

GET | REAL

Comprehensive Sex Education That Works



Involving
Parents

Empowering
Youth

Supporting
Teachers

High School

SECOND EDITION

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

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Planned Parenthood League of Massachusetts

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Teacher Review
Only

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Foreword

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

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

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

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

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

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

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

Robie H. Harris

Children's book author:

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

It's So Amazing!: A Book About Eggs, Sperm, Birth, Babies and Families,
illustrated by Michael Emberley

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

About the Curriculum

Curriculum Objectives

The *Get Real* high school curriculum is designed to help students develop the skills needed to delay sex and to encourage correct and consistent use of protection methods when they become 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*, and the curriculum also provides students with age-appropriate skills for avoiding STIs, including HIV, and unintended pregnancy, and for accessing sexual health care.

The high school component can be delivered as a stand-alone curriculum, but it is most effective as a follow-up to the *Get Real* middle school program.

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.
- 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.
- Identify ways teens can access sexual health care.
- Identify and describe common protection and contraception methods.

Premises on Sexual Health

The *Get Real* high school curriculum consists of 11 sequential lessons taught in Grade 9 or 10. 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 Alignment 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 and Family Activities

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 that 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 the high school curriculum includes Family Activities embedded in introspective journal assignments for three lessons, which encourage dialogue between students and their parents and other caring adults.

Parents are supported through:

- An informational letter explaining the curriculum
- Scripted family interview assignments to begin conversations
- 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 may have.

The Family Activities should be a focus of the parent orientation, 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. Teachers 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.
- 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 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

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

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* teachers are required 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 and other caring adults with the curriculum, allow them to ask questions, 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: <https://www.childwelfare.gov/pubPDFs/manda.pdf>.

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.

The Teacher's Guide was created to provide teachers 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* high school curriculum is designed to be implemented with 11 sequential classes during one school year while students are in the ninth or tenth grade. 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.

Introspective Journaling and Family Activity Implementation

The *Get Real* high school curriculum includes an introspective journaling assignment in each of the lessons, and three of these include Family Activities. In order to establish parents as the primary sexuality educators of their children, it's important to send home the Family Activities to be completed with the corresponding lessons. Methods of delivery for Family Activities can vary depending on systems in place at each school. Examples of delivery methods include home mailings at the start of the school year, sending Family Activities home with students, posting them on a school website, or emailing them 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. 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.

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. This is why another introspective journaling activity always accompanies the family interview assignments. Some states may have laws regarding classroom discussions of parents' beliefs about sex. Teachers should research these and adapt how Family Activities are processed in order to be in compliance with state laws.

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 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 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 college students 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.
- **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* high 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.

Get Real: Comprehensive Sex Education That Works Logic Model Snapshot

Get Real Intervention Lessons Designed to Change Risk & Protective Factors	Risk & Protective Factors (Determinants) Affecting Sexual Behaviors Addressed in Get Real	Behaviors Directly Affecting Get Real's Health Goal	Get Real's Health Goal
<p>Grade 9</p> <p>Lesson 9.1: Introduction to Sexuality Activities 9.1.1-1 – 9.1-6</p> <p>Lesson 9.2: Sexual and Reproductive Anatomy Activities 9.2-1 – 9.2-6</p> <p>Lesson 9.3: Gender, Sex and Shared Responsibility Activities 6.3-1 – 6.3-6</p> <p>Lesson 9.4: Gender and Sexual Identity Activities 9.4-1 – 9.4-5</p> <p>Lesson 9.5: Comprehensive Protection Methods Activities 9.5-1 – 9.5-6</p> <p>Lesson 9.6: Preventing STIs Activities 9.6-1 – 9.6-7</p> <p>Lesson 9.7: Sexual Risk and Low-Risk Intimacy Activities 9.7-1 – 9.7-6</p> <p>Lesson 9.8: Negotiating Postponement and Protection Activities 9.8-1 – 9.8-7</p> <p>Lesson 9.9: Social Media Literacy and Sexuality Activities 9.9-1 – 9.9-7</p> <p>Lesson 9.10: Healthy and Unhealthy Relationships Activities 9.10-1 – 9.10-7</p> <p>Lesson 9.11: Assessing Risk and Accessing Sexual Health Care Activities 9.11-1 – 9.11-6</p>	<p style="text-align: center;">↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑</p> <p>KNOWLEDGE of:</p> <ul style="list-style-type: none"> • Delaying sex as the healthiest choice • How pregnancy happens • How STIs are transmitted • How drugs and alcohol can affect decision-making around sexual behavior • Consequences when condoms and/or other protection methods are not used • Correct and consistent use of condoms and other protection methods • Resources for community or reproductive health information and services <p>PERCEPTION OF RISK of:</p> <ul style="list-style-type: none"> • Having an older partner • STIs <p>VALUES AND ATTITUDES towards:</p> <ul style="list-style-type: none"> • Condoms and/or other protection methods • Abstinence and delaying sex • Sexual behavior <p>PERCEPTION OF PEER NORMS about:</p> <ul style="list-style-type: none"> • Male responsibility for pregnancy prevention • Sexual behavior • Relationships <p>SKILLS AND SELF-EFFICACY to:</p> <ul style="list-style-type: none"> • Use SEL skills to delay and /or refuse sex • Use SEL skills to increase use of condoms and/or other protection methods • Use SEL skills to increase assertive communication in relationships • Demand the use of condoms and/or other protection methods <p>PARENT-CHILD COMMUNICATION about:</p> <ul style="list-style-type: none"> • Sexual behavior and relationships <p>INTENTIONS to:</p> <ul style="list-style-type: none"> • Delay and/or refuse sex • Use condoms and/or other protection methods 	<p style="text-align: center;">↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑</p> <p>Delay initiation of sex Increase correct and consistent use of condoms and/or other protection methods</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 middle school 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**

High School

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For
Teacher Review
Only

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Teacher Review
Only**

Lesson 9.1

Introduction to Sexuality

Connecting the Lessons

Students will apply skills learned in this lesson to all high school lessons. Students who participated in the *Get Real* middle school curriculum will apply skills from the middle school lessons to this lesson.

Lesson Goals

- Create group rights and responsibilities.
- Address peer norms about sexuality.
- Identify personal values and beliefs about sexuality and sexual health.
- Identify resources and adults from whom students can get information about sexual health.
- Promote SEL skills to encourage the correct and consistent use of condoms and/or other protection methods.

Preparation & Materials Checklist

- Review SEL skills.
- Review the meanings of *sex* and *sexuality*.
- Review Sexuality Attitudes Assessment Talking Points.
- Create Class Rights and Responsibilities poster.
- Review student handouts and journal activity:
 - Handout 9.1-2: Resources
 - Handout 9.1-3: Sexuality Attitudes Assessment
 - Handout 9.1-4: *Get Real* Capstone Project
 - Journal Activity 9.1: Thinking About Sexuality
- Have:
 - Anonymous Questions Box
 - Slips of paper for anonymous questions

Terms to Use

- Sexuality
- Sexual behavior
- Sexual health
- Caring adult
- Values and beliefs
- Introspection

SEL Skills Addressed

Self-awareness, self-management, social awareness

Logic Model Determinant(s)

Perceptions of peer norms about sexual behavior.

Parent-child communication about sexual behavior and relationships.

Values/attitudes towards abstinence and delaying sex.

Values/attitudes towards sexual behavior.

Perceptions of peer norms about relationships.

Knowledge of delaying sex as the healthiest choice.

Skills and self-efficacy to use SEL skills to delay and/or refuse sex.

→ Teacher Note

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

Activity 9.1-1

5 minutes

Introduction and Class Rights and Responsibilities

Establish classroom rights and responsibilities

Welcome students to the *Get Real* comprehensive sexuality education classes. State your goals for the class.

Ask students what they expect to learn in this class, and add to their responses. Explain that *Get Real* is about more than discussing sexual behavior.

Introduce the concept of Class Rights and Responsibilities. Write “Rights and Responsibilities” at the top of a large piece of paper. Ask students:

- What rights do you need to have in order to feel safe talking about sexuality and sexual health?
- What would you need to do to help your classmates feel safe talking about sexuality and sexual health?
- What responsibilities can you agree to take on for the class to be successful?

Prompt students as needed and add responses to the lists.

Icebreaker activity

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

→ Teacher Note

Important rights and responsibilities to include

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

Activity 9.1-2

15 minutes

Introducing Sexuality and Sexual Health

Define sexuality and sexual health

Ask students what they think the term *sexuality* means. Emphasize that sexuality is not just about sex assigned at birth or sexual behavior, but is a combination of many elements, including relationships and communication. Explain that sexuality can include feelings about oneself and others, as well as values and beliefs, body awareness, intimacy, gender and sexual identity, and sexual health.

These aspects of sexuality can also be broken down into 5 core concepts of social and emotional learning:

- Self-awareness
- Self-management
- Social awareness
- Relationship skills
- Responsible decision making

→ *Teacher Note*

Sex Assigned at Birth and Gender Identity

Be sure to take a moment to explain the difference between sex assigned at birth and gender identity to students, as this may be the first time they've heard these terms. See Teacher's Guide for definitions.

Ask students to explain in their own words what they think each of these SEL skills are. (*See the Teacher's Guide for talking points.*)

Explain that sexual health is essential to everyone's well-being. Being informed about sexual health can help people make responsible decisions, and making responsible decisions can help ensure sexual health. Ask them what skills and information they think teens need in order to be sexually healthy. Explain how *Get Real* will address these needs.

Brainstorm influences on ideas about sexuality

Draw a stick figure on the board to represent a teenager. Give the stick figure a confused expression on its face. Ask students where this teen gets information and ideas about sexuality. Have students brainstorm as many influences as possible (*e.g., friends, television, internet, etc.*). Write the names of these influences around the stick figure. Make sure that parents and guardians are included in the list.

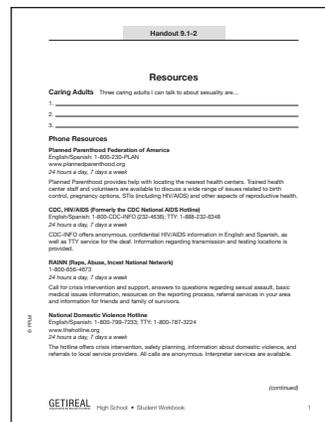
Ask students why they believe the stick figure looks confused. Prompt students to recognize that they get information about sexuality from so many diverse sources, it can often be difficult to sort out which material is reliable. Explain that the *Get Real* curriculum will help students sort through the information and misinformation to help them make the best choices for themselves as high school students.

Point out parents/guardians on the list of influences. Ask students if they feel comfortable communicating with their parents or guardians about sexuality. Ask how parents and other caring adults influence teens' beliefs or behaviors regarding sexuality.

Students identify caring adults

Give students a definition of “caring adults.” These are people in addition to parents or guardians who may help students access information and clarify personal values. Ask students to turn to **Handout 9.1-2** in the Student Workbook, and explain that this resource guide contains reliable sources for information and help with questions about sexuality and relationships.

Explain to students that some of their homework assignments will include speaking with parents, guardians or other caring adults. Briefly brainstorm examples of caring adults, such as aunts/uncles, religious leaders, teachers, coaches, etc. Ask students to write at least three examples of caring adults on their handouts.



Handout 9.1-2
Student Workbook page 1

Activity 9.1-3

15 minutes

Identifying Personal Values

Students explore sexuality self-awareness

Explain to students that an important part of self-awareness is identifying personal values. Read each of the following statements about sexual health and sexuality, and have students raise their hands if they agree with the statement.

Raise your hand if...

- You are sick of people telling you what to do when it comes to sex.
- You are uncertain what “sexuality” means.
- You live in a home where sexuality isn’t talked about.
- You have only ever been in classes where it’s assumed sex only happens between a man and a woman.
- You have never had someone discuss gender identity with you.
- You’ve been told you can’t do something because of your gender.
- You’ve felt uncomfortable because of sexual language used in entertainment, such as songs, TV shows and movies.
- You’ve ever felt hesitant to discuss sexual topics with a dating partner.
- You’ve ever known anyone who’s felt pressure to do something sexual to please a partner.
- You wish you felt more comfortable talking about sexuality with parents or other caring adults.
- You’ve known someone who was affected by an STI (sexually transmitted infection) or an unintended pregnancy.
- You want to protect yourself and the people around you.

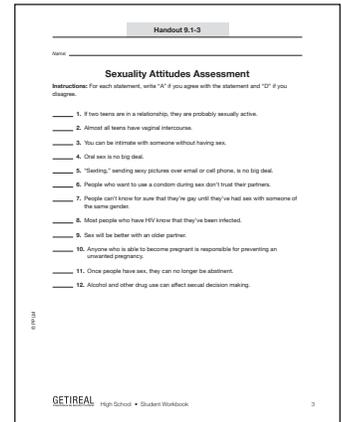
Students assess personal values and beliefs about sexuality

Ask students to turn to **Handout 9.1-3** in the Student Workbook. Explain that this handout is an anonymous assessment to get information about the values and beliefs their class holds around sexuality.

After students have completed the assessment explain that the next class will focus on statement 10.

Process Questions

1. Why do you think we did these activities?
2. How do people’s attitudes and values about sexuality affect their sexual health? (*Example: If someone is uncomfortable talking about sexuality, how will that person talk to a doctor or nurse?*)
3. How do people’s attitudes and values about sexuality affect their sexual decision making?



Handout 9.1-3
Student Workbook page 3

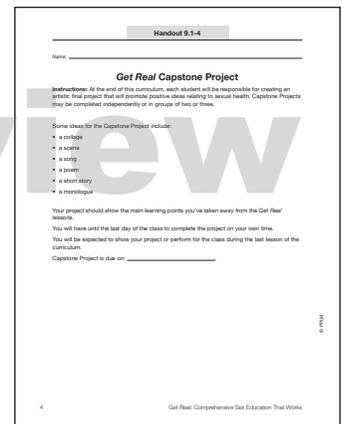
Activity 9.1-4

5 minutes

Introduce Capstone Project

Explain the Capstone Project

Explain that students will work independently or in groups to create an artistic representation of what sexual health means. This can be a collage, scene, song, poem or other creative project that promotes positive sexual health ideas. Ask students to turn to **Handout 9.1-4** in the Student Workbook, set a deadline, and explain when they will hear more about the project. (*See the Teacher’s Guide for more information about the Capstone Project.*)



Handout 9.1-4
Student Workbook page 4

Activity 9.1-5

5 minutes

Anonymous Questions Box

Introduce Anonymous Questions Box

Explain the Anonymous Question 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 their slip of paper and place it in the box as they leave the room to preserve the anonymous nature of the activity.

Activity 9.1-6

5 minutes

Introspective Journaling

Introduce journal activities

Explain journaling as follows:

- Each lesson will involve a homework journal assignment in which students will reflect on things they observed from that day's class, as well as answer a reflection prompt related to the next lesson's topic.
- Sometimes the homework may include an activity they can do with a parent or other caring adult.
- Students will not be asked to write about their own sexual activity.
- Explain your procedure for collecting /grading the journals.
- Explain mandated reporting as it relates to journal entries or disclosures in class.

Review the Journal Activity questions for this lesson:

1. (Optional) What was something interesting you learned in class today?
2. Explain why you believe it's important for people to know about sexuality and sexual health.
3. Why do people have different attitudes and beliefs about sexual health?



The image shows a student workbook page titled "Journal Activity 9.1" with the subtitle "Thinking About Sexuality". It contains three numbered questions for reflection. At the bottom, it says "GETREAL High School • Student Workbook" and "5".

Journal Activity 9.1

Name _____

Thinking About Sexuality

1. (Optional) What was something interesting you learned in class today?

2. Explain why you believe it's important for people to know about sexuality and sexual health.

3. Why do people have different attitudes and beliefs about sexual health?

GETREAL High School • Student Workbook 5

Journal Activity 9.1
Student Workbook page 5

Lesson 9.2

Sexual and Reproductive Anatomy

Connecting the Lessons

Connects to *Lesson 9.3: Gender, Sex and Shared Responsibility*, *Lesson 9.5: Comprehensive Protection Methods* and *Lesson 9.6: Preventing STIs*.

Lesson Goals

- Explain the functions of the parts of the internal and external sexual and reproductive anatomy.
- Identify the impact of condom use on pregnancy and STI prevention.

Preparation & Materials Checklist

- Review information in the Teacher's Guide pages on the reproductive systems.
- Copy student handouts and homework:
 - Handout 9.2-2: Which Parts Go Together?
 - Handout 9.2-3a: The Penis and Related Parts
 - Handout 9.2-3b: The Vagina and Related Parts
 - Handout 9.2-4: Fertilization: A Fill-in-the-Blanks Story
 - Journal Activity 9.2: Sexual and Reproductive Anatomy
- Have:
 - Poster of the penis and related anatomy
 - Poster of the vagina and related anatomy
 - Anonymous Questions Box
 - Slips of paper for anonymous questions

Terms to Use

- Reproduction
- Vaginal intercourse
- Fertilization
- Sperm
- Egg
- Pregnancy
- Sexually transmitted infections
- Condoms

SEL Skills Addressed

Self-awareness, self-management, social awareness

Logic Model Determinant(s)

Knowledge of how pregnancy happens.

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

Knowledge of how STIs are transmitted.

Knowledge of correct and consistent use of condoms and other protection methods.

Values/attitudes towards abstinence and delaying sex.

Values/attitudes towards sexual behavior.

→ Teacher Note

Many people feel more comfortable using slang terms than medical terms for body parts. Express the importance of knowing and using medical terminology rather than slang. For some students, this lesson will be a review; but for others, this may be new information.

Activity 9.2-1

5 minutes

Discuss Journal Activity

Process Journal Activity from the previous lesson

Process Questions

1. What did you think about as you were reflecting on the journal prompts?
2. How does this journal activity relate to sexual health?

Activity 9.2-2

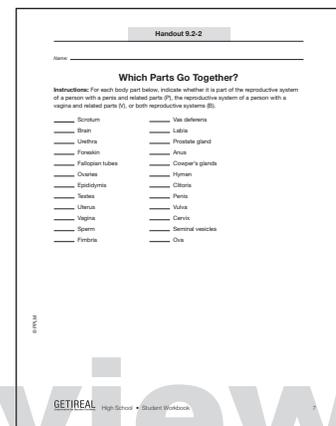
10 minutes

Which Parts Go Together?

Review reproductive anatomy

Tell students that during today’s class, they will be learning or reviewing sexual and reproductive anatomy. Explain that *anatomy* is the study of the parts of the body, and *reproduction* means to make more of something. In the case of humans, reproduction means to make human babies.

Group students into teams of three or four. Ask students to turn to **Handout 9.2-2** in the Student Workbook. Allow a few minutes for groups to label each term. After each group has assigned each part, review the correct answers. Have students correct answers on their sheets as needed.



Handout 9.2-2

Student Workbook page 7

Process Questions

1. Which of these terms have you heard before?
2. Do most people know the correct terms for the parts of the reproductive systems? Why or why not?

Activity 9.2-3

20 minutes

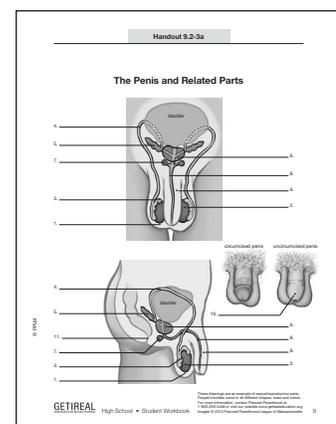
The Parts and What They Do

Explain basic functions of the penis and related parts

Ask students to turn to **Handout 9.2-3a** in the Student Workbook. While students follow along and label their sheets, explain the parts of the diagram. (See the Teacher’s Guide for talking points.)

- **Scrotum:** a skin sack that holds the testes outside the body and helps control their temperature.
- **Testes (singular = testicle):** organs that produce sperm and the hormone testosterone.

Explain what sperm production means for reproduction.



Handout 9.2-3a

Student Workbook page 9

- **Epididymis:** A coiled tube behind each testicle where sperm mature and develop the ability to swim.
- **Vas deferens:** tubes that carry sperm from the testes to the urethra.
- **Seminal vesicles:** glands on each vas deferens that produce fluids that mix with the sperm to make semen.
- **Prostate gland:** a gland under the bladder that contains pleasure sensors and produces fluids that mix with sperm to make semen.
- **Cowper’s glands:** glands on either side of the urethra that make a fluid called pre-ejaculate that lines the urethra before ejaculation when a person gets an erection. This fluid acts as a lubricant for the sperm during the ejaculation.
- **Urethra:** the tube that can carry ejaculate, pre-ejaculate or urine out of the body.
- **Penis:** an organ made of soft, spongy tissue and blood vessels, used for reproduction, urination and pleasure. When the penis becomes erect, or “hard,” it becomes filled with blood. This is called an erection.

Explain that erections are a normal part of being human. Explain that erections may occur because of certain thoughts or feelings, be caused by a stimulus, or may happen for seemingly no reason at all.

- **Foreskin:** a loose skin that covers the head of the penis; everyone with a penis is born with it.

Explain circumcision (the removal of the foreskin).

- **Anus:** the opening through which feces (solid waste) leaves the body.

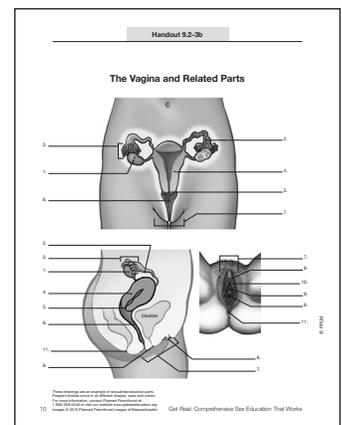
Remind students that the most important part of the reproductive system is the brain. The brain controls all the parts and functions of the sexual and reproductive anatomy, and when puberty begins and ends for each individual. It’s also responsible for people’s sexual feelings and dreams.

Explain basic functions of the vagina and related parts

Ask students to turn to **Handout 9.2-3b** in the Student Workbook. While students follow along and label their sheets, explain the parts of the diagram. *(See the Teacher’s Guide for talking points.)*

- **Ovaries:** organs that contain egg cells (ova, singular=ovum) and produce the hormones (estrogen, progesterone) that cause body changes, ovulation and menstruation.

Review definition of ovulation – the process by which an egg is released from one of the ovaries – and how it relates to pregnancy.



Handout 9.2-3b
Student Workbook page 10

- **Fallopian tubes:** small tubes that carry the egg from the ovaries to the uterus. This is where sperm will join with, or fertilize, an egg, which is the first step necessary for pregnancy to happen.
- **Fimbria:** the fingerlike parts on the end of each fallopian tube that find an egg after it is released from the ovary and sweep it into the tube.
- **Uterus:** the pear-shaped, muscular reproductive organ from which menstruation occurs and where a pregnancy develops.
- **Cervix:** the lower part of the uterus that contains the opening to the vagina.
- **Vagina:** the passage that connects the uterus to the outside of the body. It serves as the birth canal and provides a way for menstrual fluids to leave the body. It is also used for pleasure. Discuss vaginal discharge and explain that it is normal.
- **Hymen:** a thin membrane that may partially cover the opening to the vagina.
- **Vulva:** the external sex organs (or genitalia), including the clitoris, urethra, both sets of labia, and the opening to the vagina. There are three separate openings in this general area. Two of these are in the vulva: the urethra and the vagina. The third opening is the anus, just behind the vulva.
- **Clitoris:** a mound of skin that contains many nerve cells and is very sensitive to touch. Its only purpose is pleasure. It is located between the labia at the top of the vulva.
- **Urethra:** the tube that carries urine out of the body.
- **Labia:** the outer and inner labia (also called “lips”) are two folds of skin that surround the opening to the vagina. The outer lips lie closest to the legs, and pubic hair grows on them in most adolescents and adults. The inner lips are the folds of skin inside the outer labia that begin at the clitoris and end around the vaginal opening.
- **Anus:** the opening through which feces (solid waste) leaves the body. It is important for people with vaginas to wipe from front to back after using the toilet to make sure that bacteria do not get into the urethra, which could cause a urinary tract infection.

→ *Teacher Note*

Hymen Facts

Many people with vaginas are born with no visible hymen. The hymen is a thin membrane that may cover the opening to the vagina. The hymen can disintegrate over time. It is normal for a person to have a noticeable hymen, and it's also normal if a person does not have a noticeable hymen.

Remind students that no matter what anatomy a person has, the most important part of the sexual and reproductive anatomy is the brain, which controls all the parts and functions of the reproductive anatomy, when puberty begins and ends for each individual, and people's sexual feelings and dreams.

Activity 9.2-6

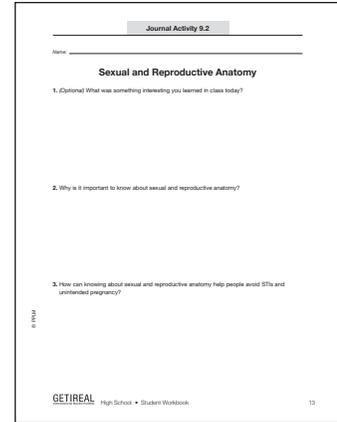
5 minutes

Introspective Journaling

Review journal activity

Review the Journal Activity questions for this lesson:

1. *(Optional)* What was something interesting you learned in class today?
2. Why is it important to know about different types of reproductive anatomy?
3. How can having this information help people avoid STIs, HIV and unintended pregnancy?



The image shows a thumbnail of a worksheet titled "Journal Activity 9.2" with the subtitle "Sexual and Reproductive Anatomy". It includes a "Name" field and three numbered questions: 1. (Optional) What was something interesting you learned in class today? 2. Why is it important to know about sexual and reproductive anatomy? 3. How can knowing about sexual and reproductive anatomy help people avoid STIs and unintended pregnancy? The footer of the worksheet reads "GETREAL High School • Student Workbook 13".

Journal Activity 9.2
Student Workbook page 13

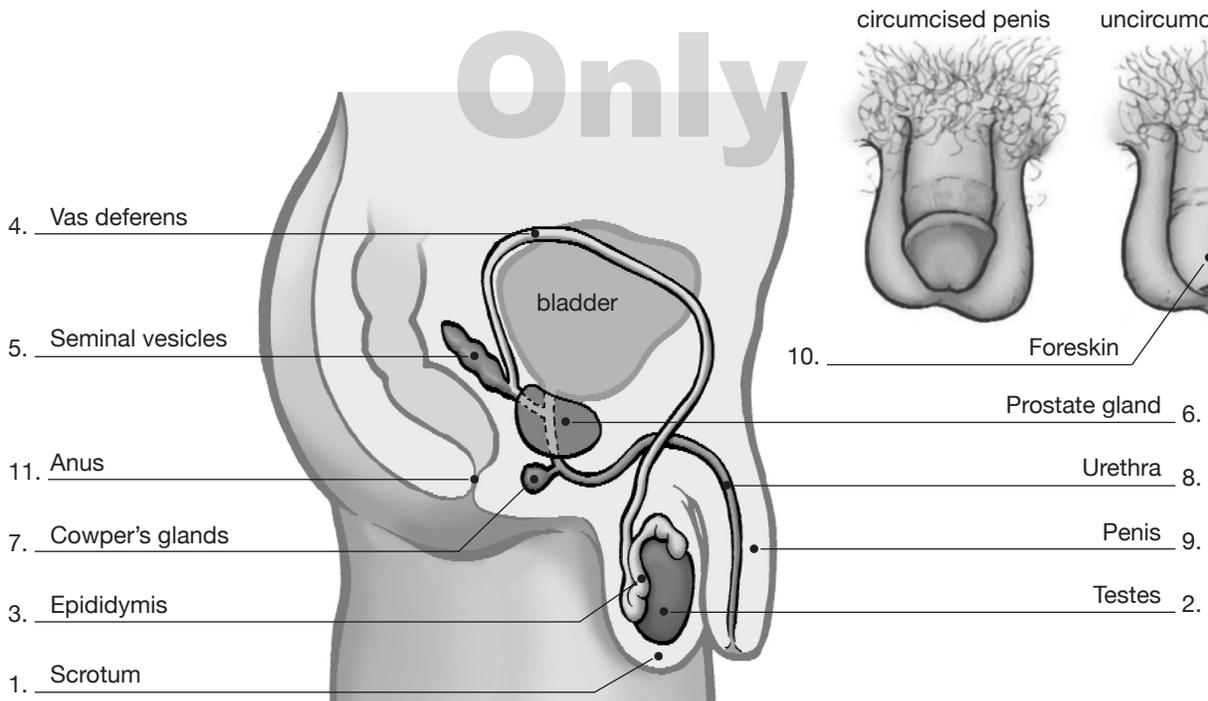
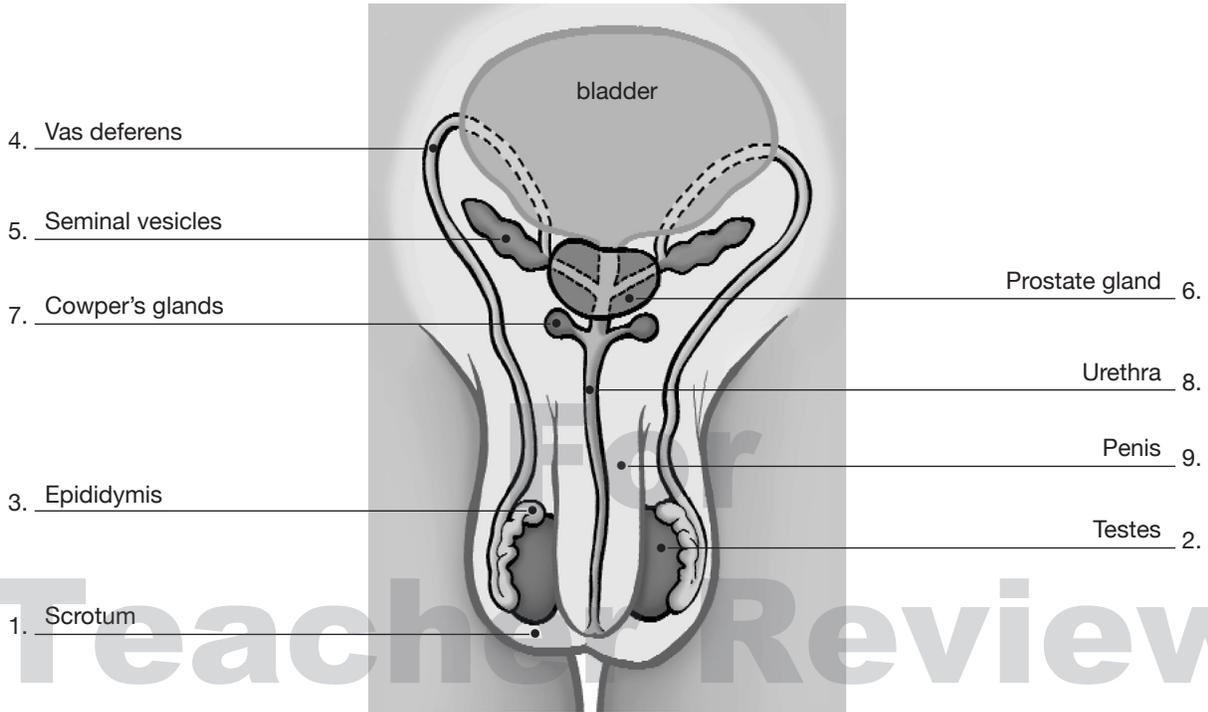
For
Teacher Review
Only

Which Parts Go Together?

Instructions: For each body part below, indicate whether it is part of the reproductive system of a person with a penis and related parts (P), the reproductive system of a person with a vagina and related parts (V), or both reproductive systems (B).

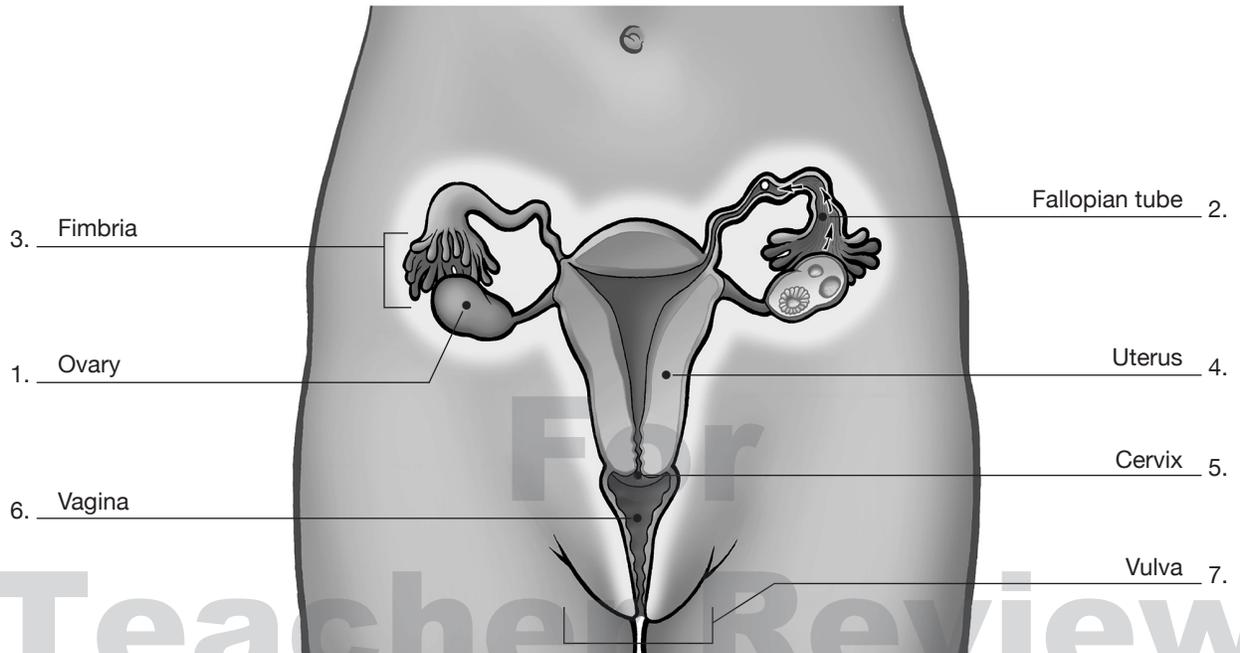
<u> P </u> Scrotum	<u> P </u> Vas deferens
<u> B </u> Brain	<u> V </u> Labia
<u> B </u> Urethra	<u> P </u> Prostate gland
<u> P </u> Foreskin	<u> B </u> Anus
<u> V </u> Fallopian tubes	<u> P </u> Cowper's glands
<u> V </u> Ovaries	<u> V </u> Hymen
<u> P </u> Epididymis	<u> V </u> Clitoris
<u> P </u> Testes	<u> P </u> Penis
<u> V </u> Uterus	<u> V </u> Vulva
<u> V </u> Vagina	<u> V </u> Cervix
<u> P </u> Sperm	<u> P </u> Seminal vesicles
<u> V </u> Fimbria	<u> V </u> Ova

The Penis and Related Parts



These drawings are an example of sexual/reproductive parts. People's bodies come in all different shapes, sizes and colors. For more information, contact Planned Parenthood at 1-800-258-4448 or visit our website www.getrealeducation.org. Images © 2010 Planned Parenthood League of Massachusetts

The Vagina and Related Parts



2. Fallopian tube

3. Fimbria

1. Ovary

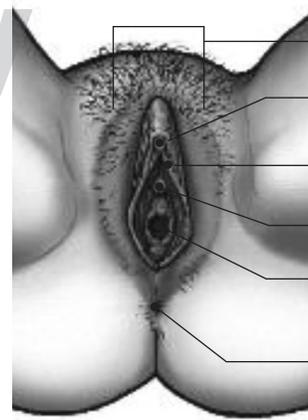
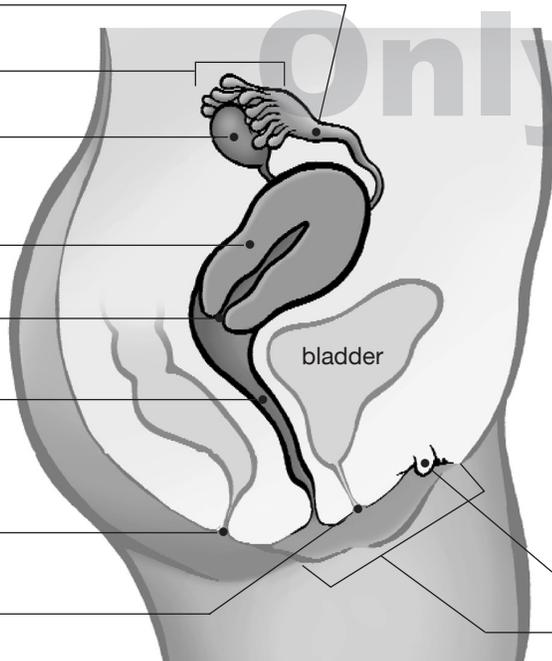
4. Uterus

5. Cervix

6. Vagina

11. Anus

9. Urethra



Clitoris 8.

Vulva 7.

© PPLM

These drawings are an example of sexual/reproductive parts. People's bodies come in all different shapes, sizes and colors. For more information, contact Planned Parenthood at 1-800-258-4448 or visit our website www.getrealeducation.org. Images © 2010 Planned Parenthood League of Massachusetts

Fertilization: A Fill-in-the-Blanks Story

Instructions: Use the words on the following page to complete the story. Be sure to use the correct reproductive anatomy terms in the appropriate blanks.

Scooter, a(n) _____ (adjective) **sperm** (sex cell of a person with a penis), was _____ (verb ending in -ing) around in the **testes** (part of the body that produces testosterone) when they received a(n) _____ (adjective) message from the brain: “Arousal alert! Arousal alert! We have an erection!” The message blared _____ (adverb). Scooter, along with **300–500 million** (number of sperm in the average ejaculation) sperm, prepared _____ (adverb) and moved into the **epididymis** (part of the body where sperm are held before an ejaculation). Scooter’s tail flipped _____ (adverb) as they made their way up the **vas deferens** (tube sperm travel along after leaving the testes) and past the **seminal vesicles** (glands that make fluids that combine with sperm and become semen). From there, Scooter passed through the **prostate gland** (part that makes it impossible to urinate and ejaculate simultaneously), down the **urethra** (tube that runs through the penis), and out the tip of the **penis** (part that’s made up of spongy tissue, blood vessels and nerves). Suddenly Scooter was in a(n) _____ (adjective) world they’d never seen before. “OMG!” Scooter exclaimed as they and the other sperm made their way through the **vagina** (opening of the reproductive system through which a person gives birth), through the **cervix** (part of the uterus that contains the opening to the vagina), and into the **uterus** (organ where a fetus develops during a pregnancy).

Meanwhile, Olive, an **ovum/egg** (sex cell of a person with a vagina), who had been released during the _____ (adjective) process of **ovulation** (process in which an egg is released) by the **ovary** (gland where eggs are stored), began _____ (verb ending in -ing) in the **fallopian tubes** (small tubes connected to the uterus). Scooter’s _____ (adjective) sperm tail kicked into overdrive when
(continued)

Continued

they saw Olive, the most _____ (adjective) egg in the _____ (a place). Scooter swam _____ (adverb) toward Olive. As soon as they joined, their cells began to combine, causing fertilization. The now fertilized Olive implanted in the lining of the uterus, creating a pregnancy.

Use the following words to complete the story:

Anatomy Terms	epididymis	urethra	ovulation
	cervix	fallopian tubes	prostate gland
	sperm	vas deferens	ovary
	penis	vagina	testes
	uterus	ovum/egg	seminal vesicles
Adjectives	chilly	fancy	mysterious
	silly	amazing	vast
	massive	mushy	sparkling
	victorious	happy	great
Adverbs	awkwardly	triumphantly	oddly
	courageously	smoothly	nervously
	dreamily	intensely	lovingly
	majestically	gracefully	carefully
Verbs ending in -ing	moving	working	laughing
	chilling	waiting	swimming
Places	neighborhood	universe	world
Numbers	300–500	400,000	300–500 million

**For
Teacher Review
Only**

Lesson 9.3

Gender, Sex and Shared Responsibility

Connecting the Lessons

Connects to *Lesson 9.5: Comprehensive Protection Methods*, *Lesson 9.6: Preventing STIs* and *Lesson 9.10: Healthy and Unhealthy Relationships*.

Lesson Goals

- Identify stereotypes as harmful.
- Explain why both partners are responsible for the possible consequences of unprotected sex.
- Identify ways in which both partners can take responsibility in a relationship.

Preparation & Materials Checklist

- Review definitions of *sex assigned at birth* and *gender*.
- Review common stereotypes about gender.
- Label large pieces of paper for Activity 9.3-2.
- Review student journal activity and homework:
 - Journal Activity 9.3: Gender, Sex and Shared Responsibility
 - Family Activity 9.3: Interview—Gender, Sex and Shared Responsibility
- Have:
 - Markers for students
 - Two colors of sticky notes
 - Anonymous Questions Box
 - Slips of paper for anonymous questions

Terms to Use

- Gender
- Sex assigned at birth
- Shared responsibility
- Possible consequences
- Relationships
- Stereotypes

SEL Skills Addressed

Self-awareness, social awareness, relationship skills

Logic Model Determinant(s)

Perception of peer norms about sexual behavior.

Values/attitudes towards abstinence and delaying sex.

Values/attitudes towards sexual behavior.

Values/attitudes towards condoms and/or other protection methods.

Skills and self-efficacy to use SEL skills to increase use of condoms and/or other protection methods.

Perception of peer norms about relationships.

Perception of peer norms about perceived male responsibility for pregnancy prevention.

Skills and self-efficacy to use SEL skills to delay and/or refuse sex.

Skills and efficacy to demand the use of condoms and/or other protection methods.

Skills and self-efficacy to use SEL skills to increase assertive communication in relationships.

Parent-child communication about sexual behavior and relationships.

→ *Teacher Note*

Review Class Rights and Responsibilities before beginning this lesson. Explain to the class that you are asking them to explore gender stereotypes, but you do not assume they believe in the stereotypes.

Activity 9.3-1

5 minutes

Discuss Journal Activity

Process Journal Activity from the previous lesson

Process Questions

1. What did you think about as you were reflecting on the journal prompts?
2. How does this journal activity relate to sexual health?

Activity 9.3-2

20 minutes

Gender Norms and Gender Messages Charts

Differentiate between sex assigned at birth and gender

Explain that sex assigned at birth refers to how a person is most often assigned a sex at birth (male, female, intersex) based on their external genitalia. However, gender is about more than the sex a person was assigned at birth. Gender refers to the roles, characteristics and behaviors that society assumes about people based on their sex assigned at birth, or, more often, their individual feelings of identity and self-expression. Many people don't match any of the stereotypical characteristics connected with terms like "guys" or "girls." Let students know that you will be explaining both sex assigned at birth and gender further in the next class when you discuss sexual identity.

Identify common gender stereotypes

Write the words "GUY" and "GIRL" on a large piece of paper. Ask students what stereotypes are and where they come from. Prompt students to come up with words that describe stereotypical characteristics of guys and girls. These examples could come from popular media or cultural norms. Examples might be "guys are strong" or "girls are emotional." Ask students what similarities or differences they notice in the two lists. Ask students if they feel that the characteristics on this list define them as people. Reinforce that stereotypes are not true.

Ask students how they think gender stereotypes might relate to the decision to have sex.

Students brainstorm attitudes about gender and sex

Divide students into four groups. Give each group a large piece of paper with one of these headings:

- GUY WHO HAS SEX
- GIRL WHO HAS SEX
- GUY WHO DOES NOT HAVE SEX
- GIRL WHO DOES NOT HAVE SEX

Ask groups to write as many words as they can think of that might be used to describe a person who fit the category listed on their sheet (slang words are acceptable, within reason). Then have groups post their papers so the whole class can see them.

→ *Teacher Note*

Debrief assumptions about sexual orientation

If students write the word “gay” on the posters for “GUY/GIRL WHO DOES NOT HAVE SEX,” be sure to process it. Explain that it’s totally normal for anyone to make the decision not to have sex, and it has nothing to do with their sexual orientation.

Process Questions

1. What patterns do you notice in these charts?
2. How do the stereotypical characteristics of “guy” and “girl” relate to characteristics of “guy who has sex” and “girl who has sex”?
3. How are gender stereotypes harmful? (*A great follow-up to this question is, “Is it unrealistic to expect people to have all the stereotypical characteristics of their gender? How might it affect sexuality and self-esteem if a person tried to be this way?”*)
4. Based on these lists, which gender seems to be trusted more by adults to make sexual decisions?
5. How can beliefs about gender affect sexual health?

Activity 9.3-3

15 minutes

Shared Responsibility Spectrum

Explore expectations around sexual responsibility

Explain that this next activity will investigate how students see the spectrum of responsibility and risks in sexual relationships. Explain to the class that, for the purpose of this activity, we are going to continue to focus on binary stereotypes, and, therefore, to focus on sexual relationships between “guys” and “girls.” Reinforce that not all relationships happen on this binary and that the activity is intentionally heteronormative. (*See the Teacher’s Guide for additional talking points.*) Ask students to keep the stereotypes discussed in the previous activity in mind as they participate in this activity.

On the board, write “GUY” on the left, “GIRL” on the right, and “BOTH” in the center. Tell students they will do the activity twice, once for each of the following questions:

1. In a sexual relationship between a guy and a girl, who is responsible for protection, and why?
2. In a sexual relationship between a guy and a girl, who would be more affected by a pregnancy, and why?

Have two different colors of sticky notes. Distribute a sticky note of the first color to each student, and ask them to answer question 1 about who they believe has more responsibility for sexual protection in this relationship, and write a sentence or two about why.

Distribute the second color of sticky note to each student, and have them answer question 2 about who might be more affected by pregnancy in this relationship, and write a sentence or two about why.

Then have students place their notes where they believe they belong on the continuum. For example, if they believe guys are more responsible for protection, they should put their note for question 1 under "GUY." If they think the responsibility is equally shared, they should put their note for question 1 in the middle under "BOTH." Do this first for question 1, then for question 2.

After all the sticky notes have been posted, process the activity with the following questions.

Process Questions

1. According to this class, who is more responsible for protection, and who is more affected by a pregnancy?
2. In a world of equity, where should all the cards be?

Activity 9.3-4

5 minutes

Shared Responsibility Brainstorm

Brainstorm ways responsibility can be shared in relationships

Explain to the class that a main takeaway from this lesson is that they have the ability to do something about gender stereotypes and push back on these potentially harmful cultural norms. Ask the class what it would take to change attitudes toward shared sexual responsibility. Have students brainstorm concrete ways in which everyone can take responsibility for protection. Write their ideas on the board. Examples could include the following:

- Expecting that everyone in a sexual relationship is equally responsible for protection.
- Communicating about feelings in a relationship
- Communicating about protection in a relationship
- Expressing the importance of condoms or other protection to friends and partners

Activity 9.3-5

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 9.3-6

5 minutes

Introspective Journaling and Family Activity

Assign journal and family activities

Explain the interview homework and review the Journal Activity questions for this lesson:

1. (Optional) What was something interesting you learned in class today?
2. Choose one of the caring adults you listed on your Resources handout from the last class and complete the interview homework on the next page with this person.
3. Once you've completed the interview, think about how the adult's answers make you feel and describe your feelings. Do you agree or disagree? Why? Explain your response.

(See the Teacher's Guide for additional talking points.)

Journal Activity 9.3
Student Workbook page 15

Family Activity 9.3
Student Workbook page 16

Interview—Gender, Sex and Shared Responsibility

Instructions for students: Choose a parent/guardian or other caring adult to interview about dating responsibility. During this interview, try to understand the adult’s point of view on the roles two people should take in a relationship. After the interview, go back and complete the Journal Activity about your parent or other caring adult’s viewpoints.

To begin the interview, say: “We are going to talk about dating relationships. I want you to think of what you would consider the ideal relationship between two people in high school. I’m going to ask you a few questions, and I want you to share what you think and feel. There are no right or wrong answers for the questions.”

1. How do you think dating has changed since you were in high school?
2. Do you think there are rules for dating? How do two people decide who is responsible for each of the following things:
 - Talking, calling or texting to make the initial connection
 - Asking someone out
 - Paying when a couple goes out
 - Talking, calling or texting after the couple has gone out
3. What messages do you think are given to young people around sexual behavior?
4. Are these messages different today from when you were younger?
5. Are any of these messages stereotypes? If so, how do you feel about those stereotypes?

Parent or Other Caring Adult Signature

Student Signature

Lesson 9.4

Gender and Sexual Identity

Connecting the Lessons

Connects to *Lesson 9.3: Sex, Gender and Shared Responsibility* and *Lesson 9.8: Healthy and Unhealthy Relationships*.

Lesson Goals

- Explain the importance of gender and sexual identity being self-identified.
- Identify proper vocabulary for describing gender and sexual identity.
- Explain the difference between sex assigned at birth, gender identity, gender expression and sexual orientation.
- Discuss LGBTQ+ issues respectfully.
- Demonstrate how to be an ally and to effectively communicate support for peers.

Preparation & Materials Checklist

- Review gender and sexual identity vocabulary.
- Review student handouts and homework:
 - Handout 9.4-2a: The Most Important Part of Me
 - Handout 9.4-2b: Gender and Sexual Identity Vocabulary List
 - Handout 9.4-3: How Might It Feel
 - Journal Activity 9.4: Gender and Sexual Identity
- Have:
 - Anonymous Questions Box
 - Slips of paper for anonymous questions

Terms to Use

- | | | | |
|-------------------------|------------------------|----------------------|-------------------|
| ■ Sexual identity | ■ Cisgender | ■ Sexual orientation | ■ LGBTQ+ |
| ■ Sex assigned at birth | ■ Masculine | ■ Straight | ■ Questioning |
| ■ Intersex | ■ Feminine | ■ Gay | ■ Queer |
| ■ Gender identity | ■ Androgynous | ■ Lesbian | ■ Ally |
| ■ Gender expression | ■ Gender nonconforming | ■ Bisexual | ■ Misgendering |
| ■ Transgender | ■ Genderqueer | ■ Asexual | ■ Heteronormative |
| | | ■ Pansexual | |

SEL Skills Addressed

Self-awareness, social awareness, relationship skills

Logic Model Determinant(s)

Parent-child communication about sexual behavior and relationships.

Perception of peer norms about relationships.

Skills and self-efficacy to use SEL skills to increase assertive communication in relationships.

Values/attitudes towards abstinence and delaying sex.

Values/attitudes towards sexual behavior.

→ *Teacher Note*

The focus of this lesson is to teach terms for sexual and gender identity; to explore the aspects of those varied identities; and to develop skills in supporting and respecting all people. The teacher’s tone in this lesson will help set classroom expectations for addressing LGBTQ+ issues in a respectful manner.

Activity 9.4-1

5 minutes

Discuss Journal Activity

Process Journal Activity from the previous lesson

Process Questions

1. What did you think about as you were reflecting on the journal prompts?
2. How does this journal activity relate to sexual health?

Activity 9.4-2

25 minutes

The Most Important Part of Me

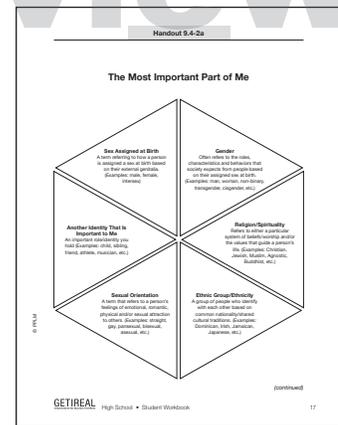
Identify feelings around identity

Before beginning this lesson, review the Class Rights and Responsibilities. Ask students which Rights and Responsibilities might be particularly important when discussing gender and sexual identity. Remind students of their right to privacy and their ability to pass if they do not feel comfortable sharing with the class.

Explain to the class that this activity will give them an opportunity to explore identity and that they will be participating in the activity for themselves. No personal information will be shared out loud.

Ask students to turn to **Handout 9.4-2a** in the Student Workbook. Review the handout and definitions with students and answer any questions they have about the terms. Explain that before they begin the activity they are going to have to decide what each of these words mean for them.

Emphasize these are only some of the identities that people hold. Other identities may include physical ability, mental health, immigration status, age, etc.



Handout 9.4-2a
Student Workbook
pages 17–18

→ *Teacher Note*

If students have specific questions about the words related to “Sex Assigned at Birth,” “Gender” or “Sexual Orientation” refer them to **Handout 9.4-2b**, the Sexual and Gender Identity Vocabulary List handout. Additionally, be sure to review the examples in all of the identity categories ahead of time so you are prepared to answer questions. Lastly, remind students you cannot define any aspect of their identity for them. If they have questions, reassure them there are no wrong answers.

Provide two minutes for students to silently choose a word that corresponds to each of the identities on the handout for their own life. Remind students they do not have to write this down and will not be asked to share it aloud. Tell students that whatever they choose today does not have to be the word they use forever. This is just one activity and they are the only ones who will know what word they have chosen.

To continue the activity, tell students they will need to be willing to suspend disbelief. Wait for students to agree to this before beginning the activity. Tell them that they are going to be transported to an apocalyptic science-fiction world and ask them to name the world.

Write the name they come up with on the board. Explain that the remainder of the activity will be done in silence. Guide them through the activity as follows:

- As you all know, here in *(insert the name of the sci-fi world)*, the only way that we can know anything about another person's identity is if they share it with us. We can't just look at someone and know. And, for years, we've all been very open about all of our identities.
- But recently the rulers of *(insert the name of the sci-fi world)* have come together and written a new law. They feel we as a society are too open and so we all have to choose one aspect of our identity that we are no longer allowed to share.
- Please take a moment and cross out the identity that you are no longer going to share. *(Pause for them to do this.)* Now, turn your paper over and take one minute to respond to the first question. I'll know you're done when you turn your paper back over. *(Pause for them to do this.)*
- A few months have gone by in *(insert the name of the sci-fi world)* and another law has been passed. As a society we are still sharing too much and the rulers are worried about an uprising. So we are now being forced to choose another identity that we are no longer going to be able to share with others. Only, this time, we don't get to choose for ourselves.
 - *If you don't have classroom management concerns:* Please reach over to the person next to you and randomly cross out one of the remaining identities.
 - *If you have classroom management concerns:* Because of this, I will be coming around and randomly crossing out one of your remaining identities.
- Please turn your papers over and take one minute to respond to the second question. I'll know you're done when you turn your paper back over. *(Pause for them to do this.)*
- An additional year has passed and a new ruler has been elected in *(insert the name of the sci-fi world)*. This new leader still feels we are sharing too much with one another and has declared that I must choose

one additional identity that you are no longer allowed to share with the world. *Circulate and cross out an identity for students.*

- Please turn your papers over and take one minute to respond to the final question. I'll know you're done when you turn your paper back over. *(Pause for them to do this.)*

Thank students for participating in the activity, and tell them they are no longer in *(insert name of sci-fi world)* and that they have all of their identities and can speak again. Tell students that in a moment you'll process that activity. First, however, it's important to think about all of the unique and amazing aspects of our identity that make up each one of us. Tell students that each person should be celebrated for their uniqueness and for what makes them special. Explain that often in our culture we don't spend time celebrating these pieces of ourselves because only certain identities get the most attention or are considered "OK." Tell students that you appreciate all of them for exactly who they are and the identities that they hold.

Process Questions

1. How did that feel?
2. Was it hard to choose which piece to not share?
3. Did it feel different when someone else chose for you? Why? *(If students chose for one another and then you chose for them ask: Did it feel different when your peer crossed out your identity than when an adult did it? Why?)*
4. What does this activity have to do with gender and sexual identity? *(Although we participated in this activity by creating a sci-fi world, the experience of not sharing aspects of gender and sexual identity is real-life for many people. The point of this activity was to create a safe way to develop social awareness for people's lived experiences.)*

Explain to students that there are four aspects to a person's gender and sexual identity: sex assigned at birth, gender identity, gender expression and sexual orientation. We defined some of these in the previous activity. Ask students to turn to **Handout 9.4-2b** in the Student Workbook to review these

→ Teacher Note

Selecting an Identity

As you walk around crossing out identities make intentional choices. If you have a student who may have never thought about privilege before, make sure to cross out the "Another Identity That Is Important to Me" to ensure that they are no longer sharing an identity that matters to them.

→ Teacher Note

For process question 4, explain to the class that, for some people, gender and sexual identity are something they feel they need to hide from others in order to protect themselves from stigma, bullying and harassment. Also explain that these aspects of identity can be something other people make assumptions about, and then base their entire relationship or interaction on those assumptions. Discuss with students why this is harmful.

Handout 9.4-2b

Gender and Sexual Identity Vocabulary List

Sex assigned at birth: A term relating to how a person is most often assigned a sex at birth (male, female, intersex) based on their external genitalia.

Intersex: A general term that encompasses people who are born with chromosomes, hormones, genitalia and/or other sex characteristics that are not strictly male or female.

Gender identity: A term that refers to a person's deeply personal feeling of identifying as a man, woman or some other gender, which may or may not line up with the sex assigned to the person at birth.

Gender expression: How a person expresses their gender to the world. This can include, for example, a person's name, clothing, hairstyle, behavior, body language and mannerisms.

Transgender: An umbrella term for people whose gender identity and/or gender expression is different from what might be expected based on the sex assigned at birth.

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

Masculine: A term used to describe the socially and culturally expected behaviors and norms associated with men.

Feminine: A term used to describe the socially and culturally expected behaviors and norms associated with women.

Gender nonconforming: A term used by people whose gender expression falls outside what is generally considered typical for their assigned sex at birth.

Genderqueer: A term used by people whose gender identity differs from the traditional binary structure.

Sexual orientation: A term that describes a person's emotional, romantic, physical and/or sexual attraction to people of a specific gender or genders.

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

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

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

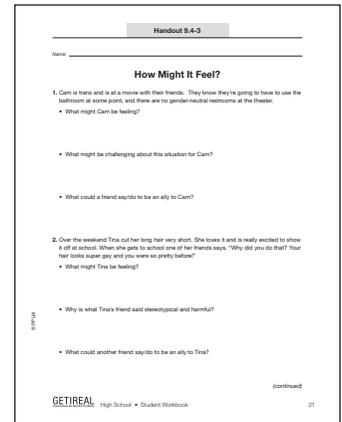
continued

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Handout 9.4-2b
Student Workbook
pages 19–20

terms and definitions. Explain that a person’s gender identity is how they define their own gender, which may or may not be the same as their sex assigned at birth; a person’s gender expression is how they share their gender with the world. Tell students that they all thought about their own gender identity, and potentially gender expression, when they chose what word or words to use for “gender” in the last activity. Every person has a sex assigned at birth, a gender identity, a way of expressing their gender, and a sexual orientation. And each of these is unique to every individual person.

Tell students to take a few minutes to read through the rest of the vocabulary on **Handout 9.4-2b** with a partner. Answer any questions they have and refer to the Teacher’s Guide for additional talking points.



Handout 9.4-3
Student Workbook
pages 21–22

Activity 9.4-3

15 minutes

How Might it Feel?

Build empathy around gender and sexual identity

Explain to students the next activity will allow them to explore some of these topics more in depth. Instruct students to get into pairs or small groups and ask them to turn to **Handout 9.4-3** in the Student Workbook. Explain to students that in their pairs they will work together to read through the scenarios and answer the questions. Remind students that they have the Gender and Sexual Identity Vocabulary List (Handout 9.4-2b) to refer to if they have any terminology questions. Give students 8-10 minutes to complete **Handout 9.4-3**.

Process Questions

1. Why is it important to think about how someone may feel in those situations?
2. What were some of the concrete ways that were brainstormed to be an ally / support person?
3. What could be damaging or harmful about making assumptions about another person’s gender and sexual identity? *(Taking away that person’s right to self-identify; judging based on stereotypes or without knowing anything other than how the person looks; there’s no way to look at people and know their sexual identity, etc. When assumptions are made about people’s identity, they may feel what you all did in the first activity when you were asked to hide or not share aspects of your identity.)*
4. Whose responsibility is it to decide what a person’s gender and sexual identity are?

Activity 9.4-4

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 9.4-5

5 minutes

Introspective Journaling

Review journal activity

Review the Journal Activity questions for this lesson:

1. *(Optional)* What was something interesting you learned in class today?
2. What are two questions you still have about gender and sexual identity that weren't answered in today's class?
3. What would it feel like to live in a world where everyone's identity is valued and celebrated? Why would it feel that way?
4. What's one thing you can do to bring us closer to that world?

The image shows a page from a student workbook titled "Journal Activity 9.4" with the subtitle "Gender and Sexual Identity". At the top, there is a line for the student's name. Below that are four numbered questions:

1. *(Optional)* What was something interesting you learned in class today?
2. What are two questions you still have about gender and sexual identity that weren't answered in today's class?
3. What would it feel like to live in a world where everyone's identity is valued and celebrated? Why would it feel that way?
4. What's one thing you can do to bring us closer to that world?

At the bottom left of the page, it says "GETREAL High School • Student Workbook" and at the bottom right, the page number "23".

Journal Activity 9.4

Student Workbook page 23

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Only

References

Definitions and background information adapted from:

Gay, Lesbian, Straight Education Network, GLSEN: The GLSEN Jumpstart Guide 7:
<http://www.glsen.org/download/file/NzAyOA>

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

Advocates for Youth: *Creating a Safe Space for GLBTQ Youth: A Toolkit*:
<https://advocatesforyouth.org/resources/health-information/creating-safe-space-for-glbtcq-youth-a-toolkit>

Human Rights Campaign:

Glossary of Terms: www.hrc.org/resources/entry/glossary-of-terms

A Few Definitions to Help Understand Gender and Sexual Orientation for Educators and Parents/Guardians: http://www.hrc.org/welcoming-schools/documents/Welcoming-Schools-Definitions_Gender_Sexual_Orientation_Adults.pdf

Sexual Orientation and Gender Identity Definitions: <http://www.hrc.org/resources/entry/sexual-orientation-and-gender-identity-terminology-and-definitions>

Schools in Transition: A Guide for Supporting Transgender Students in K-12 Schools:
<http://hrc-assets.s3-website-us-east-1.amazonaws.com/files/assets/resources/Schools-In-Transition.pdf>

How Might It Feel:

Adapted from *The Teaching Transgender Toolkit: A Facilitator's Guide to Increasing Knowledge, Decreasing Prejudice and Building Skills* by E. R. Green and L. M. Mauer, 2015, Ithaca, NY: Planned Parenthood of the Southern Finger Lakes: Out for Health. Reprinted with permission. <http://www.teachingtransgender.org>

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Lesson 9.5

Comprehensive Protection Methods

Connecting the Lessons

Builds on *Lesson 9.3: Sex, Gender and Shared Responsibility*; connects to *Lesson 9.6: Preventing STIs*.

Lesson Goals

- Identify and manage personal goals.
- Name and describe popular protection methods.
- Identify all the steps of correct condom use.

Preparation & Materials Checklist

- Review statistics about pregnancy, steps to condom use and protection methods commonly used by teens.
- Label large pieces of paper with the prompts listed in Activity 9.5-3 and post around the room.
- Review student handouts, journal activity and homework:
 - Handout 9.5-4: Steps to Correct External Condom Use
 - Journal Activity 9.5: Comprehensive Protection Methods
 - Homework 9.5: “Shot in the Arm”—Locating a Sexual Health Clinic
- Check with class(es) to make sure there are no (airborne) latex allergies among students.
- Have:
 - Paper for goal statements
 - Markers for students
 - Protection Methods signs
 - Protection Methods Kit
 - Condom
 - Demonstration tool for condom
 - Anonymous Questions Box
 - Slips of paper for anonymous questions

SEL Skills Addressed

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

Logic Model Determinant(s)

Knowledge of delaying sex as the healthiest choice.

Attitudes towards condoms and/or other protection methods.

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

Intentions to delay and/or refuse sex.

Intentions to use condoms and/or other protection methods.

Perception of peer norms about sexual behavior.

Values/attitudes towards abstinence and delaying sex.

Values/attitudes towards sexual behavior.

Skills and self-efficacy to use SEL skills to increase use of condoms and/or other protection methods.

Skills and self-efficacy to use SEL skills to increase assertive communication in relationships.

Perceptions of peer norms about relationships.

Perception of peer norms about perceived male responsibility for pregnancy prevention.

Knowledge of correct and consistent use of condoms and other protection methods.

Knowledge of resources for community or reproductive health information and services.

Perception of risk of STIs.

Terms to Use

- Personal goals
- Unintended pregnancy
- Shared responsibility
- Condom
- Abstinence

Activity 9.5-1

5 minutes

Discuss Journal Activity

Process Journal Activity from the previous lesson

Process Questions

1. What did you think about as you were reflecting on the journal prompts?
2. How does this journal activity relate to sexual health?

Activity 9.5-2

10 minutes

Reasons for Preventing Pregnancy

Identify how unintended pregnancy may affect goals

Give students paper and ask them to write down a personal goal. Then discuss the following questions:

- How could an unintended pregnancy interfere with the goal you wrote down?
- How could an unintended pregnancy be difficult for a teen?
- Are heterosexual teens the only teens who have to worry about pregnancy prevention?
- What are the options a person has if an unintended pregnancy occurs? *(Remind students of the discussion from Lesson 9.3 around shared responsibility and equity.)*

Stress that shared responsibility is key to healthy relationships. Ask students the following questions:

- How does shared responsibility apply to pregnancy?
- How does shared responsibility apply to pregnancy prevention?
- How are both partners involved in pregnancy prevention?

Activity 9.5-3

20 minutes

What's in the Choosing?

Review methods of pregnancy prevention

Remind students that many teens choose not to have sex. However, over the course of a lifetime, most people choose to become

→ 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.

sexually active. Using protection during sexual activity is the most effective way to ensure sexual health. For people who engage in vaginal intercourse, there are a number of ways to help prevent unintended pregnancy.

Post the signs that show the names of protection methods commonly used by teens (*abstinence, condoms, the pill, the patch, the ring, the shot, the implant, emergency contraception, IUD*).

Show students the five posters you've hung around the room, each with one of the following prompts written on it:

- "The method you know the most about"
- "The method you know least about"
- "The method that's easiest to use"
- "The method that most teens use"
- "The method that's easiest to get"

Read these prompts aloud to the class.

Give students markers and send them around to each of the posters. Each time they arrive at a poster, they should write on it the names of the protection methods they feel best fit the given prompt. After students have had a chance to write their answers on each poster, they should return to their seats to process the activity.

Read each poster prompt and note some of the most popular answers. Ask students what facts they know about the different methods, correcting and prompting as needed. As you go through the prompts, review key facts about use, effectiveness and access for all methods posted. Be sure to emphasize ways to move from the "typical use" rate to "perfect use" rate (*e.g., taking the pill around the same time each day, etc.*). Pass around sample materials from the Protection Methods Kit, and refer students to the **Protection Methods Chart** in the Student Workbook.

(See the Teacher's Guide for detailed talking points.)

Process Questions

1. What did people consider the most popular method for teens? Why do you think that is?
2. What makes a method easy to use? What can be confusing about using a method properly?

→ Teacher Note

The IUD

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

→ 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.

Method	Effectiveness (Typical Use)	Effectiveness (Perfect Use)	Notes
Abstinence	100%	100%	Only 100% effective if no sex occurs.
Condoms (Male)	98%	99%	Must be used correctly every time.
Condoms (Female)	97%	98%	Must be used correctly every time.
Pill	91%	99%	Must be taken at the same time every day.
Patch	91%	99%	Must be changed weekly.
Ring	91%	99%	Must be inserted and removed on schedule.
Shot	94%	99%	Must be injected every 3 months.
Implant	99%	99%	Must be inserted by a healthcare provider.
IUD (Copper)	99%	99%	Must be inserted by a healthcare provider.
IUD (Hormonal)	99%	99%	Must be inserted by a healthcare provider.
Emergency Contraception (Pill)	89%	95%	Must be taken as soon as possible after sex.
Emergency Contraception (Copper IUD)	99%	99%	Must be inserted by a healthcare provider within 5 days of sex.

Chart
Student Workbook
pages 25–26

3. Which methods are the easiest to get? Why?
4. What are some obstacles a person can encounter in trying to obtain certain methods?

After processing these questions with students, explain that accessing sexual health care is something that’s important to know how to do. Introduce the homework assignment by letting them know that they will be asked to locate three sexual health care facilities and contact one of these to gain more information. They may do this on their own or with support from a parent or other caring adult.

Activity 9.5-4
10 minutes

Introduction to External Condom Use

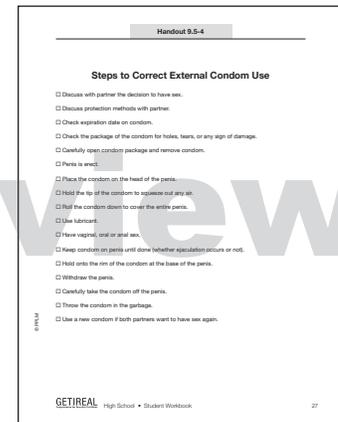
Introduce steps for external condom use

Explain that, aside from abstinence, only one of the methods reviewed protects against both pregnancy and STIs: the condom (made of latex, polyurethane or nitrile). Explain that there are two types of condoms: external and internal, and that, today, you are going to focus on the external condom. Ask students to explain how a condom is used. Tying into discussions of efficacy, explain that there are several steps to correct condom use and that following these steps can bring people closer to the “perfect use” effectiveness rate of 98%.

Ask students to turn to **Handout 9.5-4** in the Student Workbook, and inform them that they will need to demonstrate these steps in the next class. The teacher should demonstrate the steps using an external condom and demonstration tool or fingers, and remind students to study the steps on the handout as homework.

Explain that using a lubricant can increase pleasure as well as efficacy of condoms. However, lubricants used with condoms must be water- or silicone-based. Most lubricants designed specifically for sex are safe with condoms, but lubricants designed for other purposes may not be. As an optional activity, the teacher can show that using oil-based lubricant is not safe. This can be demonstrated by inflating a condom with air and vigorously rubbing Vaseline on the outside of the condom. The condom will break.

Optional: If there is time, show students an internal condom and explain how it is used.



Handout 9.5-4
Student Workbook page 27

Activity 9.5-5

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 9.5-6

5 minutes

Introspective Journaling and Homework

Review journal and homework activities

Review the homework and Journal Activity questions for this lesson:

1. (Optional) What was something interesting you learned in class today?
2. Complete the “Shot in the Arm”—Locating a Sexual Health Clinic homework activity.

Journal Activity 9.5

Name _____

Comprehensive Protection Methods

1. (Optional) What was something interesting you learned in class today?

2. Complete the “Shot in the Arm”—Locating a Sexual Health Clinic homework activity.

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Journal Activity 9.5
Student Workbook page 29

Homework 9.5

Name _____

“Shot in the Arm”—Locating a Sexual Health Clinic

1. Name three places you could go for sexual health care, including gynecological exams, STI testing, and consultations about protection methods.

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

11. _____

12. _____

Get Real! Comprehensive Sex Education That Works 30

Homework 9.5
Student Workbook page 30

References

Protection methods information and statistics:

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

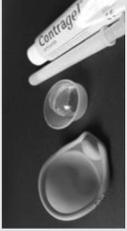
Centers for Disease Control and Prevention, Health Risks Among Sexual Minority Youth: www.cdc.gov/healthyyouth/disparities/smy.htm

Protection Methods Chart

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

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

Protection Methods Chart Continued

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

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

Updated 07/2018

Protection Methods Signs

Abstinence
For

Teacher Review

Only

Condoms

Continued

The Pill
For
Teacher Review
Only

The Patch

Continued

The Ring
For

Teacher Review

Only

The Shot

Continued

The Implant
For
Teacher Review
Only
IUD

Continued

Emergency Contraception

For
Teacher Review
Only

Lesson 9.6

Preventing STIs

Connecting the Lessons

Builds on *Lesson 9.3: Sex, Gender and Shared Responsibility*, and *Lesson 9.5: Comprehensive Protection Methods*; connects to *Lesson 9.7: Sexual Risks and Low-Risk Intimacy*.

Lesson Goals

- Learn correct use of condoms.
- Identify the need for consistent use of condoms.
- Understand STIs, including their symptoms and transmission.

Preparation & Materials Checklist

- Review steps to correct condom use.
- Review STIs and modes of transmission.
- Review student handouts, journal activity and homework:
 - Handout 9.5-4: Steps to Correct External Condom Use (from *Lesson 9.5*)
 - Handout 9.6-2: STI Essential Information and Resources
 - Handout 9.6-3: STI Risk Reflection
 - Journal Activity 9.6: STIs in the Media
 - Family Activity 9.6: Interview—Preventing STIs
- Check with class(es) to make sure there are no (airborne) latex allergies among students.
- Have:
 - Condoms
 - Demonstration tool for condoms
 - (Optional) Blindfolds
 - Anonymous Questions Box
 - Slips of paper for anonymous questions

SEL Skills Addressed

Social awareness, relationship skills, responsible decision making

Logic Model Determinant(s)

Knowledge of how STIs are transmitted.

Attitudes towards condoms and/or other protection methods.

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

Values/attitudes towards sexual behavior.

Skills and self-efficacy to use SEL skills to increase assertive communication in relationships.

Perception of peer norms about perceived male responsibility for pregnancy prevention.

Knowledge of how drugs and alcohol can affect decision-making around sexual behavior.

Knowledge of correct and consistent use of condoms and/or other protection methods.

Skills and self-efficacy to use SEL skills to increase use of condoms and/or other protection methods.

Parent-child communication about sexual behavior and relationships.

Values/attitudes towards abstinence and delaying sex.

Terms to Use

- Sexually transmitted infections
- Sexual health
- Condom
- Asymptomatic
- Treatable
- Curable
- Bacterial
- Viral
- Sexual contact

➔ *Teacher Note*

Visit www.getrealeducation.org for the most recent statistics and research about STIs.

➔ *Teacher Note*

Inform Students of Topics

This lesson includes peer-led condom demonstrations. 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.

Activity 9.6-1

5 minutes

Discuss Journal Activity

Process Journal Activity from the previous lesson

Process Questions

1. What did you think about as you were reflecting on the journal prompt?
2. How does this journal activity relate to sexual health?

Activity 9.6-2

15 minutes

STIs

Identify STIs and review how they are transmitted

Explain that STIs (also called STDs) are infections that are spread from an infected person to another person through sexual contact. Understanding how to prevent and treat STIs is an important part of sexual health.

Tell students that STIs can be classified as bacterial, viral or other. Explain that bacterial STIs can be cured with medicine, while viral STIs cannot be cured, but can be treated. This means the symptoms can be managed, but the STI is still in the person’s body. Be sure to include the really important message that all STIs are preventable.

Explain that many STIs are asymptomatic—they do not have symptoms—and can have long-term health consequences if left untreated. Guide students through filling in the chart on **Handout 9.6-2** in the Student Workbook to organize the information about STIs. (*See the answer key and Teacher’s Guide for talking points.*)

Discuss HIV. Elicit from students the six fluids that transmit HIV (*blood, ejaculate, pre-ejaculate, vaginal fluid, rectal fluid and breast milk*). Explain the

Handout 9.6-2

STI Essential Information and Resources

STI	Mode of Transmission	Curable/Treatable

Ways to Reduce Risk

- Abstinence, when practiced correctly and consistently, is the only 100% certain way to avoid STIs. To work, it must include not completing:
 - 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.edc.org> to find an STI testing site.

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Handout 9.6-2

Student Workbook page 31

difference between HIV and AIDS, and discuss the complexity of treatment regimens.

Review how latex and polyurethane condoms protect against STIs.

Have students read through the most important ways to reduce risk on their handouts, and point out the resources that are available to them. Refer them to the **Sexually Transmitted Infections Chart** in the Student Workbook as an additional resource.

The chart is a grid with columns for 'STI Name', 'How it's spread', 'Symptoms', 'Diagnosis', 'Treatment', and 'Prevention'. It lists various STIs such as Chlamydia, Gonorrhea, HIV, Herpes, HPV, Syphilis, and Trichomoniasis, providing a concise overview of each.

Chart
Student Workbook
pages 33–34

Process Questions

1. How are all STIs preventable? (*Getting tested, using protection, healthy relationships, communication, sequential/monogamous partners, abstinence, etc.*)
2. Why is it important to get tested for STIs, including HIV?
3. What feelings might people have if they found out they had an STI?
4. How can getting tested or not getting tested affect your long-term sexual health?
5. What do you think is the most important message to give teens about STIs?

Teacher Review

Activity 9.6-3

10 minutes

Dismantling Arguments Against Condom Use

Examine arguments for and against condom use

Have students start this activity by silently reflecting for a few minutes while they complete **Handout 9.6-3** in the Student Workbook. Encourage students to be honest during this activity, and reassure them that their answers will not be read or shared.

Have students work in pairs or groups of three. Have the groups in one half of the room work on the question: What are the reasons people use condoms? Have the other half work on the question: What are the reasons people do not use condoms? Give students 3 minutes to brainstorm as many answers as possible. Then, using those answers, have the class discuss the process questions below.

Process Questions

1. What are some factors that might lead a person to decide not to use a condom?

The form is titled 'Handout 9.6-3 STI Risk Reflection'. It includes instructions: 'Be honest with yourself as you respond to the following statements. You will not be asked to share your answers.' It contains three reflection prompts: 'When I think about STIs, I feel...', 'My chances of keeping myself free of STIs are...', and 'I think some teens get infected with STIs because they...'. A fourth prompt is partially visible: 'If I found out I had an STI, one person I could go to would be...'. The footer includes '© 2014 GETREAL High School • Student Workbook'.

Handout 9.6-3
Student Workbook page 35

2. What do you think are the most important reasons to use a condom?
(*Debrief with students that using condoms to protect against HIV is 10,000 times safer than not using condoms.*)
3. What advice and information would you give to a friend who was deciding whether or not to use condoms?

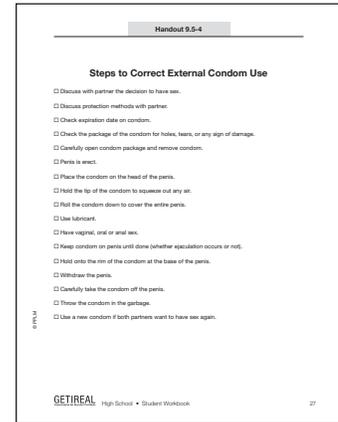
Activity 9.6-4
15 minutes

Demonstrating External Condom Use

Students practice correct external condom use

Remind students that the only protection method other than abstinence that prevents against STIs is latex or polyurethane condoms (internal or external). Have students review **Handout 9.5-4** from *Lesson 9.5*.

Using the steps on the handout, have students pair up and take turns putting a condom on a demonstration tool or their fingers. The student who is not currently demonstrating should use the checklist to see if the demonstrator is following all of the correct steps. After a correct demonstration, have students switch so everyone has a chance to practice these skills.



Handout 9.5-4
Student Workbook page 27

Process Questions

1. Why is it important for people to know how to use a condom correctly, even if they are not currently sexually active?
2. How is doing a demonstration in class different than using a condom during sexual activity?
3. How might it feel if a person's first time putting on a condom were during sexual activity?
4. When should the discussion of condom use begin in a dating relationship?
5. How could a person begin the conversation about condoms with a partner?
6. How could alcohol and other drugs affect someone's ability to use a condom correctly? (*Be sure to emphasize that if a person knows their sexual partner and/or friend is under the influence, part of consent and social awareness is not taking advantage of that person and ensuring their safety.*)

⇒ *Teacher Note*

Optional Activity

If you have time to complete optional Activity 9.6-5, Substance Use and Condoms, the process questions can be saved until after that activity.

Activity 9.6-5

Substance Use and Condoms (Optional)

Demonstrate added obstacles to condom use, including intoxication

Once all students have completed their condom demonstrations, explain that students will now try the activity again, with a twist. Pick two student volunteers and give them blindfolds. These two volunteers will be racing to complete all of the steps for condom use without being able to see.

Each competitor will be allowed to have one assistant. The assistant will hold the demonstration tool and can read the steps and the expiration date but may not physically help with placing the condom on the model. If time allows, other students can try to compete.

Ask students what was different this time around. Ask students how it felt to try putting a condom on properly while one of their senses was impaired. Did they feel as confident that they were following the steps correctly? Draw a parallel for the blindfold and the use of alcohol or other drugs. Discuss how the use of alcohol or other drugs impairs the senses and lowers people’s ability to use condoms correctly.

Activity 9.6-6

Anonymous Questions Box

Review anonymous questions

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

Activity 9.6-7

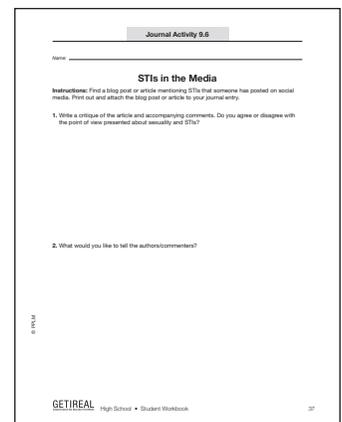
Introspective Journaling and Family Activity

5 minutes

Review journal and family activities

Explain the interview homework and review the Journal Activity questions for this lesson:

1. Find a blog post or article mentioning STIs that someone has posted on social media. Print out and attach the blog post or article to your journal entry. Write a critique of the article and accompanying comments. Do you agree or disagree with the point of view presented about sexuality and STIs? What would you like to tell the authors/commenters?



Journal Activity 9.6
Student Workbook page 37

2. Choose a parent or other caring adult to interview about sexually transmitted infections, including HIV, and how to prevent them. During this interview, you will try to find out what concerns the adult most about sexually active youth today, the adult's knowledge about the risks of STIs, and suggestions for risk reduction.

Family Activity 9.6

Interview—Preventing STIs

Instructions: Choose a parent/parent or other caring adult to interview about STIs, including HIV, and how to prevent them. During the interview, you will try to find out what concerns the adult most about sexually active youth today, the adult's knowledge about the risks of STIs and HIV, and suggestions for risk reduction.

1. Share: Today we learned about sexually transmitted infections (STIs). The majority of STIs are spread through vaginal fluid, ejaculate and pre-ejaculate. Some STIs can also be spread through skin-to-skin contact. Although some people think HIV can be transmitted through saliva, the only six fluids that transmit HIV are blood, ejaculate, pre-ejaculate, vaginal fluid, rectal fluid and breast milk.
Did you know these facts? Have you ever known someone who thought STIs and HIV could be spread in different ways?
2. What are your concerns about STIs/HIV? Why?
3. Share: Statistics show that 25% of new HIV cases in the United States occur in young people under age 24.
Ask: Why do you think that is happening?
4. What do you think is lacking in sexual health information and education for high school students that would help reduce the risk of contracting an STI?
5. If the most common symptom of an STI is no symptoms at all, what would you suggest someone in high school do to reduce risk?
6. Why do you think having multiple partners increases the risk of becoming infected with an STI, including HIV?

Parent or Other Caring Adult Signature _____ Student Signature _____

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Family Activity 9.6
Student Workbook page 38

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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 (1992): 230–234.

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
Syphilis	Skin-to-skin contact during vaginal, anal or oral sex	Curable with antibiotics
Hepatitis B	Infected pre-ejaculate, ejaculate, vaginal fluid and blood	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.

Sexually Transmitted Infections Chart

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

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

Sexually Transmitted Infections Chart Continued

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

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

Interview – Preventing STIs

Instructions: Choose a parent/guardian or other caring adult to interview about STIs, including HIV, and how to prevent them. During this interview, you will try to find out what concerns the adult most about sexually active youth today, the adult’s knowledge about the risks of STIs and HIV, and suggestions for risk reduction.

1. Share: Today we learned about sexually transmitted infections (STIs). The majority of STIs are spread through vaginal fluid, ejaculate and pre-ejaculate. Some STIs can also be spread through skin-to-skin contact. Although some people think HIV can be transmitted through saliva, the only six fluids that transmit HIV are blood, ejaculate, pre-ejaculate, vaginal fluid, rectal fluid and breast milk.

Did you know these facts? Have you ever known someone who thought STIs and HIV could be spread in different ways?

2. What are your concerns about STIs/HIV? Why?

3. Share: Statistics show that 25% of new HIV cases in the United States occur in young people under age 24.

Ask: Why do you think that is happening?

4. What do you think is lacking in sexual health information and education for high school students that would help reduce the risk of contracting an STI or HIV?

5. If the most common symptom of an STI is no symptoms at all, what would you suggest someone in high school do to reduce risk?

6. Why do you think having multiple partners increases the risk of becoming infected with an STI, including HIV?

Parent or Other Caring Adult Signature

Student Signature

Lesson 9.7

Sexual Risks and Low-Risk Intimacy

Connecting the Lessons

Builds on *Lesson 9.3: Sex, Gender and Shared Responsibility*, *Lesson 9.5: Comprehensive Protection Methods* and *Lesson 9.6, Preventing STIs*.

Lesson Goals

- Identify risky situations.
- Identify ways to lower the risk level of sexual intimacy.
- Make responsible decisions in sexual relationships.
- Communicate assertively in sexual relationships.

Preparation & Materials Checklist

- Review Sexual Behaviors and Risk Answer Key.
- Review student handouts and journal activity:
 - Handout 9.7-3: Intimacy Scenarios
 - Journal Activity 9.7: Sexual Risks and Low-Risk Intimacy
- Have:
 - Behavior signs and cards
 - Anonymous Questions Box
 - Slips of paper for anonymous questions

Terms to Use

- Oral, anal, vaginal sex
- Sexual activity
- High-risk, some risk and low-risk behavior

SEL Skills Addressed

Self-management, relationship skills, responsible decision making

Logic Model Determinant(s)

Parent-child communication about sexual behavior and relationships.

Knowledge of how drugs and alcohol can affect decision-making around sexual behavior.

Knowledge of how pregnancy happens.

Perception of risk of having an older partner.

Skills and self-efficacy to use SEL skills to increase use of condoms and/or other protection methods.

Skills and self-efficacy to use SEL skills to delay and/or refuse sex.

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

Values/attitudes towards abstinence and delaying sex.

Values/attitudes towards sexual behavior.

Knowledge of resources for community or reproductive health information services.

Perception of peer norms about sexual behavior.

Perception of risk of STIs.

Skills and self-efficacy to use SEL skills to increase assertive communication in relationships.

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

Activity 9.7-1

5 minutes

Discuss Journal Activity

Process Journal Activity from the previous lesson

Process Questions

1. What did you think about as you were reflecting on the journal prompts?
2. How does this journal activity relate to sexual health?

Activity 9.7-2

30 minutes

Sexual Behaviors and Risk

Examine the risks of sexual behaviors

Explain that sexual activity is meant to be pleasurable and enjoyable, but it can also carry risk. Knowing how to assess and reduce risks is an important component of sexual health. Ask students to name some possible risks associated with sexual activity (*unintended pregnancy, STIs*).

Explain that this activity will be focused on the risk of STI transmission. Place the signs reading High Risk, Some Risk, Low to No Risk and Can Raise the Risk along the top of the board or wall of the classroom, and leave space between them for behavior cards students may be unsure where to place. Explain to the group that you are going to discuss the risks that accompany different behaviors.

Hand out the Behavior cards and small pieces of tape. Have students place each card under the sign with the appropriate level of risk for that behavior. Tell them it's OK to put a behavior card between two of the signs and to take their best guess if they don't know where to place a card.

Once students have made their decisions, review the placement of each of the behaviors. You may need to define behaviors as you go. Be prepared to move the behaviors depending on other factors you and the students may want to add (*e.g., partner tested negative for STIs, etc.*).

Be sure to mention that some behaviors would need to be moved depending on which risk was being discussed (*e.g., unprotected oral sex carries moderate risk for herpes and gonorrhea, some risk for syphilis, and low risk for HIV, chlamydia, HPV, trichomoniasis and hepatitis B*).

Process Questions

1. What can people do to reduce their risk?
2. Why is it important to effectively communicate about previous sexual experience in a relationship?

→ Teacher Note

Some students may struggle to understand the difference between the “can raise the risk” and “high risk” categories. Use the example of drinking and drug use—although it does not put someone at immediate risk of contracting an STI, it can make it more likely the person will engage in behaviors that carry risk because they are in an altered state.

3. What advice might you give to a friend if they were engaging in a behavior that carries a lot of risk?
4. Is it easy or hard to demand the use of protection and refuse to have unprotected sex if a person is in a committed relationship? Why?

Activity 9.7-3

10 minutes

Intimacy and Assertive Communication Practice

Students practice communication skills

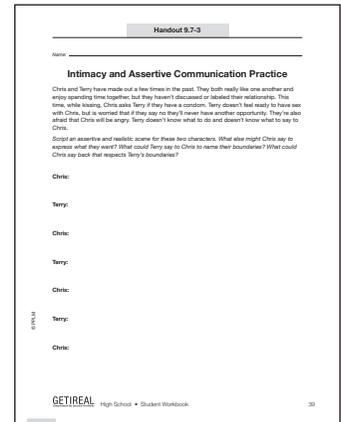
Ask students to turn to **Handout 9.7-3** in the Student Workbook.

Have students choose a partner. Read through the scenario together and then guide students through the process of scripting the beginning of a conversation between Chris and Terry. Have students follow along and write down the scene as it's created. Then, have students work with their partner to complete the script. Once they have their script, they should read through the scene aloud in their seats so that both people have a chance to play each role.

Ask a few pairs to perform their role-plays, if time allows.

→ Teacher Note

For tips on facilitating successful role-plays, see "Guidelines for Role-Play" on www.getrealeducation.org.



Handout 9.7-3
Student Workbook page 39

Process Questions

1. How did it feel to read the scene?
2. Was the script you and your partner created effective? Why or why not?
3. Why do you think these sorts of conversations aren't often modelled in the media?
4. Why is assertive communication important in a healthy relationship?

Activity 9.7-4

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 9.7-5

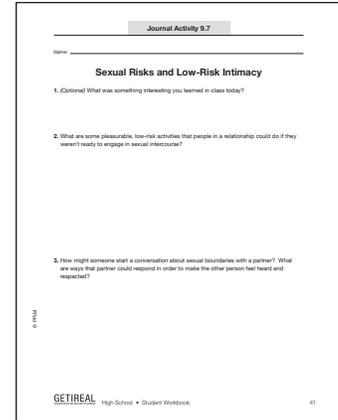
5 minutes

Introspective Journaling

Review journal activity

Review the Journal Activity questions for this lesson:

1. (Optional) What was something interesting you learned in class today?
2. What are some pleasurable, low-risk activities that two people in a relationship could do if they weren't ready to engage in sexual intercourse?
3. What are some decisions high school students can make about sex and sexuality that will keep them healthy and safe?



The image shows a page from a student workbook titled "Journal Activity 9.7 Sexual Risks and Low-Risk Intimacy". It contains three numbered questions for journaling. Question 1 is optional and asks about something interesting learned in class. Question 2 asks for pleasurable, low-risk activities for couples not ready for intercourse. Question 3 asks for decisions high school students can make about sex and sexuality. The page includes a name line, a copyright notice for GETREAL High School, and the page number 41.

Journal Activity 9.7
Student Workbook page 41

References

American Sexual Health Association: www.ashastd.org.

Centers for Disease Control and Prevention, Sexually Transmitted Diseases: www.cdc.gov/std

National Youth Risk Behavior Surveillance System Results: <http://www.cdc.gov/healthyyouth/data/yrebs/results.htm>

Vanoss, M. B., et al., Older Boyfriends and Girlfriends Increase Risk of Sexual Initiation in Young Adolescents, *Journal of Adolescent Health*, 27, 409–418.

Behavior Signs

High Risk
For
Teacher Review
Only
Some Risk

Continued

**Low to No
Risk**

Teacher Review

Only

**Can Raise
the Risk**

Behavior Cards

**Anal sex without
a condom**

**Vaginal sex without
a condom**

Sharing needles
(for any purpose, including injecting drugs
and unlicensed tattooing or piercing)

**Oral sex on a penis
without a condom**

Continued

**Oral sex on a vulva
without a dental dam**

**Vaginal sex with
a condom**

**Anal sex with
a condom**

Touching over clothing

Teacher Review

Only

Continued

Touching under clothing

Mutual masturbation

Masturbation

**Oral sex with a
dental dam or condom**

For
Teacher Review
Only

Continued

**Drinking from the same
can of soda**

**For
Massage**

Teacher Review

**Only
Kissing**

**Swimming in
a public pool**

Continued

Holding hands

**Sitting on a public
toilet seat**

**Sharing a razor or
toothbrush**

**Consistent monogamy
with an uninfected partner**

Teacher Review

Only

Continued

One-night stand

Abusive relationship

Drinking or drug use

Peer pressure

For
Teacher Review
Only

Continued

Dating an older partner

**Not communicating
sexual boundaries**

**Having sex with
multiple partners**

For
Teacher Review

Only

Sexual Behaviors and Risk

High Risk

Anal sex without a condom
 Vaginal sex without a condom
 Sharing needles (for any purpose, including injecting drugs and unlicensed tattooing or piercing)

Low to No Risk

Touching over clothing
 Touching under clothing
 Mutual masturbation
 Masturbation
 Oral sex with a dental dam or condom
 Drinking from the same can of soda
 Massage
 Kissing
 Swimming in a public pool
 Holding hands
 Sitting on a public toilet seat
 Sharing a razor or toothbrush (*Note: this increases to High Risk for hepatitis*)
 Consistent monogamy with an uninfected partner

Some Risk

Oral sex on a penis without a condom
 Oral sex on a vulva without a dental dam
 Vaginal sex with a condom
 Anal sex with a condom

Can Raise the Risk

One-night stand
 Abusive relationship
 Drinking or drug use
 Peer pressure
 Dating an older partner
 Not communicating sexual boundaries
 Having sex with multiple partners

For
 Teacher Review
 Only

Lesson 9.8

Negotiating Postponement and Protection

Connecting the Lessons

Builds on *Lesson 9.5: Comprehensive Protection Methods* and *Lesson 9.7: Sexual Risks and Low-Risk Intimacy*; connects to *Lesson 9.10: Healthy and Unhealthy Relationships*.

Lesson Goals

- Practice effective assertive communication and refusal skills.
- Identify ways to negotiate protection within relationships.
- Identify and maintain boundaries.

Preparation & Materials Checklist

- Review student handouts and journal activity:
 - Handout 9.8-3: Advice: Sexual Refusal and Negotiating Protection
 - Handout 9.8-4: Accessing Sexual Health Care
 - Journal Activity 9.8: Negotiating Postponement and Protection
- Have:
 - Large pieces of paper for group brainstorm
 - Anonymous Questions Box
 - Slips of paper for anonymous questions

Terms to Use

- Persuasion
- Communication
- Boundaries
- Sexual refusal
- Protection negotiation
- Consent

SEL Skills Addressed

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

Logic Model Determinant(s)

Attitudes towards condoms and/or other protection methods.

Skills and self-efficacy to use SEL skills to increase use of condoms and/or other protection methods.

Skills and self-efficacy to use SEL skills to delay and/or refuse sex.

Values/attitudes towards abstinence and delaying sex.

Values/attitudes towards sexual behavior.

Skills and self-efficacy to use SEL skills to increase assertive communication in relationships.

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

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

Knowledge of resources for community or reproductive health information and services.

→ Teacher Note

When students are working together to generate advice for the characters, it's important that they remain serious. Remind students that for advice to be effective, they must use an appropriate tone. They should practice this tone as they write their advice.

Activity 9.8-1

5 minutes

Discuss Journal Activity

Process Journal Activity from the previous lesson

Process Questions

1. What did you think about as you were reflecting on the journal prompts?
2. How does this journal activity relate to sexual health?

Activity 9.8-2

15 minutes

Persuasion Lines

Brainstorm ways people try to persuade others to engage in sexual activity

Explain that knowing personal limits for sexual behavior and communicating these limits to a partner are important parts of sexual health. There are situations in which it can be difficult for people to stick to their boundaries, and it's important to be aware of these situations.

Have the class brainstorm answers to the following questions and record their answers on the board:

- What are reasons people choose to have sex?
- What are reasons people choose not to have sex?

Divide the class into two groups (or four groups, with multiple groups answering the same question). Explain that each group will be given a large sheet of paper on which they should write answers to one of the following questions:

1. What are common lines that people have heard used to convince a partner to have sex?
2. What are common lines people have heard used to convince a person not to use protection?

Distribute paper to groups and give students a few minutes to brainstorm. Then have them post the papers where the whole class can see. Before processing the activity with the questions below, remind students of the definition of sexual consent.

Process Questions

1. Why did we do this activity?
2. Is there anything you want to add to another group's poster?

→ *Teacher Note*

Get Real's Definition of Consent

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

- If someone used one of these persuasion lines to convince a partner to have sex, is it consensual? (*No, because they used persuasion/manipulation.*)
- What are some effective responses to these persuasion lines?

Activity 9.8-3

20 minutes

Friendly Advice: Sexual Refusal and Negotiating Protection

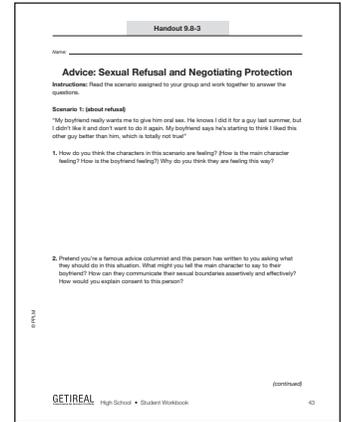
Practice sexual communication skills

Break students into pairs or small groups. Ask students to turn to **Handout 9.8-3** in the Student Workbook, and assign each group one of the scenarios. Remind students that, as advice columnists, it's important that they be respectful and also that they encourage healthy outcomes for the people they're supporting.

If there is time, ask a few groups (or at least one group for each scenario) to share aloud the advice column they created.

Process Questions

- What can be difficult about communicating assertively with a partner?
- What can be difficult about discussing and navigating sexual boundaries or negotiation with a partner?
- Why it is sometimes easier to give advice to others than to take it ourselves?
- Where might someone go for support/help if they felt like their partner wasn't respecting their sexual boundaries?



Handout 9.8-3
Student Workbook
pages 43–44

Teacher Note

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

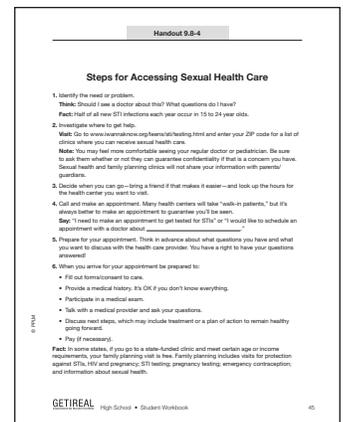
Activity 9.8-4

5 minutes

Accessing Sexual Health Care

Students learn how to access sexual health care

Explain to students that, in addition to being able to communicate effectively with a partner, people also need the ability to access sexual health care when necessary. Ask them why this is important. Distribute **Handout 9.8-4**, and read through it as a class.



Handout 9.8-4
Student Workbook
page 45

Ask what questions students have about accessing sexual care.

→ *Teacher Note*

Be prepared to discuss local resources where young people can access sexual health care in your community.

Activity 9.8-5

Anonymous Questions Box

Review anonymous questions

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

Activity 9.8-6

Introspective Journaling

5 minutes

Review journal activity

Review the Journal Activity questions for this lesson:

1. (Optional) What was something interesting you learned in class today?
2. How can you take care of yourself to ensure your sexual health?
3. Do you feel comfortable saying NO when you don't want to do something? In what circumstances might it be more difficult? How can you become more comfortable?

Journal Activity 9.8

Name _____

Negotiating Postponement and Protection

1. (Optional) What was something interesting you learned in class today?

2. How can you take care of yourself to ensure your sexual health?

3. Do you feel comfortable saying "no" when you don't want to do something? In what circumstances might it be more difficult? How could you learn to if you felt like you weren't able to say "no" to something you didn't want to do?

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Journal Activity 9.8
Student Workbook page 47

Lesson 9.9

Social Media Literacy and Sexuality

Connecting the Lessons

Builds on *Lesson 9.8: Healthy and Unhealthy Relationships* and *Lesson 9.4: Gender and Sexual Identity*.

Lesson Goals

- Identify myths surrounding sexual behavior.
- Identify ways that the media promotes myths.
- Determine how social media affects communication.

Preparation & Materials Checklist

- Review common types of social media.
- Review student handouts and homework:
 - Journal Activity 9.9: Social Media Literacy and Sexuality
 - Homework 9.9: There’s an App for That!
- Have:
 - Public Vs. Private wall signs
 - Markers for students
 - Blank paper
 - Anonymous Questions Box
 - Slips of paper for anonymous questions

Terms to Use

- Social media
- Online bullying/harassment (cyberbullying)
- Ally/bystander/perpetrator/target
- Boundaries

SEL Skills Addressed

Self-management, social awareness, responsible decision making

Logic Model Determinant(s)

Perception of peer norms about sexual behavior.

Skills and self-efficacy to use SEL skills to delay and/or refuse sex.

Perception of peer norms about relationships.

Skills and self-efficacy to use SEL skills to increase assertive communication in relationships.

Values/attitudes towards abstinence and delaying sex.

Values/attitudes towards sexual behavior.

→ Teacher Note

When used properly, social media can be a great tool for communication. Encourage students to think about the content of what they post on social media sites and who is actually reading that content.

Activity 9.9-1

5 minutes

Discuss Journal Activity

Process Journal Activity from the previous lesson

Process Questions

1. What did you think about as you were reflecting on the journal prompts?
2. How does this journal activity relate to sexual health?

Activity 9.9-2

5 minutes

Social Media Brainstorm

Students consider ways people communicate through social media

Ask students to brainstorm all the social media outlets they can think of and write their responses on the board.

Ask students to raise their hands if they've used any of the forms of social media from the brainstorm. (*Acknowledge how many hands are raised.*)

Ask students what the potential pros and cons of using social media are and why they feel that way. (*Be sure to include "misunderstandings or lack of tone/effective communication" on the list for "cons."*)

Activity 9.9-3

10 minutes

Status Update

Discuss online bullying and harassment

Ask students if they have ever heard of online bullying, also called *cyberbullying*. Explain that in any situation of cyberbullying there's a public element that may not exist in face-to-face interaction. Therefore, in all situations of cyberbullying there are going to be perpetrators, targets, bystanders and—hopefully—allies to support those being harassed. Ask someone to define these terms. (*See the Teacher's Guide for definitions.*)

Explain to students that you're going to review a scenario together and ask them to think about these definitions and which of the characters would fall into what role: Perpetrator, Target, Bystander, Ally.

→ *Teacher Note*

Do not allow students to act out the scenario.

Read the following scenario to the class:

Brendan and Jenna were at a party with a lot of their friends. At the party, Brendan got really drunk and was out of control. Jenna took pictures of him with her phone and posted them on her Instagram. Some of Jenna and Brendan's friends left comments on the pictures and one of them tagged Brendan in the pictures as #faded. The next day at school a lot of Brendan's classmates and friends were laughing at him. Brendan was really embarrassed, especially when a teacher approached him about the pictures.

Ask the class to identify which of the characters is a Perpetrator, Target and Bystander in the scenario. (*See the Teacher's Guide for talking points.*)

Process Questions

1. How do you think Brendan is feeling, other than embarrassed?
2. Why do you think Jenna posted these pictures?
3. Given that there's no ally, what could a friend of Brendan's have done to be an ally in this situation after the party?

Activity 9.9-4

15 minutes

Public Vs. Private

Distinguish between public and private information

Post the Public Vs. Private signs around the classroom. Explain that during this next activity everyone is going to get to decide about whether the various status updates should be "public" or "private." Remind students that anything posted on the Internet is public.

Make sure each student has a marker or other writing utensil, and then allow students to walk around the classroom to choose "private," "public," or "depends" for each of the scenarios/status updates. After all students have been to each sign, have them return to their seats and process the information.

Process Questions

1. Which of the scenarios were definitely private, according to the class? Which were definitely OK to go public? Which depended on the situation?
2. Were there any of these posts that, if it were you or a close friend, you would never want shared? Why?
3. What would you say to a friend who shared something on social media that should have been kept private?

Activity 9.9-5

10 minutes

Social Media Guidelines

Students reflect on self-management and social media

Allow students to work individually or in pairs to create guidelines that others could follow to help make social media sites safe from bullying and harassment. Tell students to be as specific as possible.

Share the guidelines as a class and write ideas on the board. Have the students agree to the online boundaries they feel they need and would be willing to promise to their friends.

Process Questions

1. How will following these guidelines make social media better for you and your peers?
2. Are there any guidelines on the board that would be very difficult for you or your friends to follow? Which ones and why?

Activity 9.9-6

Anonymous Questions Box

Review anonymous questions

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

Activity 9.9-7

5 minutes

Introspective Journaling and Homework

Review journal and homework activities

Review the Journal Activity questions for this lesson:

1. (Optional) What was something interesting you learned in class today?
2. Has today's lesson changed or challenged your views of social media sites and texting? Explain why or why not.
3. What information should be private and not be shared via social media sites or texting?
4. If you encountered cyberbullying on a social media site, what would you do?

For additional homework, assign students to pick two apps related to sexual health and write a short review of each. What is helpful in the app? What additional information or services do they wish the app provided? Would they recommend this app to other high school students? Why or why not?

Journal Activity 9.9
Student Workbook page 49

Homework 9.9
Student Workbook page 50

Public Vs. Private

Post: A naked or semi-naked picture of a partner

Definitely Private

For

Teacher Review

Depends

Only

Definitely Public

Continued

Public Vs. Private

Status update: "So happy that Mark is finally out of the closet!"
(on the day when Mark came out to his close friends and family)

Definitely Private**For****Teacher Review****Depends****Only****Definitely Public**

Continued

Public Vs. Private

Status update: "I think Rachel has herpes."

Definitely Private

For

Teacher Review

Depends

Only

Definitely Public

Continued

Public Vs. Private

Status update: "I got laid! Finally!"

Definitely Private

For

Teacher Review

Depends

Only

Definitely Public

Continued

Public Vs. Private

Status update: “My girlfriend has the sexiest body.”

Definitely Private

For

Teacher Review

Depends

Only

Definitely Public

Continued

Public Vs. Private

Post: A picture of two girls making out at a recent party

Definitely Private

For

Teacher Review

Depends

Only

Definitely Public

Lesson 9.10

Healthy and Unhealthy Relationships

Connecting the Lessons

Builds on *Lesson 9.3: Sex, Gender and Sexual Responsibility* and *Lesson 9.7: Sexual Risk and Low-Risk Intimacy*.

Lesson Goals

- Clarify values about healthy and unhealthy relationships.
- Identify risks of dating significantly older partners.
- Determine resources for a person in an unhealthy relationship.

Preparation & Materials Checklist

- Review student journal activity and homework:
 - Journal Activity 9.10: Healthy and Unhealthy Relationships
 - Family Activity 9.10: Interview—Healthy and Unhealthy Relationships
- Have:
 - Deal Breaker signs
 - Anonymous Questions Box
 - Slips of paper for anonymous questions

Terms to Use

- Values clarification
- Relationship
- Healthy/unhealthy
- Older partner
- Honesty, equality, respect, responsibility

SEL Skills Addressed

Self-awareness, relationship skills, responsible decision making

Logic Model Determinant(s)

Perception of risk of having an older partner.

Skills and self-efficacy to use SEL skills to increase use of condoms and/or other protection methods.

Perception of peer norms about sexual behavior.

Perception of peer norms about relationships.

Skills and self-efficacy to use SEL skills to increase assertive communication in relationships.

Knowledge of resources for community or reproductive health information and services.

Parent-child communication about sexual behavior and relationships.

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

Values/attitudes towards abstinence and delaying sex.

Values/attitudes towards sexual behavior.

→ Teacher Note

This lesson focuses on qualities of healthy and unhealthy relationships, which 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. It is also important to review mandated reporting guidelines and to be clear with students what would need to be reported and what might happen once a report is made.

Activity 9.10-1

5 minutes

Discuss Journal Activity

Process Journal Activity from the previous lesson

Process Questions

1. What did you think about as you were reflecting on the journal prompts?
2. How does this journal activity relate to sexual health?

Activity 9.10-2

10 minutes

Healthy and Unhealthy Relationship Brainstorm

Identify qualities of healthy and unhealthy relationships

Explain that a key part of sexual health is having healthy relationships. While relationships can take many different forms, today's class will focus on dating and sexual relationships.

Write "Healthy Relationship" and "Unhealthy Relationship" on the board. Have students brainstorm characteristics for each. Write their suggestions on the board. If necessary, prompt them so the characteristics of a healthy relationship include honesty, equality, respect, responsibility and consent.

Ask students which components of a healthy relationship have already been discussed in *Get Real* (shared responsibility).

Explain that knowing what you need and being able to communicate your needs to your partner are vital parts of a healthy relationship.

→ Teacher Note

Engaging Students

To save time on the brainstorm, it may be helpful to first brainstorm qualities of a healthy relationship. After students have created a list, ask: If all the qualities you brainstormed were reversed, is it fair to say those would be the qualities of an unhealthy relationship? Allow students to add additional qualities. Be sure that physical/emotional/financial abuse are on the "unhealthy" list.

Activity 9.10-3

10 minutes

Values Clarification

Students clarify personal values about relationships

Read the following prompts. For each statement, ask students to stand if they agree with the statement. Be sure to emphasize that there are no right or wrong answers for this activity, as it is based on people's personal values.

- The best relationship is with someone you can talk to.
- Jealousy is a sign of love.
- It's OK to send sexy pictures to someone as long as you are in a committed relationship.
- It's OK to read your partner's text messages or email without permission.

- It's OK for teens to date people in their 20s.
- People who are in love should hang out with each other more than with their friends.
- The best kind of romantic relationship is with someone who has similar qualities to a close friend.

Process Questions

1. Are there some situations where jealousy is acceptable? Are there some situations where jealousy can be unhealthy?
2. How do social media and technology affect dating relationships?
3. What are the possible risks of “sexting”?
4. What are some risks when teens have significantly older partners?
5. How could a person start a conversation about boundaries with a partner?

Activity 9.10-4

15 minutes

What's a Deal Breaker?

Examine what students believe is acceptable within relationships

Remind students of the Class Rights and Responsibilities before beginning this activity.

Post the Deal Breaker signs around the room. Then read the Relationship Prompts below to students one at a time, and have them go stand under the sign that matches how they would feel about each situation. Can they deal with it? Is it a “deal breaker”? Or does it depend?

After students have taken a position for the prompt, allow them 1 minute to talk with the other classmates who've chosen the same sign. Then ask one student representative standing by each sign to give a brief explanation of why the group picked that sign. Make it clear that this is not a debate—students may choose to change their opinion after hearing from other groups, but this is not the time to discuss the merits of each position. Explain that there will be an opportunity to process differences of opinion after they return to their seats.

Relationship Prompts:

- Your partner posts cruel things about you on social media.
- Your partner lies to you about their age.
- Your partner gets jealous when other people look at you on the street.
- Your partner sends naked pictures of you to friends.

→ *Teacher Note*

All Opinions Count

It's extremely important in this activity that the teacher not put values onto the students' opinions. Students should feel comfortable with stating their true opinions in order for this activity to be meaningful. Remind students to respond to deal-breaker scenarios with their own judgment and values; they should not try to react only in the way they feel an adult would want them to.

- Your partner refuses to use protection.
- Your partner uses illegal drugs.
- Your partner texts your friends to see if you really are where you said you were.
- Your partner texts you more than ten times a day.
- Your partner calls you more than ten times a day.
- Your partner makes you pay for everything you do together.
- Your partner hits or slaps you out of anger.
- Your partner gets mad at you for thinking other people are attractive.

Process Questions

1. Which things did most people agree about?
2. Which things had many different responses within the class?
3. Which behaviors are warning signs that things could get worse?
4. When one partner has more power or freedom than another partner, how can that lead to unhealthy situations?

Activity 9.10-5

5 minutes

Getting Help with Relationships

Identify resources for help with unhealthy relationships

Ask students why healthy relationships are important for sexual health. How can it be more difficult for someone to be sexually healthy in an unhealthy relationship? Why can it be difficult for someone to leave an unhealthy relationship?

Explain to students that you're going to read a series of questions that you'd like them to reflect on silently in their seats. Tell them that they can close their eyes as they listen to the prompts, or simply situate themselves so they can focus. Ask students to imagine they have a friend who has very little power in an unequal relationship. Imagine what that friend must be feeling. How might they know their friend is in an unhealthy relationship? What advice would they give to their friend? Where could their friend go to seek help?

Ask students to imagine they have a friend who has all the power in an unequal relationship. How might this friend feel about a partner? What could they tell their friend? Should they get involved in this situation? Why or why not?

Ask students to open their eyes and/or refocus on the larger group. Have students brainstorm resources for someone in an unhealthy relationship (*e.g., parents, coaches, hotlines, etc.*). Write these resources on the board.

Ask students what people should do if they realize they are feeling controlling or violent toward a partner. Explain that anyone who feels like this should talk to someone immediately for help. Similarly, people who feel a partner is being controlling or abusive should seek help immediately.

Activity 9.10-6

Anonymous Questions Box

Review anonymous questions

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

Activity 9.10-7

5 minutes

Introspective Journaling and Family Activity

Review journal and family activities

Explain the interview homework and review the Journal Activity questions for this lesson:

1. (Optional) What was something interesting you learned in class today?
2. Choose a parent/guardian or other caring adult and complete the interview homework on the next page with this person.
3. Once you've completed the interview, think about how the adult's answers make you feel and describe your feelings.
4. In your opinion, is it easy or hard for teens to talk to partners about sex and protection? If it's hard, what could make it easier?

Journal Activity 9.10

Name _____

Healthy and Unhealthy Relationships

1. (Optional) What was something interesting you learned in class today?
2. Choose a parent/guardian or other caring adult and complete the interview homework on the next page with this person.
3. Once you've completed the interview, think about how the adult's answers make you feel and describe your feelings.
4. In your opinion, is it easy or hard for teens to talk to partners about sex and protection? If it's hard, what could make it easier?

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Journal Activity 9.10
Student Workbook page 51

Family Activity 9.10

Interview—Healthy and Unhealthy Relationships

Instructions for students: Choose a parent/guardian or other caring adult to interview about healthy and unhealthy relationships. Complete this interview, try to understand the adult's point of view about what a healthy relationship should look like, after the interview get back and complete the Journal Activity about your parent or other caring adult's responses.

1. How can you tell if a relationship is healthy? What are the most important characteristics of a healthy relationship?
2. Describe how two people in a relationship should communicate with each other.
3. Is it normal for people to have feelings of jealousy? How should they deal with these feelings?
4. Is it normal to feel pressured by a partner in a relationship? What should I do if I ever feel pressured by a partner?
5. "Coercing" means sending sexual text messages or instant messages. Do you think sending is a healthy or unhealthy activity for high school students? Why?
6. Whose responsibility is it to protect a couple from STIs and/or pregnancy? Who should make the decisions regarding sexual behaviors? Why?

Parent or Other Caring Adult Signature _____ Student Signature _____

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Family Activity 9.10
Student Workbook page 52

References

Domestic Violence and Incest Resource Center: <http://dvrc-or.org>

Deal Breaker Signs

Can Deal with It

For

Teacher Review

Deal Breaker

Only

It Depends

Interview – Healthy and Unhealthy Relationships

Instructions for students: Choose a parent/guardian or other caring adult to interview about healthy and unhealthy relationships. During this interview, try to understand the adult’s point of view about what a healthy relationship should look like. After the interview, go back and complete the Journal Activity about your parent or other caring adult’s viewpoint.

1. How can you tell if a relationship is healthy? What are the most important characteristics of a healthy relationship?

2. Describe how two people in a relationship should communicate with each other.

3. Is it normal for people to have feelings of jealousy? How should they deal with these feelings?

4. Is it normal to feel pressured by a partner in a relationship? What should I do if I ever feel pressured by a partner?

5. “Sexting” means sending sexual text messages or instant messages. Do you think sexting is a healthy or unhealthy activity for high school students? Why?

6. Whose responsibility is it to protect a couple from STIs and/or pregnancy? Who should make the decisions regarding sexual behaviors? Why?

Parent or Other Caring Adult Signature

Student Signature

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Lesson 9.11

Assessing Risk and Accessing Sexual Health Care

Connecting the Lessons

Builds on all previous lessons to culminate the curriculum.

Lesson Goals

- Integrate all previous knowledge into a final project.
- Identify personal/individual risks.

Preparation & Materials Checklist

- Ensure that all students have the materials they need to present their final projects.
- Review student handouts and journal activity:
 - Handout 9.11-3: Personal Risk Assessment
 - Journal Activity 9.11: Assessing Risk and Accessing Sexual Health Care
- (Optional) Create unit test from Test Question Bank.
- Have:
 - Anonymous Questions Box
 - Slips of paper for anonymous questions

Terms to Use

- Sexual health
- Sexuality
- Resources
- Protection
- Communication

SEL Skills Addressed

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

Logic Model Determinant(s)

Parent-child communication about sexual behavior and relationships.

Varies based on project (additional determinants may be met based on project).

Intentions to delay and/or refuse sex.

Intentions to use condoms and/or other protection methods.

Values/attitudes towards abstinence and delaying sex.

Values/attitudes towards sexual behavior.

→ Teacher Note

Before beginning this lesson, remind students of the Class Rights and Responsibilities. Students should understand the expectations for behavior during the project presentations. See the Teacher's Guide pages for ideas on how to keep the students engaged as their classmates make presentations.

Activity 9.11-1

5 minutes

Discuss Journal Activity

Process Journal Activity from the previous lesson

Process Questions

1. What did you think about as you were reflecting on the journal prompts?
2. How does this journal activity relate to sexual health?

Activity 9.11-2

30 minutes

Sexual Health Capstone Presentations

Students present final projects

Invite student groups to present their artistic representations of what sexual health means—collages, movement pieces, songs, poems, etc.—and identify their positive sexual health messages.

Ask students which messages mean the most to them. Which messages would they want to pass on to younger relatives or friends?

Activity 9.11-3

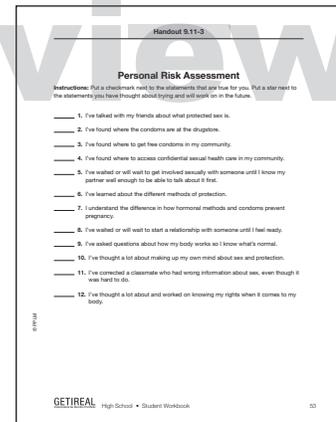
5 minutes

Personal Risk Assessment and Risk Reduction Strategies

Students plan to reduce personal risk

Explain that being able to assess one’s level of personal risk is part of having control over one’s sexual health. Ask students to turn to **Handout 9.11-3** in the Student Workbook. Explain that no one will see their risk assessment but them, so they should answer truthfully.

At the bottom of the handout, have students write down three steps they can take to reduce their risk and improve their sexual health.



Handout 9.11-3

Student Workbook page 53

Activity 9.11-4

5 minutes

Wrap-Up and Conclusion

Give final messages to students

Conclude *Get Real* with the following points:

- Thank students for taking the first steps toward ensuring their sexual health by participating in the program.
- Offer your personal wish for health and safety for each and every student.
- Affirm your belief in the students’ power to make healthy decisions for themselves now and in the future.

Activity 9.11-5

Anonymous Questions Box

Review anonymous questions

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

Activity 9.11-6

5 minutes

Introspective Journaling

Review journal activity

Review the Journal Activity questions for this lesson:

1. Which parts of the *Get Real* curriculum were most interesting to you?
2. Which messages from this curriculum can you apply to real life?

Journal Activity 9.11

Name: _____

Assessing Risk and Accessing Sexual Health Care

1. Which parts of the *Get Real* curriculum were most interesting for you? Why?

2. Which messages from this curriculum can you apply to real life?

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Journal Activity 9.11
Student Workbook page 54

For
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Only

**For
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High School Assessment

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. The most common symptom for an STI is...
 - a. No symptoms
 - b. Painful urination
 - c. Unusual discharge
 - d. Warts
2. What percentage of high school students have had vaginal intercourse?
 - a. 100%
 - b. 85%
 - c. 60%
 - d. Less than 50%
3. Which of the following activities has the lowest risk of STI transmission?
 - a. Anal sex
 - b. Vaginal sex
 - c. Oral sex
 - d. Mutual masturbation
4. Which of the following is required for sexual consent?
 - a. Sobriety
 - b. Open, honest communication between partners
 - c. A clear “yes” from everyone involved
 - d. All of the above
5. Which of the following is not part of a person’s sexuality?
 - a. Values and beliefs
 - b. Body image
 - c. Astrological sign
 - d. Sexual orientation

For
Teacher Review
Only

6. Which of the following should come first sequentially?
 - a. Squeeze air out of the tip of the condom
 - b. Check expiration date on the condom
 - c. Carefully remove the condom away from partner's body
 - d. Place the condom on the head of the penis
7. Which of the following methods is most effective at preventing pregnancy when used correctly and consistently?
 - a. Internal condom
 - b. IUD
 - c. Emergency contraception
 - d. External condom
8. The shot is a hormonal birth control that must be injected every _____ in order to be 99.9% effective:
 - a. day
 - b. 7 days
 - c. 3 months
 - d. year
9. The following does NOT decrease the effectiveness of condoms:
 - a. Using the same condom twice
 - b. Using water-based lubricant
 - c. Using oil-based lubricant
 - d. Drinking alcohol before putting on the condom
10. Which of the following STIs can be treated but not cured?
 - a. Syphilis
 - b. Chlamydia
 - c. Herpes
 - d. Gonorrhea

11. Which of the following fluids cannot transmit HIV?
- a. Blood
 - b. Saliva
 - c. Breast milk
 - d. Vaginal fluid
12. A person who takes positive action to stand up for someone they see being harmed, intimidated, excluded, harassed or manipulated is?
- a. a perpetrator
 - b. a bystander
 - c. an ally
 - d. a target
13. How long does it take to get the results of a rapid HIV test?
- a. Instantly
 - b. 10 minutes
 - c. 1 hour
 - d. 1 day
14. Which of the following behaviors is considered low risk?
- a. Anal sex with a condom
 - b. Vaginal sex without a condom
 - c. Vaginal sex with a condom
 - d. Oral sex with a condom or dental dam
15. Which of the following situations can raise someone's risk level for an STI?
- a. Consistent monogamy with someone without STIs
 - b. Kissing
 - c. Unprotected sex with multiple partners
 - d. Assertive communication

For
Teacher Review
Only

16. Using a condom to prevent HIV is _____ times safer than not using a condom.
- a. 10
 - b. 100
 - c. 1,000
 - d. 10,000
17. Someone who tries to convince a hesitant partner to have sex is being:
- a. Romantic
 - b. Manipulative
 - c. Respectful
 - d. A good communicator
18. What percent of new STI infections each year occur in 15 to 24 year olds?
- a. 15%
 - b. 25%
 - c. 50%
 - d. 70%

Essay

Write a 500-word essay in response to the following prompt:

Imagine a society in which sexual responsibility around pregnancy prevention is shared evenly among all partners in a relationship. What would that look like? How is that different from the society that you live in now?

Write a 500-word essay in response to the following prompt:

Imagine a society in which not using protection during sex is considered abnormal, and people discuss sexually transmitted infections as openly as they do common colds. What would that look like? How is that different from the society you live in now? How might this form of open, honest communication make the whole society safer and healthier?

Multiple-Choice Questions

1. The most common symptom for an STI is...
 - a. No symptoms
 - b. Painful urination
 - c. Unusual discharge
 - d. Warts
2. What percentage of high school students have had vaginal intercourse?
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 - c. Oral sex
 - d. Mutual masturbation
4. Which of the following is required for sexual consent?
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 - b. Open, honest communication between partners
 - c. A clear “yes” from everyone involved
 - d. All of the above
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 - a. Values and beliefs
 - b. Body image
 - c. Astrological sign
 - d. Sexual orientation

For
Teacher Review
Only

6. Which of the following should come first sequentially?
- Squeeze air out of the tip of the condom
 - Check expiration date on the condom**
 - Carefully remove the condom away from partner's body
 - Place the condom on the head of the penis
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 - External condom
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- day
 - 7 days
 - 3 months**
 - year
9. The following does NOT decrease the effectiveness of condoms:
- Using the same condom twice
 - Using water-based lubricant**
 - Using oil-based lubricant
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 - c. an ally
 - d. a target
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 - c. Vaginal sex with a condom
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- a. Consistent monogamy with someone without STIs
 - b. Kissing
 - c. Sex with multiple partners
 - d. Assertive communication

16. Using a condom to prevent HIV is _____ times safer than not using a condom.
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 - b. 100
 - c. 1,000
 - d. 10,000
17. Someone who tries to convince a hesitant partner to have sex is being:
- a. Romantic
 - b. Manipulative
 - c. Respectful
 - d. A good communicator
18. What percent of new STI infections each year occur in 15 to 24 year olds?
- a. 15%
 - b. 25%
 - c. 50%
 - d. 70%

Essay

Write a 500-word essay in response to the following prompt:

Imagine a society in which sexual responsibility around pregnancy prevention is shared evenly among all partners in a relationship. What would that look like? How is that different from the society that you live in now?

Possible answers include: discussing equal responsibility for birth control and condoms, eliminating gender stereotypes as they relate to sexual behavior, sexuality being portrayed differently in the media, people being more willing to use condoms, parents being consistent in their messaging about sex regardless of their child's gender, easier communication between sexual partners.

Write a 500-word essay in response to the following prompt:

Imagine a society in which not using protection during sex is considered abnormal, and people discuss sexually transmitted infections as openly as they do common colds. What would that look like? How is that different from the society you live in now? How might this form of open, honest communication make the whole society safer and healthier?

Possible answers include: discussing the importance of sexual safety and responsibility, proper and consistent use of protection leading to lower numbers of pregnancies and STI transmissions, eliminating the stigma against protection, eliminating the stigma about STIs, eliminating the fear of telling a partner about an STI, sexuality being portrayed differently in the media, easier communication between sexual partners, more people getting tested for STIs, more access to sexual health services.

For
Teacher Review
Only

Activity 9.1-1

Introduction and Class Rights and Responsibilities

Facts to Know

The first *Get Real* lesson sets the tone for the remaining 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 newsprint 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 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 bodily changes, and that 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 transparent 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 class activity of creating a Rights and Responsibilities poster is a great tool for getting student buy-in. It can also help you gain a sense of your students' comfort levels in discussing topics relating to sexual health.

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. The goal is to build a group dynamic between class members so you can proceed safely into the discussion of potentially sensitive and difficult topics. If the teacher goes first during the activity, the icebreaker can also be an opportunity for you to model how you expect students to participate in class activities.

The icebreaker activity is also an opportunity to normalize asking for, and then respecting, pronouns. Feel free to include the optional choice for students to share not only their names but also their pronouns in the icebreaker.

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 personal that’s true. 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 9.1-2

Introducing Sexuality and Sexual Health

Facts to Know

The following are some additional talking points for introducing the concepts of sexuality and sexual health.

Sexuality refers to who people are as human beings. Sexuality can change and develop throughout a person’s life.

Sexuality includes, but is not limited to, the following:

- Sexual behaviors, sexual relationships and intimacy
- How people express themselves (including the way they talk, dress, and relate to others)
- Values, beliefs and attitudes

- How people feel in their own bodies and their sense of their own gender (gender identity)
- Who people are romantically, emotionally, physically and sexually attracted to (sexual orientation)
- Changes bodies go through during puberty
- Whether or not and how people choose to have children
- The kind of friends people have
- How people feel about the way they look (body image)
- Who people are as individuals
- The way people treat others
- Media literacy and the ability to interpret sexual messaging

The term sex can refer to sex assigned at birth or to sexual behavior.

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.

Another important part of sexuality is gender identity. Gender identity is a term that refers to a person's deeply personal feeling of identifying as a man, woman or some other gender, which may or may not line up with the sex assigned to the person at birth.

Definitions of sexual intercourse:

- Vaginal sex—penetration of the vagina
- Anal sex—penetration of the anus
- Oral sex—mouth to penis; mouth to vulva; mouth to anus

The World Health Organization defines *sexual health* as “a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled.”

The following are talking points to introduce SEL skills:

- **Self-awareness:** Getting to know and trust yourself. This includes recognizing your feelings and values, gaining self-confidence, and being aware of what makes you individual and unique.
- **Self-management:** Expressing feelings in healthy ways, keeping track of progress toward goals.

- **Social awareness:** Understanding others and being able to “put yourself in another person’s shoes.” It also includes recognizing individual and group differences and similarities; finding and using family, school and community resources; and understanding the difference between fiction and reality.
- **Relationship skills:** Building healthy relationships, resisting social pressure, dealing with conflict, seeking help when needed.
- **Responsible decision making:** How to think through pros and cons of choices and how your actions may affect others; making good decisions, keeping yourself healthy and safe, and respecting yourself and others.

Activity 9.1-3

Identifying Personal Values

Potential Challenges

Students may be hesitant to participate in this activity. If this is a concern, begin the activity by asking students, “How is sexuality related to personal values? How is sexual health related to personal values?” After a brief class discussion, explain that, although they have the right to privacy and will never be asked to share personal information, a large part of being sexually healthy is figuring out what we believe as individuals and being able to acknowledge what we do and do not know.

Ask: “How can people make healthy decisions if they’ve never thought about the possible outcomes and the effects of those outcomes on their lives?” Describe the “Raise your hand if...” activity as a means of beginning that self-exploration. Depending on your class, you may also want to briefly discuss peer norms with the group. Request that students do their best to focus on themselves rather than their classmates when they raise their hands.

Activity 9.1-4

Introduce Capstone Project

Facts to Know

This project gives students the opportunity to share what they have taken away from the *Get Real* curriculum. It’s important that students choose the style of their projects. They should be allowed to work on their projects in class if there is time, and instructed to work on them at home. The goal of the project is to allow students to use personal creativity to synthesize and internalize the messages they have learned.

Engaging Students

In many classes, it is not possible to assign the Capstone Project as homework, and, therefore, the project can be introduced on Day 1 as an assignment that will be completed in class on the final day of the unit. In the Teacher's Guide for Lesson 9.11 there are instructions for what this assignment can look like on that day.

It's important for the teacher to decide in advance what their expectations about the Capstone Project are going to be for the class so that they can clearly set that expectation on day one.

Even if the students are only working on and presenting their Capstone Project on the last day of the *Get Real* unit, the teacher can still reference this project as a frame for student work. Reminding students of this culminating assessment can help to create buy-in and can serve to support students in tying the lessons together.

Activity 9.1-5

Anonymous Questions Box

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 "How does a person know when they're ready to have sex?" or "Can a girl get pregnant if she has sex while she is having her period?" The teacher can prompt students by suggesting different *Get Real* topics (e.g., reproduction, relationships, sexual health, protection methods, STIs, sexual identity, 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. They must be physically and emotionally mature enough to know about, prepare for, and deal with the potential consequences of sexually transmitted infections or pregnancy. Research shows that abstinence—delaying sexual intercourse—is the healthiest and safest choice for high 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.

Potential Challenges

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.

Activity 9.1-6

Introspective Journaling

Facts to Know

The *Get Real* high school curriculum uses introspective journaling as a tool to allow students to reflect on the classroom information and integrate it into their personal lives. There are different procedural options for collecting and assessing the journals:

- One option is to treat the journals like any other homework assignment: set a due date, collect them on that date, grade them and give them back.
- Another option is to treat the journals as an introspective activity and give students the choice of whether or not they want you to read their journals. For this option, the assessment entails checking to ensure completion by the due date, but not collecting the work. Giving students the latter option allows privacy, which helps to create greater comfort in their analysis of the questions being asked.

Be clear with students about the expectations around the journal activities. If you are reading the journals, it is important to clearly explain to students that they can expect confidentiality only if there is nothing in the content of the journal that would make you concerned about their safety. This can be explained during the Rights and Responsibilities activity in *Lesson 9.1*, but it should also be emphasized periodically throughout the course. It’s very important to know school policies and state requirements for mandated reporting before beginning the *Get Real* curriculum.

Potential Challenges

To ensure that you receive thoughtful work, be clear about your expectations for the journals and how you will assess them. If you want students to write in complete sentences and to fill up the space provided, be sure to let them know that.

Lesson 9.1 Resources

The Gay & Lesbian Alliance Against Defamation: www.glaad.org

GLBT National Help Center: www.glnh.org

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

I Wanna Know: www.iwannaknow.org

World Health Organization, Definition of sexual health:
www.who.int/reproductivehealth/topics/gender_rights/sexual_health/en/

U.S. Department of Health and Human Services, Administration for Children and Families, mandated reporting policies by state:

www.childwelfare.gov/systemwide/laws_policies/statutes/manda.cfm

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

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Activity 9.2-2**Which Parts Go Together?****Engaging Students**

Students will likely take the game more seriously if it is made into a contest where a prize is awarded to the first team to get all the correct answers. If time is a concern, you can instead offer a prize to the team that gets the most correct answers in a set amount of time.

Activity 9.2-3**The Parts and What They Do****Facts to Know**

The following provides additional information on the sexual and reproductive anatomy terms discussed in this lesson:

Scrotum: This is the thin sac of skin that holds the testes outside the body. In order for sperm to be produced, the testes must be kept at a temperature that is two to three degrees cooler than the rest of the body. Although a person can't feel it happening, the scrotum is constantly moving and shifting the testes to keep them at the correct temperature.

Testes (singular = testicle): These are the organs where sperm are made and hormones are produced. They are located in the scrotum. Each testicle is about the size of a walnut, and it's normal for one to hang lower than the other. It's also normal if one does not hang lower. Once a person with a penis begins puberty, the testes begin to make sperm, which is the sex cell of a person with a penis. Sperm can combine with an egg to create a pregnancy. The testes are also responsible for the production of the hormone testosterone.

Epididymis: The epididymis is a coiled tube behind each testicle where sperm mature and develop the ability to swim. The epididymis acts as a sperm "warehouse and recycling center," storing sperm until they are needed, or recycling them back into the body when they aren't used.

Vas deferens: These are the tubes that carry the sperm from the testes to the urethra. The vas deferens act as a highway that the sperm use to travel to the urethra. The tubes are very tiny, each about the width of a piece of uncooked spaghetti.

Seminal vesicles: These are glands on each of the vas deferens. They produce fluids that mix with sperm to make semen.

Prostate gland: This is a gland under the bladder that produces fluids that mix with sperm to make semen. It also contains pleasure sensors. It's the size and shape of a walnut and has the texture of a kitchen sponge. It has a muscle that acts as a trap door, so it is physically impossible for a person to ejaculate sperm and urinate at the same time.

Cowper's glands: These are glands on either side of the urethra that release a fluid through the urethra every time a person has an erection. This pre-ejaculate fluid acts as a lubricant for the sperm. Pre-ejaculate can contain sperm and can transmit STIs.

Urethra: The tube that can carry pre-ejaculate, ejaculate or urine out of the body.

Penis: This organ is made up of soft, spongy tissue and blood vessels. The penis serves three purposes in the body: (1) reproduction, (2) urination, and (3) pleasure. When the penis becomes erect, or "hard," it becomes filled with blood. This is called an erection.

Foreskin: This is the loose skin that covers the head of the penis; all people with a penis are born with it.

Anus: The anus is not part of the reproductive system, but is located near the external genitalia. It is the opening through which feces (solid waste) leaves the body. (Note that it's important for a person with a vagina to wipe from front to back after using the toilet in order to make sure that bacteria do not get introduced into the urethra, which may cause a urinary tract infection.)

Ovaries: The ovaries are each about the size of an olive and are the "holding grounds" for eggs. Unlike people with a penis, who continuously produce sperm after puberty, people with a vagina are born with all the eggs they will ever have. There are approximately 500,000 eggs at birth, and by puberty there are about 250,000 left. The ovaries release approximately 500 eggs during a person's lifetime. The ovaries also are responsible for producing the hormones estrogen and progesterone. These hormones cause body changes, ovulation and menstruation.

Fallopian tubes: The fallopian tubes are about the width of three strands of hair. They are the tubes that eggs travel through to get from the ovaries to the uterus. Fertilization generally occurs here, where sperm will join with an egg, which is the first step necessary for pregnancy to happen.

Fimbria: These fingerlike parts on the end of each fallopian tube find an egg after it is released from the ovary and sweep it into the tube.

Uterus: This pear-shaped, muscular reproductive organ is where a pregnancy develops. It's about the size of a fist. Hormones cause an extra lining to be added to the uterus every month, which prepares it for a fertilized egg. But if the egg doesn't get fertilized after ovulation, the lining isn't needed. Then the egg and the lining leave the body during menstruation or a "period." Menstruation is one part of the menstrual cycle, which also includes ovulation and the building up of the lining in the uterus.

Cervix: The cervix is located at the lower part of the uterus. It contains the opening that leads to the vagina. It is made of muscle, like the rest of the uterus. Have students touch the tip of their noses to approximate the firmness of the cervix.

Vagina: Generally 3–5 inches in length, the vagina is the tube through which a person can give birth and have vaginal intercourse. It's made up of very stretchy skin.

Hymen: The hymen is not on the anatomy picture because many people are born without a visible hymen. The hymen is a thin membrane that may partially cover the opening of the vagina in some people. There are many myths about the hymen; it is often referred to by the slang term "cherry." If students bring these myths to the classroom, it's important to normalize that the presence or absence of a hymen cannot prove whether a person has had vaginal intercourse. Many people are born with no visible hymen, and, if present, the hymen can disintegrate over time. It is normal for a person to have a noticeable hymen, and it is also normal if a person does not have a noticeable hymen.

Vulva: The external sex organs (or genitalia), including the clitoris, urethra, both sets of labia, and the opening to the vagina. There are three separate openings in this general area. Two of these are in the vulva: the urethra and the vagina. The third opening is the anus, just behind the vulva.

Clitoris: There is an internal and external part of the clitoris. The external part is about the shape and size of a pea. It has many sensitive nerve endings and is made of the same erectile tissue as the penis. It is sensitive to touch and is protected by a hood of skin. Just like the penis, the clitoral tissue fills with blood when sexually aroused, causing the clitoris to become firm and erect. The internal part of the clitoris fans out to support the external part of the clitoris and attaches to the internal tissue.

Labia: The outer and inner labia (also called "lips") are two folds of skin that surround the opening to the vagina. The outer lips lie closest to the legs, and pubic hair grows on them in most adolescents and adults.

The following are some additional talking points to include when reviewing the reproductive systems.

Sperm and semen: It's important to clarify the difference between sperm and semen. Sperm are the sex cells produced by the testes. Sperm are so tiny that 10,000 can fit on a period at the end of a sentence. There can be as many as 300–500 million sperm in one ejaculation and up to 20,000 in each pre-ejaculation. The seminal vesicles and prostate gland are the parts responsible for adding fructose and nutrients to the sperm to create semen. Semen is the fluid that's released during ejaculation, along with the sperm. If a person with a penis has an STI, that STI can be transmitted through the pre-ejaculate and ejaculate.

Sperm production is a process that begins during puberty and continues constantly for the rest of a person's life. Most people with penises begin puberty between ages 11 and 15. Any sperm that do not leave the body during ejaculation are reabsorbed into the body.

Ovulation is the release of an egg cell (or ovum) from one of the ovaries. Starting during puberty, this process occurs every 21–35 days, depending on the person's menstrual cycle. Most people with vaginas begin puberty between the ages of 9 and 15. Once ovulation has begun, a person can get pregnant if the egg is fertilized by a sperm. Since a person cannot tell when their body has begun ovulating, unprotected intercourse can lead to an unintended pregnancy even before a person has had their first period.

Vaginal discharge, usually clear or white, is often present from puberty onward. This discharge is the way the vagina keeps itself clean. Abnormal changes in color or smell of the discharge may be evidence of an infection.

Circumcision is the removal of the foreskin from the penis. If this is done, it is most often within the first 2 weeks of a person's life. Whether a baby undergoes circumcision is a choice that is usually based on the religious or cultural beliefs of the family. It's normal if a person has been circumcised and it's normal if they haven't. *The New England Journal of Medicine* has reported multiple studies that link circumcision to prevention of HIV, herpes virus simplex 2, HPV and syphilis. However, the American Academy of Family Physicians website notes: "Studies about the benefits of circumcision have provided conflicting results. Some studies show certain benefits, while other studies do not.... The American Academy of Family Physicians believes parents should discuss with their baby's doctor the potential benefits and the risks involved when making their decision."

Engaging Students

When talking about reproductive anatomy it's important to model inclusive language. For this reason the *Get Real* curriculum does not use “person with a penis” and “man” or “person with a vagina” and “woman” interchangeably. A person's sex assigned at birth and gender identity are potentially different and, although a person may be born with certain sexual and reproductive anatomy, that person may not identify in a gender binary way. For more information about gender and sexual identity see Lesson 9.4.

To keep the class's attention, have the students fill out a reproductive anatomy chart as the parts of the body are reviewed. If the class is being graded, these handouts can also be turned into a quiz or test later for additional assessment.

Activity 9.2-4

Optional Activity: Fertilization Fill-in-the-Blanks Story

Facts to Know

This activity is “optional” because of time concerns. If a teacher is concerned about running out of time during this lesson, this is the activity to skip.

Potential Challenges

Although this activity is designed to be fun, it can also be an assessment of learning. Therefore, emphasize that students will be assessed on their ability to write the correct answers in sections that test for factual knowledge. Do not allow students to use adjectives or adverbs that negatively represent the reproductive body parts. There is a lot to get through in this lesson, so if time is short, the activity can be turned into an additional homework assignment.

Engaging Students

Students tend to enjoy this activity, so giving them an opportunity to share their answers with the class will add to that enjoyment.

Lesson 9.2 Resources

Information about reproductive anatomy:

American Academy of Family Physicians:

<http://familydoctor.org/familydoctor/en/prevention-wellness/sex-birth-control.html>

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

Info for Teens: My Body: www.plannedparenthood.org/teens/my-body

Circumcision information:

New England Journal of Medicine: www.nejm.org (search for “circumcision”)

HIV prevention and circumcision: <http://content.nejm.org/cgi/content/full/359/23/2412>

Menstruation information:

KidsHealth, All About Menstruation: <http://kidshealth.org/kid/grow/girlstuff/menstruation.html>

Planned Parenthood, Menstruation:

<http://www.plannedparenthood.org/learn/womens-health/menstruation>

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

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Activity 9.3-2

Gender Norms and Gender Messages Charts**Facts to Know**

On the posters for “GUY WHO DOES NOT HAVE SEX” and “GIRL WHO DOES NOT HAVE SEX,” it’s common for students to suggest the stereotype that the guy and girl are gay. If the word “gay” is added to either of these posters, it is important to process that with students during the brainstorm. The purpose of the lesson is to examine stereotypes; students’ thoughts must be discussed, and potentially hurtful stereotypes must be corrected.

Explain that it is totally normal for high school students to make the decision not to have sex. In fact, fewer than half of high school students choose to engage in sex, and the decision has nothing to do with their sexual orientation. Other words that may be on these posters are “loser,” “geek,” etc. Remind students that fewer than half of high-school students make the decision to engage in sex, and that the decision not to engage in sex is one people can make throughout their lives.

The focus should be placed on society and culture. The students filling out the posters are using their knowledge from the media, religion, culture, family and peers. The stereotypes on their poster may not reflect their own beliefs at all. Do not shame or place blame on students during this activity.

If there is pushback to the use of the words “guys” and “girls” you may choose to lead a discussion with students about language use in our culture. Why are there so many terms used to describe people assigned male at birth in different stages of their lives? For example: “boys,” “guys,” “young men,” “men,” etc. And yet there are far fewer options for people assigned female at birth. The options are rather limited to “girls” and “women.”

Potential Challenges

Before starting this activity, remind students of the Class Rights and Responsibilities. Focus on the right to have no assumptions made about each other. Students should know that while discussing stereotypes, they should not make judgments about their peers. Discuss what stereotypes are and how stereotypes affect people. Explain to the class that they should recognize that the stereotypes being discussed do not necessarily reflect the beliefs of their fellow students but instead come from cultural misconceptions.

It’s possible that some students may be offended by the stereotypes being discussed. If this situation arises, take the time to process those feelings and facilitate a discussion about how stereotypes can be hurtful. This will help

avoid students' internalizing the feelings and becoming disengaged. It may also help for you to identify that you do not believe these stereotypes to be true.

Engaging Students

In addition to reiterating the Class Rights and Responsibilities prior to beginning this activity, set boundaries that are appropriate for your classroom. When asking students to write the gender stereotypes that are familiar to them, words like “slut,” “player,” and “bitch” may be used. It is recommended that you allow students to use these words, because the point of this activity is for students to explore language. To ensure that the lesson remains safe for the whole group, begin by explaining that neither targeting of classmates nor any kind of immaturity will be tolerated. Being allowed to use slang is a privilege. If the privilege is abused, it should be immediately removed.

Activity 9.3-3

Shared Responsibility Spectrum

Facts to Know

This lesson intentionally uses language that is heteronormative. The reason is that this lesson aims very specifically at pregnancy prevention. And although this activity focuses on vaginal intercourse, it's important to remember that sexual behavior does not always align with sexual orientation. A common misperception is that discussions about sexual responsibility and pregnancy are not as important for LGBTQ students. However, according to nationwide research from Advocates for Youth, people who identify as bisexual or lesbian are just as likely as their heterosexual peers to engage in sex, but two times more likely to report having had a pregnancy. It may be valuable to explicitly name that you know this activity is heteronormative and to explain why this is.

The lesson is also focused on stereotypes. Therefore, point out to students that the focus on heteronormative relationships and the gender binary is also an example of a cultural stereotype. This way, by the end of the lesson, they can identify that one way to push back on stereotypes is to not use heteronormative language or expect everyone to fit themselves into the gender binary.

Engaging Students

This activity offers an opportunity for students to express themselves creatively by engaging their visual and kinesthetic abilities. Be sure to give the students time to create their notes and think about the placement of their notes on the continuum. Encourage students to think introspectively about their opinions for each question.

Activity 9.3-4

Shared Responsibility Brainstorm

Engaging Students

A key component of this lesson is the shared responsibility brainstorm. Encourage students to think about how the topics discussed during the lesson affect their friends, families, school, community, etc. What could they do or what advice could they give to change these outcomes? Students are often hesitant to analyze their own connection to issues such as the one in this lesson. However, they are usually willing to offer advice to others. Ask them to create solutions for younger students, their peers or adults.

Asking students to give advice to others will create buy-in to ensure the shared responsibility brainstorm is meaningful. Students need to recognize that these issues affect the world in which they live, even if they personally do not make a strong self-connection to the issues discussed.

Activity 9.3-6

Introspective Journaling and Family Activity

Facts to Know

The *Get Real* program recognizes parents as the primary sexuality educators of their children. Notifying parents about the program, holding a parent orientation, and assigning journal activities that involve students interviewing a parent or caring adult are all ways to engage parents and other caring adults in students' lives. Guidelines for a successful parent orientation are covered during the *Get Real* teacher training. The journal assignments should be a focus of the meetings, and parents should be encouraged to participate in students' homework activities.

The caring adult interviews will allow parents to explore their own values about sex and sexuality, to learn developmentally appropriate information, and to develop the skills to communicate with their children about sexuality. It's important to validate that it may be uncomfortable for students and parents to talk about sex and sexuality. The teacher might model how to

approach a parent or other caring adult about completing the caring adult interviews. It may be helpful to remind students throughout the course that their parents have been informed about their assigned activities.

While the completion of the caring adult interviews is to be expected, it should not be a required component of the class or of student grades. This is why another introspective journaling activity always accompanies an interview assignment. Due to the sensitive nature of the material, students should not be penalized for incompleteness. Offering an incentive to the class that has the most amount of family homework turned in could encourage completion of assignments.

Potential Challenges

Ask students who are concerned about asking a parent to participate in the interview whether they can speak to a different caring adult instead, such as one of the caring adults they identified in *Lesson 9.1*. Make sure that students identify people who are at least 18 years old. Allow students to complete the interview with their alternate caring adult.

Lesson 9.3 Resources

I Wanna Know: www.iwannaknow.org

Advocates for Youth: www.advocatesforyouth.org/publications/1655

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

9.4 Activities

All 9.4 Activities**Facts to Know**

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

Be sure to use the term “sexual orientation” rather than “sexual preference.”

Additionally, if questions come up about terminology in the lesson, be intentional in how you respond. There is no one way that all people in any identity group experience life. Gender and sexual identity are also not the only identities a person holds, so be sure to use “people first” language. For example, instead of saying “a cisgender person...,” say “a person who is cisgender....”

Potential Challenges

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

Students may conflate sexual behavior and sexual orientation. They often equate certain sexual behaviors with certain sexual orientations. It’s important to distinguish between the two. Sexual behavior does not tell us a person’s sexual orientation, and vice versa—sexual orientation does not dictate sexual behaviors.

Engaging Students

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

Activity 9.4-2

The Most Important Part of Me**Potential Challenges**

Be sure to tell students that, although they will be interacting during the activity, they will not be asked to share what any of the identities on their handout mean to them. It's important that students feel safe to explore these aspects of identity without being expected to share them in front of the class.

An alternate activity that can be completed with students is to not use the worksheet, but instead to use index cards with symbols that represent these identities. It is important to explain each of the identities as they are defined on the worksheet, and to have students process the questions introspectively. Either pre-prepare cards with the symbols, or have students write each symbol on a separate card.

Use the same script provided in the lesson, asking students to hold the index cards like playing cards, facing them so no one can see the symbols, but instead of crossing anything out, they should turn a card face down on their desk when “discarding” an identity. The symbol key is as follows:

X = Sex Assigned at Birth

! = Gender

% = Religion/Spirituality

= Race/Ethnic Group

* = Sexual Orientation

? = Another Identity That Is Important to Me

This activity can be incredibly powerful, especially for students who may have not experienced oppression based on their identity. However, if you are working with a majority student population that has experienced marginalization, this activity may be difficult to complete, as they may have experienced hiding aspects of their identity or feeling shame for identities they hold. It is important not to lead an activity that can be powerful to some at the expense of others. If this is a concern you have in your classroom, alter the identities students are considering during the activity. Instead of focusing on “Gender” and “Ethnicity,” etc., ask students to choose four or five other identities or roles they hold in the world. Examples may include important hobbies (horseback rider, musician, etc.), roles (sibling, soccer captain, etc.), social groups (specific friends, friend groups, social media, etc.). Then, use the script that's in the lesson but have students cross off these other self-selected identities/roles.

If teachers choose to use this version of the activity, it is still important to make the connection to sexual and gender identity very explicitly. It's important for students to understand that, for many people who identify as LGBTQ+, hiding parts of identity is part of their everyday life. Help students make the connection to what it means to be an ally within their school community and to feel that the community you are creating in the class is one in which every aspect of their identity is valued and respected.

Engaging Students

It is very important at the end of this activity, before processing and moving on, that students hear the teacher say that all of the unique identities represented in the class are valid, respected and deserving of celebration. For some students, this activity may be challenging, and hearing from a caring adult, such as their teacher, that they are valuable for exactly who they are, may be very powerful. Take a moment to let students know how much they are cared about and follow up with any students who may be struggling after this activity.

Activity 9.4-3

How Might It Feel?

Facts to Know

The following talking points and definitions can be used if students have questions about the vocabulary.

Why not define *homosexual*? The term *homosexual* is an outdated clinical term typically used to classify people based on sexual orientation, and therefore can feel derogatory within the LGBTQ+ community. *Gay* and *lesbian* are more commonly accepted terms. However, if a person self-identifies using the term “homosexual,” it is important to use whatever term that person uses.

Why are pronouns important? People share pronouns, or ask others to share pronouns, in order to avoid making assumptions about gender identity. Pronouns are the words a person might use to describe another person when not using their name. For example, instead of saying “That is X’s chair,” a person might say, “That is her chair,” or, “That is his chair,” or, “That is their chair,” or, “That is hir chair,” etc. If someone tells you their pronouns, it is important to be respectful and not misgender them. If someone told us their name, we wouldn’t refuse to use it. Pronouns are no different. If you make a mistake and use the wrong pronoun, the respectful thing to do is

apologize and tell the person you will work hard not to make the mistake again.

Gender Spectrum: An understanding of gender as encompassing a wide range of identities and expressions.

Gender Binary: Some students may struggle with the concept of what the gender binary is. The gender binary is a socially constructed system of viewing gender as consisting solely of two categories, “man” and “woman,” in which no other possibilities for gender are believed to exist. The gender binary is inaccurate because it does not take into account the diversity of gender identities and gender expressions among all people. The gender binary is oppressive to anyone who does not conform to dominant societal gender norms.

Intersex: Students may ask if the term *hermaphrodite* can be used to describe someone with an intersex condition. Explain that *hermaphrodite* is an outdated and derogatory term that has led to stigmatization and isolation of individuals with intersex conditions.

Transition: The process through which trans people begin to live as the gender with which they identify, rather than the one typically associated with their sex assigned at birth. This does not necessarily mean a person will choose to begin hormone therapy and/or have surgery. A person can identify as trans and never pursue any medical intervention. Additionally, if students seem very focused on surgery or genitals, redirect this conversation. It is never acceptable to ask someone, unless you are a medical provider and you need to know the information in order to provide care, what surgeries they have or have not had or what their genitals look like.

Potential Challenges

When processing this activity it is important to be intentional in how you ask questions and discuss the scenarios. This activity is about building empathy and social awareness. Any student, no matter what their identity (whether they identify in the same way as characters in this activity or not) can think intentionally about how they might support a peer. So make sure that no student in the class is being asked to “speak for the trees,” or speak on behalf of an entire identity group. Additionally, make sure that when asking the process questions you are not “othering” the characters in the scenario as though these identities are ones that people in the class could never hold. Be mindful of your own biases and remain learner focused.

It can be very difficult for students to wrap their heads around the complexity of gender and sexual identity. Be sure to review all the definitions and to answer questions as they arise. It may help to review the questions and answers about sexual identity in the Frequently Asked Questions section of www.getrealeducation.org before teaching this lesson.

Immediately correct any misuse of terms by the students. Words such as “she-male” and “hermaphrodite” are harmful and factually inaccurate.

Lesson 9.4 Resources

The Gender Unicorn: <http://www.transstudent.org/gender>

Gay-Straight Alliance Network: www.gsanetwork.org

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

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

Sex, Etc., Glossary: <http://sexetc.org/sex-ed/sex-terms>

Human Rights Campaign: www.hrc.org

Advocates for Youth: www.advocatesforyouth.org

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

**For
Teacher Review
Only**

Activity 9.5-2**Reasons for Preventing Pregnancy****Potential Challenges**

Any time the discussion is focused on pregnancy prevention, there is potential for the lesson to become heteronormative (i.e., not inclusive of LGBTQ+ students). Note that students who identify as gay are significantly more likely to report having had or caused a pregnancy than heterosexual youth (15% vs. 4%). This being the case, it is important when discussing pregnancy prevention that the teacher use inclusive language (e.g., use of “they,” “them,” “partner” and anatomical language) and encourage students to do the same. All students, no matter what their sexual identity, can be affected by a pregnancy. It is important that all students analyze these effects during this lesson.

The shared responsibility brainstorm can also be an opportunity to discuss equality and power dynamics within a relationship. Shared responsibility is not only about both partners obtaining and using protection correctly. It is also about maintaining a relationship that is healthy enough to allow both partners to communicate openly about protection and their desire for safety and sexual health. If one partner is significantly older than the other, or if the power dynamics in the relationship are not equal, this becomes much more difficult. Alcohol and other drug use also inhibit proper use of contraception.

Activity 9.5-3**What's in the Choosing?****Facts to Know**

The following are talking points for 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 condom use must be followed, including the following:

- 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-based 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 External 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 is inserted into the vagina and acts as a barrier between partners. When used correctly and consistently, it is 95% effective at protecting against pregnancy. With typical use, it is 79% effective. It is actually 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 as 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 3 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: Is injected every 3 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 3 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: 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 3 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 a 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 3 to 5 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: Is a small, matchstick sized piece of plastic that is inserted under the skin of the upper 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 3 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 1 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, that are 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 5 days after unprotected sex, but it is more effective if taken sooner. See the Protection Methods Chart for how effectiveness varies by method.

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

Potential Challenges

There is a lot to cover during this lesson, and students may have many additional questions about protection methods. If the number of student questions prevents the lesson from moving forward, you may want to hand out the anonymous question cards early or create a questions “parking lot” on a section of the board. With the parking lot, a question can be put off temporarily. You can write a question in the parking lot and return to answer it at the end of the lesson. If there isn’t time during that class period, answer the question at the beginning of the next lesson. Students should feel that their questions are valued and will be answered within a reasonable amount of time.

Engaging Students

The curriculum suggests passing around the various protection materials for students to touch. This can be a great teaching tool, especially for kinesthetic learners in the class. However, it is suggested that you not pass around any materials until the end of the lesson because they can easily become a distraction and make discussion much more difficult. The teacher should also make a point to tell the students that the protection methods being passed around are expired, so as to avoid students’ taking the methods and trying to use them. However, depending on your school’s policy, this could be a time to distribute condoms to students.

This activity can also be turned into an interactive game such as bingo or jeopardy as another way for students to learn about the different protection methods in less of a lecture format. Stations can also be set up where students learn about a specific method or methods and then share that information with the rest of the class. Important facts to know about the methods include:

- How a method works
- Efficacy and potential human error associated with the method

- Where to get a method (Does it require a visit to a health care provider?)
- How long the method lasts
- What does the method prevent (STIs? Pregnancy? Both?)

It's important not to overload students with too many details about each method. Be sure to provide them with resources for more information and be available to answer questions during and/or after class.

You may also use this activity to talk about delaying sex (abstinence). Explain how it works in relation to other methods. Introduce a discussion about the skills needed in order to be successful in delaying sex. Delaying and postponing require skills and strategies to be effective, just like the other methods.

Activity 9.5-4

Introduction to External Condom Use

Facts to Know

The following are some additional talking points to use when going through the condom demonstration:

- Generally, condoms have a shelf life of about 5 years. If a condom has expired, the latex or polyurethane has begun to wear down and the condom is much more likely to break.
- Condoms must be stored at room temperature in a place where the wrapper will not become punctured or worn down. Storing a condom where it is too hot or cold, or where the package's integrity is compromised, will cause the latex or polyurethane to wear down.
- When an external condom is placed on the penis and rolled down, it must be rolled down in the correct direction. If the condom will not roll, it is because it has been placed on incorrectly. After being placed incorrectly, the condom should not be used. This is because the condom may have come into contact with pre-ejaculate fluid from the erect penis. Pre-ejaculate fluid can contain STIs and may contain up to 20,000 sperm.
- Before the condom is rolled down, the air must be squeezed out of the tip and a small amount of room left at the top of the condom. This is because, like a balloon, a condom is more likely to break if air is trapped inside. Also, if no space is left at the tip of the condom, it is more likely to break when the person ejaculates because the fluid will have nowhere to go.
- Condoms should be thrown away in the garbage rather than flushed down the toilet because they can clog plumbing.

This lesson focuses on the external condom because the internal condom is harder to access. If there is time in this lesson, guide students through an internal condom demonstration using your hand.

Engaging Students

It's likely that many students will write "condoms" on the poster for "the method that you know the most about." If this is the case, you may choose to start with a discussion of condoms. You may want to move the condom demonstration activity to the beginning of the lesson. Starting with the condom demonstration during a shorter class period will ensure that students know how to use condoms properly, which is one of the main goals of this lesson.

Lesson 9.5 Resources

Birth control information from Planned Parenthood: www.plannedparenthood.org/health-topics/birth-control-4211.htm

Birth control information from Bedsider: <http://bedsider.org/methods>

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

I Wanna Know: www.iwannaknow.org

Reproductive Health Technologies Project: www.rhtp.org

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

Activity 9.6-2

STIs**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 infection, or STI.

The concept of “disease,” as in STD, implies a clear medical problem, usually 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.

The following eight infections should be entered in the chart in Handout 9.6-2:

HPV (human papillomavirus) is a **virus**. HPV infection often has no symptoms. Some strains of the virus produce wartlike growths on the genitals. These growths can occur inside the vagina or urethra and therefore cannot be seen with the naked eye. They can also occur on the penis. Other strains of the virus cause cervical changes that can lead to cervical cancer. If the virus goes untreated, the warts can continue to grow, or the the risk of cervical cancer can increase. This virus is treatable, and warts can be removed at a clinic. HPV is also linked to anal, penile, throat and vulvar cancer.

Gardasil is a vaccine for HPV that has been shown to protect against the strains of HPV that cause certain cancers and genital warts. This vaccine is available to everyone and is most effective before they become sexually active. The CDC recommends vaccinating every individual at age 11 to 12, before they are likely to be sexually active. However, HPV vaccines are available to individuals with a uterus through age 26 and to individuals with a penis through age 21.

Genital herpes is an infection caused by a **virus**. It often has no symptoms. Infected individuals who do show symptoms have outbreaks of painful blisters on the genitals. If left untreated, the virus can cause recurring outbreaks throughout a person's life. An antiviral medication is available to suppress the virus and decrease the frequency and duration of outbreaks, but there is no cure for genital herpes.

Chlamydia and **gonorrhea** are infections caused by **bacteria**. They often have no symptoms. With gonorrhea, some individuals may experience painful urination and discharge from the penis. Some people may experience abdominal pain or abnormal vaginal discharge and bleeding between periods. If these bacterial infections go untreated, they can cause blockages in the vas deferens or fallopian tubes, leading to infertility. They can also cause pelvic inflammatory disease and epididymitis. Both chlamydia and gonorrhea can be treated and cured with an antibiotic. Some strains of gonorrhea have developed an antibiotic resistance and so might be treated with multiple drugs.

Syphilis is an infection caused by **bacteria**. It often has no symptoms for years. A primary symptom that may occur is chancre (a painless sore) on or around the penis, mouth, vulva or anus. Secondary symptoms may include non-itchy rash, "flulike" symptoms and swollen glands. Syphilis attacks the central nervous system, and, therefore, if left untreated, can cause brain damage, paralysis and heart disease. If an individual has syphilis while pregnant, the infection can also lead to stillbirth or birth defects in the baby.

Hepatitis B is a **virus**. Infection with hepatitis B often has no symptoms or symptoms that are too mild to notice. Infected individuals who do have symptoms often experience lack of energy, loss of appetite, abdominal pain, fever, headaches, muscle pain, dark urine or other "flulike" symptoms. If hepatitis B is left untreated, it can lead to chronic liver problems or liver cancer. There is a hepatitis vaccine. Hepatitis B is transmitted through sexual contact and through blood.

Pubic parasites are in the category "**other**" because they are not caused by a virus or bacteria. Infection with pubic parasites causes intense itching and a rash on the genitals. "Crabs" and eggs (small nits) attach to pubic hair, whereas "mites," or scabies, burrow under the skin. A medicated shampoo or lotion can be used to kill the parasites. Because they can also live on bedding, clothing and towels, a thorough cleaning of these items is also necessary if a person contracts pubic parasites.

Trichomoniasis is an infection categorized as "**other**" (neither viral nor bacterial) because the infection is caused by a protozoan. It often has no symptoms. If symptoms are present, they may include itchy, unpleasant-

smelling discharge from the urethra or vagina, as well as painful urination. If this infection goes untreated, it can lead to skin irritations, causing the infected person to be at a higher risk for contracting other infections. A doctor can prescribe medication to treat and cure trichomoniasis.

HIV (Human Immunodeficiency Virus) is a **virus**. The following is a definition and additional information about HIV and AIDS from the American Sexual Health Association:

HIV stands for Human Immunodeficiency Virus. It is the virus that causes AIDS. AIDS stands for 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 almost one in seven don't know they are infected. Getting tested is the first step to finding out if you have HIV. If you have HIV, getting medical care and taking medicines regularly helps you live a longer, healthier life and also lowers the chances of passing HIV on 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 infected 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, pre-ejaculate, ejaculate, vaginal fluid, rectal fluid and breast milk.

According to the latest report from the CDC (2017), young people ages 13–24 are especially affected by HIV. They accounted for 21% of all new HIV infections in 2017. (<http://www.cdc.gov/hiv/basics/statistics.html>)

The following are some additional talking points about the most important ways to reduce the risk of STI transmission:

- Abstinence, when practiced correctly and consistently, is the only 100% certain way to avoid STI transmission. To be effective, it must include two components:
 1. Keep blood, ejaculate, pre-ejaculate, vaginal fluid and rectal fluid from entering the body.
 2. Be aware that pre-ejaculate appears on the penis during an erection and can contain both sperm and STIs.
- 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 a person chooses to be sexually active, using condoms can reduce risk by preventing transmission of fluids
- There are some infections, such as meningitis and mononucleosis, that are not sexually transmitted but may be transmitted from close contact, including kissing. The CDC recommends all 11 to 12 year olds be given a meningitis vaccine.
- Use barriers such as condoms and dental dams when engaging in oral sex. Latex dental dams can be applied to the vulva to prevent the transmission of STIs through vaginal fluid.

Potential Challenges

Before engaging students in a discussion about STIs, it is important to revisit the Class Rights and Responsibilities. Encourage students to use their empathy and social awareness skills throughout the lesson. Discussion of STIs often unearths values, fears and judgments. It's important to reinforce with students that the stigmas they may have heard about STIs will not be discussed in class because they are often hurtful. Having an STI is a medical condition and should not be a reason for discrimination or disrespect.

Engaging Students

With so much information to deliver in a short amount of time, it is easy for the STI discussion to become a lecture of facts and clinical statistics. However, this lesson is not designed to be an hour-long lecture. Students will

shut down and disengage if the teacher-led portion goes on for too long. A strategy to help avoid this is to pick out three key talking points about each STI and focus on those. Have the students fill out the handout as you talk to keep them focused on the lesson. Be sure to get to the rest of the activities. If students have many questions, answer a few questions, then hand out the anonymous question cards early.

Activity 9.6-3**Dismantling Arguments Against Condom Use****Potential Challenges**

Students often have a lot of questions about STIs. This means that the class may end before Handout 9.6-3: STI and HIV Risk Reflection is completed. If this is the case, the handout can be assigned as additional homework. However, if it is assigned as homework, it's important to process the activity at the start of the next class.

When an introspective activity is processed in class, privacy is a key issue. The teacher should never ask students to share their answers, but rather lead the students in a brief discussion about where someone could access help and information about STIs. This will also give the students a chance to process the feelings that arose when they thought about STIs.

Activity 9.6-4**Demonstrating External Condom Use****Facts to Know**

The following important teaching points for external condom use are not included in the Steps to Correct External Condom Use handout:

- Condoms must be stored at room temperature in a place where the wrappers will not become punctured or worn down. Storing a condom where it is too hot or too cold or where the package's integrity is compromised can cause the latex or polyurethane to wear down.
- When an external condom is placed on the penis and rolled down, it must be rolled down in the correct direction. If the condom will not roll, it is because it has been placed on incorrectly. After being placed incorrectly, the condom should not be used. This is because the condom may have come into contact with pre-ejaculate fluid on the erect penis. Pre-ejaculate fluid can contain STIs and may contain up to 20,000 sperm. In order to avoid putting the condom on incorrectly, a user can roll the condom down a little on a finger before it ever comes into contact with the penis.

Engaging Students

Each student must go through the step-by-step process of putting the condom on correctly. Research shows that skill acquisition increases when students are given the opportunity to practice a new skill rather than just observing someone demonstrate it. Skills practice increases the likelihood of accurately performing the behavior in a real-life situation. This is the same reason the curriculum includes opportunities for role-play of various communication skills, in order to increase students' comfort and skill level for those important relationship tasks.

Activity 9.6-5

Substance Use and Condoms

Engaging Students

This activity is optional and is designed to challenge students to complete the task of putting on a condom while visually impaired, to simulate being under the influence of alcohol or other drugs.

Many students discover during the Demonstrating Condom Use activity that remembering all the steps and performing them properly can be a challenge. The Substance Use and Condoms activity shows how difficult it could be to properly use a condom if a person were impaired by alcohol or other drugs.

After completing the Substance Use and Condoms activity, ask the following process questions:

- Why is it important for people to know how to use a condom correctly, even if they are not currently sexually active?
- How is doing a demonstration in class different than using a condom during sexual activity?
- How might it feel if a person's first time putting on a condom were during sexual activity?
- When should the discussion of condom use begin in a dating relationship?
- How could a person begin a conversation about condoms with a partner?
- How did being visually impaired by the blindfold alter your ability to put the condom on correctly?
- How can alcohol and other drugs affect someone's ability to use a condom correctly?

Lesson 9.6 Resources

STI information:

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

American Sexual Health Association: www.ashastd.org

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

I Wanna Know: www.iwannaknow.org/teens/sti/sti_overview.html

Centers for Disease Control and Prevention: www.cdc.gov/std

Forhan, Sara E. et al., Prevalence of Sexually Transmitted Infections among Female Adolescents Aged 14 to 19 in the United States, *Pediatrics* 124.6 (2009), 1505–1512.

Information about HPV vaccines:

Gardasil: www.fda.gov/BiologicsBloodVaccines/Vaccines/ApprovedProducts/ucm094042.htm

Cervarix: www.fda.gov/BiologicsBloodVaccines/Vaccines/ApprovedProducts/ucm186957.htm

Centers for Disease Control and Prevention: www.cdc.gov/hpv/vaccine.html

Meningitis vaccine: www.cdc.gov/vaccines/vpd-vac/mening

Antibiotic-resistant gonorrhea: www.cdc.gov/std/Gonorrhea/arg/basic.htm

Information about HIV:

HIV transmission risk: www.cdc.gov/hiv/policies/law/risk.html

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

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.

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

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Activity 9.7-2

Sexual Behaviors and Risk**Facts to Know**

The following are talking points to use when processing this activity with students:

- Sharing needles carries a high risk for STIs that are transmitted through blood (hepatitis and HIV), but not for STIs that are transmitted only through sexual contact.
- Anal and vaginal sexual activities without a condom both carry a high risk for STIs.
- Oral sex on a penis without a condom carries some risk for STIs, rather than a high risk, because it is less likely for some STIs to spread through oral sex than through vaginal or anal sex. According to the American Sexual Health Association and CDC, unprotected oral sex carries moderate risk for herpes and gonorrhea, some risk for syphilis, and low risk for HIV, chlamydia, HPV, trichomoniasis and hepatitis B.
- Sharing a razor or toothbrush carries low to no risk for most STIs but a high risk for hepatitis.
- Mutual masturbation and masturbation are both low-to-no risk behaviors. Mutual masturbation is touching someone else's genitalia for sexual pleasure. Masturbation is touching one's own body for sexual pleasure. In both scenarios, the risk for STI transmission is very low.
- "Consistent monogamy with an uninfected partner" refers to two people who have both tested negative for STIs and are engaging in a sexual relationship only with each other. Discussing this behavior card is also a moment to discuss the importance of honest communication in relationships.
- Having sex with multiple partners raises the risk for infection because, statistically speaking, the longer a person postpones sex, the fewer partners that person will engage with over the course of a lifetime, thereby reducing their risk for STIs.
- The CDC estimates that 20 million new STI infections arise each year in the United States—half of these are among young people ages 15 to 24.
- Alcohol and/or other drug use during sexual activity can lower inhibitions, alter decision-making ability, and make people less likely to properly use protection. Sexual consent also requires that people not be under the influence of drugs or alcohol.
- One quarter of all new HIV infections occur among adolescents.

- Using condoms to protect from HIV is 10,000 times safer than not using condoms.
- The estimated total number of people in the United States living with a viral STI is more than 65 million.

Potential Challenges

It can be confusing for students to distinguish between a “high-risk” behavior and a “can raise the risk” behavior. An abusive relationship, for example, is clearly a high risk for many situations, but there is not a direct cause/effect between abuse and STI transmission. Abuse between partners can, however, raise a person’s risk for STI transmission.

In order to help make this distinction clear, give students one or two examples at the start of the lesson.

Engaging Students

This activity can be turned into a worksheet if there is a concern about students getting up from their seats and navigating the activity as written. If turning the activity into a worksheet these are some sample instructions to use:

Label whether the activity is **High Risk, Some Risk, Low to No Risk,** or **Can Raise the Risk** for STI transmission. Example: Drinking from the same can of soda = Low to No Risk

Activity 9.7-3

Intimacy and Assertive Communication Practice

Potential Challenges

Some educators have concerns about classroom management or the potential for students not to take role-plays seriously. The goal of the activity is to help students understand and practice assertive communication skills, but if a group of students cannot handle role-plays, it is best to use an alternative activity. Another option is for students to write a monologue or journal entry from the point of view of the character who is being pressured. Ask students to write about how that person feels and what that person wants from this situation. Then have the students write out a conversation, individually or in small groups, in which the character assertively explains what they want and need.

For tips on facilitating successful classroom role-plays see “Guidelines for Role-Play” at www.getrealeducation.org.

Engaging Students

Before assigning students the role-plays, explain that the goal of the activity is to create a believable dialogue between two people in a healthy relationship. Please refer to the curriculum Introduction for more information about successfully leading students through role-plays.

Lesson 9.7 Resources

Centers for Disease Control and Prevention, STD information:

www.cdcnpin.org/scripts/std/std.asp

I Wanna Know: www.iwannaknow.org

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

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Activity 9.8-2

Persuasion Lines**Facts to Know**

The following are definitions and talking points to use while introducing the activity:

- When guiding the class through answering the question: “What are the reasons people choose to have sex?” make sure to focus on the positive. The point of this brainstorm is to frame consensual sex as being a positive and pleasurable interaction between people.
- **Assertive communication** means giving people an honest answer about what you want and don’t want in a nonaggressive way. It means making sure you are speaking for yourself and your feelings. This includes asking for time when you feel confused and are not sure what you want. Assertive communication means that a person is not being manipulative or using other people, or allowing themselves to be manipulated or used by other people.
- **Refusal skills** are the skills and techniques needed to successfully maintain a person’s limits or boundaries. This includes the ability to say NO clearly and directly, without becoming aggressive or intruding on another person’s boundaries.
- **Consent** means “giving permission.” *Get Real* defines sexual consent as requiring a sober “yes” from all partners, free from intimidation or pressure. Consent is an ongoing process, and a “yes” to something once, doesn’t mean a “yes” to something always.
- **Respecting boundaries** is a key component of consensual sex. When one partner shares a boundary, or says “no” to something, it is the responsibility of the other partner to hear and respect that boundary. These are all key aspects of mutually consensual and pleasurable sexual activity.
- When dealing with **sexual persuasion**, assertive communication, refusal skills, and respecting boundaries are really important. Ask the class to brainstorm some assertive responses to the persuasion lines they created.
- Most of the persuasion lines students brainstorm come straight from the media they consume. Ask students why so much of the media that people are exposed to and engage with does not depict consensual sexual interactions.

Activity 9.8-3

Friendly Advice: Sexual Refusal and Negotiating Protection**Facts to Know**

Remind students of these facts about condoms before they write their advice for negotiating protection:

- Other than abstinence, the condom is the only protection method that, when used correctly and consistently, protects against both pregnancy and STIs.
- When it comes to HIV prevention, using condoms is 10,000 times safer than not using condoms.
- Acquiring external condoms does not require a doctor's prescription or parent permission.
- Most health clinics, as well as some other community locations and schools, give condoms away for free.

Potential Challenges

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

Engaging Students

To get student buy-in for the creation of advice columns, ask them to brainstorm the name of their advice column and the media source that runs the column. Have the students decide whether it is a blog, a newspaper or a television show. Giving students an additional minute to come up with their "advice character" can help them take the activity more seriously and, ideally, give more realistic advice.

These scenarios can also be used to set up a Guided Improvisation or Mantle of the Expert role-play. See "Guidelines for Role-Play" at www.getrealeducation.org for more strategies for facilitating a successful role-play.

Activity 9.8-4

Accessing Sexual Health Care**Facts to Know**

Explain to students that there are confidentiality laws regarding sexual health services for teens. Teens may access these services for protection methods and STI testing without parental consent. However, if teens use their parents' insurance to pay for testing, birth control or other services, this may show up on an insurance statement. At many clinics, teens can receive these services for free or at low cost.

Potential Challenges

To transition smoothly from writing advice columns to talking about accessing sexual health care, ask students if any of them gave the advice to seek out a doctor or health care professional in the previous activity. Ask why they gave this advice. Explain that the ability to access sexual health care is an important part of becoming a young adult.

Lesson 9.8 Resources**Information on assertive communication:**

Steps to Respect: www.cfchildren.org/Portals/0/STR/STR_DOC/Research_Review_STR.pdf

Communication Skills:

www.seriouslysexuality.com/index.cfm?fuseaction=Page.ViewPage&pageId=1084

Resources that may be helpful to students in preparing their projects:

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

Seriously Sexuality: www.seriouslysexuality.com

Kate Bornstein, illustrated by Diane DiMasa, *My Gender Workbook : How to Become a Real Man, a Real Woman, the Real You, or Something Else Entirely*, 1997.

Nikol Hasler, *Sex: A Book for Teens: An Uncensored Guide to Your Body, Sex, and Safety*, 2010.

Jeanne Blake, *Words Can Work: When Talking With Kids About Sexual Health*, 2011.

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

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9.9 Activities

All 9.9 Activities**Facts to Know**

The social media and technology discussed in this lesson are reflective of the current trends. Please be aware of what kinds of social media students are using, and what is pertinent in your community. It's important to stay up to date with what your students are using in terms of online technology.

Activity 9.9-2

Social Media Brainstorm**Facts to Know**

The following facts and definitions can be included in the discussion:

- **Cyberbullying** is when a child, preteen or teen is tormented, threatened, harassed, humiliated, embarrassed or otherwise targeted by another child, preteen or teen using social media or cell phones. To be considered cyberbullying, an action must have a minor on both sides, or at least have been instigated by a minor against another minor. Once adults become involved, it is called “cyberharassment” or “cyberstalking.”
- A **perpetrator** is a person who intentionally harms or verbally intimidates another person through physical assault, name-calling, exclusion or harassment. In a cyberbullying situation, the perpetrator is the person, or people, who uses technology to intentionally harm or harass another person. Examples of cyberbullying include posting a picture without a person's consent; altering a picture to make fun of or harm another person; sharing a harmful image; and posting mean or cruel things about another person online.
- A **target** is a person who is physically harmed or verbally harassed by a perpetrator.
- A **bystander** is a person who witnesses another person being physically harmed or hears/sees intimidation, name-calling, exclusion or harassment and does nothing to stop the behavior. Someone who “likes” cyberbullying on a social media site is a bystander to that act.
- An **ally** is a person who stands up for someone else. A person who witnesses another person being harmed or hears/sees intimidation, name-calling, exclusion or harassment and takes positive actions to help is an ally.

Engaging Students

Before teaching this lesson, find out what forms of social media are most popular within your student population.

Activity 9.9-3

Status Update

Facts to Know

The following definitions should be used in this activity:

- **Social media** is the use of online and mobile technologies to turn communication into interactive dialogue. Social media allows the creation and exchange of user-generated content.
- **Status update** is a term coined by Facebook. Status updates allow users to post messages, images, videos and links to other websites. Depending on a user's privacy settings, the user's friends or potentially any other Facebook user may be able to read or view a person's status updates.

In this scenario the following are the classifications for each of the characters:

- Perpetrator(s) – Jenna and the friend who tagged Brendan directly
- Target – Brendan
- Bystanders – Anyone at the party who saw Jenna take the picture of Brendan; everyone who commented and/or saw the pictures and did nothing to stop the behavior or support Brendan

There is no ally in this scenario.

Potential Challenges

Students may want to blame or shame Brendan for his behavior in this scenario. It is important to reinforce that this is a prime example of victim blaming and to reinforce that how people act or exist in the world does not give other people permission to cause them harm. If a person is drunk or acting silly, that person is still entitled to be treated like a human with respect and care instead of cruelty. This discussion is also an opportunity to tie this activity to consent and the importance of consent.

Activity 9.9-4

Public Vs. Private**Facts to Know**

The following are additional talking points about privacy and technology:

- Anything posted to social media sites has the potential to be viewed by anyone with access to those same sites (e.g., colleges, teachers, future employers).
- Once something has been posted online, anyone who reads it can copy, save or repost it. So, even if the original copy is deleted, there is no way to know who might still have access to it.
- If an image or text is sent via mobile phone, even if it is deleted from the device of the person who sent it, that does not guarantee that recipients will delete it from their devices. Mobile providers also have the capability to save copies of communications in some circumstances, even if the sender and the recipient both delete them.
- Some people use apps such as Snapchat, which shows an image for just a few seconds and then deletes it. However, a person could still take a screenshot of the image before it was deleted by Snapchat.
- Anything sent via email, text or social media sites cannot be taken back.

Potential Challenges

Encourage students to think about what is meant by “public” and “private.” For example, if someone’s Instagram is only visible to friends, but the person has 800 friends, is that truly private?

Students must feel comfortable expressing their opinions in order for these activities to be meaningful. Adults may feel there are right or wrong answers to the questions, but this is not the time to force those beliefs on students. The teacher’s role is to facilitate a conversation in which individual students may or may not make discoveries about their own feelings and opinions. This lesson will provide ideas for the students so that, if they are faced with these issues, they will be able to recall information effectively and make a healthier choice about their privacy.

Activity 9.9-5

Social Media Guidelines**Engaging Students**

It's possible that your class of high school students will not feel they need guidelines for using social media. To avoid student disengagement, ask students to come up with guidelines they would give to a younger sibling or family member. Ask them to think about how they would help that younger person successfully navigate the online and mobile world.

Lesson 9.9 Resources**Parental guidelines for popular media:**

Common Sense Media: www.commonsensemedia.org

Stop Cyberbullying: www.stopcyberbullying.org

Social networking information:

ProCon.org: <http://socialnetworking.procon.org>

Information on media:

Jean Kilbourne: www.jeankilbourne.com

Media Education Foundation: www.mediaed.org

Tough Guise and Beyond Killing Us Softly are videos with media images and messages.

Teachers can preview the videos for more information on the topic of this lesson.

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

9.10 Activities

All 9.10 Activities**Engaging Students**

In presenting the activities in this lesson, it's important to be inclusive. Some students may have never been in a relationship. Others may identify as LGBTQ and feel as though the conversation does not pertain to them. Explaining at the start that this lesson is about examining relationships in general and not about personal experiences should help to alleviate some of these feelings.

Activity 9.10-2

Healthy and Unhealthy Relationship Brainstorm**Facts to Know**

The acronym HERRC, standing for “honesty, equality, respect, responsibility, consent,” may be useful for guiding students to these important characteristics. Research shows that people look for these characteristics in friendships and dating relationships. Elicit examples of each characteristic from students. The characteristic of responsibility can be tied into the SEL skill of responsible decision making: people in healthy relationships help each other make responsible decisions. Also stress the importance of having a mutually consensual relationship when discussing respect and equality.

The following are some talking points on consent:

- Sexual consent requires a sober, enthusiastic “yes!” from both partners.
- Any sexual behavior (talking, kissing, touching, intercourse) should be mutually consensual. This means both people have agreed to engage in the behavior.
- Consent is an active decision, which means people cannot give consent if they are drunk or asleep.
- “Yes” means yes. “No” means no. If a person has not clearly said “yes” to something, then the 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 can be sexy and caring.
- Consent means “giving permission.” *Get Real* defines sexual consent as requiring a sober “yes” from all partners, free from intimidation or

pressure. Consent is an ongoing process, and a “yes” to something once doesn’t mean a “yes” to something always.

- Consent should be mutual, not hesitant or coerced. If both partners are not definitively on the same page, they should slow down and check in with each other.

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

This activity may get students thinking about power dynamics. According to a study in 2007 by the National Campaign to Prevent Teen and Unintended Pregnancy (currently publishing as Power to Decide), 26% of young teens who have a partner two or more years older have a relationship that includes sexual intercourse; compared to 13% of 12 to 14 year olds who have a partner of a similar age. Additionally, teens who had an older partner are less likely to consistently use contraception and protection methods than their peers who had a partner of a similar age or younger.

Engaging Students

Encourage students to think about relationships they have seen on TV and in the media. Prompt them to think about a relationship they’ve witnessed in their lives involving trusted adults, friends, older siblings, etc. This will take the pressure off them as individuals and make the conversation feel more relevant.

Activity 9.10-3

Values Clarification

Facts to Know

It’s important that teachers not place values or judgments on the students. The goal of these activities is not for the students to find the “right” answer, but rather for them to explore these issues in a safe and supportive environment.

Students must feel comfortable expressing their opinions in order for these activities to be meaningful. Adults may feel there are right or wrong answers to the questions, but this is not the time to force those beliefs on students. The teacher’s role is to facilitate a conversation in which individual students may or may not make discoveries about their own feelings and opinions. This lesson will provide ideas for the students so that, if they are faced with these issues, they will be able to recall information effectively and make a healthier choice in the moment.

Potential Challenges

If you are worried about students feeling comfortable sharing their opinions during this activity, or students judging one another, this activity can be done anonymously. Create a worksheet with the activity prompts and “agree/disagree” under each prompt. Instruct students not to put their names on the worksheet, and to answer each prompt honestly. Then collect the worksheets and redistribute them, instructing students to stand or raise their hand based on the answers on the worksheet they were given, not their own personal answers. Complete the processing as written in the lesson.

Activity 9.10-4

What's a Deal Breaker?

Facts to Know

In processing this activity, it's important that teachers not place their own personal values onto the students. It's equally important that teachers emphasize the universal values of health and safety inherent in *Get Real*, as well as the idea that people should seek help if they feel angry or violent toward a partner or if they feel threatened or unsafe in a relationship.

Potential Challenges

Be careful that this activity does not become a debate. Students may try to convince their classmates to change their opinions, but it's important to stop this from happening. In processing the activity together, students will inevitably discuss their feelings and values, but the goal is not to engage in an argument. For example, the prompt about paying for dates may bring up disagreements about gender norms and expectations, but the goal is to give students the opportunity to voice their opinions and stand behind what they believe.

Encouraging students to stand up for their own opinions is more valuable than allowing them to try to pressure their peers into agreeing with them. This may become a teachable moment about the difference between being assertive and being aggressive. Tell students it's normal for some of them to have one opinion and for others to disagree; there is always a range of perspectives. In a relationship, two people must discuss their perspectives to make sure there is safety and mutual consent.

Lesson 9.10 Resources

Power to Decide (formerly National Campaign to Prevent Teen and Unintended Pregnancy):
www.powertodecide.org

Domestic violence and sexual assault:

Futures Without Violence: www.futureswithoutviolence.org

That's Not Cool: www.thatsnotcool.com

Rape, Abuse & Incest National Network: <https://rainn.org>

Information about teen dating violence:

Step Up Speak Out: www.stepupspeakout.org

Consent and Legal Issues by State:

The Age of Consent: <http://www.ageofconsent.us>

Relationships:

TeenFX: www.teenhealthfx.com/answers/relationships

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

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9.11 Activities**All 9.11 Activities****Potential Challenges**

There's a lot to accomplish in this final lesson. Ensure that every student has the opportunity to present a capstone project, allow time for students to process all they have learned, and allow time for answering any remaining anonymous questions. To ensure that these three things are accomplished, it's important to know in advance what each student group is presenting and how much time the presentation will take. Don't rush students through their projects, but stay organized to be able to get through it all.

Activity 9.11-2**Sexual Health Capstone Presentations****Facts to Know**

This project gives students the opportunity to share what they have taken away from the *Get Real* curriculum. It's important that students choose the style of their projects. They should be allowed to work on their projects in class if there is time, and instructed to work on them at home.

The goal of the project is to allow students to use personal creativity to synthesize and internalize the messages they have learned.

If there is time and students are interested in presenting their projects to the class, then that is an option. However, emphasis should not be put on a presentation, but rather on creating something that can be handed in to the educator to illustrate a level of student learning and knowledge gained from the *Get Real* classes.

Potential Challenges

If time was an issue, or you were unable to assign additional work to be completed outside of class, students can complete a Capstone Project during this time in their final class. One project option is to design a sexual health bumper sticker. This can be a message that incorporates words and/or images. The message should be something students wish others knew about sexual health, sexual health care, relationships, or any other topics discussed during *Get Real*. The bumper sticker should be something students would be comfortable sharing with others (for example, a grandparent).

Give time for students to create their bumper stickers and then allow them to share with one another.

Additional Capstone Projects that can be completed during the final class include:

- Creating a script between two characters about a topic that was discussed in class (for example, consent)
- Creating a sales pitch/advertisement for a protection method discussed during Lesson 9.5
- Writing an advice column/blog about relationships, etc.

Engaging Students

Although students generally show respect toward peers who are presenting, it's important to keep the class engaged in the presentations. A great way to do this is to have the rest of the class fill out a peer critique for each presentation. The form should not be an opportunity to judge their peers' work, but should allow students to respond to questions, such as "What is one fact you learned?" and "What is one message you're taking away from this project?"

Activity 9.11-3

Personal Risk Assessment and Risk Reduction Strategies

Facts to Know

The following talking points are for use in processing Handout 9.11-3: Personal Risk Assessment:

- Protected sex is mutually consensual intercourse during which a barrier and/or hormonal protection method is used correctly.
- The differences between the protection the pill provides and the protection condoms provide are as follows:
 - **The pill** is a hormonal method that is 99% effective at preventing pregnancy when used correctly and consistently. The pill requires a doctor's prescription. It protects against pregnancy, but it does not protect against STIs.
 - **Condoms** are a barrier method. External condoms are 98% effective at preventing pregnancy, and also prevent STI transmission when used correctly and consistently. External condoms do not require a doctor's prescription. They can be purchased at drugstores and supermarkets or picked up for free at many clinics and community centers. There are external and internal condoms. Condoms protect against both

pregnancy and STIs. Dental dams can also be used to prevent STI transmission during oral sex performed on a vulva.

- Family planning clinics can provide STI testing and protection methods to teenagers without parental consent. At many clinics, teens can receive testing and protection for free or at low cost. These services are confidential.

The following process questions can be used for the Personal Risk Assessment handout:

1. What are some clinics and health centers you've identified in your community?
2. What are the methods of contraception, and how do they work?
3. Where can people go for answers to questions about sex and sexuality?
4. What is one thing you've learned about sex and sexuality during this course?

Activity 9.11-5

Anonymous Questions Box

Engaging Students

Be sure to answer any remaining anonymous questions before the end of class.

Lesson 9.11 Resources

Resources that may be helpful to students in preparing their projects:

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

Seriously Sexuality: www.seriouslysexuality.com

Kate Bornstein, illustrated by Diane DiMasa, *My Gender Workbook: How to Become a Real Man, a Real Woman, the Real You, or Something Else Entirely*, 1997.

Nikol Hasler, *Sex: A Book for Teens: An Uncensored Guide to Your Body, Sex, and Safety*, 2010.

Jeanne Blake, *Words Can Work: When Talking With Kids About Sexual Health*, 2011.

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

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