone who reads advice columns? Which ones?

Explain to students that you are going to put them in the role of advice columnists responding to a letter from a teen. Ask students to turn to **Handout 8.3-4** in the Student Workbook and have a student read the letter out loud. For homework, ask students to think about the obstacles the letter writer is facing and draft a response.

Handout 8.3-4

Advice Column Homework

Dear Girl Read,

I'm 15 years old, and I've been seeing someone for about 6 months. My friends all say they're having sex, but I haven't done it yet. I really like my partner, but I'm not sure if I'm ready to take that step. My partner says it won't change anything between us and that it's not really a big deal. My friends say I should go for it.

What should I do?

Signed,

-Lgt Chr in Luckville

Please write your response below:

Dear Left Out,

15/16/17

GETREAL Grade 8 • Student Workbook 15

Handout 8.3-4

Student Workbook page 15

Activity 8.3-5

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 8.3-6

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 8.3

Abstinence Quiz

Instructions: Student and parent or other caring adult should work on the following Abstinence Quiz together. Then read and discuss the answers on the reverse side. If the statement is true, circle T. If the statement is false, circle F.

1. ☐ T ☐ F Abstinence means never having sex.
2. ☐ T ☐ F Once people choose to have sex, abstinence is not a choice for them anymore.
3. ☐ T ☐ F If teens have strong values, they should have no trouble sticking with a decision to abstain from sex.
4. ☐ T ☐ F Knowing how to communicate effectively is a good way to help avoid sexual activity that a person isn't ready for.
5. ☐ T ☐ F TV shows have rules against references to sexual intercourse during game time.
6. ☐ T ☐ F The only risk of having sex before you are ready is getting pregnant or getting someone pregnant.
7. ☐ T ☐ F Abstinence can be a healthy choice for teens.

Tip for Parents

The goal of this activity is to provide communication between you, the student, and caring adults in their life. It provides a great chance to review material covered in class, research resources for additional information, and share your feelings and values. If it is challenging to discuss these issues with one another, you can decide to skip this and do the exercise separately. Skip part 6 if it is difficult to discuss. Write down your answers and then read each other's answers. Laugh, smile, learn, and go right on being.

Parent or Other Caring Adult Signature _____ Student Signature _____

GETREAL Grade 8 • Student Workbook 17

Family Activity 8.3**Student Workbook page 17****References****Planning for Abstinence:**

Activity adapted from "So What's an 'Abstinence' Anyway?" © ETR. All rights reserved. Reprinted with permission from ETR, Scotts Valley, CA. For more information about this and other related materials, call 1-800-321-4407.

Definition of abstinence:

From the 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.

GET|REAL

Comprehensive Sex Education That Works

Dear Parent or Other Caring Adult,

This week in *Get Real* class, your teen had a chance to learn more 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 talk more about your individual and family definitions of abstinence and what makes it easier or more difficult for young people to abstain from sex.

For
Teacher Review
Only

Abstinence Quiz

Instructions: Student and parent or other caring adult should work on the following Abstinence Quiz together, then read and discuss the answers on the reverse side.

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

1. T F Abstinence means never having sex.
2. T F Once people choose to have sex, abstinence is not a choice for them anymore.
3. T F If teens have strong values, they should have no trouble sticking with a decision to abstain from sex.
4. T F Knowing how to communicate effectively is a good way to help avoid sexual activity that a person isn't ready for.
5. T F TV shows have rules against references to sexual intercourse during prime time.
6. T F The only risk of having sex before you are ready is getting pregnant or getting someone pregnant.
7. T F Abstinence can be a healthy choice for teens.

→ *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

Abstinence Quiz

1. **False** Abstinence means to not do something. It can refer to smoking, doing drugs or drinking. When it comes to sexual activity, abstinence or postponement is a choice that means not having sex at this time in someone's life.
2. **False** Anyone, no matter how old or young, can decide to abstain from, or postpone sex, even if that person has had sex before.

Note to Parent/Caring Adult: This response doesn't apply to forced sexual behavior, or sexual assault. In the case of sexual assault, perpetrators are exerting power over a victim. Sexual assault is unrelated to a person's choice to postpone or abstain from sexual activity. For resources on sexual assault or rape, see:

RAINN (Rape, Abuse, Incest National Network)

1-800-656-4673

www.rainn.org

24 hours a day, 7 days a week

Crisis intervention and support, answers to questions regarding sexual assault, basic medical issues information, resources on the reporting process, referral services in your area, and information for friends and family of survivors.

3. **False** Peer pressure and other outside influences can pose great challenges to decision making. Being clear about their values can help teens make healthy decisions, but they also need to have a plan for facing any challenges that may arise.
4. **True** Positive and effective communication skills, both verbal and nonverbal, are a very good way to help people stay firm in their decisions.
5. **False** According to the American Academy of Pediatrics, more than 75% of prime time television programs contain sexual content. Only 14% of these show people discussing the risks or responsibilities of sexual activity.
6. **False** Pregnancy is one risk of unprotected vaginal intercourse between two individuals when there is an egg and sperm present. STIs are another risk for anyone who is sexually active with a partner. In addition, any kind of sexual activity that a person is not ready for can pose emotional risks.
7. **True** Deciding to postpone or abstain from sex is considered by many to be a healthy choice for teens because it's the most effective way to reduce the risk of unintended pregnancy and STI transmission, and, when used correctly and consistently, abstinence offers 100% protection.

Lesson 8.4

Comprehensive Protection Methods

Connecting the Lessons

Builds on *Lesson 7.8: Introduction to Protection Methods* and *Lesson 8.3: Addressing Obstacles to Abstinence*.

Planning ahead: Concepts in this lesson will be important in *Lesson 8.5: STI/HIV Transmission*.

Lesson Goals

- Name two ways to protect against pregnancy and STIs.
- Demonstrate knowledge of at least one form of contraception, including how to access it.
- Evaluate reasons people use or don't use condoms and discuss consequences.

Preparation & Materials Checklist

- ☐ Read through *Lesson 7.8: Protection Methods*, to review facts discussed in last year's protection class.
- ☐ Review the Protection Methods Chart, paying attention to the methods covered in this class.
- ☐ Obtain birth control kit to use while covering methods.
- ☐ Review student handouts:
 - Handout 8.4-4: Steps to Correct Condom Use
 - Handout 8.4-6: Protection Methods Fact Sheet Homework
 - Protection Methods Chart
- ☐ Copy family letter, family activity and answer key.
- ☐ Have:
 - Protection Methods Kit (Check with class[es] to make sure there are no airborne latex allergies among students.)
 - Anonymous Questions Box
 - Slips of paper for anonymous questions

Terms to Use

- Abstinence
- Unintended pregnancy
- STI transmission
- Effectiveness rate

SEL Skills Addressed

Reviews all SEL competencies

Logic Model Determinant(s)

Increase communication with parents and other caring adults.

Address perceptions of peer norms regarding sexual behavior.

Increase knowledge of how pregnancy happens.

Increase knowledge of how STIs are transmitted.

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

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

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

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

→ *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 8.4-1

5 minutes

Process Family Activity**Process Family Activity from Lesson 8.3****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 8.4-2

5 minutes

The Need for Protection**Reinforce abstinence as an effective choice**

Reinforce the message that abstinence is the most effective choice for reducing the risk of unintended pregnancy and STI transmission. When used correctly and consistently abstinence offers 100% protection. Quickly review some of the points from the last class on how students can advocate for abstinence in their own lives.

Explain that in the future, many of them may choose to become sexually active.

Discuss the need for protection

Ask students the following questions:

- What questions could people ask themselves before they decide to have vaginal, anal or oral sexual intercourse? (*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 sexually transmitted infections? Am I emotionally ready to have sex?*) Remind students that these questions may sound familiar, as they were introduced in Lesson 7.8 when discussing protection methods.

→ *Teacher Note***SEL Skills Connection**

Refer to the SEL Skills poster as you cover the following points.

- The best way to stay protected is by using responsible decision making (making healthy choices) and relationship skills (communicating with and respecting one's partner).
- It's important for people to check in with their own values and boundaries (self-awareness) and also to be aware of how other people feel about these things (social awareness).
- When situations get difficult, people may need to use self-management to help them stick to their decisions.

- Why is it important for people to protect themselves during sexual intercourse? (*Unintended pregnancy, STI transmission.*)

Explain that in today's class, students will review ways to reduce the risks involved with sexual activities.

Activity 8.4-3

10 minutes

Protection Methods Game**Review facts about protection methods**

Ask students to turn to the **Protection Methods Chart** in the Student Workbook. Tell students they will be playing a game and need to work in groups of two or three. Students may use prior knowledge for this game, but they should also use the Protection Methods Chart as a resource. Groups must raise their hands if they know the correct answer to the questions asked. The first group to give the correct answer earns a point, and the group that earns the most points may win a small prize.

Ask students the following questions, allowing them to search for the answers on the Protection Methods Chart.

1. What is the only method that works 100% of the time, when used correctly and consistently? (*Abstinence*)
2. What are three methods that require no doctor's prescription and have no age limit for purchase? (*Any of the following are acceptable answers: abstinence, external condoms, dental dam, spermicide*)
3. What is a method used for oral sex only? (*Dental dam*)
4. What method has an effectiveness rate of 98% when used correctly and consistently? (*External condom*)
5. What method is a shot injected every 3 months to prevent pregnancy? (*The shot*)
6. What method works to prevent pregnancy for up to 120 hours after unprotected sex? (*Emergency contraception*)
7. Which methods can be used to prevent both pregnancy and the spread of STIs during intercourse? (*Abstinence, external condoms, internal condoms*)
8. What hormonal method is available on the shelves of pharmacies and some versions can be purchased without a prescription? (*Emergency contraception*)

→ *Teacher Note***IUD Facts**

An IUD is a small device inserted into a 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.

Method	Effectiveness Rate (%)	Prevents Pregnancy	Prevents STIs
Abstinence	100%	Yes	Yes
Emergency Contraception	95-98%	Yes	No
External Condom	98%	Yes	Yes
Internal Condom	98%	Yes	Yes
Dental Dam	98%	Yes	Yes
Spermicide	98%	Yes	No
The Shot	99%	Yes	No
Birth Control Pills	99%	Yes	No
Birth Control Patch	99%	Yes	No
Birth Control Injection	99%	Yes	No
Birth Control Implant	99%	Yes	No
Birth Control Ring	99%	Yes	No
Birth Control IUD	99%	Yes	No
Birth Control Implant	99%	Yes	No

Chart
Student Workbook
pages 19–20

9. What method is worn to prevent pregnancy, with the user wearing a new one each week? (*The patch*)
10. What method is a flexible circle inserted into the vagina to prevent pregnancy for up to three weeks, after which it is removed and a new one is inserted? (*The ring*)
11. What method is 99.7% effective at preventing pregnancy when taken at the same time every day of the month? (*The pill*)
12. What method is a rod placed under the skin of the arm of a person with a uterus that prevents pregnancy for up to 3 years? (*The implant*)
13. Which methods can be purchased at most drugstores and supermarkets? (*External condoms, spermicide, emergency contraception*)
14. What method prevents sperm from reaching an egg? (*Diaphragm/FemCap, external condoms, internal condoms*)
15. Which method works for up to 12 years to prevent pregnancy? (*Copper IUD*)
16. Which methods are often available for free at doctor's offices, health clinics, and some school-based health clinics or nurses offices? (*External condoms, internal condoms, dental dam*)
17. Which method is effective at preventing pregnancy for up to 5 years? (*Progestin IUD*)
18. Which is the best method? (*The one a person feels comfortable using correctly and consistently*)

Process Questions

1. What was one thing you learned in this activity?
2. Why is it important for someone your age to know this information?
3. Which methods do you think are popular among teens? Why do you think that is?

Activity 8.4-4

15 minutes

Protection Methods Kit

Review samples of protection methods

Show samples from the Protection Methods Kit to students as you introduce each method, and pass the samples around the class so students can see and handle them. In addition to showing samples, review facts and places where these methods can be obtained (*see the Teacher's Guide for talking points*):

- Abstinence
- External condom
- Internal condom
- Dental dam

- Emergency contraception (morning-after pill)
- Birth control pills (the pill)
- The shot
- The patch
- The ring
- Implant
- IUD

→ *Teacher Note*

Emergency Contraception

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

Explain effectiveness rates

Explain how protection methods are rated by their effectiveness against unintended pregnancy. If a protection method is 98% effective, this means that out of 100 people using that method, two got pregnant within a year of use. Emphasize that using dual protection methods can give a much higher effectiveness rate and better protection from STI transmission and unintended pregnancy. For example, an external condom will help reduce the risk of both STIs and pregnancy. If it is used in conjunction with a hormonal method, such as the patch, then if the condom fails for any reason, the hormonal method will still help prevent an unintended pregnancy (but not an STI).

Demonstrate condom use

(Note: You may wish to conduct the condom demonstration when you introduce the external condom during the Protection Methods Kit review.)

Explain that using condoms correctly raises the effectiveness rate and lowers the chances the condom will fail.

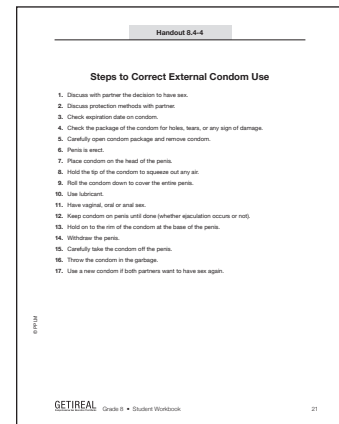
Review the steps to correct condom use:

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.

Then demonstrate the steps with an actual condom and ask students to explain the importance of each step. Conclude the demonstration by stressing that when condoms are used correctly by following these steps, the effectiveness rate will be closer to the 98% perfect-use figure. People should always use a new condom every time they have sex.

Ask students to turn to **Handout 8.4-4** in the Student Workbook.



Handout 8.4-4
Student Workbook page 21

Explain where to get protection

Discuss places where teens can obtain protection methods for free or little cost. Explain that these services are confidential and do not require parental permission.

Process Questions

1. What was one new fact you learned about protection methods?
2. Why is it important for someone to know how to use protection methods effectively?
3. Where could someone go in our community to access these protection methods?

Activity 8.4-5

10 minutes

What's the Deal?

Explore obstacles to condom use

Recap that of all the protection methods listed above, the only ones besides abstinence that can help prevent both unintended pregnancy and STI/HIV transmission are the external and internal condom, when used consistently and correctly.

Using the board, write "Reasons people use condoms" on one side and "Reasons people don't use condoms" on the other. Ask students to quickly brainstorm in pairs as many reasons as they can think of for each list. Ask them to offer their ideas and record them under the appropriate heading.

Ask students if television shows in which characters have sex often mention condoms. Are there some shows where characters never discuss protection? Ask students: If the media doesn't show examples of condom use, could that contribute to why people might not use condoms? Add "media" to the list after this discussion.

Help students recognize the importance of learning how to have these conversations with partners, especially when they are not modeled in popular culture and media.

Process Questions

1. What could someone say to tell a partner they wanted to use condoms?
How could they bring up that conversation in a natural way?
2. What could someone say if their partner didn't want to use a condom?
3. What are the potential risks if people choose not to use condoms?

Activity 8.4-6

Homework

Ask students to turn to **Handout 8.4-6** in the Student Workbook.

For homework, have students pick one protection method from the chart and create a 1-page fact sheet about that method. The sheet should include:

- Name of the method
- How and where to get the method
- How it works
- How effective it is at preventing pregnancy and STIs
- Possible side effects

Handout 8.4-6
Student Workbook page 22

Activity 8.4-7

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 8.4-8

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 8.4

Protection Methods Quiz

Instructions: Student and parent or other caring adult should answer the questions below together. Or answer them separately and compare answers to see how much you both know (or need to know)! The answer key is on the reverse side.

1. What is the only protection method that is 100% effective, if practiced perfectly?
2. What does it mean to use a method perfectly?
3. Name three (or more) hormonal methods of birth control.
4. Condoms reduce the risk of _____ and _____.
5. True or False? Condoms can be reused.
6. Dental dams used during oral sex reduce the risk of _____.

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Parent or Other Caring Adult Signature _____ Student Signature _____

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Family Activity 8.4**Student Workbook page 23****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.S. Policar, 20th ed., New York: Ardent Media, 2011.

For
Teacher Review
Only

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. "Your Contraceptive Choices" Birth Control Series. †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

GET|REAL

Comprehensive Sex Education That Works

Dear Parent or Other Caring Adult,

In addition to being human beings, most of us are sexual beings. Sexuality is a normal, healthy, natural part of being human at every stage of life. Not experiencing sexual feelings is also completely normal. 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 (male, female, intersex) at birth 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 ourselves as people through our gender identity and expression (including our names, pronouns, and the way we talk, dress and relate to others)
- Sexual orientation (straight, gay, bisexual or any other sexual orientation)
- Values, beliefs and attitudes as they relate to our sex and/or gender
- 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

For Teacher Review Only

Protection Methods Quiz

Instructions: Student and parent or other caring adult should answer the questions below together. Or answer them separately and compare answers to see how much you both know (or need to know)! The answer key is on the reverse side.

1. What is the only protection method that is 100% effective, if practiced perfectly?
2. What does it mean to use a method perfectly?
3. Name three (or more) hormonal methods of birth control.
4. Condoms reduce the risk of _____ and _____.
5. True or False? Condoms can be reused.
6. Dental dams used during oral sex reduce the risk of _____.

→ *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

Protection Methods Quiz

Instructions: Student and parent or other caring adult should answer the questions below together. Or answer them separately and compare answers to see how much you both know (or need to know)! The answer key is on the reverse side.

1. What is the only protection method that is 100% effective, if practiced perfectly?

Abstinence

2. What does it mean to use a method perfectly?

“Perfect use” means that the method is used correctly, every single time

3. Name three (or more) hormonal methods of birth control.

Birth control pill, the shot, the ring, the patch, the progestin IUD, the implant

4. Condoms reduce the risk of _____ and _____.

Pregnancy and STIs (sexually transmitted infections), including HIV

5. True or False? Condoms can be reused.

False

6. Dental dams used during oral sex reduce the risk of _____.

STIs (sexually transmitted infections)

Lesson 8.5

STI/HIV Transmission

Connecting the Lessons

Builds on *Lesson 7.7: Introduction to Sexually Transmitted Infections*, *Lesson 8.3: Addressing Obstacles to Abstinence* and *Lesson 8.4: Comprehensive Protection Methods*.

Planning ahead: Concepts in this lesson will be important in *Lesson 8.6: Living with HIV* and *Lesson 8.7: Refusal Skills*.

Lesson Goals

- Identify feelings attached to STI exposure.
- Analyze how feelings affect subsequent behavior.
- Name two behaviors in each category of risk.
- Name highest-risk behaviors.
- Name ways to reduce risk.
- Identify a resource for support and testing.

Preparation & Materials Checklist

- ☐ Prepare bags of candy:
 - One bag of all green candies for the teacher
 - Bags of different colored candies (no green), one per student
- ☐ Review student handouts:
 - Handout 8.5-3: STI Information and Resources
 - STI Chart
- ☐ Copy family letter and family activity.
- ☐ Have:
 - Pens or pencils
 - Index cards, one per student
 - SEL Skills poster
 - Anonymous Questions Box
 - Slips of paper for anonymous questions

Terms to Use

- STI
- Risk
- Unsafe
- Exposure
- Safe
- Transmission

SEL Skills Addressed

Self-awareness

Logic Model Determinant(s)

Increase communication with parents and other caring adults.
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 in having an older partner.
Increase perceived risk of STIs.
Increase knowledge of how drugs and alcohol can affect decision making around sexual behavior.

→ Teacher Note

Be sure to review key facts about HIV. It may also be helpful to clear up any misconceptions about HIV or AIDS before viewing a video or hearing a speaker in the next class.

Activity 8.5-1

5 minutes

Process Family Activity

Process Family Activity from Lesson 8.4

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 8.5-2

20 minutes

Sweetly Transmitted Infections

Simulate the pattern of STI transmission

Explain that to start today's class, students will all participate in a simulation. Tell them to pay close attention to the following directions:

- Each participant (including the teacher) will be given a bag of candy and an index card. Please don't eat the candy until the activity is over.
- Circulate around the room and introduce yourself to one of the other participants.
- As part of the introduction, exchange candies with this person (as many or as few as you want), then sign each other's index cards.
- Introduce yourself to someone else, until you have exchanged candies with at least three people. You should have at least three signatures on your index card.
- When you are finished, return to your seat.

Give students about 5 minutes to exchange candies and sign cards with each other and with the teacher.

Explain that you (the teacher) had a bag with all green candies in it. For this particular activity, the green candies represent an STI. Ask students who now have a green candy to raise their hands. Ask how many have a green candy but had no direct contact with the teacher. Ask them to tell you how those green candies got from the teacher's bag into their bags.

Explain that this was a simulation—an activity that represents something else in real life. Clarify that people cannot transmit STIs or HIV by trading candies or shaking hands!

→ *Teacher Note***Young People and STI**

Inform students that half of new STI transmissions each year affect 15 to 24 year olds. This highlights:

- How common STIs can be
- How important it is to encourage communication about STIs by being respectful
- How important it is for people to protect themselves and get tested for STIs if they think they've been exposed.

Acting as someone visiting a health center, ask students the following questions and discuss their answers:

- Let's say I went to the clinic and saw the doctor, and the doctor told me I've been diagnosed with *[pick an STI]*. Do you know what this STI is?
- What would I want to know about this particular STI?
- How might I feel after finding out I had this STI?
- What would you recommend I do in this situation?
- Would I want anyone to know that I have an STI? Is there anyone I need to tell? Should a person diagnosed with an STI tell current partner(s)?
- How do you think I might feel telling my partner?
- Is it possible a person diagnosed with an STI wouldn't tell a partner? Why?
- If some people don't tell their partners, or don't even know they have STIs, how might that affect sexually active people?

Remind students that everyone who has a green candy has been exposed to the STI from contact with you. Point out that not all people who are exposed actually get the STI, but that exposure can increase risk. Ask that everyone with a green candy stand up. Ask them the following questions:

- How did it feel to find a green candy once you knew what it meant?
- How can you know if someone has an STI?
- Is it possible for someone to have an STI, including HIV, but not know it?
- How would you handle this situation with your current partner? Would you tell? How would this feel?
- In our simulation, I chose to tell my partners. What might be some reasons people might choose not to tell their partners?
- What would have been the result of this activity if you had refused to share your candy with anyone? (*Would not risk getting green candies; simulates choosing abstinence.*)
- People won't always tell past or current partners that they have an STI. Some might have an STI but not even know it. What do these facts mean for you? Knowing this, how can you keep yourselves safe?

Ask the seated students who have any of the standing students' names on their index cards to stand up, even if they don't have a green candy in their bags. Explain that these people may also have been exposed to the STI. Ask students to look around the room and see how many people are

→ Teacher Note

Go to www.getrealeducation.org to watch a video modeling the processing of this activity.

→ Teacher Note

When People Don't Tell

Explain that some people may not be able to overcome their embarrassment, or it may be unsafe for them to tell a particular partner. Talk about partner notification services available in your state.

standing. That number represents how many people could have been infected or exposed to the STI from just one infected person during this simulation.

Activity 8.5-3

10 minutes

Multiple Partners and Other Risk Factors**Discuss risks of multiple partners**

Ask what would happen if the class had continued with this activity for a longer amount of time. What if another class had participated? Explain that added and continued exposure to people infected with an STI, including HIV, is how these infections are spread, and why people have to be concerned about STI transmission.

Note that having fewer sexual partners and longer periods of time between different sexual partners can reduce the chances of contracting HIV or other STIs.

Compare sequential to concurrent partners

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

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

Ask students what these handshakes demonstrate about STI transmission. Point out that transmission only goes in one direction, so this demonstration assumes that people have only one partner at a time or sequential partners.

To demonstrate how STI transmission can work when people have 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, etc.

Explain that the risk of STI and HIV transmission increases dramatically when people have multiple partners at a time, or concurrent partners, because STIs can be passed back and forth, not just in one direction. Ask students how this idea was demonstrated in the handshake exercise.

*→ Teacher Note***STI Facts**

- Both the number and rates of reported cases of chlamydia and gonorrhea are highest among people ages 15 to 24.
- Half of new STIs that occur each year in the U.S. affect young people ages 15 to 24.
- The use of dental dams and latex condoms can reduce the risk of STI transmission during oral sex

www.cdc.gov/stdconference/2016/highlights

Discuss ways to lower risk

Ask students if getting STIs is inevitable. Will everyone who has sex contract an STI? Is there a way to avoid contracting an STI?

Emphasize that STIs, including HIV, are very preventable. Through the use of condoms and dental dams, people can make sure their behavior is very low risk. Remind students that using a condom to protect against HIV is 10,000 times safer than not using a condom.

Ask students to list which behaviors are the most risky for STI transmission (*unprotected anal sex, unprotected vaginal sex, unprotected oral sex*).

Explain that there are some situations where people are more likely to engage in risky sexual behaviors. Ask students what these situations might be (*under the influence of alcohol or other drugs, feeling pressure from peers/partner, dating an older partner, not comfortable asserting sexual boundaries*). In these situations, it can be much harder for people to take care of themselves and protect themselves and their partners from getting STIs, including HIV.

Explain that the only way to know for sure if someone has an STI is to get tested. Ask students to turn to **Handout 8.5-3** and the **Sexually Transmitted Infections Chart** in the Student Workbook. Give them a few minutes to review the chart and complete the table on the handout. Explain that many places offer free and confidential testing for youth, and there are rapid HIV tests that give results within 15 minutes. Use the following process questions as a quick check for understanding.

Process Questions

1. What are six bodily fluids that transmit STIs?
2. What is the additional way, besides fluid transmission, that STIs are passed between people?
3. What can people do to reduce their risk?
4. Where can people go who want to get tested?

→ Teacher Note

More Resources

More resources are available at www.getrealeducation.org.

Handout 8.5-3

STI Essential Information and Resources

STI	Mode of Transmission	Curable/Testable

Ways to Reduce Risk

- Abstinence, when practiced correctly and consistently, is the only 100% certain way to avoid STI. 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://getreal.cdc.gov> to find an STI testing site.

GETREAL Grade 8 • Student Workbook

Handout 8.5-3
Student Workbook page 25

Sexually Transmitted Infections Chart

Infection	How it's passed	Can it be cured?	Can it be tested?	Where to get tested
Chlamydia	Sexual contact with an infected person's fluids (vaginal, rectal, or oral sex)	Yes	Yes	Health care provider, community health center, or local health department
Gonorrhea	Sexual contact with an infected person's fluids (vaginal, rectal, or oral sex)	Yes	Yes	Health care provider, community health center, or local health department
Human Immunodeficiency Virus (HIV)	Sexual contact with an infected person's fluids (vaginal, rectal, or oral sex); sharing needles; mother to child during pregnancy or birth	No	Yes	Health care provider, community health center, or local health department
Herpes	Sexual contact with an infected person's fluids (vaginal, rectal, or oral sex); direct contact with an infected person's sores	No	Yes	Health care provider, community health center, or local health department
Human Papillomavirus (HPV)	Sexual contact with an infected person's fluids (vaginal, rectal, or oral sex); direct contact with an infected person's sores	No	Yes	Health care provider, community health center, or local health department
Syphilis	Sexual contact with an infected person's fluids (vaginal, rectal, or oral sex); direct contact with an infected person's sores	Yes	Yes	Health care provider, community health center, or local health department

Chart
Student Workbook
pages 27–28

Activity 8.5-4

5 minutes

HIV Review

Review facts about HIV transmission

Ask students why HIV is sometimes discussed separately from other STIs. Review the body fluids that can transmit HIV: blood, ejaculate, pre-ejaculate, vaginal fluid, rectal fluid and breast milk.

Ask who students think is most affected by HIV. Point out that many young people are at risk of contracting HIV. Remind students that HIV cannot be transmitted through conversation or casual contact (handshakes, hugs, etc.).

Explain that, in the next class, students will hear the true story of someone living with HIV. This person's individual story isn't representative of everyone with HIV, but will explain how HIV affected one person's life. Review the Class Rights and Responsibilities.

Encourage students to write down any questions they have about HIV or AIDS for the Anonymous Questions Box.

→ *Teacher Note*

HIV Fact

According to the CDC, 41% of HIV diagnoses in 2016 were of people between age 13 and 29.

CDC, "HIV in the United States"

Activity 8.5-5

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 8.5-6

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 4.5

Ranking Sexual Health Issues

Instructions: Student and parent or other caring adult should answer the questions on their own. Then compare your lists. Are they similar or different? Discuss differences and answer the questions you each had for choosing your top five.

Rank the five following sexual health issues from most concerning to least concerning

HIV/AIDS	Unintended Pregnancy	STIs
<p>Use the following questions to guide your discussion:</p> <ul style="list-style-type: none"> • What do you notice? Are your rankings similar? • Does anything surprise you? • How difficult was it to choose? What factors helped you decide? • Does society view these issues differently? Is there more or less stigma surrounding STIs and HIV than unintended pregnancy? How did that affect your decision? • Are there similar concerns and risks involved with all three? • What can you personally do to prevent all of these sexual health issues from affecting your family and loved ones? 		

2019-2020

Tips for Parents

The goal of this activity is to provide parents with information about the most concerning sexual health issues and asking them to rank these issues. This activity is designed to be a conversation starter to help parents and students share their thoughts and feelings about these issues. Parents should be encouraged to share their own thoughts and feelings about these issues, and to share their own experiences with these issues. Parents should be encouraged to share their own experiences with these issues, and to share their own experiences with these issues.

Tips for Students

The goal of this activity is to provide students with information about the most concerning sexual health issues and asking them to rank these issues. This activity is designed to be a conversation starter to help students and parents share their thoughts and feelings about these issues. Students should be encouraged to share their own thoughts and feelings about these issues, and to share their own experiences with these issues. Students should be encouraged to share their own experiences with these issues, and to share their own experiences with these issues.

Parent or Other Caring Adult Signature

 Signature

Student Signature

 Signature

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GETREAL

Grade 8 • Student Workbook

Family Activity 8.5
Student Workbook page 29

References

Statistics on teens and STIs:

Centers for Disease Control and Prevention, *Prevalence of Sexually Transmitted Infections and Bacterial Vaginosis Among Female Adolescents in the United States: Data from the National Health and Nutritional Examination Survey (NHANES), 2003–2004*. Presented March 11, 2008, at the National STD Prevention Conference, www.cdc.gov/stdconference/2008/media/summaries-11march2008.htm#tues1.

Centers for Disease Control and Prevention, HIV in the United States, www.cdc.gov/hiv/statistics/overview/ata glance/html.

Information about STIs:

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

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

Forhan, S. E., et al, Prevalence of Sexually Transmitted Infections among Female Adolescents Aged 14 to 19 in the United States, *Pediatrics* 124.6: 1505–1512

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.

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 booklists. 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).

Ranking Sexual Health Issues

Instructions: Student and parent or other caring adult should answer the following questions on their own. Then compare your lists. Are they similar or different? Discuss differences and the reasons you each had for choosing what you did.

Rank the three following sexual health issues from most concerning to least concerning:

HIV/AIDS

Unintended Pregnancy

STIs

Use the following questions to guide your discussion:

- What do you notice? Are your rankings similar?
- Does anything surprise you?
- How difficult was it to choose? What factors helped you decide?
- Does society view these issues differently? Is there more or less stigma surrounding STIs and HIV than unintended pregnancy? How did that affect your decision?
- Are there similar concerns and risks involved with all three?
- What can you personally do to prevent all of these sexual health issues from affecting your family and loved ones?

→ *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 8.6

Living with HIV

Connecting the Lessons

Builds on *Lesson 8.4: Comprehensive Protection Methods* and *Lesson 8.5: STI/HIV Transmission*.

Planning ahead: Concepts learned in this lesson will be helpful in *Lesson 8.7: Refusal Skills*.

Lesson Goals

- Identify three issues faced by people living with HIV.
- Debunk two myths about people with HIV.
- Express empathy for people with HIV by writing a letter after the presentation or video.

Preparation & Materials Checklist

- ☐ Secure an HIV speaker or one of the recommended videos.
- ☐ If video is used, explain the homework assignment before showing the video to help students concentrate.
- ☐ Copy family letter, family activity and answer key.
- ☐ Have:
 - Blank paper for writing assignment and questions
 - (Optional) Video featuring people living with HIV
 - Anonymous Questions Box
 - Slips of paper for anonymous questions

Terms to Use

- HIV
- AIDS
- Protection
- Transmittable fluids
- Testing

SEL Skills Addressed

Self-awareness, social awareness

Logic Model Determinant(s)

Increase communication with parents and other caring adults.
Increase knowledge of how STIs are transmitted.
Increase perceived risk of STIs.
Increase positive attitudes toward condoms and/or other protection methods.

Teacher Note

Many cities and counties have HIV-positive speakers' bureaus.

To find a speaker for *Lesson 8.6*, consult your local HIV/AIDS service organization. Local organizations can be found by visiting www.asofinder.com and entering your zip code.

If you are unable to find an HIV-positive speaker, there are many short online documentaries featuring HIV-positive individuals that you can show the class instead. Links to some of these can be found in the Resources section of *Lesson 8.6* and the Teacher Guide.

Also reference the Teacher's Guide pages for more talking points for the Common Ground activity (8.6-2).

This lesson includes separate directions for teaching this class using either a guest speaker or a video. Throughout this lesson, it's important to emphasize condom use as a means of protection wherever applicable.

Activity 8.6-1

5 minutes

Process Family Activity

Process Family Activity from Lesson 8.5

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 8.6-2

10 minutes

Common Ground

Prepare the class for the presentation or video

To start off, remind students about the importance of creating a classroom free of judgments and the value of keeping an open mind. Review the Class Rights and Responsibilities and talking points on confidentiality, mandated reporting and respect. Ask students to avoid generalizations and to use “I statements” throughout the lesson. Emphasize that, although it sometimes feels safer to assume that everyone believes the same things or feels the same way, it’s important to not make these sorts of assumptions.

Tell students that during today’s class they are going to learn about what life is like when living with HIV or AIDS. But, before that, you are going to ask the entire class a few questions and would like them to raise their hands if they identify with the statement being read. Explain that this is an exercise in self-awareness and that, even though it may be hard, they shouldn’t look around to see what others are doing before deciding to raise a hand. Encourage them to respond based on their own beliefs and experiences and not on whether friends or classmates are raising their hands.

Ask the following questions:

Are you someone who...

- has been in love?
- has been in lust?
- has ever hurt someone’s feelings?
- has kept a secret from someone you cared about?
- has done something you regretted later?
- has done something because someone told you to?
- has done something because someone told you not to?

- has felt discriminated against in any way (race, age, sexual orientation, gender identity, religion, economic status, etc.)?
- knows someone who has an issue with alcohol and/or other drugs?
- knows someone whose life has been affected by HIV? (Take note of who raises a hand for this question and address it later.)

Process Questions

1. What did you notice while we were doing this activity? What does that say about shared experiences?
2. Which questions were harder to answer? Why?
3. Why do you think we did this “common ground” activity before hearing from a speaker who is living with HIV/watching a video about people who are living with HIV?

Option 1: Guest Speaker

Activity 8.6-3

15 minutes

HIV Speaker Presentation

HIV-positive speaker presents

Introduce the guest speaker.

Pass out blank pieces of paper. Explain that while the speaker is talking, students should hold all their questions until the end. If they think they will forget their question or don't want to ask it out loud, they should write it down on the paper. After the speaker finishes, they will have an opportunity to ask any questions they may have.

Have the guest speaker make a presentation to the class for about 15 minutes, discussing HIV in the context of the speaker's own life story. *(See the Teacher's Guide for aspects of the speaker's life story that should be addressed.)*

Activity 8.6-4

10 minutes

Questions and Answers

Students ask questions

Thank the speaker for sharing with the class.

Tell the students they will now have an opportunity to ask questions. Facilitate the question-and-answer period.

Keep the discussion moving, actively support the HIV-positive speaker, redirect the dialogue if it moves in a direction with which the speaker feels uncomfortable, and answer technical questions if the speaker asks you for help.

→ *Teacher Note*

HIV Fact

More than 1.1 million people in the U.S. are living with HIV, and 1 in 7 are unaware of their infection.

(CDC, HIV in the United States)

If it doesn't come up through the questions and answers, spend a few minutes brainstorming myths surrounding HIV / AIDS—whether individuals who are infected have a stereotypical look, myths surrounding the modes of transmission, etc.

Be sure to leave time for the process questions.

Process Questions

1. How is your view on HIV different after hearing this presentation?
2. Can you assume that you would know if a person was HIV-positive just by looking? (*No.*)
3. What does this mean in terms of what we learned about in past lessons? (*Emphasize the importance of testing, condoms and effective communication in relationships.*)

Activity 8.6-5

5 minutes

Thanking the Speaker

Students write thank-you letters

Ask students to reflect on today's class and write a thank-you letter to the speaker. If time is short, you may choose to assign this as homework.

Encourage students to express themselves openly and honestly, much in the same way the speaker did today. Explain that the speaker will not be able to reply to the letters, and the letters should not include personal information such as full names, mailing or email addresses, or phone numbers.

Be sure students understand that you will screen the letters before sending them to the speaker. Explain that the speaker today took an emotional risk by sharing, in hopes of helping young people reduce their risk of HIV infection.

Encourage students to share their thoughts and/or feelings about today's class with their parents or other caring adults or supportive individuals.

Collect the letters at the end of the class or have students finish them at home for homework. Send the letters to the guest speaker.

Option 2: Using a Video

Activity 8.6-3

20 minutes

Video Clips

Students watch videos of people living with HIV

Tell students they will be watching some videos about the lives of people living with HIV or AIDS. Provide a brief introduction to the video(s) you will be presenting.

Pass out blank pieces of paper and tell students to use this paper to jot down any questions that come up as they watch the video, and to take notes because they will be writing a letter to one of the people in the video after watching.

Have the students view video clips of real people living with HIV.

Activity 8.6-4

10 minutes

Questions and Answers

Students ask questions

Tell students they will now have an opportunity to ask any questions that came up while watching the video(s). Answer the questions students have about the video and/or HIV.

If it doesn't come up during the questions and answers, spend a few minutes brainstorming myths surrounding HIV/AIDS—for example, whether people who are infected have a stereotypical look, misconceptions about the modes of transmission, etc. Be sure to leave time for the process questions.

Process Questions

1. How is your view on HIV different after hearing these stories?
2. Can you assume that you would know if a person was HIV-positive just by looking? (*No.*)
3. What does this mean in terms of what we learned about in past lessons? (*Emphasize the importance of testing, condoms and effective communication in relationships.*)

Activity 8.6-5

5 minutes

Writing a Reflection Letter

Students write a letter to someone in the video

Ask the students to reflect on today's class and write a letter to one of the people in the videos. Encourage students to express themselves openly and honestly. The letter can include anything a student wishes to say and can be of any length. The letter will not be shared in class, and will be collected at the end of class. If time is short, you may choose to assign this as homework.

Explain that the video offered the opportunity to hear from people who are living with HIV or AIDS. This is often a very powerful experience that can result in many different thoughts and feelings.

Suggest that students share their thoughts about the videos with their parents or other caring adults or supportive individuals.

Conclusion for Both Options

Activity 8.6-6

Homework

For homework, students should create a poster designed to raise awareness about HIV. The poster should contain information about modes of transmission, how to get tested, and ways to reduce risk.

Activity 8.6-7

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 8.6-8

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 8.8

HIV: Do You Know It All?

Instructions: Student and partner or other small group should work on the following quiz together. They discuss the answers on the reverse side.

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

1. T F

You can tell by looking whether a person has HIV.

2. T F

HIV can be transmitted through an insect bite.

3. T F

Saliva is one of the fluids that can transmit HIV.

4. T F

People who identify as straight can't get HIV, so they only have to worry about sexually transmitted infections (STIs).

5. T F

One guy can't get into another person's bloodstream in through a vein in the mouth.

6. T F

It's not smart to wear a condom to get an STD test.

7. T F

HIV can be transmitted through a mosquito bite.

True for Friends

The goal of the activity is to promote conversations between all of the students in the class. The questions are designed to get a great chance to explore important concepts and to give students a chance to ask additional questions.

After 5 minutes, students are divided into groups.

Students are given 5 minutes to discuss their answers with one another. They are then divided into 4 groups and are asked to prepare a 1-minute presentation to the class.

When the time is over, students are directed to the back of the room and are asked to:

- Laugh, yelp, shout, and go right on talking.

Parent or Other Caring Adult Signature

GETREAL

Student Signature

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Family Activity 8.6
***Student Workbook* page 31**

References

HIV statistics:

Centers for Disease Control and Prevention, HIV in the United States: At a Glance, www.cdc.gov/hiv/statistics/overview/ataglance.html.

Department of Health and Human Services, Living with HIV/AIDS, www.cdc.gov/hiv/resources/brochures/livingwithhiv.htm

Videos featuring people living with HIV:

First-Person Stories from HIV-Positive People:

www.thebody.com/content/67155/first-person-stories-from-hiv-positive-people-may-.html

A Day in the Life video series:

www.thebody.com/content/63758/a-day-in-the-life-video-series-an-interview-with-t.html

This Positive Life video series:

www.thebody.com/content/61705/this-positive-life-an-interview-with-lolisa-gibson.html

Blood Lines:

Available for order at <https://www.etr.org/store/product/blood-lines-it-could-be-you-dvd-gr-7-12>.

A short clip can be viewed at <https://www.youtube.com/watch?v=NjGo7iVf8sE>

The Positive Project: www.thepositiveproject.org

Note: Educators may find additional videos online. Please screen any video prior to sharing with students.

For Teacher Review Only

GET|REAL

Comprehensive Sex Education That Works

Dear Parent or Other Caring Adult,

Many parents wait for their kids to ask a question about sexuality instead of bringing up the topic of sex and sexuality. But many children won't ask a parent questions about sexual topics, and some parents may avoid the subject because they are uncomfortable. In fact, a study by 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.

Open-ended questions can be used to start these conversations and begin talking about sexuality in a comfortable way. Remember, it's your right and responsibility to be your child's primary sexuality educator. Try to stay calm and relaxed. Keep in mind that you're talking about these things because you care about your child's happiness and well-being. Try these conversation starters today.

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?"

(See reverse side for more ideas)

Continued

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 with a vagina urinate through a urethra, a small tube in the body that is connected to the bladder. People with a penis also urinate through a urethra.

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?

For
Teacher Review
Only

HIV: Do You Know It All?

Instructions: Student and parent or other caring adult should work on the following quiz together, then discuss the answers on the reverse side.

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

1. T F You can tell by looking whether a person has HIV.
2. T F HIV can be transmitted through six body fluids.
3. T F Saliva is one of the fluids that can transmit HIV.
4. T F People who identify as straight can't get HIV, so they only have to worry about other sexually transmitted infections (STIs).
5. T F One way HIV can get into another person's bloodstream is through sores in the mouth.
6. T F Teens need a parent's consent to get an HIV test.
7. T F HIV can be transmitted through mosquito bites.

→ *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

Continued

HIV: Do You Know It All?

1. **False** HIV (human immunodeficiency virus) is a virus that lives inside a person's body. Some people believe you can tell whether a person has HIV by looking. The reality is that some people who have HIV don't even know they're infected. The only sure way for people to know if they've been infected is to get tested.
2. **True** The fluids that can transmit HIV from someone who is infected with the virus are ejaculate, pre-ejaculate, vaginal fluid, rectal fluid, blood and breast milk. Any sexual contact or other behavior (such as sharing needles) that brings someone in contact with these fluids puts a person at risk for HIV.
3. **False** HIV is present in such small amounts in saliva that it cannot be transmitted to another person.
4. **False** Anyone who has sex, regardless of gender or sexual orientation, and comes in contact with infected ejaculate, pre-ejaculate, vaginal fluid, rectal fluid, blood or breast milk can get HIV. Because of the way their bodies are made, people with a vagina are twice as likely as people with a penis to get HIV through vaginal intercourse, but people with a penis are still at risk. People with a penis and people with a vagina are at equal risk of getting HIV when exposed to ejaculate through oral or anal sex.
5. **True** HIV can be transmitted through oral sex (the sexual behavior of putting the mouth on the vulva, penis or anus) because ejaculate, pre-ejaculate, vaginal fluid or rectal fluid could get into the bloodstream through open sores or cuts in someone's mouth (e.g., from flossing teeth, canker sores, cold sores).
6. **False** Anyone of any age can get sexual health services for HIV testing, STI testing and pregnancy prevention.
7. **False** HIV is a virus that only infects humans. Mosquitoes are insects so they don't carry HIV. (But some mosquitoes do carry other infections, such as malaria and West Nile virus.) If a person who has HIV is bitten by a mosquito and that mosquito then bites someone else, HIV will not be passed through the mosquito bite.

Lesson 8.7

Refusal Skills

Connecting the Lessons

Builds on *Lesson 8.3: Addressing Obstacles to Abstinence*.

Lesson Goals

- Reflect on hearing a first-hand story of living with HIV.
- Model, rehearse and demonstrate refusal skills in sexual contexts.
- Discuss feelings of characters in scenarios and challenges to communication.

Preparation & Materials Checklist

- ☐ Review Refusal Skills scenarios.
- ☐ Review student handouts:
 - Handout 8.7-3: Refusal Skills and Boundaries
- ☐ Copy family letter and family activity.
- ☐ Have:
 - Homework from *Lesson 8.6*, letters to someone living with HIV
 - Refusal Skills scenario cards
 - SEL poster
 - Anonymous Questions Box
 - Slips of paper for anonymous questions

Terms to Use

- HIV
- Refusal
- Body language
- Assertive communication

SEL Skills Addressed

Self-awareness, relationship skills, responsible decision making

Logic Model Determinant(s)

Increase communication with parents and other caring adults.

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

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

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.

→ Teacher Note

Consent and Self-Care

This lesson focuses on refusal skills and healthy relationships. These topics may bring up a number of feelings and experiences for students. It's important to remind students of their right to self-care, and to check in with any student who is disengaged or seems upset about the topic. It can be helpful to alert the school counselor about the topic of discussion ahead of this lesson.

Activity 8.7-1

5 minutes

Process Family Activity

Process Family Activity from Lesson 8.6

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 8.7-2

10 minutes

Process Speaker or Video

Debrief HIV speaker or video

Collect the letters students wrote to the HIV-positive speaker or person from the video. Ask the questions below to process the letter-writing activity.

→ *Teacher Note*

Validate Feelings

As students answer the questions, validate their feelings and the range of issues raised. Keep in mind there may be people who are HIV-positive in the classroom, as well as students who have family members or friends who are HIV-positive.

Process Questions

1. How did it feel hearing from a person who is living with HIV?
2. What surprised you most?
3. Did you talk about the speaker/video with anyone outside of this class? Whom did you talk to? Did you talk with a parent or guardian about the presentation? (*Encourage students to talk with their parents, if they have not already done so.*)
4. What is something you learned as you listened to the speaker/person in the video talk about living with HIV?
5. How do you think the person living with HIV feels about the past? How has the person's outlook on life changed as a result of having HIV?
6. If you had seen that person outside this classroom, would you have known they were HIV positive?
7. Why might people not reveal their HIV status? How would not revealing HIV status affect the person and others if they are sexually active?
8. Why do you think the speaker/people in the video chose to share their story?
9. What questions do you still have about last week's class?

Remind students that it's normal to have a range of feelings after listening to someone share such personal information about living with HIV. These feelings may be immediate or they may come out in the future if something triggers the experience, such as a conversation about protection with a potential sexual partner or something in the media. Encourage students to seek support and share their feelings with people with whom they feel safe.

Activity 8.7-3

30 minutes

Role-Plays**Review communication, refusal and negotiation skills**

Tell students that now that they've heard from an HIV-positive speaker or seen a video about people with HIV, the rest of this class will be used to practice refusal and negotiation skills.

Tell students that unprotected sex is the most common way for STIs, including HIV, to be transmitted. Ask students how STI transmission relates to communication and refusal skills. Explain that refusal skills are related to relationship skills (*clear communication*) and responsible decision making (*making healthy choices regarding sexual activity*). Explain that it's also important for people to use self-awareness to check in with their personal values and feelings about what they want to do or not do. It's also important for partners to use social-awareness and relationship skills to recognize that when a partner identifies a boundary it is their responsibility to respect their partner's boundary. This is an equally significant part of consent.

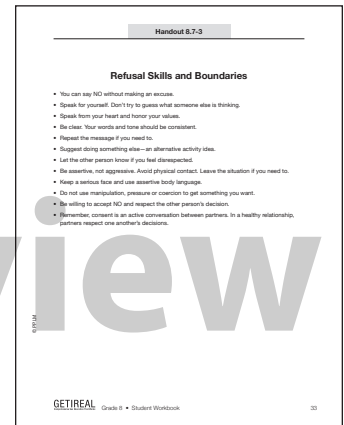
Ask students to turn to **Handout 8.7-3** in the Student Workbook. Clarify the points on the handout and answer any questions students might have. Ask students how the information on the handout relates to the idea of healthy communication?

Practice and perform role-plays

Present the Refusal, Negotiation and Communication Skills Scenarios to students. Read one of the Abstinence scenarios, and give students 2 minutes to write down how they would deal with that situation.

→ *Teacher Note*

In the role-play activity, it's essential for students to feel successful at mastering refusal skills. If you see partners who are having a difficult time while rehearsing, intervene and help them talk through problems so their performance can be successful.



Handout 8.7-3
Student Workbook page 33

→ *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 those techniques with the class. For a reminder of how these techniques are facilitated, log on to www.getrealeducation.org for modeling videos.

Break students into pairs. Have them discuss their responses to the sample situation with each other and pick a response (or a combination of responses) to role-play. After a brief practice period, ask students to perform their role-plays for each other.

Assign additional Skills Scenarios to the partners, making sure that each pair does at least one Abstinence scenario and one Protection Methods scenario. Ask students to pay special attention to assertive communication and clear body language as they practice their role-plays.

Then have student pairs read the scenarios and perform their role-plays from their seats. As each pair of students performs, discuss the process questions.

Process Questions

For the actors

1. What was most challenging to communicate in the role-play?
2. What did you do to keep the communication in the role-play effective and assertive?
3. Which SEL skills did you use in the role-play?

For the class

1. How do you think each character felt during the conversation in the scenario? Why?
2. How did their body language communicate their feelings?
3. What were the biggest challenges of this situation?
4. What did you see the characters do or say to overcome those challenges? (*Make sure that SEL skills are included in the debrief.*)
5. How could the skills demonstrated in this role-play be applied to real life?

→ Teacher Note

Maintaining a Safe Space

Some of the scenarios for the role-play involve same-sex couples. This was intentional, as representation matters, and normalizing all relationships is important for students. If any students make homophobic comments, it is important for educators to address these comments in the moment.

Activity 8.7-4

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 8.7-5

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.

Family Activity 8.7

Using Refusal Skills

Instructions: Student and parent or other caring adult should answer and discuss the following questions together.

1. Count how many times each of you said NO today. Were any of those NOs more difficult to say than others? Why?
2. What makes saying NO easy, and when might it be more difficult?
3. What was the most difficult NO you've ever had to say to anyone?
4. What can make it difficult for a person to say NO to sexual pressure?
5. What might make it easier to say NO to sexual pressure?
6. Take a few minutes to imagine a life situation in which a person might want to say NO. Practice using the following parts of saying NO effectively:
 - Say the word NO firmly, directly and clearly.
 - Give a strong nonverbal NO message.

Tip for Parents
The goal of this activity is to provide communication between you and your child and your adult in their lives. It provides a great chance to discuss refusal skills, to share, receive feedback on, and share your feelings and ideas.

Note: If it's embarrassing to discuss these things with one another, you can decide to "role-play" and do the exercise at home. Only parts of it. Write down your answers and then read each other's answers. Laugh, shake heads, and go right on talking.

Parent or Other Caring Adult Signature _____ Student Signature _____

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Family Activity 8.7

Student Workbook page 35

For
Teacher Review
Only

Refusal, Negotiation and Communication Skills

Refusal Skills Around Abstinence

1. Anton and Maria have become very close in the past month and enjoy each other's company, but are just friends. Anton has never had sex. But his friends say they've had several sexual experiences already, and Anton is sick of being the only one who hasn't. One day, Maria sends him a text with a sexy picture and invites him over. Anton's friends tell him to go for it. Anton's father tells him not to go since he doesn't have romantic feelings for Maria and might regret it later. Anton agrees with his dad but is worried about what his friends will think.

2. Will and Todd have been seeing each other for the past year. Will just found out that his family is planning on moving before he enters high school. They both enjoy the sexual part of their relationship, which up to now has been kissing and touching each other, because Todd doesn't feel ready to do more and doesn't want to worry about sexually transmitted infections. Both of them have agreed to stay together once Will moves. Now Will wants to go further, especially since he will be going away in a month. But Todd doesn't want to go any further with Will right now.

3. Veronica and Isaac just started dating. Isaac knows that Veronica has had sexual relationships before, and assumes that she will want to have sex with him too. Veronica doesn't want to rush into anything. She tells Isaac she wants to wait a while before thinking about having sex. Isaac feels hurt and insulted. He really likes Veronica and wonders if she likes him as much as the guys she's dated before.

Negotiation and Communication Skills Around Protection Methods

4. Erica and Ashley are in a serious relationship. They've been almost inseparable since meeting 6 months ago and share lots of interests, views and values. Erica and Ashley have enjoyed kissing and touching but haven't engaged in any other sexual behaviors. Ashley would really like to try oral sex and wants to use a dental dam. Erica wants to have oral sex too, but thinks that the risk of STI transmission is so low, they won't need to use protection.

5. Micah and Celia have been in a relationship for 6 months, and recently decided to have vaginal intercourse. Celia went to the local health center where the nurse told her about the copper IUD. Celia liked that she didn't have to remember to do anything for the IUD to work after it was inserted, and that it lasted for up to 12 years. She would like Micah to use a condom to protect against STIs too, but isn't sure how he'll react.

GET|REAL

Comprehensive Sex Education That Works

Dear Parent or Other Caring Adult,

For many teens, saying “no” assertively is one of the most difficult aspects of a friendship or romantic relationship. Teens may think that saying “no” to a friend or dating partner will make them seem immature, or cause them to be left out or rejected. Some worry that refusing may hurt someone’s feelings.

Coping with peer pressure from friends or partners can be hard for young people. Surveys find that many teens misrepresent or exaggerate their sexual experiences in order to fit in. They need to know that having sex or engaging in other risky behaviors to please a partner or a friend won’t make them feel good about themselves.

One way to help teens build self-confidence to say “no” more easily is to stress self-respect and being assertive. Young people need to know they have the freedom to choose, and the right to refuse to have sex at any time, for any reason. It doesn’t matter how far they have gone or whether they have had sex before. They always have the right to refuse, even when they are older with a future partner. Parents and other trusted adults can support teens in knowing that what they do with their bodies is their own business and nobody else’s. Encourage your children to respect their bodies, feelings and choices.

The Family Activity gives you a chance to talk about and practice refusal skills. Remember, talking to teens before they are involved in a serious relationship helps them build the skills to make healthier, safer and better-informed decisions related to sexuality.

Using Refusal Skills

Instructions: Student and parent or other caring adult should answer and discuss the following questions together.

1. Count how many times each of you said “no” today. Were any of those times more difficult than others? Why?
2. What makes saying “no” easy, and when might it be more difficult?
3. What was the most difficult “no” you’ve ever had to say to anyone?
4. What can make it difficult for a person to say “no” to sexual pressure?
5. What might make it easier to say “no” to sexual pressure?
6. Take a few minutes to imagine a life situation in which a person might want to say “no.” Practice using the following parts of saying “no” effectively.

- Say the word “no” firmly, directly and clearly.
- Give a strong nonverbal “no” message.

People need to practice a lot when learning a new skill. It’s important to practice in many contexts, especially at home in real life. Tomorrow, be aware of when you say “no.” Pay attention to which situations are more difficult than others. Notice which part of the refusal skills work or don’t work, and think about what you could do to make it easier next time.

→ *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 8.8

Goals and Decision Making

Connecting the Lessons

Builds on *Lesson 8.3: Addressing Obstacles to Abstinence*,
Lesson 8.4: Comprehensive Protection Methods and
Lesson 8.5: STI/HIV Transmission.

Lesson Goals

- Consider goals for the future.
- Describe how sexual decision making can create an unplanned situation that affects future goals.

Preparation & Materials Checklist

- ☐ Review student handouts:
 - Handout 8.8-3: Real-Life Scenario Worksheet
- ☐ Copy family letter and family activity.
- ☐ Have:
 - Real-Life Situations scenario cards
 - Blank paper or notebooks
 - SEL Skills poster
 - Anonymous Questions Box
 - Slips of paper for anonymous questions

Terms to Use

- Goals
- Decision making

SEL Skills Addressed

Self-awareness, self-management, 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.
Promote SEL skills to increase use of condoms and/or other protection methods.
Increase positive attitudes toward condoms and/or other protection methods.
Increase self-efficacy to demand the use of condoms and/or other protection methods.
Address future goal setting.

➔ Teacher Note

The focus of this lesson is for students to establish and reflect on personal goals and examine how sexual decision making can affect those goals. Emphasize the SEL skills of self-awareness, self-management and responsible decision making, and the links between SEL and sexual health. The scenarios are also ideal for discussing emergency contraception. Be sure to discuss this option as students complete their Scenarios Worksheet handouts.

Activity 8.8-1

5 minutes

Process Family Activity

Process Family Activity from Lesson 8.7

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 8.8-2

15 minutes

“Who Will I Become?” Brainstorm

Students brainstorm future wishes

Explain that today’s lesson will give students a chance to consider their futures and develop an understanding of how unexpected outcomes of certain behaviors could affect their life goals.

Write on the board, “Who Will I Become?” Then ask students to brainstorm things they would like to have, to do or to have done in 5 to 8 years (or whatever time frame seems most relevant). These should be goals and plans students can earn or achieve, rather than things that will be given to them. Examples might include graduating from high school or college, having a job, making money, traveling, having a car, living in their own place, having a partner, etc. Make a list on the board.

Tell students it’s now their turn to come up with their own personal lists. On a blank piece of paper, they should write down their future goals. They can repeat items listed on the board, if appropriate, as well as any other personal things they think of.

Encourage students to hold on to their lists after they complete the next activity. They may want to put it away in a safe place to look at in the future to see what they hoped for when they were eighth graders.

Process Questions

1. Name some feelings you had while thinking about 5 years from now.
2. How does setting goals for yourself affect your future? (*Helps in making decisions now.*)
3. Name some times in your life when you might face big changes. How might you apply this activity to your life in the future? (*May adjust goals, set new goals, think more about short-term and long-term decisions.*)

Link risks and behaviors

Finish by explaining how having goals or a life plan can make decision making in the present easier. In SEL terms, self-awareness about the future and self-management can help people make responsible decisions. Explain that, in previous lessons this year, students heard about some of the risks of various sexual behaviors. In the next activity, they'll have the opportunity to see how some of these risks might apply to real life.

Activity 8.8-3

25 minutes

Scenarios

Discuss real-life situations and unintended outcomes

Break students into small groups and ask them to turn to **Handout 8.8-3** in the Student Workbook. Assign one of the scenarios to each group. Give groups time to go through the worksheet and answer the questions for their scenario. Tell students that the group should answer questions 1 through 4 together and then answer question 5 individually. After giving students time to consider their answers, pick one or two groups to present their responses to the class. Be sure students understand that some scenarios are positive and some are negative.

Handout 8.8-3

Name: _____

Real-Life Scenario Worksheet

Instructions: Read your assigned scenario with your group. Then work together to answer questions 1 through 4. Answer question 5 individually. Each group can lead in one completed worksheet (with all your names included) for questions 1–4, but each member of the group is responsible for answering and handing in a personal response to question 5.

Scenario: _____

1. What are the possible physical and emotional consequences (positive and negative) of this scenario? What can you do to reduce the risks, even after the situation has occurred?
2. What were some of the behaviors that could have led to this scenario taking place?
3. What, if anything, could have been done to prevent the scenario? (If the scenario seems healthy, explain what might have occurred to lead to those healthy decisions.)
4. What could the two people involved in this scenario say to one another to make or keep the scenario healthy? Write two to four lines of dialogue for them. (If the scenario seems healthy already, write two to four lines of dialogue that the two characters might have said to one another to lead to that healthy situation.)
5. Illustrate individually and write your answers below. (If this situation happened to you or if you were involved, could it affect your goals for the future? How? Think through both positive and negative effects.)

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Handout 8.8-3

Student Workbook page 37

Process Questions

1. What were some of your thoughts as you considered your scenario?
2. What were some of the positive outcomes your group came up with as you discussed the scenario? (*Feel emotionally and physically closer to partner, learn that using protection correctly can minimize worrying about risks, etc.*)
3. What option is available if someone forgets to use protection or uses it incorrectly? (*Emergency contraception, which is more effective the sooner it is taken.*) How could they obtain EC? (*Access to emergency contraception varies by method. 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.*)
4. How might this situation have affected where you see yourself in the future? (*Disrupting or delaying personal goals.*)
5. How can self-awareness help prevent unplanned outcomes in your life? How can self-management help?

Activity 8.8-4

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 8.8-5

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.

Family Activity 8.8

A Future Letter

Instructions: Imagine opening up an envelope in 10 years that is addressed to you from your parent if you are the child/teen or from your child if you are the parent now. The envelope contains a letter from the other person stating hopes, dreams, wishes and goals for you for your future. These can include career, health, relationships, family, travels, or personal qualities.

Then student and parent or other caring adult should each write that letter to the other person. Exchange and read each other's letters. Take a few minutes to talk about why you chose a certain goal for the other person or why you have a special hope for the other person. Then seal each letter in an envelope with the other person's name on it. Put the letters in a safe place where you can keep track of them. Open them in 10 years and share these life affirmations with each other!

Tips for Parents

The goal of this activity is to provide communication between Get Real students and caring adults in their lives. It provides a great chance to receive mutual consent to this meaningful exercise for additional encouragement, and share your feelings and advice.

When it is time to opening the about 10-year letter with one another, you can decide to "Go for it" and do the exercise anyway. Help guide it if a student does not consent and then read each other's letters.

Laugh, smile, listen, and go right on living.

Parent or Other Caring Adult Signature _____ Student Signature _____

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Family Activity 8.8**Student Workbook page 39**

Teacher Review Only

Real-Life Situations

Scenario 1

You are a person who decides to have vaginal intercourse with your partner. You were assertive and insisted that your partner wear a condom, but when you noticed it was being put on the wrong way, you froze. You couldn't say anything! When the condom came out, it was torn.

Scenario 2

You fooled around a bit, and it was fun. You both were getting really into it, so you went a little further. You ended up doing a lot more than you were comfortable with, and now you feel bad about it. You wish you had stood your ground and said "no." The next day you find out that the person you fooled around with has told everyone in school what you did together.

Scenario 3

You are about to have sex with your partner and realize that neither of you has a condom. Your partner wants to go ahead and use the pull-out method, but you don't want to risk it. You decide not to have sex until you can get a condom.

Scenario 4

You knew you should have used a condom, but you just didn't feel like going to get one. Maybe you got lucky this time, just like all those other times. Anyway, you don't hook up with people who look like they have an STI, so you're fine.

Scenario 5

You and your partner decided to have sex for the first time. You talked together about which protection methods to use and planned accordingly, so you both felt comfortable with your choice of protection. The sex was a little awkward because it was your first time together, but you talked about it afterward. It's really nice to have someone you feel comfortable with.

Scenario 6

You got pretty buzzed at a party and were having lots of fun. You'd heard a lot about oral sex but had never had it before. When the opportunity presented itself at the party, you decided you were having so much fun...why not? You figured that it wasn't really sex, and everyone was wasted and hooking up.

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 thought about personal goals and how sexual decision making can affect goals. Self-esteem is a powerful influence that affects goal setting, as well as sexual decision making. Teens who feel good about themselves are more likely to make positive decisions about school, friends, relationships, sex, drugs and much more. The parents' role in nurturing a child's self-esteem is very important.

You can help your child acknowledge personal values, abilities and strengths. The teen years can be hard on a young person's self-esteem at times. Point out the growth you've noticed. When you need to reprimand your child, focus on the behavior as being unacceptable, not the person. Tell your child "I love you" often.

Encourage your child to repeat positive image-building statements (affirmations) every day, such as "I'm successful," "I like myself," and "I have a good attitude."

Work to set short-term goals at which your child can be successful. Give your child the freedom to make decisions, take on responsibilities, and make mistakes. Then process the results together.

Each success builds self-esteem. With higher self-esteem, comes a greater chance of having a positive, fulfilling life.

Only

A Future Letter

Instructions: Imagine opening up an envelope in 15 years that is addressed to you from your parent (if you are the child now) or from your child (if you are the parent now). The envelope contains a letter from the other person stating hopes, dreams, wishes and goals for you for your future. These can include career, health, relationships, family, travels, or personal qualities.

Then student and parent or other caring adult should each write that letter to the other person. Exchange and read each other's letters. Take a few minutes to talk about why you chose a certain goal for the other person or why you have a special hope for the other person.

Then seal each letter in an envelope with the other person's name on it. Put the letters in a safe place where you can keep track of them. Open them in 15 years and share these life affirmations with each other!

→ *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 8.9

Get Real Capstone Project

Connecting the Lessons

Builds on *Lesson 7.2: Media Literacy and Sexuality* and all eighth-grade lessons.

Lesson Goals

- Complete a media project highlighting a *Get Real* topic.
- Present accurate information about sexual health.

Preparation & Materials Checklist

- ☐ Find examples of PSAs, pamphlets, educational posters and print ads to show students.
- ☐ Find headlines about teen sexual behavior.
- ☐ Modify Media Project Directions based on time constraints.
- ☐ Review student handouts:
 - Handout 8.9-3: *Get Real* Media Project Directions
- ☐ Copy family letter and family activity.
- ☐ Have:
 - Examples of PSAs, pamphlets, educational posters and print ads
 - Plain 8.5" x 11" paper, 1 or 2 sheets per student
 - Colored markers, pencils
 - SEL Skills poster
 - Anonymous Questions Box
 - Slips of paper for anonymous questions
- ☐ (Optional) Create unit test from Grade 8 Test Question Bank.

Terms to Use

- Message
- Healthy relationships
- Abstinence
- STIs
- Protection methods
- Refusal skills
- Knowing your limits

SEL Skills Addressed

Self-awareness

Logic Model Determinant(s)

Increase communication with parents and other caring adults.
Address future goal setting.
Additional determinants may be met based on projects.

→ Teacher Note

This final project gives students an opportunity to share their understanding of the *Get Real* curriculum with each other and, potentially, with their school community. There are several ways to approach this important assignment, depending on time constraints.

Ideally, students would be divided into groups and given class time to develop their media projects. They should be able to choose the style of media and work on their projects both in class and at home. Students should also be given a venue where they can present or display their projects to each other, as well as the school (and perhaps local) community. The lesson outlined below can be completed in a single class with follow-up homework. However, suggestions for an expanded project with additional class time are included.

Since this is the final class of *Get Real*, be sure 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 8.9-1

5 minutes

Process Family Activity

Process Family Activity from Lesson 8.8

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 8.9-2

5–15 minutes

Anonymous Questions Box

Review anonymous questions

Start class by addressing 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 8.9-3

30 minutes

Media Project

Show examples

Show students the examples of public service announcements, pamphlets, educational posters and print ads. For each one ask:

- What is the message?
- Who is the target audience?
- Do you think this message will be effective for the target audience?

Introduce Media Project

Congratulate the students on having almost completed the *Get Real* curriculum. As students have discussed throughout *Get Real*, the media presents lots of messages about teen sexuality. Display headlines about teen sexual behavior (pregnancy rates, sexting, etc). What messages do these headlines send about youth? Do you believe they reflect real teen sexual behavior?

Tell them that in this class, they will get to creatively demonstrate the positive messages of *Get Real*. When they think about the lessons from the past 3 years, what are the big messages they remember?

➔ *Teacher Note*

Options for Expanding the Project

Give students several opportunities to work on their media projects in class with their groups.

On a set day, have groups present their projects, and give students the opportunity to discuss and evaluate each other's projects.

If possible, consider having students present their work to the school during a special assembly or activity period.

Elicit *Get Real*'s messages from students. Write the messages on the board and tell students these themes can be used as topics for the project.

Ask students to turn to **Handout 8.9-3** in the Student Workbook. Go through the requirements and suggestions for the project. Set a due date that allows for additional work to be completed outside of class.

Before the end of work time, remind students of the due date. You may want to indicate that their projects will be displayed on a bulletin board at the school or in the classroom, if space is available.

Activity 8.9-4

5 minutes

Knowing Your Limits

Students set personal limits

Explain that, while the media projects are designed to influence others, students also need to think about the messages they are giving themselves and their personal limits around sexual behaviors. Explain that limits are like boundaries—a limit is what a person feels comfortable doing or considers personally acceptable. Awareness of personal limits can help them be clear with others.

Ask students to take a few moments to think about the following prompts and to write down their answers. Tell them that different people may have different limits for what they consider acceptable, and that they will not be asked to share their answers.

Prompts

- How can I respect myself and others when it comes to sexual decisions?
- What are my personal limits when it comes to sexual activity?
- What are some situations that might challenge those limits?
- How can I address those challenges and make sure my limits are respected by myself and others?
- What can I do to ensure I respect someone else's limits?

Thank students for an excellent year in *Get Real* and encourage them to come to you with questions at any time.

→ Teacher Note

Refining the Message

Have students focus on a specific message (e.g., STI transmission can be prevented by using condoms) rather than a broad topic (STIs).

Handout 8.9-3

Get Real Media Project Directions

Show off what you've learned! Create a media piece about the *Get Real* curriculum that would give an outsider an idea of what you have been learning these past 3 years.

You may choose from the following options:

- Public service announcement (you must submit a written script and perform it)
- Print advertisement
- Pamphlet
- Educational poster
- Song/rhyme about your message (you must submit written lyrics and perform it)
- Social media project

Your target audience is the students at this school. You will need to be creative and work together as you consider these questions:

- What is your message? What's the best way to get it across? (Hint: Don't try to cram every bit of knowledge you have into this project. Pick one or two messages/topics to focus on.)
- What format would best catch the interest and attention of your peers? (Note: A sense of humor is fine, but not if it contradicts what you are trying to say.)
- How can you present the information so the maximum number of students will understand it?
- How can you get the widest population of students in a culturally diverse community to pay attention to your piece?

You and your group will need to discuss all of these points before you begin designing your project. You may use your notebook and any classroom books as resources for information.

Project Requirements

- All information must fit on one 8.5" x 11" sheet of paper. You can use both sides and fold it any way you like.
- The message should be clear.
- The project should be clearly written and neatly done.
- Don't forget your audience, which is the people your age at this school!
- This assignment will be due in class on _____.

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Handout 8.9-3

Student Workbook page 41

Activity 8.9-5

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.

Family Activity 8.9

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.

- One fact I learned about sex and sexuality is...
- One value about sex and sexuality I have is...
- One thing I still wonder about the topic of sex and sexuality is...
- One thing I want my parent or child to understand about my feelings on this topic is...
- One thing that's working in our relationship and communication about this topic is...
- One of the main messages I want to share with my parent or child about the topic of sex and sexuality is...

Tip for Parents

The goal of this activity is to provide opportunities for parents and caring adults to share their own experiences and values in their own words. It provides a safe space to discuss the topic of sex and sexuality, and share your feelings and values. If it's uncomfortable to discuss these topics with one another, you can decide to skip this part of it. Write down your answers and then read each other's answers. Laugh, smile, learn, and go right on being.

Parent or Other Caring Adult Signature _____ Student Signature _____

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Family Activity 8.9

Student Workbook page 43

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, messages about sex assigned at birth, 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 while 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.

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 within the unit, the Capstone project can serve as a cumulative assessment. You may choose to evaluate the Capstone projects using a rubric like the one featured below:

Criteria	Score = 4	Score = 3	Score = 2	Score = 1
Appropriate for target audience of students at this school	Project is very appropriate for target audience, using language they will relate to and a level of information they will understand.	Project is mostly appropriate for target audience, but some information presented requires more explanation.	Project is somewhat appropriate for target audience, but some language or imagery is inappropriate.	Project is completely inappropriate for target audience.
Gets across a clear message	Message is clear and concise, like a thesis statement. The entire project reinforces the message.	Message is mostly clear, but aspects of the project go off on tangents or do not reinforce the message.	Topic is clear, but the message about the topic is unclear.	Topic and message are entirely unclear.
Creative	The project is highly creative and original, using the unique talents of group members.	The project is creative and original, standing out from other work in the class.	The project shows some creativity but is mostly unoriginal.	The project lacks creativity and merely replicates existing work.
Project content accurately represents <i>Get Real</i> messages	The project entirely aligns with and reinforces the information and messages of <i>Get Real</i> .	The project largely reinforces information and messages of <i>Get Real</i> .	The project contains messages that differ from the information and messages of <i>Get Real</i> .	The project contains messages that are in direct conflict with the information and messages of <i>Get Real</i> .
Professionally presented	Work is neatly presented and shows effort. Presenters are well prepared. All factual information is correct.	Work and presentation are satisfactory and all factual information is correct.	Work is assembled well but presentation needs more rehearsal and/or may contain factual errors.	Work is sloppy, hastily assembled, and/or contains factual errors.

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. Ian doesn't understand why his partner doesn't want to have sex, so he makes an effort to put himself in their shoes and understand their point of view. Ian is demonstrating:
 - a. Self-awareness
 - b. Self-management
 - c. Social awareness
 - d. Responsible decision making
2. One big obstacle that can make it harder to choose to postpone sex is...
 - a. Assertive communication
 - b. Alcohol use
 - c. Knowing personal values
 - d. Understanding the risks of sexual activity
3. If a person uses abstinence inconsistently, a responsible decision would be to:
 - a. Use a backup method of protection
 - b. Have multiple partners
 - c. Have an older partner
 - d. Post about it online
4. Which of the following methods can be purchased at a pharmacy without a prescription?
 - a. Birth control pills
 - b. The ring
 - c. IUD
 - d. Emergency contraception
5. When making an important decision, people should always:
 - a. Do whatever their friends are doing
 - b. Weigh the pros and cons
 - c. Do the opposite of what their friends are doing
 - d. Go with their "gut" and hope it works out

6. Emergency contraception can be effective for up to how many days after sex?
- a. 1
 - b. 3
 - c. 5
 - d. 7
7. This method is worn for 1 week to prevent pregnancy:
- a. The patch
 - b. The ring
 - c. Condom
 - d. Diaphragm
8. This method can work for up to 12 years to prevent pregnancy:
- a. The patch
 - b. The ring
 - c. The implant
 - d. IUD
9. If a protection method is 95% effective, this means:
- a. Out of 100 couples, 95 liked the method.
 - b. Out of 100 couples, 5 got pregnant within a month of using the method.
 - c. Out of 100 couples, 5 got pregnant within a year of using the method.
 - d. Out of 100 couples, 5 got pregnant within a decade of using the method.
10. After sex, it is best to dispose of a condom by:
- a. Burning it
 - b. Throwing it in the trash
 - c. Flushing it down the toilet
 - d. Recycling it
11. Which of the following raises the risk of STI infection?
- a. Assertive communication
 - b. Using a dental dam
 - c. Having only one partner at a time
 - d. Having multiple partners

12. Which of the following behaviors is least likely to transmit HIV?

- a. Unprotected oral sex
- b. Unprotected vaginal sex
- c. Unprotected anal sex
- d. Sharing needles

13. Which of these STIs can be cured with antibiotics?

- a. HPV
- b. Herpes
- c. Chlamydia
- d. HIV

14. The most common symptom of gonorrhea in a person with a vagina:

- a. No symptoms
- b. Pelvic pain
- c. Painful urination
- d. Warts

15. If left untreated for years, which STI could lead to brain damage and paralysis?

- a. Trichomoniasis
- b. HPV
- c. Chlamydia
- d. Syphilis

16. People who want to have sex but don't have a condom should:

- a. Find a partner who looks clean
- b. Only have sex with someone they trust
- c. Wait until they can get a condom
- d. Use a dental dam instead

17. A healthy relationship includes a partner who:

- a. Respects your limits
- b. Always picks the activity you do together
- c. Monitors your email and social media messages
- d. Doesn't want you to hang out with your friends

18. Which of the following can get someone in legal trouble?

- a. Asking a doctor about birth control
- b. Sending naked pictures of people under age 18
- c. Buying Plan B at a drugstore
- d. Getting an HIV test

19. Sexuality is...

- a. Something that should not be discussed with parents
- b. Not something normal people think about
- c. A healthy, natural part of life
- d. Always accurately portrayed in the media

True or False Questions

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

1. **T** **F** Insisting on reading your partner's text messages is part of a healthy relationship.
2. **T** **F** Calling a partner names can be hurtful, even if you say you're joking.
3. **T** **F** People can be in a healthy, caring relationship without having sex.
4. **T** **F** There are many low-risk sexual activities people can engage in.
5. **T** **F** Abstinence is always easy.
6. **T** **F** The pill prevents against most major STIs.
7. **T** **F** Condoms are often available for free in clinics and doctor's offices.
8. **T** **F** You need parental permission to obtain birth control.
9. **T** **F** External and internal condoms are equally effective at preventing pregnancy.
10. **T** **F** Condoms can be reused.
11. **T** **F** People who are diagnosed with an STI should tell their partners.
12. **T** **F** People always know if they have an STI.
13. **T** **F** The state can notify a person's partners about exposure to some STIs.
14. **T** **F** Everyone who has sex will contract an STI.

15. T F You can't get an STI from masturbating.
16. T F Herpes can be treated but not cured.
17. T F You can get the results from a rapid HIV test in 15 minutes.
18. T F You can tell if someone has HIV by looking.
19. T F HIV can be transmitted through saliva.
20. T F Decisions you make in middle school can affect the rest of your life.

Short-Answer Questions

1. Name three people or places you could go to with questions about sexuality or relationships.

1. _____
2. _____
3. _____

2. What are three signs of an unhealthy relationship?

1. _____
2. _____
3. _____

3. What are three reasons to delay engaging in sex?

1. _____
2. _____
3. _____

4. Respond to the following scenario:

Kevin and Liz have been dating for a few months. Liz has never had sex, and Kevin had sex with his last girlfriend but wants to wait this time. Liz feels hurt and worries that Kevin doesn't like her as much as he liked his last girlfriend. What could Liz say to Kevin to express her feelings? What could Kevin say back to reassure Liz without engaging in sex before he feels ready?

5. Why is it important to know your boundaries?

Essay Question

Given what you've learned about healthy relationships, abstinence, protection methods and goals in *Get Real* class, what advice would you give to a friend who's considering a sexual relationship? Why?

For
Teacher Review
Only

Multiple-Choice Questions

1. Ian doesn't understand why his partner doesn't want to have sex, so he makes an effort to put himself in their shoes and understand their point of view. Ian is demonstrating:
 - a. Self-awareness
 - b. Self-management
 - ☒ c. **Social awareness**
 - d. Responsible decision making
2. One big obstacle that can make it harder to choose to postpone sex is...
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 - ☒ b. **Alcohol use**
 - c. Knowing personal values
 - d. Understanding the risks of sexual activity
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 - b. Have multiple partners
 - c. Have an older partner
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4. Which of the following methods can be purchased at a pharmacy without a prescription?
 - a. Birth control pills
 - b. The ring
 - c. IUD
 - ☒ d. **Emergency contraception**
5. When making an important decision, people should always:
 - a. Do whatever their friends are doing
 - ☒ b. **Weigh the pros and cons**
 - c. Do the opposite of what their friends are doing
 - d. Go with their "gut" and hope it works out

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 - b. 3
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 - d. Out of 100 couples, 5 got pregnant within a decade of using the method.
10. After sex, it is best to dispose of a condom by:
- a. Burning it
 - b. Throwing it in the trash**
 - c. Flushing it down the toilet
 - d. Recycling it
11. Which of the following raises the risk of STI infection?
- a. Assertive communication
 - b. Using a dental dam
 - c. Having only one partner at a time
 - d. Having multiple partners**

12. Which of the following behaviors is least likely to transmit HIV?

- ☒ a. **Unprotected oral sex**
- b. Unprotected vaginal sex
- c. Unprotected anal sex
- d. Sharing needles

13. Which of these STIs can be cured with antibiotics?

- a. HPV
- b. Herpes
- ☒ c. **Chlamydia**
- d. HIV

14. The most common symptom of gonorrhea in a person with a vagina:

- ☒ a. **No symptoms**
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- c. Painful urination
- d. Warts

15. If left untreated for years, which STI could lead to brain damage and paralysis?

- a. Trichomoniasis
- b. HPV
- c. Chlamydia
- ☒ d. **Syphilis**

16. People who want to have sex but don't have a condom should:

- a. Find a partner who looks clean
- b. Only have sex with someone they trust
- ☒ c. **Wait until they can get a condom**
- d. Use a dental dam instead

17. A healthy relationship includes a partner who:

- ☒ a. **Respects your limits**
- b. Always picks the activity you do together
- c. Monitors your email and social media messages
- d. Doesn't want you to hang out with your friends

18. Which of the following can get someone in legal trouble?

- a. Asking a doctor about birth control
- ☒ b. **Sending naked pictures of people under age 18**
- c. Buying Plan B at a drugstore
- d. Getting an HIV test

19. Sexuality is...

- a. Something that should not be discussed with parents
- b. Not something normal people think about
- ☒ c. **A healthy, natural part of life**
- d. Always accurately portrayed in the media

True or False Questions

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

1. ☒ T ☐ F Insisting on reading your partner's text messages is part of a healthy relationship.
2. ☐ T ☒ F Calling a partner names can be hurtful, even if you say you're joking.
3. ☐ T ☒ F People can be in a healthy, caring relationship without having sex.
4. ☐ T ☒ F There are many low-risk sexual activities people can engage in.
5. ☐ T ☒ F Abstinence is always easy.
6. ☐ T ☒ F The pill prevents against most major STIs.
7. ☐ T ☒ F Condoms are often available for free in clinics and doctor's offices.
8. ☐ T ☒ F You need parental permission to obtain birth control.
9. ☐ T ☒ F External and internal condoms are equally effective at preventing pregnancy.
10. ☐ T ☒ F Condoms can be reused.
11. ☐ T ☒ F People who are diagnosed with an STI should tell their partners.
12. ☐ T ☒ F People always know if they have an STI.
13. ☐ T ☒ F The state can notify a person's partners about exposure to some STIs.
14. ☐ T ☒ F Everyone who has sex will contract an STI.

15. ☐ T ☐ F You can't get an STI from masturbating.
16. ☐ T ☐ F Herpes can be treated but not cured.
17. ☐ T ☐ F You can get the results from a rapid HIV test in 15 minutes.
18. ☐ T ☐ F You can tell if someone has HIV by looking.
19. ☐ T ☐ F HIV can be transmitted through saliva.
20. ☐ T ☐ F Decisions you make in middle school can affect the rest of your life.

Short-Answer Questions

1. Name three people or places you could go to with questions about sexuality or relationships.

1. Possible answers: health teacher, Planned Parenthood, school clinic, parents, friends,
2. older siblings, reliable websites

3. _____

2. What are three signs of an unhealthy relationship?

1. Possible answers: anger, emotional abuse, isolation, exclusion, minimizing, denying,
2. blaming, intimidation, sexual coercion, peer pressure, threats, using social status

3. _____

3. What are three reasons to delay engaging in sex?

1. Possible answers: to reach personal goals, avoid getting pregnant or causing a pregnancy,
2. avoid getting or transmitting an STI/HIV, develop a healthy relationship not about sex,
3. graduate from school and get a job, go to college without worrying about teen parenthood

4. Respond to the following scenario:

Kevin and Liz have been dating for a few months. Liz has never had sex, and Kevin had sex with his last girlfriend but wants to wait this time. Liz feels hurt and worries that Kevin doesn't like her as much as he liked his last girlfriend. What could Liz say to Kevin to express her feelings? What could Kevin say back to reassure Liz without engaging in sex before he feels ready?

Possible answers include: I-statements, assertive language, affirming feelings for each other, sharing concerns about risk, discussing other ways to be affectionate

5. Why is it important to know your boundaries?

Possible answers: To know what you are comfortable with, be clear with others about what you are comfortable with, be prepared for situations that might challenge your limits

Essay Question

Given what you've learned about healthy relationships, abstinence, protection methods and goals in *Get Real* class, what advice would you give to a friend who's considering a sexual relationship? Why?

Possible answers include:

- *Know your values*
- *Know your limits*
- *Communicate with partner*
- *Choose abstinence*
- *Understand the emotional and physical risks of sexual activity*
- *Use condoms*
- *Use other protection methods to prevent against pregnancy*
- *Talk with parent or another caring adult*

For Teacher Review Only

8.1 Activities

All 8.1 Activities**Facts to Know**

The determinants of this lesson include increasing students' knowledge of community reproductive health resources and sources of information about reproductive health. It's important to include examples of these for Activity 8.1-4: My Road Map to Resources. Gather these resources and familiarize yourself with them before teaching this lesson.

Engaging Students

The majority of Lesson 8.1 is a review of the key concepts introduced in the Grade 6 and Grade 7 curricula. Recognizing the students as “experts” on the material is a great way to reintroduce important ideas, establish the Rights and Responsibilities, and review the SEL skills.

Activity 8.1-1

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 reproductive body parts and goes through sexual changes, and most people have sexual feelings. Feeling excited, curious and positive about these things is completely normal. Not experiencing sexual feelings or excitement is also 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 8.1-3

Road Map to Resources

Engaging Students

The activity of completing Handout 8.1-3b may be a bit abstract for some students. It may be helpful to show them an example of a completed map as a reference. Having art supplies handy so that students can use this project as an opportunity to be creative can also help with student buy-in. If students are still struggling, use the following prompts to help them get started:

- A map shows us visually how to navigate from place to place. Your map may show how to navigate from personal resource to personal resource. For example, if you wanted to include your caring adult in your map, how would you show that?
- Directions provide guidance for a decision or course of action. Given our resource brainstorming, how might you show the influences that offer guidance in your life?

Have various materials available in the classroom from local community health centers, etc., that offer sexual health resources. Include information for sexual health websites.

Activity 8.1-4**Decision-Making Review****Potential Challenges**

If time is short, go through the model as a class instead of in pairs.

Activity 8.1-5**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 using 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, 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 adults 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. It is important for people to feel physically and emotionally mature enough to know about, prepare for, and deal with the potential risks of sexually transmitted infections or pregnancy. Research shows that abstinence—delaying sexual intercourse—is a healthy and safe choice for middle school students.

- **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 certainly 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 8.1 Resources

Centers for Disease Control and Prevention, Division of Adolescent and School Health:
www.cdc.gov/healthyyouth

I Wanna Know: www.iwannaknow.org

Planned Parenthood Teen Talk: www.plannedparenthood.org/teen-talk

Teen Health FX: www.teenhealthfx.com

Information on social and emotional learning:

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

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

8.2 Activities**All 8.2 Activities****Facts to Know**

Familiarize yourself with your state and local laws regarding age of sexual consent, as well as your school's policies. Be clear with students during this lesson about your role as a mandated reporter, if you are considered a mandated reporter in your state.

Engaging Students

When appropriate in this lesson, remind students of the research that shows relationships between a younger female and a significantly older partner are much more likely to result in unintended pregnancy and STIs. Discuss with students other potential risks associated with dating older partners, such as power and control imbalances.

Activity 8.2-2**Healthy/Unhealthy Relationship Characteristics****Facts to Know**

The acronym HERRC, standing for “honesty, equality, respect, responsibility, consent,” may be useful here. Research shows that people look for these five characteristics in friendships and dating relationships. Elicit examples of each characteristic from students. Responsibility can be tied into the SEL skill of responsible decision making—people in healthy relationships help each other make responsible decisions.

Unhealthy characteristics can be the opposite of the HERRC qualities: dishonesty, inequality, disrespect, irresponsibility, manipulation or lack of consent.

Engaging Students

One way to gain student buy-in is to have students discuss the relationships between characters from books they are reading in school.

If you have additional time to delve into the topic of healthy and unhealthy relationships, have students cut out magazine images that represent unhealthy relationships, and bring in headlines that portray unhealthy relationships (e.g., “Star cheats on partner”). Have students work in groups to come up with healthy solutions to the problems addressed in the images or headlines. Then ask these follow-up questions:

- How does frequently seeing these images or headlines affect people's ability to make healthy choices?
- How does it change people's ideas of what's healthy or normal?
- How do media messages affect the way we think about relationships?

Activity 8.2-3**Healthy Vs. Unhealthy****Facts to Know**

The following are some talking points on consent.

- Any sexual behavior (talking, kissing, touching, intercourse) should be mutually consensual. This means both people have agreed to engage in the behavior.
- Consent requires a sober "yes" from both partners.
- Consent is an active decision, which means that people cannot give consent if they are drunk, asleep or high.
- "Yes" means yes. "No" means no. If a person has not clearly said yes to something, then their answer should be considered "no." Silence should be considered a "no."
- People can change their minds and stop consenting at any time. Partners should check in with each other. Language such as, "Is this OK?" or "Does this feel good?" or "Tell me what you want" or "I like...but I don't like..." can be used to communicate comfort and boundaries. Consent should be given each and every time. Just because people say OK to something once, doesn't mean they're consenting for the future.
- Consent can be sexy and caring.
- Consent means doing something because a person wants to, not because a person feels pressured or manipulated. Consent should never be hesitant or coerced. If both partners are not on the same page, they should slow down and check in with each other.
- Consent is not simply about saying "no" to something. It is also about hearing what a partner is saying and respecting their boundaries.

Remind students about the age of consent and what they learned back in Grade 6 Activity 6.3-5, Dating Older Partners. Dating significantly older partners is one of the biggest risk factors for young females for engaging in sexual behaviors before they are ready, as well as unintended pregnancy and STIs.

This activity may get students thinking about power dynamics. According to a study by Power to Decide: The Campaign to Prevent Unplanned

Pregnancy, 30% of females and 73% of males were sexually experienced if their oldest partner was 2 or more years older. By comparison, only 13% of females and 29% of males were sexually experienced if their oldest partner was no more than 1 year older.

Potential Challenges

The scenarios on the cards correlate to categories on the Power and Control Wheel as well as the Equality Wheel. Be sure to examine the healthy relationship aspects of the scenarios, as well, since students may get caught up in the unhealthy aspects. Help students see parallels in how the same situations might be handled differently in a healthy versus an unhealthy relationship.

Engaging Students

The discussion of unhealthy behaviors that are deemed OK or normal by teens is a great opportunity to reinforce the messages surrounding mutual consent and assertive communication, as well as bullying and bystander behaviors. Ask students, “What would you do if you saw a friend crossing someone’s boundaries? What would you do if someone crossed the boundaries of one of your friends?”

Activity 8.2-4

My Plan for Having a Healthy Relationship

Engaging Students

The first question on the handout reads, “What are the top three qualities I want or will want in a healthy relationship?” Ask students to write down two characteristics they would want in any healthy relationship and a third characteristic they would want in a healthy sexual or romantic relationship. Then ask, “Are the characteristics you want from a healthy relationship with a friend different from those you want with a romantic partner? Why or why not?”

Students can use the Equality Wheel (Handout 8.2-3b) as a reference point to help them prepare this exercise. This will be very helpful to visual/spatial learners.

Lesson 8.2 Resources

TeenFX: www.teenhealthfx.com/answers/relationships

Power to Decide: The Campaign to Prevent Unplanned Pregnancy:
www.powertodecide.org

Resources on domestic violence and sexual assault:

Futures Without Violence: www.futureswithoutviolence.org

That's Not Cool: www.thatshotcool.com

Domestic Violence and Incest Resource Center: www.dvrcv.org.au

Resource on consent and legal issues by state:

Sexlaws.org: www.sexlaws.org

U.S. Department of Health and Human Services: <http://aspe.hhs.gov/hsp/08/sr/statelaws/summary.shtml>

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

For
Teacher Review
Only

8.3 Activities**All 8.3 Activities****Facts to Know**

It is important to normalize abstinence, or delaying sex, as part of sexual decision making throughout a person's life. Use the terms "postponement" and "delaying sex" in conjunction with abstinence.

Although many students believe their peers are already engaging in sexual activity, statistics show this is generally not the case. According to national statistics from the Centers for Disease Control and Prevention (2017):

- Less than 40% of high school students have ever had sex, and only 29% are currently sexually active.
- Among younger teens, 79% of ninth graders and over 60% of tenth graders have never had sexual intercourse.
- Over 85% of ninth graders and 71% of all high school students are currently abstinent.
- Fewer than 4% of high school students have had sexual intercourse before age 13.

Activity 8.3-2**Planning for Abstinence****Facts to Know**

The focus of this lesson is to help students view abstinence as a protection method that requires skills and strategies in order to work. People do not just decide to be abstinent; they need to plan a strategy to make abstinence work. Filling the abstinence jar gets students thinking about their plan.

Potential Challenges

Some students may struggle to come up with examples of skills that contribute to the efficacy of abstinence. An example of a skill to suggest is "self-awareness."

Ask the following process questions:

- What is self-awareness?
- How would being aware of your personal values be important for maintaining abstinence?

You may need to prompt the students through a few more possible skills before they're able to complete the activity on their own.

Engaging Students

When identifying positive outcomes of abstinence, reinforce these talking points surrounding media messaging:

- Although the majority of teens choose to be abstinent or to postpone sexual activity, is that the message the media gives people your age?
- Are most of the characters you see on TV abstinent/postponing? Why do you think that is?

Instead of having students fill a real jar with slips of paper, you can also draw a jar on the board and hand out sticky notes to students. Have students fill out three or four notes with components that would make abstinence effective, then stick them inside the jar drawn on the board. Read through their collective answers and process the activity.

The following is some language about filling the abstinence jar that can help create student buy-in for this activity: “It’s often easier to talk about a goal than to follow through on it. That’s why we do role-plays and run different scenarios through the decision-making model. We’re doing this next activity for the same reason. Not only will you get to talk about all the skills it takes to be abstinent, but you will actually see them.”

It’s important to be realistic about challenges that may make it difficult for teens to choose to delay sex, including their own sexual feelings.

Activity 8.3-4

Advice Column

Facts to Know

Prompt students to use the words “postponement” and “delaying sexual activity” when they respond to the character asking for advice. Review what these terms mean and have students practice using them in context.

Potential Challenges

Make sure students understand that as advice columnists, their job is not to judge or shame the person asking for help. They should only provide advice. It may help to bring in an age-appropriate example of what an advice column looks like if they’re struggling with this concept.

Lesson 8.3 Resources

Planned Parenthood Teen Talk: www.plannedparenthood.org/teen-talk

Go Ask Alice! Columbia University's Health Q&A Internet Service: www.goaskalice.com

Centers for Disease Control and Prevention, Health Risk Behaviors by Sex:
www.cdc.gov/HealthyYouth/data/yrbs/results.htm

Information about teen dating violence:

Step Up Speak Out: www.stepupspeakout.org

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

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Only

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8.4 Activities

All 8.4 Activities**Potential Challenges**

This lesson contains a lot of information. Students will have many questions and may believe myths about particular methods. Be sure to distinguish myths from facts and remain focused on the methods that will be most used by teens. Be sure to save time for anonymous questions, as students will likely have many questions.

Engaging Students

This lesson is an opportunity to discuss protection methods and reinforce media literacy messaging. If there is time, ask these additional questions:

- Do you often see people using protection on TV?
- Do TV characters talk about protection methods before engaging in sexual activity?

A possible extra-credit assignment for this lesson could be to have students write or perform their own TV scripts that involve condom use and protection. Ask: “What would a conversation between characters on TV really sound like in order to promote healthy sexual relationships?”

Activity 8.4-2

The Need for Protection**Engaging Students**

Reintroduce the questions about choosing to become sexually active from Grade 7, Activity 7.8-2: Why Use Protection? A visual aid of the questions from that activity would be useful in this activity as well.

Activity 8.4-4

Protection Methods Kit**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.

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 review the steps to correct condom use, 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.

Activity 8.4-5**What's the Deal?****Engaging Students**

This is a great time for students to perform a condom demonstration. Remind students of the steps to correct condom use and the importance of the words “correctly” and “consistently.”

Put up the Steps to Correct Condom Use from Grade 7, *Lesson 7.8*. You can make a poster with these steps, put them on a smartboard or list them on the board. Inform students that they will need to demonstrate these steps. The teacher should first demonstrate the steps using a condom and a demonstration tool, then give students a handout with the steps they can use.

Have students pair off and take turns demonstrating putting a condom on a demonstration tool or their fingers. The person who is not currently demonstrating should use the checklist of steps to see if the demonstrator is following all the correct steps. After a correct demonstration, partners should switch so everyone gets a chance to demonstrate these skills.

It's important to be mindful about potential triggering of students who have experienced trauma and/or sexual violence. Alert a school counselor to the topic of today's class. Give students the option of not participating in peer-led condom demonstrations if they are uncomfortable. If they are comfortable reading the steps to their partner, they can assist in that way. If some students need to take space or leave the room for self-care, encourage them to do so, and check in with them after class.

Lesson 8.4 Resources

Reproductive Health Technologies Project: www.rhtp.org

Planned Parenthood: www.plannedparenthood.org

I Wanna Know: www.iwannaknow.org

Centers for Disease Control and Prevention, Division of Adolescent and School Health:
www.cdc.gov/healthyyouth

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

For Teacher Review Only

Activity 8.5-2

Sweetly Transmitted Infections**Facts to Know**

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”—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 infections, or STIs.

The concept of disease, as in STD, implies a clear medical problem, usually with some obvious signs or symptoms. But, in truth, 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, in some of the published literature, the term disease is being replaced by the term infection.

Potential Challenges

If there is a concern about spreading germs in the candy activity, individually wrapped candies can be used. You can have antibacterial lotion available as well. Using paper or colored bags that can't be seen through is helpful, so students don't get distracted by what candy is in the bag and which candies they're giving to other students.

The bulleted questions listed in the lesson are important for guiding the discussion successfully, so it's a good idea to keep a copy of the questions while playing the role of the infected person.

If you're not allowed to give the students candy, follow the directions below instead:

- Have an index card for each student in the class. Mark the cards with the letters C, P, or N as follows:
 - One quarter of the students should receive cards with Cs.
 - One quarter should receive cards with Ps
 - Half should receive cards with Ns.
- Explain to students that you are going to hand each of them an index card with either a C, a P or an N on it.

- Have students imagine they are at a party. Explain that they will walk around the room, and, when the teacher tells them to stop, they should find the nearest person and write their name on that person's card.
- Have the group mingle, telling them to stop two or three times. Be sure to mingle along with the group, adding your name to students' cards and collecting names on your card.
- Explain that for the purpose of this activity, each time they signed someone's card, it represented a sexual encounter in which bodily fluids were exchanged. Also explain that for the purpose of this activity, someone had chlamydia, and that person was you. Make sure to reinforce that this was a simulation and that STIs cannot be spread by making eye contact with a person or by writing your name on an index card.
- Now read the names listed on your card and ask those students to stand. Then, one at a time, have the students who are standing read the names on their cards, asking the students named to stand up. Continue until all the people who might have been infected are standing.
- Give the students a moment to see all the people who are standing. Now tell them that the cards they are holding represent which protection method they might have used. Ask all the people with the Cs to raise their hands. Explain to them that in this scenario, they or their partner used a condom correctly, so they did not get infected with chlamydia and may sit down. Ask all the people with Ps to raise their hands. Explain that they or their partner used birth control pills. They don't have to worry about pregnancy, but they may have been exposed to chlamydia and so must remain standing. Have all the people with Ns raise their hands. Explain that they and their partner used nothing, so not only may they have chlamydia, but they or their partner might be pregnant, too.
- Ask the students who are seated: How did it feel to not have your name called or to get to sit down? Ask students who are still standing: How does it feel to still be standing?
- Have all students sit down and process with the following questions:
 - In this simulation, I chose to inform my partners. What might some reasons be that a person might choose not to tell a partner?
 - What might the result of this activity have been if you had all refused to sign each other's index cards? (Simulates result of abstinence. No one would be standing/infected.)

Activity 8.5-3

Multiple Partners and Other Risk Factors**Facts to Know**

Many students are already aware that vaginal and anal intercourse are high-risk activities. A lot of students have questions about STI risk associated with oral sex. Although the risk of transmission of STIs through oral sex is lower than through vaginal and anal sex, there is still some risk. The following is the risk of transmission of various STIs through oral sex, according to the American Sexual Health Association and the Centers for Disease Control and Prevention:

- **Moderate risk:** herpes, gonorrhea
- **Some risk:** syphilis
- **Low risk:** HIV, chlamydia, HPV, trichomoniasis, hepatitis B

Sequential sexual partners: This means having two different sexual partners separated by some period of time. Increasing the amount of time between sexual relationships can reduce the chances of infection. A longer gap between sexual partners also enables people who have been infected with an STI to notice their symptoms, get tested, and get treated.

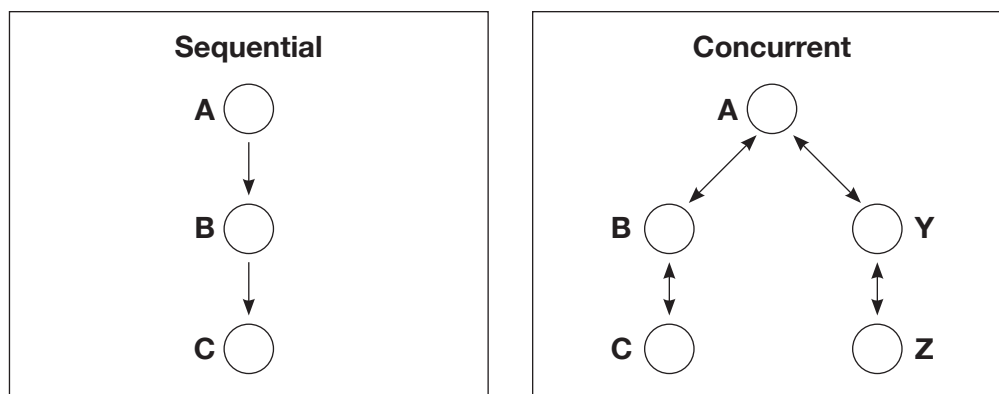
Concurrent sexual partners: This means having more than one sexual partner over the same period of time. If a person gets an STI from one partner, they can transmit that disease to another partner. Infection can go in any direction. A person can reduce the risk of STI transmission by avoiding engaging in sex with concurrent partners or with a person who has concurrent sexual partners.

Tell students that in the previous activity, they talked about the feelings and stigmas that come along with having STIs and HIV and noted how easily these diseases are passed. Although being exposed to a disease is not a guarantee that a person will contract it, a person can become infected after only one encounter.

In order to emphasize one of the important determinants in this lesson, include the fact that STI transmission is more likely when one of the people in the relationship is significantly older than the other.

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.



Activity 8.5-4

HIV Review**Facts to Know**

In Lesson 8.6, students will be hearing from an HIV-positive speaker or watching a video about people living with HIV. Before this lesson, it is very important that students get information about HIV and AIDS.

The following is a 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 it. 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.

Engaging Students

Let students know that in the next lesson, they will be hearing from an HIV-positive speaker (if you have chosen the speaker option). Make sure that students have a thorough understanding of HIV and AIDS to prepare them for the conversation in *Lesson 8.6*. Definitions can be found in the Facts to Know section above.

Lesson 8.5 Resources

HIV/AIDS information from the Federal Government: www.aids.gov

American Sexual Health Association: www.ashasexualhealth.org

Definition of HIV/AIDS: www.ashasexualhealth.org/std-sti/hiv-aids.html

Centers for Disease Control and Prevention, Risks of HIV transmission by type of exposure: HIV Transmission Risk, www.cdc.gov/hiv/policies/law/risk.html

STD information: www.cdc.gov/std

HIV/AIDS Information Hotline: 1-800-232-4636

AIDS Action Committee: www.aac.org

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

For Teacher Review Only

8.6 Activities**All 8.6 Activities****Facts to Know**

Review the information about HIV and AIDS in the Teacher's Guide pages for *Lesson 8.5*.

Potential Challenges

Be sure to alert support staff at your school before this lesson. Some speakers' stories include descriptions of substance abuse, domestic violence and/or sexual assault. If the subject matter brings up difficult feelings, students may need to leave the room and go to see the counselor or other school support staff. Students may experience emotional responses to any of the elements of a speaker's story. Prepare the students ahead of time with suggestions for what they can do if they are feeling uncomfortable during the speaker's presentation.

Activity 8.6-2**Common Ground****Engaging Students**

After running this activity, point out that people who raised their hands have something in common. People who did not raise their hands also have things in common. Most people have similar experiences and feelings, even though their lives are different. This idea ties back to the SEL skills of self-awareness and social awareness. Discuss empathy and social awareness and the fact that many people have done things they later regret or wish they could have done differently.

Activity 8.6-3**Option 1: HIV Speaker Presentation****Facts to Know**

The following are guidelines for the speaker presentation. Make sure to talk with the speaker before the lesson to ensure that your expectations match.

The guest speaker should make a presentation to the class that lasts 15 minutes. The guest speaker should discuss HIV in the context of their own story, beginning with a description of adolescence. During the presentation, ask speakers to:

- Introduce themselves and state the reasons for coming to speak to the class.

- Describe personal health status: asymptomatic, symptomatic, or have a diagnosis of AIDS. (The speaker may wish to share CD4 cell count and viral load.)
- Describe themselves as an adolescent, e.g., family life, where they grew up.
- Describe some of the personal, emotional, family, social and economic impacts that HIV has had on their life.
- Describe some past and current situations in which they have had to deal with put-downs or discrimination and give some examples of how they handled those situations.
- Emphasize the role of communication in establishing trust in personal relationships.
- Emphasize the role of peer pressure as an influence on decision making and risk taking and suggest some strategies for managing peer pressure.
- Reinforce that abstaining from sexual intercourse and needle use is the most effective means of HIV prevention.
- Reinforce that correct and consistent condom use (external or internal) is an effective means of HIV prevention.
- Discuss ways in which using specific types of protection helped or would have helped them to stay negative.
- List available resources and encourage students to seek further information, primary health care and support.

Option 2: Video Clips

Engaging Students

Be sure to screen all videos before introducing them to your class.

Blood Lines

If you choose to show *Blood Lines* to your students, be aware that the video contains some questionable language.

Students may be confused by the speaker who claims her child was born HIV positive but is now HIV negative. This is because, at birth, newborn children still have their mother's antibodies, and HIV tests look for antibodies. Some babies may test negative after their HIV-positive mother's antibodies are no longer in their system.

One of the characters in this movie was infected with HIV during a blood transfusion. HIV infections due to blood transfusions in the United States don't occur anymore because of mandatory antibody testing for the blood supply. Antibody testing for HIV-1 began in 1985, and antibody testing for both HIV-1 and HIV-2 began in 1992.

The following are some additional process questions for the Blood Lines video:

- Several people in the film talk about “slipping up once or twice.” Why is it such a challenge to consistently use protection during sex?
- Rebecca says, “Part of the reason why I started having sex at such a young age was because I needed some kind of love.” Identify some of the reasons people become sexually active at a young age. What can fill those needs besides sex and drugs?
- In the film, Jody says he dreams about what it would be like to be 85 years old. Does this seem strange to you? How is this different from your dreams?

Activity 8.6-4**Option 1: Questions and Answers****Potential Challenges**

This is a great opportunity for students, but some classes are reluctant to ask questions of the speaker. To prompt them, prepare questions ahead of time. Some examples of things to ask about are the speaker's current status, medication regime, coping skills and self-care—all important topics for the students to hear about.

Activity 8.6-5**Option 1: Thanking the Speaker****Potential Challenges**

Do not promise confidentiality to students when introducing the letter-writing activity. 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). Review the letters before passing them on to the speaker, and, if any students make disclosures of harm or neglect, discuss these with the appropriate people at the school. Let the students know they should not include contact information in their letters, since the speaker will not be able to correspond with them.

Option 2: Writing a Reflection Letter

Potential Challenges

Do not promise confidentiality to students when introducing the letter-writing activity. If you review the letters and find that any students have made disclosures of harm or neglect, discuss these with the appropriate people at the school. Be sure students understand that the letters will not actually be sent to any of the people in the videos.

Lesson 8.6 Resources

HIV/AIDS information for educators and young people: www.avert.org

National Institutes of Health AIDS information: www.aidsinfo.nih.gov

Centers for Disease Control and Prevention, Safety of U.S. blood supply: www.cdc.gov/hiv/resources/qa/qa15.htm

The Body: The Complete HIV/AIDS Resource: www.thebody.com

HIV/AIDS information from the Federal Government: www.aids.gov

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

Videos about the HIV epidemic:

We Were Here: Documentary about the early years of HIV in the U.S., available on Netflix

How to Survive a Plague: Documentary about HIV activists of the 1980s and 1990s, available on Netflix

Videos featuring people living with HIV:

First-Person Stories from HIV-Positive People: www.thebody.com/content/67155/first-person-stories-from-hiv-positive-people-may-.html

A Day in the Life video series: www.thebody.com/content/63758/a-day-in-the-life-video-series-an-interview-with-t.html

This Positive Life video series: www.thebody.com/content/61705/this-positive-life-an-interview-with-lolisa-gibson.html

Blood Lines: Available for order at <http://pub.etr.org/ProductDetails.aspx?id=100000084&itemno=G122>. A short clip can be viewed at <https://www.youtube.com/watch?v=NjGo7iVf8sE>

The Positive Project: www.thepositiveproject.org

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

8.7 Activities

All 8.7 Activities**Facts to Know**

It will be your job to collect the thank-you letters the students have written and send them to the speaker from the last lesson. Be sure to screen the letters for inappropriate content or information that may warrant mandated reporting.

Activity 8.7-2

Process Speaker or Video**Potential Challenges**

While processing the presentation from last week, students may be hesitant to answer the questions. Allow for silence while students reflect. Students will eventually relax and join the conversation. For classes that really struggle, it might help to offer some of your own feelings and reactions to what was said. You might also ask if any students are comfortable sharing something they wrote in their thank-you letters.

Engaging Students

Make sure students practice social awareness when talking about people who have HIV and other STIs. Remind students that social awareness is having the ability to put themselves in someone else's shoes. For example, ask them to think about how people who have just been diagnosed with an STI might feel and whether they might be worried about being judged by others. If they were in that situation, would they worry about how others might judge them?

Ask the following additional process questions:

- What was it that put the speaker or people in the video at risk for HIV?
(Talk about risky behaviors, but also address secondary risk factors: substance abuse, low self-esteem, mental health issues, etc.)
- What did you learn that you would not have learned from a book?
- What social awareness skills did you gain?

Activity 8.7-3

Role-Plays**Potential Challenges**

Before breaking students into groups, be sure to review key talking points about consent from Lesson 8.2.

Two of the scenarios are written about a relationship between characters of the same sex, which may cause students to struggle. If this happens, it is the perfect opportunity to remind students of the messages from *Lesson 7.3* and *Lesson 7.4* about becoming an ally and creating a safe school environment. It may be necessary to refer students to the Class Rights and Responsibilities from *Lesson 8.1* and reinforce the expectation that the classroom is a safe space for everyone. Emphasize that students must respect the possibility that some people in the room may identify with scenarios in which the characters are gay.

Engaging Students

Make sure students understand that the characters in the scenarios are older teens and that the students, as sexuality experts, are being asked to give advice to these older teens.

Give students the option of writing a script, and do not force them to perform in front of their peers. This activity can also be done as an advice column, although that eliminates the kinesthetic learning opportunity.

As the director of the scene, you can freeze the role-play action at any time. This will give you the opportunity to process the questions that follow this activity while the scene is fresh in students' minds. Also, if at any point students are struggling with the presentation, freeze the scene and invite another student to "tag in" with a new message or idea.

If multiple groups have the same scenario and volunteer to perform, have them perform back-to-back. This will offer a great demonstration of different ways that people can deal with the same situation.

Circulate around the room and provide feedback on the skills being practiced in the role-play.

See "Guidelines for Role-Play" at www.getrealeducation.org for more tips and strategies for facilitating a successful role-play.

Activity 8.8-2**“Who Will I Become?” Brainstorm****Potential Challenges**

Acknowledge that students may have a difficult time picturing their personal situations in 5 years. Some thought-provoking questions that may help with the activity:

- Do you picture yourself living in the same community or somewhere else?
- Do you picture yourself working or in an educational setting?
- Do you picture yourself in a long-term relationship?

Engaging Students

As students brainstorm their goals for the next 5–10 years, it's very important to affirm their beliefs or goals, even if their ideas seem farfetched.

Activity 8.8-3**Scenarios****Facts to Know**

In this activity, it's important to emphasize Class Rights and Responsibilities and remind the students of their right to pass on any part of an activity.

Unlike scenarios presented in most other lessons, the scenarios in this activity are personalized by referring to “you.” This is an intentional progression of the curriculum, since the goals of the eighth-grade lessons are to encourage students to personalize the information they are learning and to be able to use it in their own lives.

Potential Challenges

It's important to make sure students understand that these scenarios are hypothetical. Any number of people might experience these situations at any point during their lives. Because Scenario 1 is gender specific, encourage the students analyzing this scenario to use their social awareness and empathy skills during the activity, regardless of their own gender.

While the scenarios are hypothetical, it's possible that students who may have experienced similar situations could become uncomfortable with the activity. Remind students that they always have the right to pass or excuse themselves from class if they are having a difficult time with the material.

Engaging Students

Encourage students to work as a group to fill out the first four questions on their worksheet, and then to answer the last question individually. Students may be primed to “fix” things, so remind them that some scenarios may be positive. As time allows, call on groups to present their answers.

For Teacher Review Only

8.9 Activities

All 8.9 Activities**Facts to Know**

The capstone project gives students the opportunity to share their understanding of the entire *Get Real* curriculum. It's important that students choose the style of their projects. Students should be allowed to work on their projects in class and at home. The goal of the project is to enable students to use personal creativity to synthesize and internalize the messages they've learned in *Get Real*.

Activity 8.9-3

Media Project**Potential Challenges**

This project is not intended to be completed in class. Therefore, if the educator wants to keep the curriculum restricted to 9 lessons, it's important to introduce this activity before the last class.

Engaging Students

When introducing the media project, emphasize that it offers an opportunity to counter negative messages about teen sexual behavior given by the media.

The following *Get Real* messages should be included in the brainstorm. You may need to prompt these messages if students do not produce them on their own:

- Delaying sex (called “abstinence” or “postponement”) is the most effective way for teens to prevent pregnancy and STI transmission. When practiced correctly and consistently abstinence is 100% effective at preventing unintended pregnancy and STIs.
- If people decide to engage in sexual activity, they need to use protection. Protection could include condoms and hormonal methods of contraception.
- Self-awareness and assertive communication are important skills to have in order to remain healthy and safe.
- A healthy relationship is one that is mutually consensual, honest, equal, respectful and responsible.
- Sexual intercourse is unhealthy when the people involved are not emotionally or physically ready, are unclear on how they will protect

themselves from unwanted physical outcomes, or have not given their consent to engage in sexual behavior.

- Not everyone is having sex! Even if it sometimes seems like the majority of teens are engaging in sexual activity, national and local statistics show this is not the case.

Lesson 8.9 Resources

These resources may be helpful to students in preparing their projects.

Websites

I Wanna Know: www.iwannaknow.org/teens/index.html

KidsHealth: www.kidshealth.org.

Seriously Sexuality: www.seriouslysexuality.com

Books

Robie Harris, illustrated by Michael Emberly, *It's Perfectly Normal* (also available in Spanish).

Lynda Madaras and Area Madaras, *"What's Happening to My Body?" Book for Girls: A Growing-Up Guide for Parents and Daughters.*

Lynda Madaras and Area Madaras, *"What's Happening to My Body?" Book for Boys: A Growing-Up Guide for Parents and Sons.*

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