

A Focus on Kids Intervention

FOCUS ON YOUTH WITH IMPACT

**An HIV Prevention Program
for African-American Youth
with a Complementary Program for Parents**



An Evidence-Based Curriculum



Focus on Youth with ImPACT

(Informed Parents and Children Together)

A Focus on Kids Intervention

**An HIV Prevention Program
for African-American Youth
with a Complementary Program for Parents**

ETR Associates
Santa Cruz, California

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Copies of this curriculum can be obtained free of charge by contacting foy@etr.org, or from the CDC Division of HIV/AIDS Prevention by contacting the *Focus on Youth with ImPACT* technical monitor, Dr. Winifred King, at wdg2@cdc.gov.

Focus on Youth with Informed Parents and Children Together (ImPACT) was supported by Grant/Cooperative Agreement Number U65/CCU924904 from the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention.

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Produced by ETR Associates, 4 Carbonero Way,
Scotts Valley CA 95066-4200.

Contents

	Preface and Acknowledgments	vii
Introduction		1
Session 1:	We're All in This Together	9
	1. Introduction Game: Flying Objects	11
	2. <i>Focus on Youth with ImPACT</i> Program Overview	13
	3A. Group Cohesion Activity: Crossing the River.	17
	3B. Group Cohesion Activity: The Box	19
	3C. Group Cohesion Activity: The Human Knot	21
	4. Establishing Group Agreements	23
	5. Family Tree.	26
	6. SODA Decision-Making Model—Step 1: Stop	34
	7. Wrap-Up and Closing Ritual.	37
Session 2:	Risks and Values.	39
	1. Opening Ritual and Review	41
	2. How Risky Is It?	43
	3. Why Do People Feel Invulnerable?	67
	4. Defining a Value	69
	5. Rank Your Values.	70
	6. Values Voting.	73
	7. Wrap-Up and Closing Ritual.	79
Session 3:	Educate Yourself: Obtaining Information	81
	1. Opening Ritual and Review	83
	2. SODA Decision-Making Model—Step 2: Options	84
	3. Resources: Finding Information for Good Decisions	89
	4. Trusted Guardian/Adult as a Resource	97

5. Ya Heard Me! What Teens Want to Know 100
6. Challenge: Check It Out!. 113
7. Wrap-Up and Closing Ritual 115

Session 4: Educate Yourself: Examining Consequences 117

1. Opening Ritual and Review 119
2. Numbers Game: How Many Teens Are Really...? 120
3A. Condom Demonstration 124
3B. Condom Card Activity 128
4A. Hands-On Condom Race 134
4B. “Let the Music Play” Condom Card Race 136
5. SODA Decision-Making Model—Step 3: Decide 137
6. More Challenges! 140
7. Wrap-Up and Closing Ritual 142

Session 5: Build Skills: Communication 145

1. Opening Ritual and Review 147
2. SODA Decision-Making Model—Step 4: Action. 149
3A. Communication Game: Communicating Without Words. 151
3B. Communication Game: Changing Messages. 154
4. Communication Styles: Aggressive, Assertive and Nonassertive . 156
5. Sex: A Decision for Two 161
6. Wrap-Up and Closing Ritual 169

Session 6: Sexual Health and Showing You Care Without Having Sex 171

1. Opening Ritual and Review 173
2. Ways to Show You Care 174
3. “Ways to Show You Care” Roleplay 181
4. HIV Transmission Game 183
5. Safer Sex and Contraception 187

	6. Challenge: Being-a-Parent Interviews	202
	7. Wrap-Up and Closing Ritual	204
Session 7:	Attitudes and Skills for Sexual Health	205
	1. Opening Ritual and Review	207
	2. HIV-Positive Speaker or Video	208
	3. Goal Setting for My Future	210
	4. Goal Setting: Obstacles and Support	214
	5. Roleplay: Saying NO or Asking to Use a Condom	219
	6. Wrap-Up and Closing Ritual	224
Session 8:	Review and Community Project	225
	1. Opening Ritual and Review	227
	2. What Are You Concerned About?	228
	3. What Youth Can Do	230
	4. The Knowledge Feud	232
	5. Pat on the Back	236
	6. Community Projects Discussion	238
	7. Wrap-Up and Closing Ritual	243
Appendixes		245
	A. Adapting Session Activities	245
	B. Optional All-Day Retreat for Session 6.	261
	C. Information for Group Leaders	263
CDC Materials		279
	Male Latex Condoms and Sexually Transmitted Diseases	281
	CDC Statement on Study Results of Product Containing Nonoxynol-9.	287
	Nonoxynol-9 Spermicide Contraception Use—United States, 1999.	289
	The ABCs of Smart Behavior	293
	Guidelines on Content of HIV Education Materials	295

Preface and Acknowledgments

This edition of *Focus on Youth with ImPACT* was updated and packaged from *Focus on Kids* and from *Informed Parents and Children Together (ImPACT)* to provide new information and tailor activities to increase the relevance of the program for African-American youth between ages 12 and 15 who are at risk for HIV infection. This edition addresses the critical role of parents in their youth's decision making and behavior. Including *ImPACT* helps parents work with their youth to guide them toward responsible decision making.

Eight agencies were selected to participate in a pilot of the *Focus on Youth* package. Over a 6-month period, each of the agencies piloted the new package with 8–10 youth. Their feedback has been incorporated in the final version.

We are grateful for the commitment of the original researchers, Bonita Stanton, MD, PhD, and Jennifer Galbraith, PhD, the writers, all of the youth, their parents and the youth service providers who helped to focus-group test and pilot *Focus on Youth with ImPACT*. We would also like to thank the Centers for Disease Control and Prevention, Division of HIV/AIDS Prevention, Diffusion Team Members: Winifred King, PhD, MPH; Ivory Kimbrough, MPH; Patricia Patrick; Lashaun Polk, MPH; and Harneyca M. Hooper, MPH.

The Focus on Youth with ImPACT Team

Cherri Gardner, MA

James Walker

Tereé Jerome

Sarah Stevens

Pam Drake, PhD

Scott Martin

Suzanne Schrag

Charlene Foster

Acknowledgments from the Original Focus on Kids

Over a period of more than a decade, we had a wonderful and exciting time working with hundreds of youth, parents and organizations from Baltimore to develop, implement and evaluate the *Focus on Kids* HIV prevention curriculum. Everyone with whom we worked was committed to a common goal: to prevent our adolescents from becoming infected with HIV. It appears our efforts have paid off. Youth participating in the *Focus on Kids* programs are less likely to engage in HIV risk behaviors than youth who have not participated in this program. We are proud of this curriculum and hope that every one of the individuals and organizations with whom we have worked will share in this pride.

Since this curriculum was first developed, it has been implemented in a variety of school and community settings around the nation and the world. In addition to the Baltimore research, versions have been evaluated in West Virginia, Washington, D.C., Washington State, the Bahamas, Namibia, China and Vietnam. Adaptation to new settings is always exciting, fun and fulfilling—and at times complex and even perplexing. The process has resulted in strong bonds among members of the implementation team, and between the program and our community partners.

We wish to thank all the youth and their parents who worked with us throughout the curriculum development and evaluation in each of these places. We also wish to thank the community interviewers and group leaders who worked with us and enabled us to evaluate the curriculum, as well as the staff of the many community recreation centers, the schools and the countless local, state and national organizations and other agencies that helped us along the way.

The *Focus on Kids* team adapted the work of many individuals and programs in developing this curriculum. We appreciate their fine work and their commitment to the well-being of youth. These include:

- Center for Experiential Education
- Center for Population Options
- Ross Ford, for the Family Tree Activity
- Patricia Kramer

- Planned Parenthood of Bergen County, Inc., The Center for Family Life Education
- Planned Parenthood of Maryland STARS (Students Talking About Responsible Sexuality)
- S. Schinke, A. Gordon and R. Weston, for the SODA Decision-Making Model

The curriculum would not have been possible without the aid and funding of the National Institute of Mental Health, the National Institute of Child Health and Development, and the Agency for Health Care Policy and Research. The Child Health Foundation supported our efforts to turn the results of this work over to Baltimore communities. Finally, we thank ETR Associates for helping us reach a much greater audience of youth.

We dedicate this manual to the youth and families in communities all over the country and the world who helped make the success of *Focus on Kids* possible.

The Original Focus on Kids Team

Bonita Stanton, MD

Maureen Black, PhD

George Cornick

Lesley Cottrel, PhD

Lynette Devieux

Susan Feigelman, MD

Jennifer Galbraith, PhD

Carole Harris, PhD

Linda Kaljee, PhD

Xiaoming Li, PhD

Robert Pack, PhD

Izabel Ricardo, PhD

Yvonne Summers

Ying Wu, PhD

Introduction

What Is Focus on Youth with ImPACT?

Focus on Youth with Informed Parents and Children Together (ImPACT) is an HIV, STD and pregnancy prevention intervention for African-American youth ages 12–15. The intervention was updated from *Focus on Kids*, a community-university linked research and intervention program. The goal of *Focus on Youth with ImPACT* is to reduce the risk of HIV infection among youth. The researchers, led by principle investigator Bonita Stanton, M.D., worked with community members from recreation centers, housing developments, schools and government agencies in settings throughout the U.S. to reach this goal.

The evaluation of the combined *Focus on Kids* and *ImPACT* interventions^{1, 2} met the necessary criteria for the interventions identified as interventions with best evidence of efficacy by the Centers for Disease Control and Prevention's (CDC) HIV/AIDS Prevention Research Synthesis (PRS) Project. *Focus on Kids* alone was identified as an intervention with promising evidence.^{3, 4}

This *Focus on Youth with ImPACT* edition provides updated information and more tools to facilitate implementation and increase the relevance of the program for African-American youth between ages 12 and 15 who are at risk for HIV infection.

ImPACT is a 90-minute HIV prevention program for parents of African-American adolescents used in combination with *Focus on Youth*. *ImPACT* is delivered to parents/guardians and youth, one family at a time, by a health educator. It consists of basic HIV information, a culturally appropriate video documentary that stresses parental monitoring and communication, a discussion with the health educator, two guided roleplays, a parent/guardian resource guide, and a condom demonstration. It was guided by parental monitoring theory and theory of parenting (passive, authoritarian and authoritative).

¹ Wu, Y., Stanton, B., Galbraith, J., Kaljee, L., Cottrell, L., Li, X., et al. (2003). Sustaining and broadening intervention impact: A longitudinal randomized trial of three adolescent risk reduction approaches. *Pediatrics* 111 (1): 32-38.

² Stanton, B., Cole, M., Galbraith, J., Li, X., Pendleton, S., Cottrell, L., et al. (2004). A randomized trial of a parent intervention: Parents can make a difference in long-term adolescent risk behaviors, perceptions and knowledge. *Archives of Pediatrics and Adolescent Medicine* 158:947-55.

³ Lyles, C. M., Kay, L. S., Crepaz, N., Herbst, J. H., Passin, W., Kim, A., et al. (2007). Best evidence interventions: Findings from a systematic review of HIV behavioral interventions for U.S. populations at high risk, 2000-2004. *American Journal of Public Health* 97 (1): 133-143.

⁴ Centers for Disease Control and Prevention. 2006. HIV/AIDS Prevention Research Synthesis Project. Retrieved June 21, 2006, from www.cdc.gov/hiv/topics/research/prs/index.htm.

What Makes Focus on Youth with ImPACT Different?

It's a community-based program. The original *Focus on Kids* was developed for use in recreation centers as opposed to schools or clinics. This community basis for the program helped reach higher-risk youth who were already truant from school or had high absenteeism rates, as well as youth who did not go to clinics or were not connected with health care professionals. It also allowed the program to be closer to where youth were making decisions about high-risk activities—in their neighborhoods and social networks. *Focus on Kids* has also been used successfully in classroom and school settings.

It features community involvement. Another unique aspect is the emphasis on community involvement in the project on many different levels. Initially, several recreation club directors worked as consultants to help the research team better understand the youth and the best way to reach them. A community advisory board was formed and has been an invaluable aid in survey and curriculum development, as well as the overall project design.

Focus on Kids also tried to use community members in as many roles as possible—as interviewers, group leaders and research assistants. Through work with the community, the program developers were able to gain insight into the needs and perceptions of urban youth and their parents.

It uses natural friendship groups. The program is unique in its use of “natural friendship groups.” Each young person enrolled in the original *Focus on Kids* program was asked to invite 3 to 9 same-gender friends to join the program, thus forming natural friendship groups. In this way, the young people were able to reinforce each other's positive, healthy decisions.

It actively involves parents. Most adolescent risk reduction programs do not specifically include parents, despite that it is generally known how important parents are in the health decisions that their children make. Inclusion of the evidence-based program, ImPACT, in this edition empowers parents to stay connected with their youth as the youth face difficult decisions during their teen years.

It has a comprehensive focus. Although the primary goal was to reduce HIV infection, the team was aware that there are many things that lead to risk behaviors among youth, and that it therefore was important to make the curriculum holistic and comprehensive. It became obvious from talking with parents, youth and community leaders who work with youth that the curriculum would need to be broad and cover many topics, including

decision making, values clarification, communication, and knowledge about risk behaviors associated with HIV infection, other STD, teen pregnancy, violence, alcohol and other drug use and drug selling.

What's New in This Edition

Based on focus-group participants' input and other feedback, the following changes have been made in updating *Focus on Youth with ImPACT*.

- **The “family tree” activity was updated.** An important activity in Session 1 involves the use of a family tree that describes a “typical” family. Participants use these family relationships to illuminate some of their own thoughts and values. For this activity to work, the family tree must describe a family that seems believable and relevant to African-American youth. The adapted edition includes two options for the family tree which include risk factors common to African-American youth from risk environments.
- **An alternative condom activity has been provided.** Session 4 includes a Condom Demonstration and leaders are strongly encouraged to include it. Although condom demonstration activities increase young people's chances of using a condom when sexually active, such demonstrations may not be acceptable in some youth organizations or communities. For these agencies, we have included alternate activities—Condom Card Activity and “Let the Music Play”—that rehearse the sequence of steps for using a condom. While not as effective as the actual demonstration, these activities will help youth understand the correct method for using condoms, and their use is preferable to dropping the activity altogether.
- **Contraceptive methods were updated** to only include those currently available on the market and those most likely to be used by teens.
- **Abstinence is more explicitly supported.** Because this program was originally designed for young people who, as a group, had a fairly high likelihood of engaging in risky behaviors, the material openly addresses sexuality, condom use and contraception. Throughout the curriculum, however, the benefits of choosing abstinence and postponing sexual involvement are also outlined, and explicit support and encouragement are given to youth making the choice to abstain.
- **Language and cultural references have been updated.** For example, Session 3, Finding Information for Good Decisions, now includes Internet resources and reviews safety guidelines for use of the Internet.

- **A presentation from a guest speaker who is HIV positive was added** to Session 7 to help youth increase compassion towards people living with HIV. Listening to a speaker can increase youth's perception of their own risk for HIV infection should they engage in behaviors that place them at risk.
- **Resources and alternative activities for GLBT youth are provided.** Appendix A offers an alternate version of the Family Tree, additional decision-making activities, and a list of resources for those working with gay, lesbian, bisexual and transgender youth.
- **More resources for presenters are included.** Updated fact sheets are provided on HIV and STD, HIV and STD testing. Additional background information for presenters, including finding and working with HIV-positive speakers, can be found in Appendix C.
- **Instructions are given for adapting activities while maintaining core elements.** The Implementation and Technical Assistance Guide features a discussion of the core elements of *Focus on Youth with ImPACT* and explains how to maintain fidelity to the original intent and theoretical constructs of the program when modifying or adapting activities.

Program History

Focus on Kids began in the early 1990s with a team of researchers consisting of pediatricians, psychologists, health educators and anthropologists. Through these multiple disciplines, the *Focus on Kids* team was able to approach the numerous challenges which face urban youth from epidemiological, individual and community perspectives. The team developed a curriculum based on social cognitive theory. Ethnographic and survey research, as well as strong community input, ensured that the intervention was developmentally and culturally grounded.

By the spring of 1993, the team was ready to try the curriculum with a large number of youth to determine if it would actually decrease risk behaviors for HIV infection. For this study, 383 youth, ages 9 to 15, from 9 recreation centers in urban, low-income neighborhoods of Baltimore were enrolled. All youth were African American.

The findings from this initial evaluation were encouraging. Youth who participated in the skills-based *Focus on Kids* program were less likely to engage in HIV risk behaviors than young people who participated in an information-based program. The success of the program led to the original publication of *Focus on Kids* in 1998.

Focus on Kids has endured as an active, living program. Several original team members continue to participate in delivery and evaluation of the program. The team has adapted the curriculum for other settings and carried out additional evaluations. A parent communication and monitoring segment, *Informed Parents and Children Together (ImPACT)*, has been added. *Focus on Kids* has shown success in both school and community programs, in places and cultures as diverse as Baltimore, Washington, D.C., Washington state, rural West Virginia, the Bahamas, Namibia, China and Vietnam.

Evaluations

Though demands on youth have shifted over the years, the essential principles and approaches of *Focus on Kids* continue to be effective over time and across cultures—an important aspect of any research-tested curriculum. Because of the time lag between a program’s initial conceptualization, development and testing and later efforts to share it, the original material must be kept up to date to remain relevant to young people, yet stay faithful to the design so the evaluation findings are still sound.

The *Focus on Kids* team has continued to receive feedback from youth, parents, schools, community programs and its own evaluations. Specific features have been adapted and improved, while fidelity to the original program was carefully maintained. Here are some of the findings.

- **It works.** At 6-month follow-up, participants in the original program were more likely than control youth to use condoms if they were sexually active (85% vs. 61%). The intention to use condoms was higher after the program than it was at baseline. These effects lowered HIV risks for intervention youth. The program also appeared to lower truancy, drug dealing and fighting.
- **Parent involvement strengthens the effects.** In a later study, participants were randomized to groups receiving *Focus on Kids* alone, or with the parental monitoring intervention, *ImPACT*. At 6-month and 12-month follow-up, youth in the parental monitoring group reported significantly lower rates of sex, sex without a condom, alcohol use and cigarette use. At 24-month follow-up, they had lower rates of school suspension, weapon carrying, use of tobacco, use of marijuana and other illicit drugs, and were more likely to know if a sex partner had used a condom.
- **It works in different cultures and settings.** *Focus on Kids* has been successful in both school and community settings across many cultures.

Focus on Youth with ImPACT Essentials

Maintaining Fidelity

All CDC-Identified Effective Behavioral Interventions have what is referred to as “core elements” that make that intervention effective. **Core Elements** are required elements that embody the theory and internal logic of the intervention and most likely produce the intervention’s main effects. Core elements are identified through research and program evaluation. Core elements essentially define an intervention and must be kept intact (i.e., with fidelity) when the intervention is being implemented or adapted, to ensure the best prospect that the program will produce outcomes similar to those demonstrated in the original research.⁵

Key Characteristics are important, but not essential, attributes of an intervention’s recommended activities and delivery methods. They may be modified to be culturally appropriate and fit the risk factors, behavioral determinants, and risk behaviors of the target population and the unique circumstances of the venue, agency, and other stakeholders. Modification of key characteristics should not compete with or contradict the core elements, theory, and internal logic of the intervention. (McKleroy, et al., 2006)

When making changes to *Focus on Youth with ImPACT*, activities should continue to capture the identified intent or theoretical construct. Activities can be changed so long as they continue to reflect the identified constructs of Protection Motivation Theory (PMT). In Section 5 a chart can be found that lists all activities and which constructs of the theory the activity captures.

Core Elements and Key Characteristics of Focus on Youth

The core elements of *Focus on Youth with ImPACT* have been organized in three sections: content, pedagogical and implementation. Content core elements are the essential elements of *what* is being taught by the intervention that is believed to change risk behaviors. Pedagogical core elements are the essential elements of how the intervention content is taught. Finally, implementation core elements are the essential characteristics of an intervention that relate to some of the logistics that set up a positive learning environment.⁶

⁵ McKleroy, V., Galbraith, J., Cummings, B., Jones, P., Harshbarger, C., Collins, C., et al. (2006). Adapting evidence-based behavioral interventions for new settings and target populations. *AIDS Education and Prevention* 18 (Suppl. A): 59-73.

⁶ Education, Training and Research Associates and CDC. (In press). *Adaptation guidance for science-based pregnancy, STD and HIV prevention education programs for adolescents*. Scotts Valley, CA: ETR Associates.

Implementation core elements:

- **Core Element 1:** Deliver intervention to youth in community-based settings.
- **Core Element 2:** Use two skilled facilitators to model communication, negotiation and refusal skills for the youth.
- **Core Element 3:** Use “friendship” or venue-based groups (i.e., a basketball team, a scout troop, church group, an existing youth group) to strengthen peer support.

Content core elements:

- **Core Element 4:** Use culturally appropriate interactive activities proven as effective learning strategies to help youth capture the important constructs in the theory.
- **Core Element 5:** Include a “family tree” to contextualize and personalize abstract concepts, such as decision making and risk assessment.
- **Core Element 6:** Enable participants to learn and practice a decision-making model such as SODA (Stop, Options, Decide, Action).
- **Core Element 7:** Train participants in assertive communication and refusal skills specifically related to negotiation of abstinence or safer sex behaviors.
- **Core Element 8:** Teach youth proper condom use skills.

Key characteristics:

- The program is implemented with between 6 and 10 youth.
- New members should not join after the third session.
- Participants meet for at least 100–145 minutes.
- Culturally and linguistically based activities are embedded for your target population.
- Groups contain members of the same gender and age group.
- Parents/guardians must be told what the program is about and should sign a permission slip.
- At least one facilitator matches the ethnicity of the majority of the participants.

Any modification of key characteristics should be done with great care, and should not compete with or contradict the intent, theory and internal logic of the intervention.

Please refer to the Implementation and Technical Assistance Guide for more information and specific examples of program modifications and adaptations.

Overview of the Curriculum

The previous section reviewed what makes this version of *Focus on Youth with ImPACT* different from previous versions, gave a brief program history and summarized some of the interesting evaluation data. This section will help you understand how the curriculum has been designed for your use.

A session overview page is found at the beginning of each session. This page contains information about the session:

- **Purpose** – Explains what the developers of this intervention intended for youth participants to gain from the session.
- **Overview** – Provides an at-a-glance perspective of the activities that take place in the session and the time needed for each activity.
- **Preparation** – Gives the facilitator a checklist of pre-session activities that need to occur to ensure session effectiveness, and highlights the materials needed to implement each activity throughout that particular session.

At the beginning of each activity there is a box that lists the specific activity objectives, time, materials and any preparation needed for that activity. This is followed by step-by-step procedures for the activity. When applicable, handouts for those activities that require them are found at the end of the activity.

“Notes for Group Leaders” can be found throughout the curriculum. These are designed to offer further detailed information on facilitating activities. Please make sure to read them carefully.

The Appendixes provide:

- Information on adapting session activities
- Instructions for the all-day retreat option for Session 6
- Additional information for facilitators

The final section of the curriculum offers factual CDC materials for your information. We hope that before you begin implementation of *Focus on Youth with ImPACT*, that you will spend some time becoming more familiar with these materials and the curriculum sessions.

SESSION I

We're All in This Together

Purpose

Group members will establish a cohesive group, by setting Group Agreements and participating in a group cohesion activity. They will also begin learning skills for decision making.

Session Overview (100 minutes)

- 1 Introduction Game: Flying Objects** (10 minutes)
- 2 Focus on Youth with ImPACT Program Overview** (15 minutes)
- 3 Group Cohesion Activity** (15 minutes)
 - Option A: Crossing the River
 - Option B: The Box
 - Option C: The Human Knot
- 4 Establishing Group Agreements** (20 minutes)
- 5 Family Tree** (20 minutes)
- 6 SODA Decision-Making Model—Step 1: Stop** (15 minutes)
- 7 Wrap-Up and Closing Ritual** (5 minutes)

Preparation

Pre-Session Activities

- Confirm space and time.
- Call the members of the group and remind them and their families about the meeting.
- Be sure you have signed permission slips for all group members.
- Prepare snacks.
- Read over and become familiar with all Session 1 activities.
- Review **Opening and Closing Rituals** and **Suggested Group Agreements** (See pages 16 and 25).

- Review the Family Tree stories and modify if necessary for your target community. (See pages 29–33 and Appendix A.)
- Choose the Family Tree story you want to share and become familiar enough with it to be able to tell the story without reading from the sheet.
- Consider drawing or developing a tree on posterboard. Faintly sketch, in pencil, the Family Tree Diagram that matches the story you select before the session begins. This will make it easier to draw the diagram as you tell the story.
- Make SODA Decision-Making Model chart. (See sample on page 36.)
- Remember to schedule and complete all *ImPACT* sessions with your youth participants and their parent/guardians *no later than* Session 3.

Materials

- snacks
- parent permission slips
- posterboard of the Family Tree, Group Agreements, and SODA Model charts
- chart paper and markers
- masking tape
- 3 soft, silly objects for Flying Objects activity (e.g., roll of toilet paper, stuffed animal, bean bag, etc.)
- Optional:* Play firefighter hats, enough for half of the group (for activity 3A)
- Question Box (a shoe box and materials to decorate it with)

1.

Introduction Game: Flying Objects

- | | |
|---|---|
|  Objective: | By the end of the session, group members will be able to call each other by first name. |
|  Time: | 10 minutes |
|  Materials: | 3 soft, silly objects that are easy to throw (roll of toilet paper, stuffed animal, bean bag, etc.) |

Procedure

- 1 Have group members stand in a circle.
- 2 Explain that this will be a practice round. Begin by calling out a person's name and then throwing her or him the first object. Direct that person to choose someone else, say this person's name and throw the object to her or him.
- 3 Continue until you have done 1 complete round. Everyone in the group should receive the object once. No one should get it more than once, and the object should come back to you. Explain that the game requires people to remember to whom they threw the object and the name of the person, so that they can throw to the same person for several more rotations.
- 4 Explain that the group will now incorporate multiple objects into the game. Remind youth that they will be throwing each object to the same person, saying this person's name as they throw each time. Begin again by throwing the first object. Before it has completed the cycle, start the pattern again with object 2. Then add object 3. Continue, using all 3 objects. Try to keep all 3 objects in rotation for 3 rotations.
- 5 Ask what made it easy to keep 3 objects going at once. Explain to group members that this group-building activity will help you, the group leader, learn their names and will help the group learn to work together and become a cohesive team. Explain that many activities in this program will require working together to accomplish a common goal.

- 6 Explain that next you are going to share with them a little more about the program.
-

Notes for Group Leaders: This activity works well with a group of 5 to 12 people. If you have more than 12 people, you can divide into 2 groups.

2.

Focus on Youth with ImPACT **Program Overview**

 Objective:	By the end of the session, group members will be able to describe the group name and opening and closing rituals for use during the <i>Focus on Youth with ImPACT</i> sessions.
 Time:	15 minutes
 Materials:	Chart paper and markers
 Preparation	Review Opening and Closing Rituals. (See page 16.)

Procedure

- 1** Introduce yourself to participants and briefly share with them why you have chosen to work with them in this capacity and the importance of learning from both the intervention and from one another.
- 2** Explain that not only is this intervention designed to help them develop the necessary skills to deal with the pressures of decision making, relationships, communication, sex and other sensitive topics, it is also designed to help support the adults who might be closest to them (parents/guardians) in finding ways to better support them as well. Explain that a brief 90-minute parent/youth session called *ImPACT* will be conveniently conducted in their homes with them and their parents/guardians. This session will give a brief overview of *Focus on Youth with ImPACT*, and then they will watch a 25-minute video, discuss communication, see a condom demonstration and do some roleplays.
- 3** Explain that the *Focus on Youth with ImPACT* program is a pregnancy, STD and HIV prevention program, and the skills they learn will help group members develop the ability to reduce their risk for unplanned pregnancy and HIV infection. The goal is to give everyone in the room information and skills to make healthy decisions that will prevent unplanned pregnancy, STD and HIV.

The program will last for 8 sessions, and each person must be present for at least 6 of the sessions in order to “graduate.” In the first 6 sessions, the group members will learn about decision making, values, how to get information, communication skills, negotiation skills, goals for the future, teen pregnancy, abstinence, STD, HIV, alcohol and other drug use, and facts about a healthy sexual lifestyle.

Also explain that the sessions will cover subjects that young people can relate to and some subjects that some group members may not feel comfortable with, such as rape and sexual diversity. Tell the group that any time they feel uncomfortable they should let the group leader know privately, perhaps after the session.

Tell the group that, in the last 2 sessions, they'll review what they've learned and plan a project to teach others. Possible projects include writing raps or poetry, performing skits for other teenage groups or community residents, making posters, or holding a meeting to teach others about how to prevent HIV by making good decisions.

- 4** Explain that this is their group, so they will work to come up with the following:
 - a name for their group that represents why they are coming together (See sample program names on page viii for ideas.)
 - an opening ritual—something they will start each group meeting with that will get everyone focused on the session (e.g., a libation, a moment of silence, sharing something about their week, etc.)
 - a closing ritual—some way to end the session (e.g., wrapping up what they have learned in a particular session, saying something positive about their participation in the group that day, cleaning up, etc.)
- 5** Ask for ideas for each task and write down all suggestions. If participants need more time, you may vote on a name by the end of the session. Offer ideas from **Opening and Closing Rituals**, if desired.
- 6** Monitor the time by moving the group through the tasks, giving examples if necessary. Allow approximately 15 minutes for the group to come up with a name, an opening ritual and a closing ritual. If the youth are unable to agree on a name, opening ritual or closing ritual, allow time at the end of the session to come back to it.

- 7** Summarize by thanking the group for coming up with a name they can relate to and feel proud about as they work together. One way a group can work together and learn to trust each other is if they are put in a crisis situation and need one another to survive. That's what the next activity is all about.
 - 8** Perform the opening ritual that the group came up with.
-

Notes for Group Leaders: If the group is having trouble coming up with a name or opening and closing rituals, give them some time to think about it. You can brainstorm for now and then vote on the name and rituals the following week.

The group name and rituals are important components for group cohesion, so encourage the group to make a choice that reflects who they are as a group and what they have come together to do.

Group Leader

Opening and Closing Rituals

Opening and closing rituals are designed to signify to the group that the group session is beginning or ending. The rituals are selected by the group to be used consistently each session to help group members settle in to begin the session (opening ritual) or to bring collective closure to the session (closing ritual). Below are some examples of opening and closing rituals for groups:

Libations

This African tradition affirms the contributions of ancestors by calling out names of ancestors, followed by pouring small amounts of water from a pitcher into a plant and chanting an affirming word, such as “ashé” after each name. “Ashé” is a West African word meaning “and so it is.” As a variation, have youth speak affirming adjectives that describe our people and follow each adjective with a consistent word, such as “ashé.”

Chant/Response

The group leader says a specific word, selected by the group, followed by the group response of the same or a different word, selected by the group.

Body Rhythm

The group leader begins by performing a body rhythm selected by the group. Group members join in until all group members are performing the body rhythm.

Group Hug

The group leader begins by saying “group hug” and group members join in until all group members are a part of the hug.

Positive Message

The group decides on a positive message that represents the purpose of the program, such as “HIV free, it’s up to me.” The group leader begins by saying the message. Each group member joins in by repeating the message until all have said it. The ritual ends with the entire group saying the message together.

Song or Rap

The group decides on or creates a line from a song or rap that represents the purpose of the program, such as “Keep your H-E-A-D U-P and never G-I-V-E U-P.” The group leader begins by singing that line from the song. Each group member joins in by repeating the song line until all are singing it together.

3A. **Group Cohesion Activity: Crossing the River**

😊	Objective:	By the end of the session, group members will be able to solve a problem cooperatively.
🕒	Time:	15 minutes
✂️	Materials:	Masking tape to make lines on the floor to represent planks. Plastic firefighter hats can add fun to the game.
☑️	Preparation	Put strips of masking tape on the floor to create an imaginary “beam” 1 foot wide and 16 feet long.

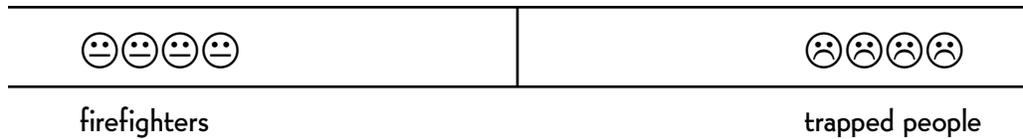
Notes for Group Leaders: This activity and activities 3B and 3C on pages 19 and 21 are alternate activities. Be sure to review the activities ahead of time and choose the most appropriate one based on your group’s dynamics.

Procedure

- 1 Begin by asking participants, by a show of hands, “Which of you enjoy adventures?” Acknowledge any participants who raise their hands by explaining that the next activity will require them to use their imaginations and will take them on a short adventure.

Explain that to complete this activity you will need 6 or 8 volunteers. (Determine the number based on the number of group members in your session. It should always be an even number.) Share with participants that they should pay attention to how they communicate during the activity, and ask them to observe what about their communication makes them successful or not.
- 2 Explain that the taped area represents a wooden beam bridging opposite sides of a river. Have half of the volunteer group stand on one end of the beam and the other half stand on the other end, single file (see diagram below). It’s important that they stay on the “beam.” Tell them they are at a river. On one side, a wildfire is burning.

One half of the group is trapped on the side of the river where the fire is raging behind them. The other half are firefighters who have to save the people and then cross the river to fight the fire. The firefighters have put this beam over the river so they can get across. The two groups have to start on either side of the beam, then switch sides without falling off. Any time any individual falls off they have to start the game all over.



- 3** Have the volunteer group work out a solution. Allow approximately 10 minutes.
- 4** After the groups have managed to switch sides on the plank, lead a discussion about the activity using the following questions:
 - How did you figure it out?
 - What worked as a group to help you reach your goal?
 - What didn't work?
 - Who was the leader?
 - How did you all reach agreement?
- 5** Summarize by emphasizing that this game shows the following:
 - Teamwork
 - Effective communication
 - Active listening
 - Trust
 - Group cohesion
 - Compromise

The next activity will help make group members feel safe about participating.

Notes for Group Leaders: Group members love this game! Boys often have more trouble with it because they do not want to touch each other. They may need to be told it's OK to touch.

The concepts of communicating and working together should emerge in this discussion. If they don't, ask the group about these elements.

If the group is larger than 10-15, you could ask for a smaller number of volunteers to participate.

3B.

Group Cohesion Activity: The Box

- | | |
|--|--|
|  Objective: | By the end of the session, group members will be able to solve a problem cooperatively. |
|  Time: | 15 minutes |
|  Materials: | Masking tape |
|  Preparation | With the masking tape, make a square on the floor that is about 1-foot square (12" x 12"). |

Notes for Group Leaders: This activity and activities 3A and 3C on pages 17 and 21 are alternate activities. Be sure to review the activities ahead of time and choose the most appropriate one based on your group's dynamics.

Procedure

- 1 Explain that this next activity will challenge the group's ability to communicate effectively and work as a team.
- 2 Point out the box outlined with masking tape on the floor. Explain that all participants will need to get into the box *at the same time* without touching the area outside the box. If anyone touches an area outside of the box, they will need to begin again.
- 3 Reinforce the importance of working together. Ask if there are any questions and clarify the instructions if needed. Then allow the group to begin the process of fitting into the box. Tell them they have 5 minutes.
- 4 After the groups have managed to fit into the box, lead a discussion about the activity using the following questions:
 - How did you figure it out?
 - What worked as a group to help you reach your goal?

- What didn't work?
- Who was the leader?
- How did you all reach agreement?

5 Summarize by emphasizing that this game shows the following:

- Teamwork
 - Effective communication
 - Active listening
 - Trust
 - Group cohesion
 - Compromise
-

Notes for Group Leaders: At various points in the process, ask questions such as: "What's going on?" "What's working?" "What might you need to do differently?" "What isn't working?" In most cases, the group members will find that to complete the activity they will all have to put one foot in the box and then counter balance by holding on to the person across from them and pulling in at the same time, so that they can each lift the foot that's outside the box off the ground in a unified motion.

- 6** Explain that, during the next 8 sessions, they will have discussions where sometimes it will seem as if everyone is inside the box, and at other times they may feel as if they are outside the box with regard to their perspectives, values or decision-making practices. These sessions are about learning, so it's important that they support one another just as they did to all fit in the box during the activity. Their ability to communicate in a way that keeps them connected will be important to the success of the group.

3C.

Group Cohesion Activity: The Human Knot

- | | |
|---|---|
|  Objective: | By the end of the session, group members will be able to solve a problem cooperatively. |
|  Time: | 15 minutes |
|  Materials: | Open space |

Notes for Group Leaders: This activity and activities 3A and 3B on pages 17 and 19 are alternate activities. Be sure to review the activities ahead of time and choose the most appropriate one based on your group's dynamics.

Procedure

- 1 Explain that this next activity will challenge the group's ability to communicate effectively and work as a team.
 - 2 Ask the group to stand and form a tight circle. Each group member must be facing inward. Instruct group members to extend their arms into the circle and hold a hand from two different people who are across the circle from them.
-

Notes for Group Leaders: For this activity to work, group members cannot hold the hand of a person who is standing next to them or hold both hands of one other person.

- 3 Point out that the group is now entangled in a "human knot." Explain that their goal is to detangle themselves so that they are standing in an open circle without letting go of anyone's hand. Each time someone lets go, they'll be required to start over.

- 4** Reinforce the importance of staying connected to each other. Ask if there are any questions and clarify the instructions if needed. Then allow the group to begin the detangling process. They have 5 minutes to detangle.
-

Notes for Group Leaders: At various points in the process of detangling, ask questions such as: "What's going on?" "What's working?" "What might you need to do differently?" "What isn't working?" If the group is successful in detangling, they will form one large circle with some members facing inward and some facing outward.

- 5** Debrief with the group. Point out that even though some group members are facing inward and some outward, they are still connected. Explain that throughout the next 8 sessions, they will have discussions where some people will be facing inward and some outward with regard to their perspectives, values or decision-making practices. The important thing is that they are all still connected, as they are now. Their ability to communicate in a way that keeps them connected will be important to the success of the group.

4. Establishing Group Agreements

-  **Objective:** By the end of the session, group members will be able to name the group agreements for use during the *Focus on Youth with ImPACT* sessions.
-  **Time:** 20 minutes
-  **Materials:** Posterboard or chart paper and markers
Question Box
Blank 3"x 5" cards, 4 or 5 for each group member
- Preparation:** Review **Suggested Group Agreements** and be familiar with them. (See page 25.)

Procedure

- I Explain that because the group will be discussing sensitive issues during their time together, they should all agree on some Group Agreements. These Group Agreements are rules about behavior that the group must follow. Tell them that you want to create a safe place for them to have their discussions. Ask the group to suggest Group Agreements that will help them be more comfortable discussing sensitive topics. List their suggestions on the posterboard (or ask for a volunteer to do the writing).

After the group has generated some agreements, suggest any others they may have overlooked from the **Suggested Group Agreements** list. Make sure each member agrees to all the agreements that the group finally adopts.

Notes for Group Leaders: The "Openness" agreement is a very important one that must be on the list. If the group members have trouble figuring out how to discuss and share information without revealing information about their own or someone else's private life, tell them they can present a life example without using specific names or places. "I know someone who did such-and-such," or "I heard a story about...."

Explain that the only exception to the "Confidentiality" agreement is if the group leader learns that someone is being hurt, hurting himself or herself, or hurting someone else. At that point, the leader must share the information with the proper authorities in order to keep the group member safe.

- 2** Have the group members sign the Group Agreements poster. Tell the group that their signatures mean they agree to follow the agreements. As the group leader, you, too, should sign the Group Agreements.
- 3** Keep the Group Agreements poster in the room throughout the sessions and refer to it often. Eventually, the group members will remind each other when some behavior violates the Group Agreements.
- 4** Introduce the anonymous Question Box. Tell the group that even with Group Agreements, there may still be questions they would prefer to ask anonymously. These questions or comments can be slipped into this box anonymously. Find an appropriate spot where the box will not be tampered with and where group members can drop in a question without anyone seeing. Keep a stack of 3" x 5" cards next to the box. Explain that questions put in the Question Box will be addressed at the beginning of each session.
- 5** Move on to the next activity by saying that another way to get good information about the decisions they are faced with is through stories. Explain that they are about to hear a story about teens their age.

Notes for Group Leaders: Before this session, you or the group members can make the Question Box by decorating a shoe box (or similar box) with a slot cut in the top. If feasible for the group, you can also supply your e-mail address and tell members they can e-mail you with any of their questions or concerns. Assure group members that regardless of what method they use, their questions will be kept private unless the group leader learns that someone is being hurt.

Group Leader

Suggested Group Agreements

Respect

Do not talk over one another or interrupt. Give your undivided attention to the person who is speaking.

Confidentiality

Keep personal information that we share in this group in this room. It's OK to share factual information about HIV, alcohol or other drugs, birth control or STD with others, just not personal information about any of the group members.

Openness

Be open and honest, but be careful to not discuss your own or others' personal or private lives.

Nonjudgmental approach

You can disagree with another person's point of view or behaviors, but don't judge or put someone else down. It's important to provide a safe space for everyone to discuss sensitive topics. Agree to disagree.

Nondiscrimination

Be aware that members in the group may have different backgrounds, family situations, sexual orientations or financial situations. Be sensitive about this diversity during discussions and while making comments.

Right to pass

It's always OK to pass. You can say, "I'd rather not do this activity," or, "I don't want to answer that question."

Anonymity

It's OK to ask a question anonymously if you prefer. You can use the Question Box.

Acceptance

It's OK to feel uncomfortable. Even adults feel uncomfortable when they talk about sensitive and personal topics such as sexuality or HIV.

Responsibility

Come to the session and be on time. If you can't attend, notify the group leader or another group member.

5. Family Tree

 **Objective:** By the end of the session, group members will be able to explain factors that can influence decision making.

 **Time:** 20 minutes

 **Materials:** Posterboard and markers

 **Preparation:** Use the Family Tree story provided featuring Malcolm and Monique.

Adapt the Family Tree for your target community as necessary. See Appendix A for guidelines. If you have group members who may have experienced same-gender attraction (openly identified or not), or if there has been some discussion of discrimination or homophobia, you may choose to use the alternate Family Tree story featuring Malik and Kenya, found in Appendix A. You can change the names and pronouns to tell Malik and Kenya's story from the perspective of a boy or a girl experiencing same-gender attraction.

Become familiar with the Family Tree story and corresponding diagram. You may want to faintly trace the Family Tree diagram for the story you select on posterboard before the session begins, so that the story-telling runs more smoothly.

Notes for Group Leaders: The Family Tree is used to teach group members that decision making occurs in a social context. Family, culture, and values affect how people make decisions. The Family Tree is also used to allow your group members to create storylines that are real to them without disclosing personal information.

There are 2 versions of the Family Tree: one in this activity and one in Appendix A. The 2 versions are based on different sets of risk factors:

- Story 1: Family disruption, substance use, older age of peer group, older sibling's sexual behavior, greater physical maturity, and permissive attitudes toward premarital sex
- Story 2 (found in Appendix A): Family disruption, substance use, permissive attitudes toward premarital sex, older sibling's early sexual behavior, peer behavior, same sex attraction, stigma associated with same sex attraction, parental disapproval

The Family Tree diagrams should reflect an average family in your community and include individuals who influence group members in both positive and negative ways. Remember, if you choose to adapt the story, that it should be youth-driven. Give the group the skeleton of the story and have them fill in the details of the characters and their relationships.

It's very important to allow youth to tell the story of Malcolm and Monique from their own perspective and in a way that most closely reflects their life experience. At the end of this activity, you will find Detailed Questions for Supplemental Character Information to use if needed. This supplemental information is meant to be used sparingly, and only if the youth are unable to move the story along by themselves. Care should be taken to allow the Family Tree story to be a youth-driven process.

Procedure

- 1 Have the group sit in a semicircle. Tell them that you have a story to tell and want their help filling in the details. Explain that you will create a Family Tree as you relate the story. On the Family Tree, female symbols ♀ represent women and male symbols ♂ represent men.

Explain as you go along what the connecting lines mean:

- double solid lines mean 2 people are married
- dotted lines represent children
- single solid lines indicate a relationship between 2 people who are not married

Use a dark marker to draw the characters on the posterboard as you tell the story. (See diagrams on page 30.)

- 2 Tell the family tree story.
- 3 After you relate the story, help the group fill in the details of the characters and their relationships by asking the discussion questions for the selected story. Write the character information on chart paper to use in future sessions.

Notes for Group Leaders: In the original research, the groups were homogeneous (all boys or all girls), which is a key element of *Focus on Youth with ImPACT*. Therefore, there are different discussion questions for girls and boys. If you have a mixed group, ask some questions from both sets. Record details in your notes to refer to in future discussions.

- 4** Once you have completed the Family Tree story, summarize the activity by reminding the group that every day they must make decisions that are going to affect the rest of their lives. Sometimes people don't decide what will happen to them and just let whatever happens happen.
 - 5** Tell the group they will be talking about a way to make decisions that gives them more control about what is going to happen in their lives. In the next activity, they will learn the SODA Decision-Making Model and practice making decisions by using the characters they just met in the Family Tree story.
-

Notes for Group Leaders: There should be a short make-up session for any member of the group who missed the Family Tree activity, scheduled as soon as possible—for example, the half hour before or after the next session.

Family Tree: Story I

Malcolm & Monique

Note: Refer to the diagrams on page 30 as you tell the story.

Let's meet Malcolm and Monique, who are teens about your age. Malcolm and Monique are half brother and sister. Today, Malcolm and Monique live with their mother, Tonya, and their older brother, Kevin. But let's go back and learn a little bit about their past.

Their mother, Tonya, and Malcolm's father, John, met while Tonya was still in high school. In her senior year, Tonya got pregnant, and she and John got married. Tonya had Kevin when she was seventeen. A few years later, she had Malcolm. After Malcolm was born, Tonya and John started fighting more and more, and finally they divorced. Tonya took the kids and moved in with her mom, whose name is Michelle, but the kids call her Nana.

(Draw diagram 1 as you tell this part of the story.)

Eventually, Tonya started dating and she met Jason. Soon, Tonya got pregnant and Monique was born. They all moved out of Nana's house and into their own apartment.

(Add Jason and Monique to the Family Tree. See diagram 2.)

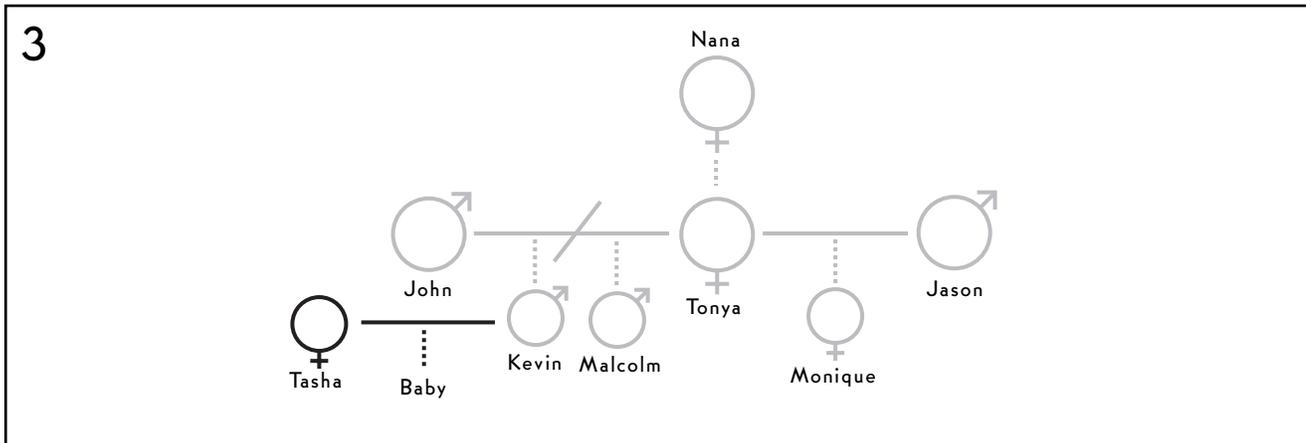
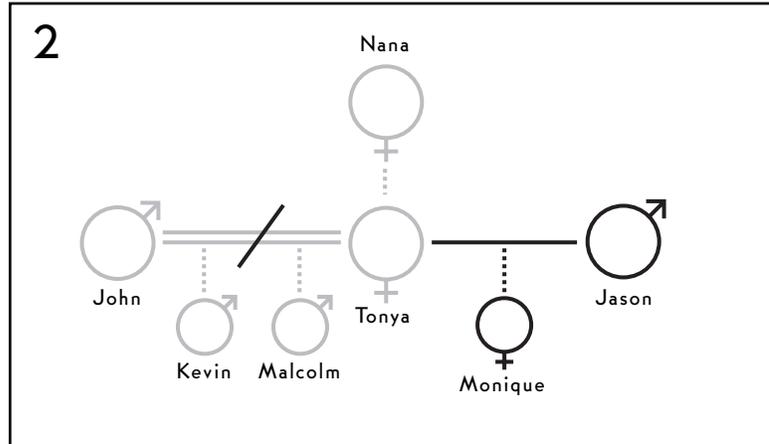
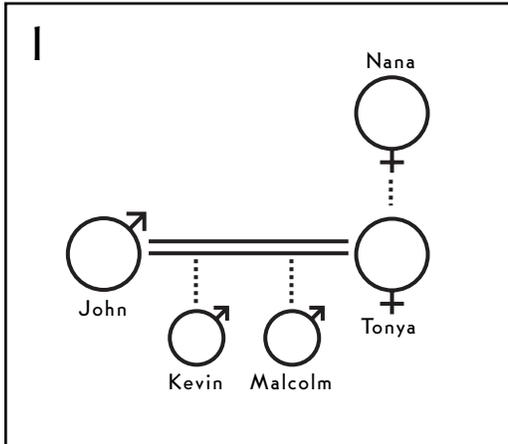
Kevin has a girlfriend, Tasha. They have been seeing each other for about a year. Tasha lives with her sister. Within a few months, Tasha gets pregnant. **(Add Tasha and the baby to the Family Tree. See diagram 3.)**

Lately Monique has been coming home late from school a lot. Sometimes she doesn't go home at all. Instead she goes to see her Nana and spends a lot of time at Nana's apartment.

When we meet Malcolm and his sister Monique, they're not seeing much of each other at school. They're hanging out with their own groups of friends these days.

(continued)

Family Tree Diagrams Story 1



(Note: Final Family Tree Chart will look like diagram 3.)

Discussion Questions

Story 1

Tell the group that you want them to think about the teens in the story and imagine what their lives are like. Remind them that it's OK to make up and imagine details that are missing from the stories.

Questions for Young Men

- Think a little bit more about Malcolm:
 - Who do you think his friends are?
 - What does he do in his spare time?
 - How is he doing in school?
- What can you tell me about his sister, Monique? (Continue with a few other characters.)
- What can you tell me about Malcolm's relationship with other relatives, both inside and outside of the household? (Ask about a few specific individuals, such as his father, his Mama, Jason, his Nana, etc.)

Examples:

- Does Malcolm see his father, John? How does he feel about him?
- How does he feel about Jason?
- How does he feel about his Mama? His brother, Kevin?
- Are there ever fights between family members? Who fights? How does the fighting make Malcolm feel?
- When Malcolm has a problem, whom does he talk to? Why does he choose this person? Does Malcolm think he can talk to his Mama?
- What are Malcolm's friends like? Is he dating or going out with anyone? What is this person like? What is their relationship like?
- What does Malcolm want to do when he's grown up? Does he have a role model or someone he wants to be like? Who?
- What does Malcolm feel are his responsibilities to his family? Are there ever conflicts between his responsibilities and what he wants to do?
- What kinds of decisions does Malcolm have to make now? What kinds of decisions might he have to make in the future?
- Are the decisions Malcolm is making now going to allow him to do what he wants to do when he grows up?

Questions for Young Women

- Think a little bit more about Monique:
 - Who do you think her friends are?
 - What does she do in her spare time?
 - How is she doing in school?
- What can you tell me about her brother, Malcolm? (Continue with a few other characters.)
- What can you tell me about Monique's relationship with other relatives, both inside and outside of the household? (Ask about a few specific individuals, such as her Mama, her Nana, her father, etc.)

Examples:

- How does Monique feel about her father, Jason?
- How does she feel about her brother, Malcolm?
- How does she feel about her Mama? her brother, Kevin?
- Are there ever fights between family members? Who fights? How does the fighting make Monique feel?
- When Monique has a problem, whom does she talk to? Why does she choose this person? Does Monique feel she can talk to her Mama?
- What are Monique's friends like? Are Monique's friends different than Monique? Does she behave a certain way to try to fit in?
- Who is Monique going out with? What is this person like? What is their relationship like?
- What does Monique want to do when she's grown up? Does she have a role model or someone she wants to be like? Who?
- What does Monique feel are her responsibilities to her family? Are there ever conflicts between Monique's responsibilities and what she wants to do?
- What kinds of decisions does Monique have to make now? What kinds of decisions might she have to make in the future?
- Are the decisions Monique is making now going to allow her to do what she wants to do when she grows up?

Detailed Questions for Supplemental Character Information (if needed)

Note: These questions are intended to guide youth in building the story of Malcolm and Monique and should be used only if the youth are having difficulties moving the story along.

Malcolm

- Does he go to the same school as his sister, Monique?
- Is he tall or short for his age? Does everybody like him?
- Does he like to kid around a lot, or is he more serious?
- Does he help other people out when he can?
- How are his grades? Is he known for his skill on the basketball court?
- What does he think about Monique's friends?
- How long has it been since he's seen his father? Does he remember him?
- How does he feel about his big brother, Kevin? Is he worried about him?
- How do the people in the family get along? How does Malcolm react when people fight?

Tonya

- Where does she work?
- How did she meet Malcolm and Kevin's dad, John?

John

- How did he meet Tonya?
- When he and Tonya first divorced, how was John as a father toward his sons?
- Did he eventually stop seeing the boys? Why or why not?

Monique

- Does she go to the same school as her older brother, Malcolm?
- Does she think Malcolm is too protective of her?
- What does she look like?
- What does she like to do? Is she thinking about going to college?
- Is she popular in school?
- How do people in the family get along? How does Monique react when people fight?

Kevin

- How does Kevin feel about not seeing his dad in so long? Did Kevin spend more time with their dad than Malcolm?
- How does Kevin feel about Jason being around?

Tasha

- How did she meet Kevin? Did she meet him in school?
- How long has she lived with her sister? Is her mom alive?

6.

SODA Decision-Making Model—Step 1: Stop

-  **Objective:** By the end of the session, group members will be able to demonstrate Step 1 (Stop and state the problem or decision you need to make) of the SODA Decision-Making Model.
-  **Time:** 15 minutes
-  **Materials:** Posterboard and markers to make a SODA Model chart (See page 36.)
Note: Use this chart at each session.

Notes for Group Leaders: Prior to the session, prepare the SODA Model on chart paper. For today's session, you will introduce the entire SODA Model, but will focus attention on Step 1—Stop.

Procedure

- 1 Begin by asking participants, “What does it mean to make a decision about something?” Acknowledge responses and share that an easy way to define making a decision is “the act of making your mind up about something.” Provide the following examples:
 - Which shoes should I wear this morning—my Kenneth Coles, Jordans or Air Force Ones? You decide on the Jordans.
 - What do I want to eat for lunch today—Burger King or Taco Bell? You decide on the Double Whopper with lettuce and extra tomatoes from Burger King.

Share that the next activity is designed to teach them a 4-step process for making decisions.
- 2 Briefly introduce the 4 steps of the decision-making model (This should take no more than 1–2 minutes.).

Step 1: Stop—Stop and state the problem or decision you need to make. Pause and give yourself time to think about what the problem or decision really is.

Step 2: Options—Consider the options or choices and the consequences of those choices. Educate yourself so you know all the choices and consequences before you make a decision.

Step 3: Decide—Decide and choose the best solution from the options. What is best will vary depending on the issue and your values (strongly held beliefs). Making a decision is done by weighing the advantages and disadvantages of the options.

Step 4: Action—Act on your decision. Once a decision is made, it must be put into action. To accomplish this, you may need to learn new skills for communication, negotiation or other skills related to carrying out the decision (e.g., to remain abstinent, or to use a condom or birth control).

- 3** Explain that today's lesson will concentrate on the **Stop** step. Explain that first a person must recognize and define a problem or a decision that needs to be made. Stress that the focus is on thoughtful decision making around everyday life and activities, not just around risks for HIV, other STD and unintended pregnancy. **Illustrate this process using an example from the Family Tree.**

Example for young women: It's raining. Monique gets ready for school wearing her new tennis shoes. Her mama tells her to put on her old shoes, and they get into a fight.

Stop!: What is the problem or decision?

What is the problem from Monique's point of view?

What is the problem from her mama's point of view?

Example for young men: Malcolm wants to play basketball during 6th period. His mama wants him to take advanced math. Malcolm's dating someone who wants to take English together during 6th period. Malcolm's school counselor thinks he should take the English class.

Stop!: What is the problem or decision?

What is the decision from Malcolm's point of view?

What is the decision from his mama's point of view? From his counselor's point of view? From his girlfriend's point of view?

- 4** Ask the group to give an example of a recent decision or problem they have been trying to solve.

Notes for Group Leaders: To prevent boredom during this discussion, keep the pace fast and make it as interactive as possible. Be sure to use the names of the characters from the version of the Family Tree the group used (Story 1 about Malcolm and Monique, or Story 2 in Appendix A about Malik and Kenya).

Sample Chart**Decision Making****S**top

- . . Stop and state the problem or decision you need to make.

Options

- . . Consider the options or choices and the consequences of those choices.

Decide

- . . Decide and choose the best solution.

Action

- . . Act on your decision.

7. Wrap-Up and Closing Ritual

-  **Objective:** By the end of the session, group members will be able to summarize key points from the day's activities.
-  **Time:** 5 minutes
-  **Materials:** None
-  **Preparation:** Review **Opening and Closing Rituals**. (See page 16.)

Procedure

- 1** Have the group sit in a circle. Discuss the closing ritual they decided on. If they didn't come up with one in Activity 2, use the **Opening and Closing Rituals** list to suggest something (e.g., libation, song, etc.).
- 2** Explain that you want some feedback from the youth. Ask the group the following questions:
 - What did they like?
 - What didn't they like?
 - What did they learn?
 - What would they like to learn more about at another session?
- 3** Announce that the next session will help them identify behaviors that do and do not put people at risk for HIV infection.
- 4** Remind the group of the next meeting time and place. Tell them to remind each other. Offer to call the night before the meeting to remind them of it.
- 5** Provide a way for the group to contact you if they need to. Also remind them that they can put questions in the Question Box at the end of the session and during the week.
- 6** Pass out the **Holla Back!** form and give the youth 5 minutes to complete it.
- 7** Thank the youth for their participation and have them perform their closing ritual.

Notes for Group Leaders: Begin preparing for Session 2 by doing the pre-session activities on page 39.

SESSION 2

Risks and Values

Purpose

Group members will examine risk behaviors and why young people may feel invincible or invulnerable to understand how this can place them at risk for HIV/STD or unplanned pregnancy.

Group members will learn to identify their values through discussion, ranking and voting activities, and use their personal values to make decisions.

Session Overview

(120 minutes)

- 1 Opening Ritual and Review** (10 minutes)
- 2 How Risky Is It?** (35 minutes)
- 3 Why Do People Feel Invulnerable?** (10 minutes)
- 4 Defining a Value** (5 minutes)
- 5 Rank Your Values** (20 minutes)
- 6 Values Voting** (35 minutes)
- 7 Wrap-Up and Closing Ritual** (5 minutes)

Preparation

Pre-Session Activities

- Read over and become familiar with all Session 2 activities.
- Look up local HIV and STD testing sites for your community and have the information available for this session.
- Review the **HIV/AIDS Facts**, **STD Facts**, and **HIV and STD Testing** fact sheets and the fact sheets on specific STDs and be familiar with the content. (See pages 53 and 55–66.)
- Review “Talking About Sexuality” in Appendix C.
- Prepare snacks.

- Copy **HIV/AIDS Facts, STD Facts** and **HIV and STD Testing** fact sheets for each participant. (See pages 53, 55–56 and 65–66.)
- Copy **My Safer Sex Guidelines, Rank Your Values** and **Values Voting** worksheets for each group member. (See pages 54, 72 and 78.)
- Make How Risky Is It? signs: **Stop!—Risky!, Use Caution, Safe—Go Ahead.** (See samples on pages 50–52.)
- Make **Agree** and **Disagree** signs for values voting. (See samples on pages 76 and 77.)

Materials

- snacks
- Question Box
- Group Agreements, SODA Model and Family Tree charts
- masking tape
- chart paper and markers
- HIV/AIDS Facts, STD Facts** and **HIV and STD Testing** fact sheets for each group member
- Signs for **How Risky Is It?** activity
- My Safer Sex Guidelines, Rank Your Values** and **Values Voting** worksheets, 1 for each group member
- condom and dental dam, to show during Activity 2
- scissors, 1 for each group member
- clear tape, 1 roll for each 5 or 6 group members
- colored 8-1/2" x 11" paper, 1 piece for each group member
- Agree** and **Disagree** signs

1.

Opening Ritual and Review

 Objective:	At the start of the session, group members will be able to recall key highlights from Session 1.
 Time:	10 minutes
 Materials:	Group Agreements, SODA Model and Family Tree charts

Procedure

- 1 Welcome group members and lead the opening ritual.
- 2 Sit down with the group and remind them of the Group Agreements. Have any new members sign the agreements once they agree.
- 3 Answer any questions that have been put in the Question Box.
- 4 Ask the group to tell you what each letter in SODA stands for.

Step 1: Stop—Stop and state the problem or decision you need to make. Pause and give yourself time to think about what the problem or decision really is.

Step 2: Options—Consider the options or choices and the consequences of those choices. Educate yourself so you know all the choices and consequences before you make a decision.

Step 3: Decide—Decide and choose the best solution from the options. What is best will vary depending on the issue and your values (strongly held beliefs). Making a decision is done by weighing the advantages and disadvantages of the options.

Step 4: Action—Act on your decision. Once a decision is made, it must be put into action. To accomplish this, you may need to learn new skills for communication, negotiation or other skills related to carrying out the decision (e.g., to remain abstinent, or to use a condom or birth control).

- 5** Ask the group to briefly tell new group members about characters from the Family Tree activity. Show the Family Tree chart to reinforce what they share. Explain that they will be learning more about the characters in the story and some of the decisions they have to make.
- 6** Explain that knowing how to make good decisions when it comes to their health is extremely important because it can help young people not get infected with HIV, the virus that causes AIDS. The next activity will explain some basics about HIV and STD.

2. How Risky Is It?

-  **Objective:** By the end of the session, group members will be able to identify behaviors that do and do not put young people at risk for HIV and other STD infections.
-  **Time:** 35 minutes
-  **Materials:**
- **HIV/AIDS Facts, STD Facts** and **HIV and STD Testing** fact sheets, 1 each for each group member
 - Signs with the headings **Stop!—Risky!, Use Caution,** and **Safe—Go Ahead** placed at different places around the room
 - **My Safer Sex Guidelines** worksheet, 1 for each group member
 - Condom and dental dam

Procedure

- 1 Hand out the **HIV/AIDS Facts** fact sheet and have group members read it aloud, taking turns. Try to ensure that all group members are given an opportunity to read.
- 2 Ask the group the following questions:
 - What do the terms HIV and AIDS mean? (*HIV stands for Human Immunodeficiency Virus and AIDS stands for Acquired Immune Deficiency Syndrome.*)
 - What is the difference between HIV and AIDS? (*HIV is the virus that can damage the immune system and reduce the body's level of fighter cells or T-cells. When a person tests HIV positive and the T-cells are below 200, or when the person gets certain opportunistic infections, the doctor will diagnose that person as having AIDS. You can have HIV and not have AIDS, but you cannot have AIDS and not have HIV.*)
 - How is HIV transmitted from one person to another? (*HIV is transmitted through the exchange of blood, semen, vaginal fluids or breast milk. It can be spread by having unprotected sex—vaginal, anal or oral; by sharing infected needles; and from a mother to her baby in the uterus or during birth.*)

- How do we know that casual contact (hugging, holding hands, kissing) does not spread HIV? (*HIV is only spread through the body fluids of blood, semen, pre-ejaculate (pre-cum) and vaginal fluids. It cannot be spread if there is no exchange of these fluids.*)
- If the risk is uncertain, how can a person decide about a behavior? (*If you're uncertain about the risk of a behavior, it's better to avoid it until you know. We'll talk more about how to get information in the next session.*)
- How can you prevent HIV transmission? (*The best way to protect yourself is not to have sex or use drugs, especially drugs where you are sharing needles. Having sex with only one uninfected person, who only has sex with you, will also protect you. If you do have sex, have one faithful partner and always use a latex condom. These are the ABCs of HIV prevention, where A=Abstinence, B=Be faithful and C=Condoms.*)

3 Post each of the 3 signs—**Stop!—Risky!, Use Caution,** and **Safe—Go Ahead**—at a different place in the room. Explain what each sign means as you post it:

- **Stop!—Risky!:** These behaviors directly lead to possible HIV exposure.
- **Use Caution:** These behaviors in and of themselves do not put you at risk for HIV, but they can lead to other behaviors that do.
- **Safe—Go Ahead:** These behaviors are considered safe and do not put you at risk for HIV.

Tell the group that this next activity will help them understand which behaviors place them at risk for HIV infection and which behaviors do not. Explain that some of the behaviors are common for people their age, and some might be common as people get older. (*Note: Include all of the behaviors so the group members are aware of all of the risks.*)

Explain that you will read a behavior from a list and they should go stand by the sign that reflects the level of risk for HIV infection they believe that behavior represents. Demonstrate by reading one risk behavior and standing under one of the signs.

4 Read the following list of behaviors one at a time. Have group members move to stand by the appropriate sign. Be prepared to stand next to group members who may stand alone. After each behavior is decided upon, ask: Why is this behavior risky or safe? Give the group the correct answer and make sure they have the correct information before moving to the next behavior.

Behaviors

- Not having sex (abstinence) (*Safe*)
- Using a public toilet (*Safe*)
- Sharing needles to inject drugs or steroids (*Stop*) (*Note:* Sharing needles means sharing blood, which transmits HIV.)
- French kissing or tongue kissing (*Caution*) (*Note:* Kissing can lead to sex.)
- Shaking hands with a person who has HIV (*Safe*)
- Unprotected sex (*Stop*) (*Note:* HIV is transmitted through the exchange of bodily fluids. Having sex [anal, vaginal or oral] without protection allows HIV to pass from one person to another easily.)
- Avoiding getting tested for HIV (*Caution*) (*Note:* If you are having unprotected sex, not knowing your HIV status puts other people at risk. Also, the sooner you know your HIV status, the sooner you can get treated if you test positive.)
- Drinking alcohol (*Caution*) (*Note:* This is a risk because it decreases decision-making skills and makes it difficult to set limits with a partner or avoid risky behaviors.)
- Sharing needles for ear or body piercing (*Stop*) (*Note:* This is risky because sharing needles of any kind, for any reason, makes it possible for blood to be shared as well.)
- Sex with a condom (*Caution*) (*Note:* Sex with a condom is far safer than unprotected sex, but it's not completely safe. Condoms can break or tear if not used properly. Have a condom available to show the group.)
- Getting a blood transfusion (*Safe*)
- Donating blood (*Safe*)
- Sex using only birth control pills (*Stop*) (*Note:* Birth control pills may prevent pregnancy, but they do nothing to prevent infection by HIV or other STD.)
- Unprotected oral sex without a condom or dental dam (*Stop*) (*Note:* Explain that semen, pre-cum and vaginal fluids can be exchanged during unprotected oral sex. Then explain the use of a dental dam or plastic food wrap. Have a dental dam available to show the group.)
- Tattooing (*Caution*) (*Note:* Before getting a tattoo, make sure the equipment is sterile.)

- Smoking a joint before having sex (*Caution*) (*Note*: This is a risk because it decreases decision-making skills and makes it harder to set limits with a partner or avoid risky behaviors.)
- Using an oil-based lubricant with a condom (*Stop*) (*Note*: This is a risk because oil-based lubricants can cause condoms to break. Only water-based lubricants should be used with condoms.)
- Foreplay (*Caution*) (*Note*: Foreplay can lead to unprotected sex, which is risky.)
- Masturbation (*Safe*)
- Cleaning an injection drug needle with water and then using it (*Stop*) (*Note*: Water does not sterilize anything. Needles should never be used more than once and should never be shared.)
- Massage on the neck, back or shoulders (*Safe*)
- Having sex with multiple partners (*Stop*) (*Note*: Having sex with more than one boy or girl at a time increases your chances of getting HIV or another STD.)
- Having sex because your friends are having sex (*Stop*) (*Note*: Not making your own decisions can lead to risky behavior—such as having unprotected sex.)

Notes for Group Leaders: Group members may not be clear about the distinctions among the 3 types of sex included in this list of behaviors. Describe them as follows:

- Vaginal sex is when a man places his penis in a woman's vagina.
- Oral sex involves one person placing his or her mouth on another person's sexual parts (penis or vulva).
- Anal sex occurs when a man puts his penis into another person's anus. (Because the anus is small and has no natural lubrication, condoms are more likely to break, which is why anal sex with a condom is still considered a risky behavior. Using a condom with a water-based lubricant lowers the risk of the condom breaking.)

You may also want to clarify that some people acquired HIV through blood transfusions long ago, but donated blood has been tested since 1985 and this is now extremely rare. People don't get HIV through mosquito or other insect bites.

- 5** After you've read all of the behaviors, brainstorm a list of safe and safer sex guidelines for young people. Remember to emphasize the broad nature of sexuality and caring about another person. Examples of safe activities include talking, holding hands, massage and dancing. Lower risk activities include French kissing and vaginal sex with a latex condom.
- 6** After the brainstorm, explain that it's very beneficial to make a list such as this for yourself. Safer sex behaviors are personal, and now group members will have a chance to create some personal, realistic safer sex guidelines for themselves. Distribute the **My Safer Sex Guidelines** worksheet and have group members take 3 minutes to create their personal guidelines. Explain that it would be great for them to share their guidelines with each other and those they go out with. Remind them of the Family Tree activity and how making good or bad decisions can affect your health and place you at risk for HIV and other STDs.
- 7** Hand out the **STD Facts** fact sheet and have group members read it aloud, taking turns. Again, try to ensure that each group member has a chance to read.
- 8** Talk about the importance of taking steps to prevent other kinds of STD as well. Explain that other STDs can also have serious consequences, especially if a person isn't diagnosed and treated. These include:
 - Uncomfortable symptoms (burning, itching, painful urination)
 - Unpleasant appearance (warts, sores, drips)
 - Problems with fertility (If an STD is not treated, it can cause scarring that may make it difficult or impossible to get pregnant.)
 - Damage to other parts of the body (Untreated hepatitis B can cause permanent liver damage; untreated gonorrhea can cause heart trouble.)
 - Greater risk for HIV (Sores or lesions make it easier for HIV to enter the body.)
 - Risks to others (Untreated STD can be passed to sexual partners; some STDs can pass from a mother to her baby in the uterus or during birth.)
- 9** Hand out the **HIV and STD Testing** fact sheet. Review these highlights:
 - If you've had unprotected sex, you should get tested. Sometimes people are afraid to know, and they try to ignore the possibility. If they

do have HIV or another STD and don't find out, the disease can get worse or mess up their ability to have children later, and they can continue to spread HIV or the STD to other people.

- There is no one test for every STD. Different STDs require different tests. If you ask to be tested for STD, clinics routinely test for chlamydia, syphilis and gonorrhea. If you want to be tested for other STDs such as herpes, genital warts, HIV and others, you will have to request to be tested for those specific STDs.
- It takes up to 3 months after a person is infected with HIV for HIV antibodies to show up in the body. In rare cases it can take up to 6 months. This 3- to 6-month period is called the window period. Sexually active people need to get tested 3 to 6 months after each time they have unprotected sex to make sure the test is accurate.
- Each HIV and STD test only determines whether you have HIV or an STD at that time, and the results are only good until you or your partner has unprotected sex. If that happens, you and your partner will need to be tested again to get a current test result.
- If you have HIV or another STD, you can get treated. The earlier you get treated, the better the outcome may be. Medicines can help people with HIV stay healthy longer.
- You can get tested at many places, including clinics, doctors' offices or health departments.

10 Share the information you gathered about local testing sites and have group members write it on their **HIV and STD Testing** fact sheet. Tell the group that in the next session, they will practice finding out how to call for more information about testing locations.

11 Answer any questions the group may have. Mention that they can get more information about HIV and STD testing by calling the CDC-INFO Hotline, or by submitting anonymous questions to the Question Box.

12 Move to the next activity by sharing that even though many young people know all there is to know about HIV, AIDS and other STD, they still think nothing can happen to them. The next activity will explore why young people think HIV can't happen to them even if they are doing risky behaviors.

Notes for Group Leaders: The CDC-INFO Hotline operates toll free, 24 hours a day, 7 days a week:

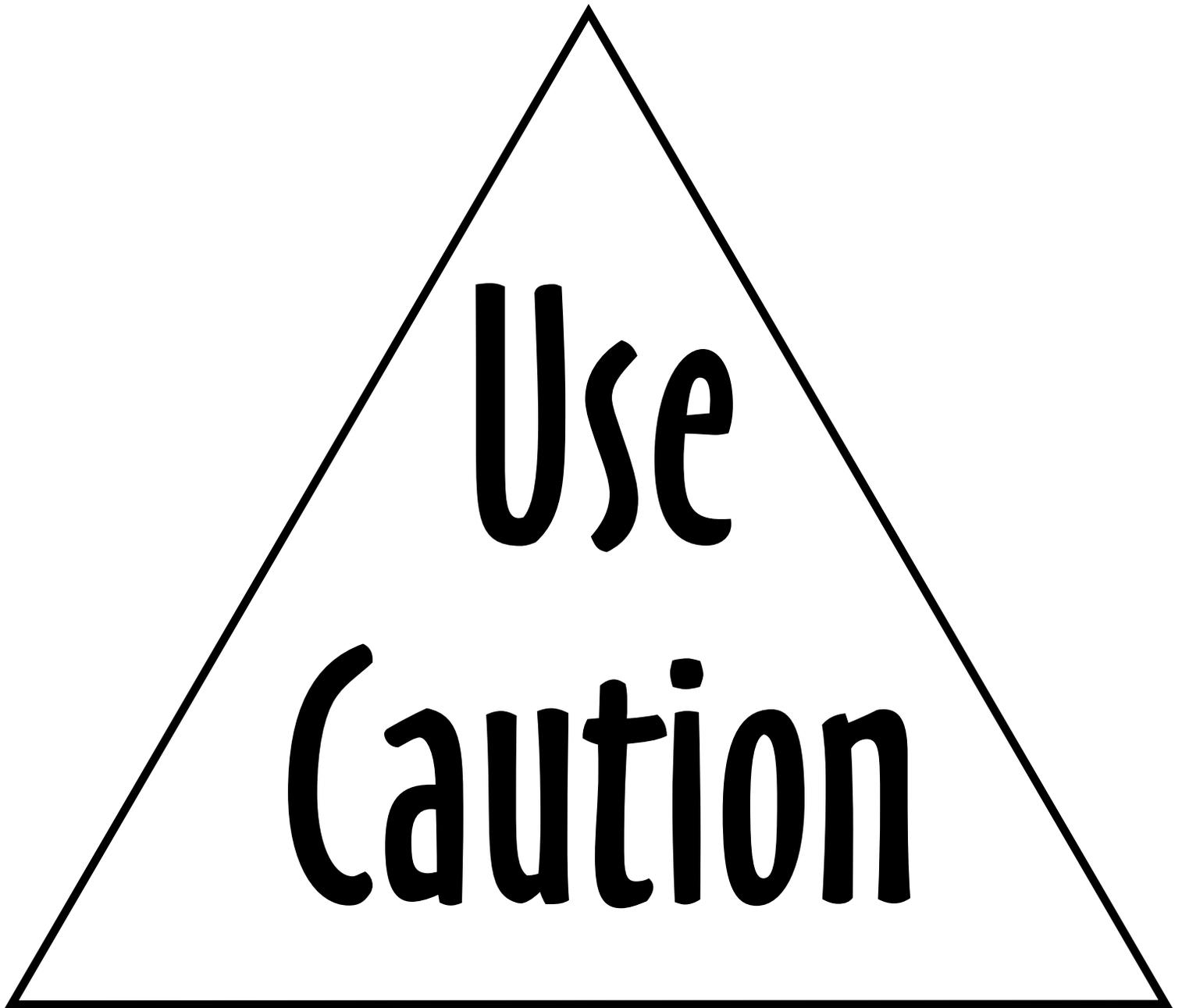
- 1-800-232-4636
- 1-888-232-6348 (TTY service for the deaf)

Provide group members with local testing information. This information can be obtained with guidance from those staffing the CDC-INFO Hotline, the CDC website, or by contacting your local health department. Ideally, group leaders should identify **local** testing locations and provide that information to group members.

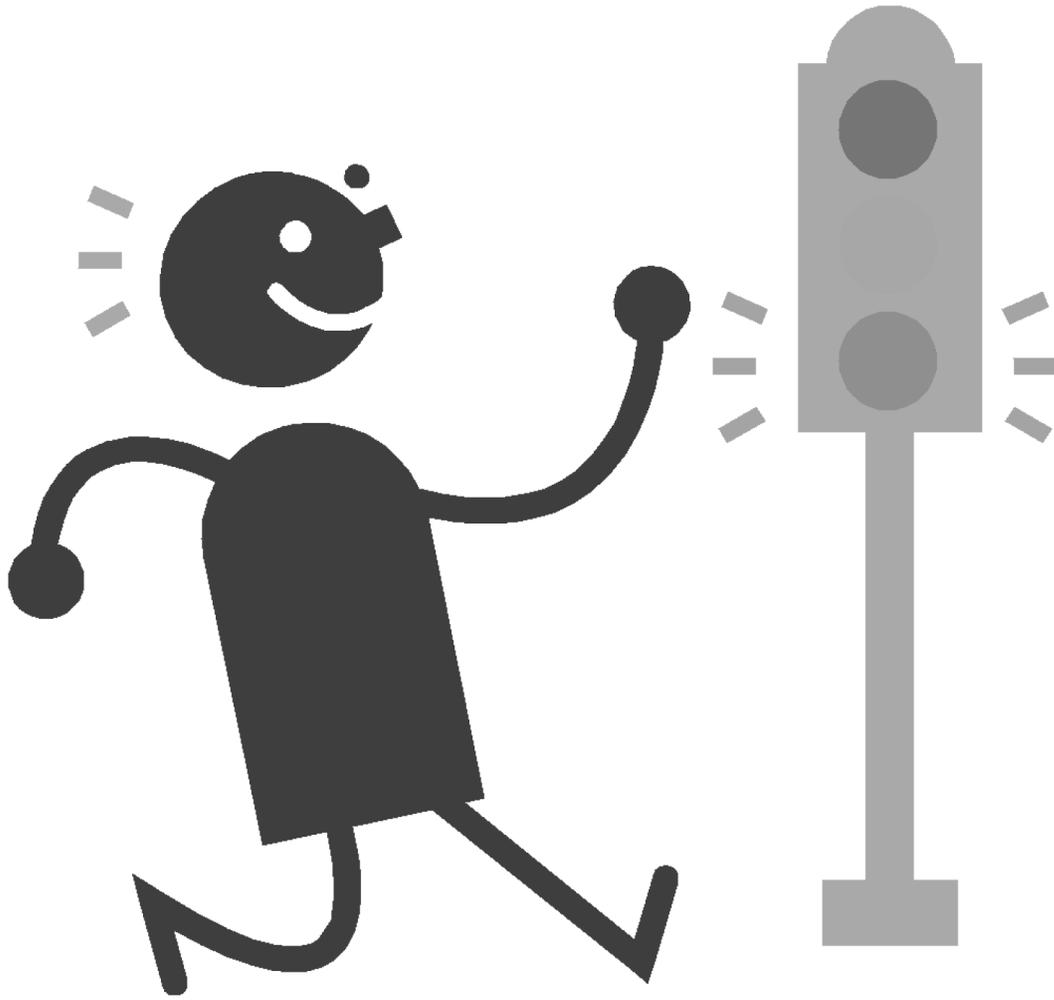
Sample Sign



Sample Sign



Sample Sign



Safe. Go Ahead.

Fact Sheet

HIV/AIDS Facts

What Is HIV? What Is AIDS?

HIV stands for Human Immunodeficiency Virus. AIDS stands for Acquired Immune Deficiency Syndrome.

What's the difference?

- HIV is the virus that can damage the immune system and reduce the body's level of fighter cells or T-cells.
- When a person tests HIV positive and the T-cells are below 200, the doctor will diagnose that person as having AIDS. You can have HIV and not have AIDS, but you cannot have AIDS and not have HIV.

How Do You Get HIV?

HIV lives in blood, semen, vaginal fluids and breast milk. To get HIV, one of these infected fluids has to get inside your body.

There are 3 main ways to get HIV:

- **Sex.** You can get HIV by having unprotected sex (without a condom) with a person who has HIV. This includes vaginal, anal or oral sex.
- **Needles.** You can get HIV by sharing drug needles or equipment with a person who has HIV. You can also get HIV by sharing needles for tattoos, piercing, injecting steroids or vitamins, or and other reason.
- **Being born with it.** Some babies can be born with HIV if the mother has HIV. A baby can also get HIV from breast milk if the mother has HIV.

How You Don't Get HIV

You don't get HIV from:

- Touching, hugging, kissing on the lips or hanging out with a person who has HIV.
- Drinking glasses or toilet seats. HIV isn't passed through saliva or urine.
- Giving blood.
- Mosquitoes or other insects.

How Can You Tell If Someone Has HIV?

You can't tell if people have HIV by looking at them. Most people with HIV look healthy, act healthy and feel healthy. Many people who have HIV don't even know they have the virus.

A simple test can tell if a person has HIV. In many states, teens can get the test without parents' permission. You can get more information about the HIV test from your state or local health department or AIDS agency.

You Can Protect Yourself

Here are things you can do to help keep from getting HIV:

- **Don't have sex.** This is called *abstinence*. It means no vaginal, anal or oral sex. It doesn't mean you can't be close, but it does mean keeping somebody else's blood, semen or vaginal fluids out of your body.
- **Use condoms.** For those who choose to have sex, latex condoms can help prevent HIV.
- **Practice monogamy.** This means having sex with only one person. It means being with only one person who doesn't have HIV. Neither of you should ever have sex or share needles with anyone else.
- **Talk with your partner.** Talking may seem hard to do. But if two people decide together to not have sex, to use condoms and/or to only have sex with each other, the plan is more likely to work.
- **Don't share needles** for injecting drugs, body piercing or tattooing.
- **Avoid alcohol and other drugs.** Being drunk or high makes it hard to make safe choices about sex.

Fact Sheet

STD Facts

What Is STD? Sexually transmitted disease, or STD, is the term used to identify a group of infections that are commonly spread through sexual activity. STD is serious and can cause many health problems.

What Are Some STDs?

Common STDs include:

- HIV (the virus that causes AIDS)
- gonorrhea
- syphilis
- chlamydia
- herpes
- hepatitis B
- nongonococcal urethritis (NGU)
- trichomoniasis (“trich”)
- genital warts (also called HPV, or human papilloma virus)

What Are the Common Signs and Symptoms of an STD?

The most important thing to know about STD is that people may not have any symptoms. People without symptoms may still have an STD. This means they can transmit the STD to a partner even if they feel and look fine.

Possible signs of STD in women and men:

- Need to urinate often
- Swelling in the groin (the area around the sex organs)
- Burning and pain when urinating or having a bowel movement
- Night sweats
- Pain during sex
- Itching around the sex organs
- Flu-like feelings, with fever, chills and aches
- Sores, bumps or blisters near the sex organs, rectum or mouth
- Diarrhea
- Swelling or redness in the throat

Other possible signs of STD in women:

- An unusual discharge or smell from the vagina
- Pain in the pelvic area—the area between the belly button and the sex organs
- Burning or itching around the vagina
- Bleeding from the vagina that is not a regular period

Other possible signs of STD in men:

- A drip or discharge from the penis

What Are the Health Consequences of STD?

STDs that aren’t treated can lead to many health consequences:

- **More serious infections.** If STDs such as chlamydia and gonorrhea aren’t treated, they can cause damage to the reproductive organs. This can make it difficult or impossible to have children later in life.
- **Damage to the health of others.** Untreated STD can be given to a partner through sexual contact (oral, vaginal or anal, and sometimes by genital touching). Some STDs can be transmitted from a pregnant mother to her baby in the uterus or during birth.

(continued)

STD Facts *(continued)*

- **Damage to other parts of the body.** Some STDs can damage other parts of the body. For example, untreated hepatitis B can lead to permanent liver damage; HIV hurts the body's immune system and eventually makes it impossible to fight off other infections and diseases; gonorrhea can cause heart trouble, skin diseases and even blindness.
- **Constant physical discomfort.** Itching and burning are milder health consequences of STD. But they are still annoying and difficult to deal with on a daily basis. These types of symptoms can become very painful.
- **Some STDs can't be cured.** Herpes, genital warts, HIV and hepatitis B are STDs that can be managed, but not cured. The virus is always in your system and can be transmitted to someone else, whether or not you have symptoms at the particular time.

What Are the Emotional Consequences of STD?

Worrying that you have an STD can take up a lot of time and energy. Here are some of the thoughts and emotions people often have:

- What if I'm one of the people who has an STD but no symptoms?
- Did I get it from my partner? Does that mean I can't trust him or her?
- What if I give my partner an STD? Will he or she ever trust me again?
- How can I talk to my partner about this?
- What if my parents and friends find out? What will they think?
- If I do have an STD, where can I get treated?
- How will this affect me in the future? Will I have permanent damage, or am I really cured?
- If the STD doesn't get treated in time, will I still be able to have children when I'm older?
- Why wasn't I more careful?

Note: If you think you might have an STD, see a doctor. Don't let embarrassment stop you. Most local health departments have free STD clinics. They will protect your privacy, treat your infection, and help you avoid future infections.

What Are Some Ways to Avoid STD?

The best protection from STD is by not having sex. This is called abstinence.

If a person is sexually active, it's important to:

- Talk to any partners about their sexual history. If you have concerns about someone's sexual history, or you know he or she has had an STD, talk about getting tested before having sex.
- Use latex condoms every time.
- Know the signs of STD.
- Get regular STD checkups.
- Talk to a parent or trusted adult about sex and STDs.

Fact Sheet

Chlamydia

What is it?

Chlamydia is a common sexually transmitted disease caused by the bacteria *Chlamydia trachomatis*. This is the most common sexually transmitted disease among youth.

How is it transmitted?

Through unprotected sex.

What are the symptoms in young men?

- May have no symptoms at all
- Sores, bumps or blisters near genitals, anus (butt) or mouth
- Burning or pain when you urinate (pee)
- Drip or discharge from the penis

What are the symptoms in young women?

- May have no symptoms at all
- Sores, bumps or blisters near genitals, anus (butt) or mouth
- Burning or pain when you urinate (pee)
- Itching
- Bad smell or unusual discharge from the vagina or anus
- Belly ache—normally in the lower abdominal area
- Bleeding from the vagina between menstrual periods

What are the health consequences?

- In young women, it can lead to scarring of the fallopian tubes, which can lead to infertility (the inability to have a baby).
- Complications in young men are rare, but sometimes infection can spread to the epididymis (a tube that carries sperm from the testes), testicles and prostate, causing pain, fever and, rarely, sterility.
- Increases susceptibility to HIV infection.

How is it treated?

Chlamydia can be treated easily and cured with antibiotics.

Fact Sheet

Nongonococcal Urethritis (NGU)

What is it?

NGU is a treatable bacterial infection of the urethra (the tube within the penis), often associated with chlamydia. NGU refers to symptoms young men may have when they have an STD.

How is it transmitted?

Through unprotected sex.

What are the symptoms in young men?

- Pain when you urinate (pee)
- Painful discharge from the penis

What are the symptoms in young women?

While men are primarily infected by NGU, women can easily be infected with the main cause of NGU—chlamydia. Symptoms can include:

- Painful urination
- Unusual vaginal discharge

What are the health consequences?

- In young women, it can lead to scarring of the fallopian tubes, which can lead to infertility (the inability to have a baby).
- Complications in young men are rare, but sometimes infection can spread to the epididymis (a tube that carries sperm from the testes), testicles and prostate causing pain, fever and, rarely, sterility.
- Increases susceptibility to HIV infection.

How is it treated?

NGU can be treated easily and cured with antibiotics.

Fact Sheet

Gonorrhea (The Clap)

What is it?

Gonorrhea is a bacterial infection of the penis, vagina or anus (butt) that causes pain or a burning feeling, as well as a pus-like discharge.

How is it transmitted?

Through unprotected sex.

What are the symptoms in young men?

- A yellowish discharge from the urethra (the tube within the penis)
- Burning or pain when you urinate (pee)
- Sore throat (with oral gonorrhea)
- Symptoms may vary in severity, including sometimes having no symptoms at all

What are the symptoms in young women?

- Women often have no symptoms, or mild symptoms
- Burning or pain when you urinate (pee)
- An unusual, sometimes smelly discharge
- Increased vaginal discharge
- Vaginal bleeding between periods
- Sore throat (with oral gonorrhea)

What are the symptoms of an infection in the anus?

- Discharge
- Anal itching
- Soreness
- Bleeding
- Painful bowel movements

What are the health consequences?

- Gonorrhea is a common cause of PID (Pelvic Inflammatory Disease) in young women, and can sometimes lead to sterility.
- Because of PID, it can cause internal abscesses (pus-like pockets that are hard to cure), infertility, and ectopic pregnancy (a pregnancy that occurs outside of the uterus—primarily in the fallopian tubes—which can be fatal if untreated.)
- If a woman is pregnant, gonorrhea may affect the baby at birth and cause blindness.
- Severe abdominal pain.
- Fever.
- Epididymitis (a painful condition of the tube that carries sperm from the testicle), which can lead to infertility.
- Increases susceptibility to HIV infection.
- Gonorrhea can spread to the blood or joints. If this happens, it can be life threatening.

How is it treated?

Gonorrhea can be treated easily and cured with antibiotics.

Fact Sheet

Herpes

What is it?

Herpes is a sexually transmitted disease caused by herpes simplex viruses Type 1 (HSV-1) and Type 2 (HSV-2). Most genital herpes is caused by HSV-2.

How is it transmitted?

Through direct skin to skin contact (not just sex), as well as by anal, vaginal and oral sex, even when using a condom. It can be transmitted even if there are no sores present.

What are the symptoms?

The symptoms are the same in young men and young women. Most people who have herpes don't even know it because they don't have signs or symptoms that they notice. When signs occur (usually 2-10 days after infection) they appear as one or more blisters on or around the genitals or rectum (butt). The blisters break, leaving tender ulcers (sores) that may take 2-4 weeks to heal. The sores are usually quite painful. The person may also have discharge, fever and body aches.

Herpes sometimes starts out as bumps or blisters in and around the genital area, which then scab over. It also can look like an irritated red area or bumps that many people mistake for something else, such as an ingrown hair, pimple, bug bite or rash.

Many men mistake herpes for jock itch, zipper burn or abrasions from rough sex. Many women mistake it for a yeast infection, razor burn or an irritation from rough sex.

What are the health consequences?

- Genital herpes frequently causes psychological distress in people who know they are infected.
- Can cause potentially fatal infections in babies.
- Increases susceptibility to HIV infection.

How is it treated?

There is no cure for herpes; a person remains infected for life. However, outbreaks can be controlled and the severity lessened with medicine.

Fact Sheet

Trichomoniasis (“Trich”)

What is it?

Trich is a sexually transmitted disease that affects both young men and young women, although symptoms are more common in women.

How is it transmitted?

Through unprotected sex.

What are the symptoms in young men?

- Most young men have no signs or symptoms.
- An irritation inside the penis
- Slight burning after urination or ejaculation
- Mild discharge
- A rash or itching

What are the symptoms in young women?

- A frothy or cheesy yellowish-green discharge with a strong odor
- May cause discomfort during intercourse (sex) or urination
- Irritation in the genital area, with itching, burning or redness
- In rare cases, lower stomach pain may occur

What are the health consequences?

- Increases susceptibility to HIV infection.
- Skin infections from scratching.

How is it treated?

Trich can be treated easily and cured with antibiotics.

Fact Sheet

Syphilis

What is it?

Syphilis is an STD caused by a bacterium.

How is it transmitted?

Passed from person to person through direct contact with a syphilis sore. Sores occur mainly on the external genitals (vagina and anus) or in the rectum (butt). Sores can also occur on the lips and in the mouth and throat. It may affect a baby before birth, if the mother has it.

What are the symptoms?

These symptoms apply to both young men and young women. They occur in three stages:

Primary Stage

This is usually marked by the appearance of a single sore (called a chancre) but there may be multiple sores. The sore is usually firm, round, small and *painless*. It appears at the spot where syphilis entered the body. The sore lasts 3 to 6 weeks and heals without treatment. However, without adequate treatment, it will progress to the secondary stage.

Secondary Stage

This is usually marked by a non-itchy skin rash that may appear as rough red or reddish brown spots on the palms of the hands or the bottoms of the feet. However, rashes may occur on other parts of the body and sometimes look like rashes caused by other diseases. Sometimes the rash associated with secondary syphilis is so faint that it's not even noticed.

In addition to rashes, symptoms of secondary syphilis may include fever, swollen lymph glands (under the ear and under the arms), sore throat, patchy hair loss, headaches, weight loss, muscle ache and fatigue (tiredness).

Latent or Hidden Stage

This stage begins as secondary symptoms disappear. Without treatment, the infected person will continue to have syphilis even if there are no signs or symptoms; the infection remains in the body. In latent stages, syphilis may damage the internal organs, including the brain, nerves, eyes, heart, blood vessels, liver, bones and joints. This internal damage may show up many years later. Signs and symptoms of the late stage of syphilis include difficulty coordinating muscle movement, paralysis, numbness, gradual blindness, and dementia (severe brain damage).

How is it treated?

Syphilis is easy to cure in its early stage with antibiotics. In the secondary and latent stages, additional doses of antibiotics may be required.

Fact Sheet

Hepatitis B

What is it?

Hepatitis B is a serious disease caused by a virus that attacks and causes inflammation of the liver.

How is it transmitted?

Spread most commonly through the exchange of blood, semen and vaginal secretions. It's also spread through sharing needles for injecting drugs or steroids.

What are the symptoms?

The symptoms are the same in young men and young women. Symptoms include:

- Jaundice (yellowing of the skin)
- Tiredness
- Stomach pain
- Muscle aches
- Loss of appetite
- Nausea and vomiting
- Joint pain
- Dark urine

What are the health consequences?

Many cases of hepatitis are not a serious threat to health. But the disease can lead to chronic liver problems, cancer, liver failure and death.

How is it treated?

Hepatitis B can be treated with medicines, but treatment isn't always successful.

How is it prevented?

Vaccinations against Hepatitis A and B are routinely provided to youth ages 0-18.

Fact Sheet

Human Papilloma Virus (HPV or Genital Warts)

What is it?

HPV is the name of a group of viruses—there are over 100 types of HPV. About 30 of these are sexually transmitted and cause genital HPV.

How is it transmitted?

Genital HPV is spread through skin-to-skin contact, not through an exchange of body fluids. It cannot be entirely prevented with condom use. Nearly three out of four Americans between the ages of 15 and 49 have been infected with genital HPV in their lifetimes.

What are the symptoms?

- Sometimes the virus lives in the skin and causes no symptoms at all. (This is called hidden or latent HPV infection.)
- Visible growths in the genital area.
- Tiny changes on the skin, usually only recognizable by a doctor or nurse.
- Warts can be smooth on the skin or raised like a bump. The bumps can appear alone, or in a group. They can be small or large. Sometimes they itch.
- Some women with HPV may have abnormal cell changes on the cervix which can only be found by a Pap smear.

What are the health consequences?

- HPV can cause cervical cancer in women.
- Warts can block vaginal, penile or rectal openings.

How is it treated?

There is no cure for HPV, although in most people the infection goes away on its own. Warts or other cell changes caused by the virus can be treated.

How is it prevented?

There is a vaccine for women that protects against most types of HPV that cause cervical cancer and genital warts. The vaccine is given in 3 shots over a 6-month period.

Fact Sheet

HIV and STD Testing

People can get tested to find out whether they have HIV or another STD.

Why Get Tested?

If you get tested and find out you have HIV or another STD, you can get treated. The earlier you are treated, the better the outcome is likely to be.

- Most STDs can be cured.
- You can learn how to protect your partner so he or she doesn't get it.
- You can tell past partners if they are at risk and should be tested.
- You can make better choices about your future.
- You can take care of your health.
- If you are a woman and you are pregnant, you can take steps to protect your baby.

Remember, many STDs don't have any symptoms, and some STDs threaten your life. Untreated STD can interfere with your ability to have a baby in the future. It's important to get tested and treated if you have an STD.

Who Should Get Tested?

You are at risk for HIV or other STD if:

- You've had sex (vaginal, anal or oral) without using a condom.

The risk is higher if:

- You've had more than one partner.
- Your partner has had more than one partner.
- Your partner has used injection drugs.
- You've ever shared needles to inject drugs, vitamins or steroids.
- You've ever shared needles for body piercing, tattooing or any other reason.
- You've had other STDs in the past.
- You are a young male having sex with multiple male partners.
- You've engaged in unprotected anal intercourse.

You are at risk for HIV and hepatitis B if:

- You've ever shared needles to inject drugs, vitamins, hormones or steroids.
- You've ever shared needles for body piercing, tattooing or any other reason.

(continued)

HIV and STD Testing *(continued)*

Where Can You Get Tested?

You can get tested at clinics, doctor's offices, or health departments.

Before you go, call first to find out:

- How much do the tests cost?
- Do you need your parents' permission to get tested? (Many states do not require permission for teens to be seen and treated.)
- Does the testing center offer counseling after testing?
- What are the clinic/office hours?

Your local testing sites:

1 Name _____

Address _____

Phone _____

2 Name _____

Address _____

Phone _____

3 Name _____

Address _____

Phone _____

3.

Why Do People Feel Invulnerable?

 Objective:	By the end of the session, group members will be able to describe reasons teens engage in risky behaviors.
 Time:	10 minutes
 Materials:	Chart paper and markers

Procedure

1 Tell the group that often youth take risks and do things that may cause them harm because they feel “invulnerable” or “invincible.” Define these terms and post the definitions on chart paper.

- Invulnerable—Incapable of being wounded, injured, or harmed.
- Invincible—Incapable of being conquered or overcome.

Tell the group that at this point in their lives, the feelings of sexual desire and “love” can make them feel like they are on top of the world—invincible. When you care about someone and they care about you, it can make you feel like nothing else matters. This exercise will help the group understand these feelings and how they can affect their ability to make decisions.

2 Lead a discussion using the following questions.

- Do most people your age who sell drugs think they might get caught? Why or why not?
- Do people your age who are having sex worry about getting an STD? Why or why not?
- Do people your age worry about what people might think of them if they get an STD?
- What do people your age think will happen to them if they skip school?
- What do people your age think will happen if they carry a gun or a knife? If they mess around with guns?
- If people feel they don’t have many options for the future, are they more likely to take risks, such as having unprotected sex?
- Do people your age think they will get pregnant or get someone pregnant if they have sex? Why or why not?

- How might alcohol and other drugs make you feel invulnerable, as if nothing bad can happen to you? What can you do about this?
- Are there certain kinds of people who are more at risk for HIV or drug use? (*Note:* Explain that there is no such thing as a “risk group”—only risky behaviors.)
- Has anyone had the experience of feeling invulnerable one night, but having regrets or feeling scared the next morning?
- Do you ever feel like you may not live a long time, so why not take risks?
- How can being “turned on” or feeling horny (sexually aroused), make you feel as though the person must be OK? Is there any similarity between the effects of drugs and the effect of sexual arousal on judgment?
- Does being “in love” or being with a partner for a long time make you feel safe and invulnerable with that person? Is this a reasonable way to feel? What is a long time? What can you do to prevent false feelings of safety in yourself or in others?
- Does carrying a condom make you feel as if you’re preparing to have sex? Is it wrong for a girl or boy to plan on having sex? If you feel wrong for carrying a condom, because it looks like you’re preparing to have sex, how can these feelings put you at risk?
- If you ever learned that someone you knew had HIV or AIDS, did you find yourself looking for ways you were different from this person? Did thinking you were different from this person make it seem as if you weren’t at risk for HIV yourself? What decisions did this person make that put him or her at risk for HIV infection?

Ask the group to really think about the next question: What decisions did you yourself make in your past that could have put you at risk for HIV infection (e.g., unprotected sex, drinking while messing around)? (*Note:* Inform youth that they should think about this question but not answer aloud.)

- 3** Summarize by letting the group know that many times people their age feel invincible and invulnerable and therefore put themselves at increased risk for HIV infection. It’s important that they think about a behavior and how that behavior can expose them to HIV, STD and/or pregnancy before they do it. They know that feeling invincible can lead to young people taking risks, so they can learn to recognize that feeling so when they experience it they can focus on the fact that risk behaviors can lead to infection. Understanding their values will also help them focus on how to prevent HIV, other STD and pregnancy. The next activity will help define “values.”

4. Defining a Value

-  **Objective:** By the end of the session, group members will be able to describe the concept of personal values.
-  **Time:** 5 minutes
-  **Materials:** Chart paper and markers

Procedure

- 1 Explain that a value is a strongly held belief about what a person considers worthwhile, beneficial or morally right. Write the definition on chart paper. Give examples of personal values such as: “Education is important,” “Sex is something that should be thought about seriously,” “Family is important.”
- 2 Ask the group to give some examples of values.
- 3 Briefly discuss some of the influences on personal values. (*Examples:* family, friends, TV, school, church, etc.)
- 4 Explain that, for people their age, values are often shifting and expanding. Most teens are strongly influenced by the values of their families and communities. They are also learning in a deeper, more adult way about the things that are most important to them personally. These personal, family and community values will influence the choices they make and the ways they behave.

Notes for Group Leaders: This activity may be quite variable in length and intensity, but generally will be short. Once you have explained what “values” are, don’t push the discussion if the group is not interested. Instead move quickly to the next activity (**Rank Your Values**).

Be aware of ideological differences regarding young people and values. Some people believe that a young person’s values are an entirely personal matter, while others believe values should be set by family and community and prescribed to young people. Social research suggests a middle ground is probably best. Young people’s values are profoundly influenced by their families, yet they are also striving to define their own ideas on many complex issues. Don’t be judgmental about what you may hear from the group members. Your values may not be shared by all of your group members and vice versa.

-
- 5 Explain that each group member will now get a chance to look closely at his or her personal values.

5. Rank Your Values

-  **Objective:** By the end of the session, group members will be able to rank selected personal values.
-  **Time:** 20 minutes
-  **Materials:** **Rank Your Values** worksheet, 1 for each group member
Scissors, clear tape
Pieces of colored 8-1/2" x 11" paper, 1 piece for each group member

Procedure

- 1 Distribute the **Rank Your Values** worksheet and a piece of colored paper to each group member. Have them cut the worksheet into strips. Tell the group that one way to find out what their values are is to rank them—selecting the one that is most important and placing it on top, followed by the one that is second-most important, and so on.

Give each group member a table or floor space, large enough to lay out and sort all of the value statements. The group leaders should also participate. (*Note:* Provide blank strips for youth to write additional values if desired.)

- 2 Tell the group to look over the value statements carefully and to move them around until they have a list with their most important value at the top and their least important value at the bottom.

Caution them to work slowly and think carefully about each statement. They may change the order of the statements if they change their minds—the ranking should show how they really feel about the statements. They should tape the statements in their final order to the piece of colored paper. Allow 5 minutes for them to work.

- 3 Remind the group of the Group Agreements. Then go around the room and have each member of the group share (if willing) her or his most important item, second item, second to last item, least important item, etc. The group leaders should also share.
- 4 After everyone has had an opportunity to share, lead a discussion using the following questions:

- What might be the reason for the different values in the group? (different families, religions, genders, ages, socioeconomic backgrounds, etc.)
 - If the group leaders' rankings differ a lot from the rest of the group, why might that be? (older, different culture, etc.)
 - How would your family rank the items?
 - Can you think of any important values that aren't listed here?
 - How would making choices that keep you from getting HIV or another STD support your top two values?
 - How would getting HIV or another STD affect your top two values?
- 5** Summarize by stating that people need to think about their values and what is most important to them when they make decisions and decide how they will behave, especially in relationships. The next activity will demonstrate how people can have different relationship values.
-

Notes for Group Leaders: Have several rolls of tape available. Running a long piece of tape over each group member's value strips is an easy way to hold the strips in place.

Worksheet

Rank Your Values

Directions: Cut the statements into strips along the lines. Then put them in order from most important to least important to you.

Making it on my own

Getting good grades

Preparing for my future

Getting along with my parents and family

Getting a partner or getting married

Living by my religion or spiritual beliefs

Being artistic or creative

Being safe and secure

Making money

Being accepted by my friends

Getting a job I really like

Proving I am strong

Being independent

Helping others

Being good in sports

Having children

Being nice to others

Having my own car

Being healthy

Falling in love

Treating my body with respect

6.

Values Voting

 Objective:	By the end of the session, group members will be able to discuss selected personal values about relationships and sexuality with others in their class.
 Time:	35 minutes (may vary depending on how many items are read and discussed)
 Materials:	Agree and Disagree signs. Values Voting worksheet, 1 for each group member

Procedure

- 1** Remind the group of the Group Agreements established in Session 1:
 - Respect each other. Don't talk out of turn.
 - Keep confidentiality. Don't discuss what is said outside of the group.
 - Everyone has a right to his or her opinion.
- 2** Put the **Agree** and **Disagree** signs at opposite ends of the room.
- 3** Distribute the **Values Voting** worksheet. Explain that the group is about to do an activity that will challenge some of their values. Let the group members know that this exercise is done anonymously, and that they are NOT to write their names anywhere on the worksheet. Ask them to read each statement, and then mark the appropriate box indicating whether they Agree or Disagree. There is no middle ground – they must choose the side that comes closest to representing their values. Allow 2–3 minutes for group members to mark their answers. Remind them not to put their names on the sheet.
- 4** When group members have finished, collect and shuffle all of the worksheets. Once they are well shuffled, redistribute the sheets. Explain to the group that if they think they received their own worksheet back, they should just hold on to it because no one will know whose answers they have.
- 5** Have all group members stand in the middle of the room. Explain that you are going to read the statements from the worksheet one at a time. Stress that, for this activity, they are going to represent and argue for the position on the worksheet they are holding, which may or may not match

their own. Each time they should move to the Agree or Disagree side of the room **based on the answer on the worksheet in their hand**—even if the opinion on the worksheet they have is the opposite of what they themselves think. Explain that for this activity, they are going to represent and argue for the position on the worksheet they are holding, which may or may not match their own. Check to make sure everyone understands the exercise.

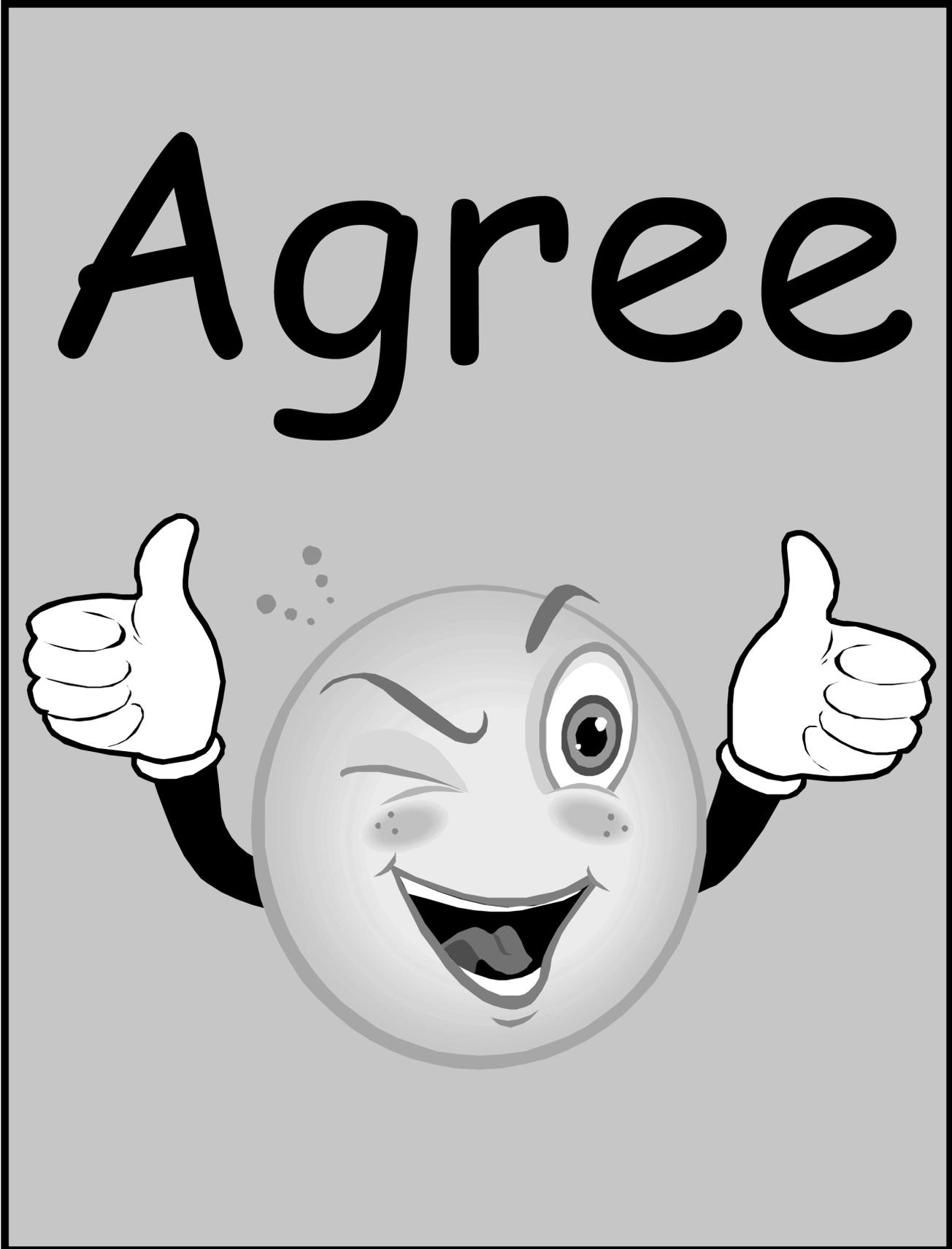
- 6** Begin the activity by reading a statement from the worksheet. Encourage group members to move quickly to the Agree or Disagree side of the room, based on the opinion from the worksheet in their hand.
- 7** Ask one or two group members from each side to offer suggestions as to why someone would agree or disagree with the statement.
- 8** Once the argument has been made for both sides, read another statement from the worksheet and repeat the process for about 15 minutes.
- 9** When all of the statements have been read, have the group return to their seats. Lead a discussion using the following questions:
 - When you were filling out the worksheet, what made it hard to pick a side? What made it easy?
 - Did you find yourself wanting to stand in the middle? What influenced you to choose the side you eventually chose?
 - Did this activity make you think about things you usually take for granted?
 - Did anyone change his or her mind after hearing a good argument for the opposing view?
 - How would your parents have chosen? Share one area where you and your parents might have different feelings.
 - Were there any items you think that young men and young women would have different opinions about? Which ones?
- 10** Summarize by asking what they learned about their values from this activity. Discuss how understanding their values might help them make decisions to prevent getting infected with HIV or another STD. For example, it's easier to carry out a decision that's supported by your values.

Notes for Group Leaders: Make sure to support the minority position when it's presented. If you feel it's appropriate, you can move a few youth from the majority to the minority side.

It's important to remain objective throughout this activity. The goal is to help the group clarify their values, not convince them of yours. Help the group to be tolerant of differences and make sure that they listen to different points of view—they might change their minds when they listen to others' reasons.

Group members usually learn from and enjoy this game a lot. If time is limited, just read half of the items so you have enough time for discussion.

Sample Sign



Sample Sign



Worksheet**Values Voting**

- Agree Disagree 1. Men should be able to cry.
- Agree Disagree 2. Teens should be able to get birth control only with their parents' permission.
- Agree Disagree 3. Sex should only happen between married people.
- Agree Disagree 4. Condoms should be given out free of charge to anyone who wants them.
- Agree Disagree 5. I would approve of an interracial relationship for myself.
- Agree Disagree 6. When people dress sexy, it means they want to have sex.
- Agree Disagree 7. It's important to make a lot of money.
- Agree Disagree 8. People should be sure they could support a child financially and emotionally before they get pregnant or get someone pregnant.
- Agree Disagree 9. People who have HIV shouldn't have sex.

7. Wrap-Up and Closing Ritual

 Objective:	By the end of the session, group members will be able to summarize key points from the day's activities.
 Time:	5 minutes
 Materials:	None

Procedure

- 1 Have the group sit in a circle.
- 2 Explain that you want some feedback from the youth. Ask the group the following questions:
 - What did they like?
 - What didn't they like?
 - What did they learn?
 - What would they like to learn more about at another session?
- 3 Announce that the next session will help them learn ways to obtain information in order to make good decisions.
- 4 Remind the group of the next meeting time and place. Tell them to remind each other. Offer to call the night before the meeting to remind them of it.
- 5 Provide a way for the group to contact you if they need to. Also remind them that they can put questions in the Question Box at the end of the session and during the week.
- 6 Pass out the **Holla Back!** form and give the youth 5 minutes to complete it.
- 7 Thank the youth for their participation and have them perform their closing ritual.

Notes for Group Leaders: Begin preparing for Session 3 by doing the pre-session activities on page 81.

SESSION 3

Educate Yourself: Obtaining Information

Purpose

Group members will learn ways to obtain information in order to make good decisions by applying the decision-making model and researching answers to questions.

Session Overview (120 minutes)

- 1 Opening Ritual and Review** (10 minutes)
- 2 SODA Decision-Making Model—Step 2: Options**
(10 minutes)
- 3 Resources: Finding Information for Good Decisions**
(25 minutes)
- 4 Trusted Guardian/Adult as a Resource**
(20 minutes)
- 5 Ya Heard Me! What Teens Want to Know** (40 minutes)
- 6 Challenge: Check It Out!** (10 minutes)
- 7 Wrap-Up and Closing Ritual** (5 minutes)

Preparation

Pre-Session Activities

- Read over and become familiar with all Session 3 activities.
- Prepare snacks.
- Review and prepare the list of **Internet Safety Guidelines** as a handout. (See page 95.) Adapt the Guidelines as necessary to be consistent with any policies or guidelines set by your organization. Investigate if Internet use is available to teens during your session.

- Review and prepare the **Resource Guide for Teens** as a handout. (See page 96.) Add information about local resources available in your area. It should include various places for teens to get information or counseling. Look in your local phone book or call your local health department to find potential local resources to add to the list. Sometimes, teen resource guides are available through health departments or local teen organizations. Good resources to include are topic-specific hotlines, crisis lines, local teen clinics, family planning clinics, sexual assault centers, domestic violence agencies, churches and a general youth hotline.
- Review the **A Time of Change, Tips About Women’s Bodies** and **Tips About Men’s Bodies** fact sheets and be familiar with the content. (See pages 104–112.)
- Make a Challenge chart to show how many Challenges each group member has completed. If possible, it helps to provide incentives for group members to complete Challenges, e.g., if they complete 3 assignments they get free movie passes (or whatever incentive you choose). (See the sample on page 114.)

Materials

- snacks
- Question Box
- Group Agreements, Family Tree, SODA Model and Challenge charts
- masking tape
- pencils
- chart paper and markers
- index cards, 1 for each group member
- Resource Guide for Teens**, handout, 1 for each group member
- telephone
- telephone book
- “Internet Safety Guidelines” handout, 1 for each group member
- A Time of Change, Tips About Women’s Bodies** and **Tips About Men’s Bodies** fact sheets for each group member

I. Opening Ritual and Review

 **Objective:** At the start of the session, group members will be able to recall key highlights from Session 2.

 **Time:** 10 minutes

 **Materials:** Group Agreements chart, Question Box

Procedure

- 1** Welcome group members and lead the opening ritual.
- 2** Sit down with the group and remind them of the Group Agreements.
- 3** Answer any questions that have been put in the Question Box.
- 4** Review Session 2 by asking the following questions:
 - Can being in love make you feel invincible?
 - In what ways does alcohol make young people feel invulnerable?
 - What are some other reasons young people may feel invulnerable?
 - What is a value?
 - How can knowing your most important values help you make decisions that protect you from HIV, other STD and pregnancy?
 - What are some common STDs?
- 5** Explain that today's session will explore ways to obtain information in order to make good decisions for the characters they met in Session 1 and for themselves. Ask if anyone remembers Step 1 of the SODA Decision-Making Model (Stop and state the problem or decision you have to make). Explain that the next activity will focus on Step 2 of the SODA Decision-Making Model.

2. **SODA Decision-Making Model—Step 2: Options**

 **Objective:** By the end of the session, group members will be able to demonstrate Step 2 (Options) of the SODA Decision-Making Model.

 **Time:** 10 minutes

 **Materials:** SODA Model and Family Tree charts, chart paper and markers

Procedure

- 1 Briefly review the first step of decision making.

Step 1: Stop—Stop and state the problem or decision you need to make. Pause and give yourself time to think about what the problem or decision really is.

- 2 Explain that today's lesson will concentrate on the next step of decision making—options.

Step 2: Options—Consider the options or choices and the consequences of those choices. Educate yourself so you know all the choices and consequences before you make a decision.

- 3 Read 2 of the following situations. Be sure to use the names from the Family Tree story you read in Session 1. Have the group members brainstorm and create a list of information needed to make an informed decision for each situation by doing the following steps:
 - Name the situation.
 - Identify the decision that needs to be made.
 - Then ask the group what the character needs to know to make his or her decision. For example, if Malcolm needs to decide whether or not to have sex, what information does he need to help him make this decision?

Divide a piece of chart paper in half and record responses. On the left side, put the heading “Decision.” On the right side, put the heading “Info Needed.” Brainstorm the decisions first, followed by the information needed to make each decision. Keep the brainstorm lists from this activity for Activity 3 and for Session 4.

Notes for Group Leaders: Adapt the following situations as needed for your audience. If you are working with a group in which most of the members are already sexually active, the stories about sexually active teens will be more effective in helping them develop practical decision-making skills for safer sexual choices.

If half or more of your group members are not sexually active, use the other situations. These teach decision-making skills without giving group members the impression that most of their peers are having sex. Young people who believe most of their friends are not sexually active are more likely to delay sex themselves.

As you discuss the options, ask group members to be specific. For example, when discussing “don’t have sex,” be sure to help them identify other options, such as finding fun ways to be together that don’t involve sex, or finding different ways to please a partner without having sex (e.g., kissing, holding hands, giving a neck massage). If “explain the dangers of not using a condom” is given as an option, get group members to identify what those dangers are.

If you used Story 2 from Appendix A for the Family Tree activity, use the discussion questions for Session 3: Activity 2 provided on page 253.

For youth who are not sexually active (Story 1):

Malcolm and his girlfriend have been going together for 2 months. Malcolm has never had sex before. He has heard from his friends that his girlfriend has had several boyfriends. He assumes that she will start wanting to have sex soon. Some of Malcolm’s friends have been bugging him and asking if he’s having sex yet.

One day they get out of school early, and Malcolm’s girlfriend invites him over to her house to watch TV. Malcolm wants his friend Larry to come with them but Malcolm’s girlfriend says Larry gets on her nerves and she wants it to be just them. Malcolm is a little worried about going because he knows his girlfriend’s mother is never home during the day and they will be all alone.

- What are the options? (*whether or not to go to his girlfriend’s house, whether or not to have sex*)
- How does Malcolm feel? How does his girlfriend feel?
(*Possible answers: confused, scared, excited, upset, nervous*)
- What does Malcolm need to know before he makes his decision?
(*Possible answers: What are the consequences of having sex? of not having sex? What are his parents’ rules and expectations about him having sex?*)

How can he tell his girlfriend he isn't ready? What kind of protection would he need if he was ready?)

- What are Malcolm's options?
(Possible answers: Go to her house but make sure they don't have sex; tell her he's busy; invite Larry anyway; suggest alternate activities—go to the rec center, a movie, the park, a friend's house.)

For youth who are not sexually active (Story 1):

Monique and Jerome have now been going together for 2 months. Monique has never had sex before. She has heard from her friends that Jerome has had several girlfriends. She assumes that he will start wanting to have sex soon.

One day they get out of school early, and Jerome invites her over to his house to watch TV. Monique wants her friend Latrice to come with them, but Jerome says Latrice gets on his nerves and he wants it to be just them. Monique is a little worried about going because she knows Jerome's mother is never home during the day and they will be all alone.

- What are the options? *(whether or not to go to Jerome's house, whether or not to have sex)*
- How does Monique feel? How does Jerome feel?
(Possible answers: confused, scared, excited, upset, nervous)
- What does Monique need to know before she makes her decision?
(Possible answers: What are the consequences of having sex? of not having sex? What are her parents' rules and expectations about her having sex? How can she tell Jerome she isn't ready? What kind of protection would she need if she was ready?)
- What are Monique's options?
(Possible answers: Go to Jerome's house but make sure they don't have sex; tell him she's busy; invite Latrice anyway; suggest alternate activities—go to the rec center, a movie, the park, a friend's house.)

For youth who are sexually active (Story 1):

Remember Malcolm? He has been going with his girlfriend for over a year now. They are both in love. They started having sex about a month ago and up to this point Malcolm has always used a condom. His girlfriend is beginning to complain about it now. She says it takes the feeling away and she doesn't want to use one anymore.

Malcolm, on the other hand, has been thinking more about the risks and consequences of sex, and isn't even sure he wants to keep being sexually active.

- What are the options? (*whether or not to keep using condoms, whether or not to continue having sex*)
- How does each of them feel?
(*Possible answers: confused, scared, angry, hurt, sad, frustrated*)
- What does Malcolm need to know before he makes his decision?
(*Possible answers: What are the consequences of having sex without protection? of not having sex? What kind of protection does he need? Where can he get condoms? How can he find out more about HIV/STD? How can he explain to his girlfriend the importance of using condoms without offending her?*)
- What are Malcolm's options?
(*Possible answers: Break up with his girlfriend; say it's condoms or no sex; tell her he no longer wants to have sex; give in to her request; have her go with him to a clinic to get tested for HIV and other STD, and get birth control.*)

For youth who are sexually active (Story 1):

Remember Monique? She has been going with Jerome for over a year now. They are both in love. They started having sex about a month ago and, except for a couple of times, Jerome has always used a condom. But now Monique is concerned she might have an STD. She's worried and has been acting cold toward Jerome. He's beginning to ask her what her problem is.

- What are the options? (*whether or not to get tested, whether or not to tell Jerome, whether or not to tell her parents*)
- How does each of them feel?
(*Possible answers: scared, angry, confused, hurt, sad*)
- What does Monique need to know before she can make her decision?
(*Possible answers: What are the symptoms of STDs? What are the consequences of not treating an STD? How are STDs treated? Where can I get tested? Does it cost money? Will my parents be told? Do I have to tell my boyfriend? How can I tell my boyfriend?*)
- What are Monique's options?
(*Possible answers: Tell Jerome; go with Jerome to get tested; go with a friend to get tested; call local resources and find out when she can get tested and do it; tell her parents to get support.*)

Notes for Group Leaders: For sexually diverse teens who are sexually active, please see *Session 3: Addition to Activity 2* on page 253 in *Appendix A*.

- 4** Explain to group members that the next part of the SODA model is **Step 3: Decide**. To decide, they must compare the good and bad things about the options. But before they are able to decide, they need to learn how to gather information about each of the options. In the next activity, they will learn different ways to gather information and explore the positive and negative things about each option.

3.

Resources: Finding Information for Good Decisions

-  **Objective:** By the end of the session, group members will be able to compare and contrast their experiences obtaining information on HIV from 4 different resources.
-  **Time:** 25 minutes
-  **Materials:** 2 telephones, telephone book, computer with Internet access
Internet Safety Guidelines for each participant
Resource Guide for Teens for each group member
-  **Preparation:** Review the **Example Situations** and **Optional Situations**. (See pages 93 and 94.)

Procedure

- 1 Review the list of information that the youth said they would need to make a decision from the SODA Step 2: Options activity. Have them brainstorm how and where they might get the information for each situation. For example, where would they get the number of a clinic?

List their suggestions on chart paper. If they have trouble, use the **Example Situations**. There are also several **Optional Situations** to explore if time permits.

- 2 As you review the lists, discuss the strengths and weaknesses of each information source by asking the following questions.
 - Why might this be a good source? Why not?
 - What different information might you get from each source?

Explain that each source can provide different kinds of information, and that they may have to get information from several different sources to make a well-informed decision.

- 3 Explain to group members that they are now going to practice obtaining different types of information for decision making.

Divide the group into 4 teams. Each team is going to research the question: Where do I go to get tested for HIV and STD?

Notes for Group Leaders: If you are using Story 2 for the Family Tree, you could assign a team to identify services for sexually diverse youth. See Appendix A, page 254.

Assign the team tasks as follows:

Team 1: Have a volunteer call information (411) to get the number of a medical clinic, local health department or Planned Parenthood. When he/she calls, the volunteer should ask where to find HIV and STD testing services.

Team 2: Have several team members take turns calling the Centers for Disease Control and Prevention (CDC) INFO Hotline, and ask where one can get tested for HIV or STD locally in your community. The number is 1-800-232-4636.

Team 3: While some groups are making phone calls, ask Team 3 to check the resources on the Internet.

- The CDC Division of HIV/AIDS Prevention at www.cdc.gov/hiv/dhap.htm is a good source of general information.
- Many local health departments have websites with information about services for teens and other populations. Try a search on your city's name, plus the words "health department."
- Most local Planned Parenthood affiliates have websites. Search for "Planned Parenthood" plus your city, a nearby city or your state.

Team 4: Use the phone book or Internet to find support services for teens that include HIV and STD testing and rape crisis.

Give teams 10 minutes to write down their findings and prepare to share their results with the larger group.

Notes for Group Leaders: If participants at your site do not have access to computers or telephones, provide materials and adapt the teams as follows:

Materials: 3 telephone books, 1 local resource guide

Team 1: Have several team members look in their phone book to find the number of a medical clinic or local health department. Have two other team members write two questions about where to find HIV testing services for teens.

Team 2: Have several team members look in their phone book to find the number of a Planned Parenthood or other youth clinic. Have two other team members write two questions about where to find STD or pregnancy testing services for youth.

Team 3: Have several team members look in the local resource guide and the phone book to find phone numbers and names of support services for youth that include HIV and STD testing and rape crisis.

Instead of discussing results in this session, offer a gift for any team members who can bring back testing information to the group when you meet again. They can do this by calling any of the phone numbers they researched or CDC-INFO at 1-800-232-4636 to ask where to find HIV and STD testing services for youth in their area. Also offer a gift for any group member who can check resources on the Internet.

4 Have teams report their experiences on the phone and the Internet to the group. Did they get their questions answered? What did they learn? Was the process easy? Did those who phoned feel they were treated respectfully?

Ask group members to compare the Internet and phone experiences. Are there situations where the Internet would be a better resource than the phone or vice versa?

5 Ask group members how they decide if a resource is trustworthy. They may mention feeling comfortable during a phone call, or having a friend who's had a good experience with the person or place. Explain that when using the Internet there are some ways to judge how much you can trust the information. Tell them to look for these things:

- The site is hosted by a government or city organization, such as the Centers for Disease Control and Prevention or the local health department.
- The site is for a respected voluntary organization, such as the American Heart Association, National Minority AIDS Council or Planned Parenthood.
- The site is an established source for news and information, such as a university, or a major newspaper or magazine.
- The site is not trying to sell anything or promote a particular agenda.
- The site is up to date, and notes when it was last updated. Try to use sites that have been updated within the last 9–12 months.

Hand out and spend a few moments reviewing the **Internet Safety Guidelines**.

- 6 Hand out and ask group members to look over the **Resource Guide for Teens**. If there is time, have a volunteer call one of the hotlines or services listed to ask a question and report back on the call.
-

Notes for Group Leaders: Remind group members to check to see if there is a charge to call Information (411) in their area. Make sure they understand the difference between 411 (Information), 311 (in some areas, police, non-emergency) and 911 (emergency number).

Tell them that they do not have to answer any questions that people on the hotline might ask them. They can say, "I do not want to answer that question."

- 7 Summarize by saying that just as there are trusted adults who provide services for youth in the community, there are trusted adults in their lives and their families. In the next activity, they'll look at how to talk to these people.

Group Leader

Example Situations

For boys/girls:

Where would Malcolm/Monique get the information to help him/her make a decision about whether or not to have sex?

What information does he/she need?

What are the consequences?

How good are condoms at protecting you?

How do you use a condom?

Where can you get condoms?

How can you tell a partner you're not interested in having sex?

Where does he/she get information?

Talk to parents, relatives or other adults.

Talk to boyfriend/girlfriend about the decision.

Go to a clinic.

Talk to a doctor or nurse.

Call an HIV hotline or a teen hotline.

Go to a drug store.

Go to the health department.

Read a brochure.

Get a book from the library on growing up and sex.

Look up information on the Internet.

Contact a local HIV community organization.

Group Leader**Optional Situations****(Use if time allows.)**

Read the situation and lead a discussion using the questions provided.

The group will be eager to answer the questions, so only use the possible answers if needed.

1. A friend comes to you and says he/she has a rash. It might be a symptom of a sexually transmitted disease. What kind of information would you help your friend find? How might he/she get the information?

What information do you need?

Is it really an STD? Find symptoms of STDs.

If it is, what can he/she do about it?

Where do you get the information?

Call a clinic or STD hotline.

Read a book from the library.

Look up STD symptoms on the Internet.

Ask a teacher or youth leader.

Look at pamphlets from your program, clinic or school.

Talk to parents or an older sister/brother.

2. A friend comes to you and thinks she is pregnant (or he has gotten someone pregnant). What kind of information would you help your friend find? Where might she/he find the information?

What information do you need?

Is she really pregnant? Find out about pregnancy testing.

If she is, what are the options for pregnant teens?

If she isn't pregnant, what information do she and her partner need to have about birth control?

If they had unprotected sex, they should get tested. Find HIV/STD prevention and testing information.

What does she need to know about prenatal care?

Are there programs/schools for pregnant teens?

Where do you get the information?

Parents

School nurse

Doctor, clinic or health department

Library

Counselor

Trusted older adult

Teacher

Planned Parenthood

Internet

Group Leader

Internet Safety Guidelines

Note: It's important to review safety guidelines for Internet use, particularly when young people are doing research on matters related to HIV, STD or sexuality. Search efforts may turn up links to pornography sites (depending on whether and what kind of blocking software is installed on a computer), and participants in forums or chat rooms may misrepresent themselves (adults pretending to be teens) and exploit or harm young people.

Here are some common guidelines:

- **Keep your personal information private.** Protect your safety and the safety of your friends and family. Ask parents or group leaders for advice about a particular website or Internet source before sharing your full name, phone number, address, school name, photos or other identifying information. Never share information about anyone else you know.
- **Never meet someone you only know from the Internet.** Some people will lie about who they are and what they want. If you really want to set up a meeting, ask parents or a trusted adult for advice and permission. Take a parent or other responsible adult with you, and meet in a public place.
- **Tell an adult if anything uncomfortable happens while you're on the Internet.** Talk to your parents or group leader if you're being harassed, if inappropriate language is being used (rude, racist, sexist or otherwise offensive), or if you feel uncomfortable about anything you see or hear on the Internet.
- **Avoid pornography sites.** They are offensive to many people, do not support the goals of *Focus on Youth with ImPACT* and are inappropriate for any project in this group.
- **Avoid chatrooms.** Many chatrooms aren't monitored. Unmonitored chatrooms may be misused by sexual predators searching for vulnerable youth.

4. **Trusted Guardian/Adult as a Resource**

 Objective:	By the end of the session, group members will be able to identify a trusted adult for information on sexual health.
 Time:	20 minutes
 Materials:	Chart paper and markers, index cards for each group member Family Tree Chart

Procedure

- 1 Tell the group that in this activity you want them to identify a trusted adult they can talk to for information about sexual health.
- 2 Brainstorm what makes a person a trusted adult. (*Possible answers: Someone who won't judge me. Someone who won't tell my secrets. Someone I know is smart enough to give me the right advice.*) Write the ideas on chart paper.
- 3 Ask group members to think about trusted adults they can talk to. Hand out index cards. Give group members 2 to 3 minutes to write on the card their names and at least one person they identify as a "trusted adult." Let them know it's OK if they can't identify someone. Once everyone completes the task, collect the cards. Be sure to follow-up in private with any group member who couldn't write a name. If this goes unresolved, follow-up with the head of the youth organization.

Notes for Group Leaders: If a group member has difficulty identifying a trusted adult, ask more questions in private.

Some suggested questions:

- What adult in your life do you look up to, and why?
 - What adult in your life is easy to talk to and you don't have to worry about what you say going anywhere else?
 - What adult in your life is always in your corner?
 - What adult is always interested in you doing well in life?
-

- 4** On chart paper, write guidelines for communicating with a parent or other trusted adult:
- Find a good time for both you and the adult, and make an appointment to speak with the adult on that day and time.
 - Before you meet, try to relax.
 - Write down what you want to say ahead of time.
 - If you feel uncomfortable talking about your problem, try writing a letter or drawing a picture and using that to help you communicate.
 - When it's time for your discussion, start with a direct statement: "I want to talk about something private that's very important to me," or, "I'd like you to read about something that's important to me."
 - Sometimes it takes more than one try to make the conversation happen. Keep trying. Sometimes it may be necessary to talk with more than one adult to get the information and feedback you're looking for.
- Invite youth to add to the guidelines.
- 5** Tell the group they're going to have a chance to practice talking to an adult in a roleplay. Begin with group leaders modeling a short roleplay showing a trusted adult/teen discussion that was not set up at a good time (e.g., adult can be coming home from a hard day at work and the teen wants to talk about a problem as soon as the parent comes in the door). (Note: Whoever is playing the adult should act rushed, preoccupied, and respond to the teen in a dismissive manner.)
- Then do a roleplay of trusted adult/teen discussion that did occur at a good time, when the adult was ready (e.g., parent and teen choose a time to talk in advance, the teen is prepared and the parent is receptive). (Note: Whoever is playing the adult should act calm and concerned, be focused on the teen and act ready to listen.)
- 6** Ask group members to form pairs and do a roleplay using the main characters from the Family Tree story. Let them know they will have 5 minutes for the roleplay. Display the Family Tree chart so group members can reference the characters. Explain that they should act like one of the young people in the story talking to one of the adults in the family about a problem (the problem may be thinking about having sex, a partner pressuring them, or a question about their body's changes). Tell them to use the guidelines they learned about how to talk to adults.

- 7** When pairs have finished, discuss the positive aspects of each roleplay and give a couple of suggestions for approaching the trusted adult:
- What did the young person do in the roleplay that you admire?
 - What did the adult do to help the conversation?
 - How did the young person feel after talking to the adult?
 - What did he or she gain from it?
 - Are there other things he/she could have done to communicate about the problem?
-

Notes for Group Leaders: One option for talking to a parent or trusted adult is to write a letter. This can be a great way for young people to start a conversation with an adult about difficult subjects.

- 8** Ask group members if they have any guidelines from their own experiences in talking with adults. Have them share with the group how their suggestion might make communication with parents, guardians and other adults easier.
-

Notes for Group Leaders: If group members begin to get restless, move the activity along quickly, only discussing one of the roleplay situations.

- 9** Explain that as they learn more about how to prevent HIV, they'll want to give advice to other young people. The next activity will help them practice giving advice about growing up and sexuality.

5. Ya Heard Me! What Teens Want to Know

 Objective:	By the end of the session, group members will be able to identify basic facts about puberty, sexual function and reproduction.
 Time:	40 minutes
 Materials:	A Time of Change, Tips About Women's Bodies and Tips About Men's Bodies fact sheets, 1 for each small group Plain paper and writing materials

Procedure

- 1 Explain to participants that many young people in their age group experience significant physical, emotional and social changes as they mature into adulthood. Because how they respond to these changes can have a great impact on their health and well-being, it is important for them to have accurate information. Acknowledge that many young people already know quite a bit about these things and that, even though they might know a lot, they may still have questions.

Further explain that much of how people view the world is shaped by their values and beliefs. Ask who remembers what a value is from Session 2. Then ask group members if they remember where values come from. Note that values are instilled by families, churches, friends or others we are close to, and that sometimes the media can affect values too. For example, a person's views regarding sexuality (e.g., when it is OK to have sex) may be determined by what he or she has learned from family about what is acceptable.

Tell youth that today they will be given an opportunity to think about questions their friends might have, and will do some research to come up with answers.

- 2 Ask participants how many of them are familiar with sites such as MySpace and Facebook. Explain that these sites allow youth to share an enormous amount of information (personal, community, political, health, etc.) with one another. One of the ways that information may be shared

with a community is through a blog. Ask for a volunteer to define the word “blog” and describe how a blog is used. Validate the responses and share the following definition:

A **blog** (a contraction of the term “**web log**”) is a website, usually maintained by an individual, with regular entries of commentary, descriptions of events, or other material such as graphics or video. Entries are commonly displayed in reverse-chronological order.

- 3** Explain that, for the purpose of the next activity, they will pretend they are managing a youth health blog through MySpace or Facebook. On this blog, youth ask questions about the changes they may experience during puberty. The participants will be responsible for researching the answers to the questions of their fellow bloggers.
- 4** Break group members into 3 or more small groups, with 3 to 4 people in each group.
- 5** Explain that there are 3 parts to the activity.
 - In the first part, the small groups are going to come up with questions people their age might have about growing up or sexuality.
 - In the second part, they’ll exchange their questions with another group, and then find the answers for each other.
 - In the last part, groups will share their answers with everyone.
- 6** Give each group one of the fact sheets. (One group will get **A Time of Change**, one will get **Tips on Women’s Bodies**, one will get **Tips on Men’s Bodies**.)

Ask them to read over their fact sheet and come up with some questions people their age might have about that topic. Each group member should come up with a question. The answers to their questions should be covered in the fact sheet. Give all group members a sheet of paper. Ask them to write 1 question at the top of the page about their topic and to know where to find the answer on the fact sheet.

Encourage group members to be creative when they write their questions, perhaps by giving them fun signatures (“Perplexed Pete” or “Embarrassed Eva”). Then the group who answers the questions can start with, “Dear Perplexed,” etc. Give an example and clarify the instructions if necessary. Allow 10 minutes for writing questions.

Some sample questions:

- I don't have much hair on my face or pubic area. Am I growing too slowly?
- My breasts have been hurting a lot lately. Is that normal?
- What's considered a "normal" penis size?
- My body's going through a lot of changes right now. What's happening?
- In the gym, I noticed that some of my friends seem to be developing more muscles than I am. Is there something wrong with me?
- My girlfriend is 13. One minute she's fine and the next minute she's crying for no reason. What's going on?
- I'm 13 and just started my period. Do I have to start going to the doctor now?

- 7** Monitor the small groups to keep them on track and moving forward. Help if they are having trouble with the reading or writing part of the activity.

When the groups have finished writing their questions, collect both the question sheets and the fact sheets. Re-distribute the sheets so that each small group gets a new fact sheet and its matched set of questions.

- 8** Tell the small groups they are now going to answer these questions that were asked on the blog they manage. First, they need to do some research so they can give the correct answer. They'll find the answers to the questions in the fact sheet.

Encourage group members to work together to find the answers to the questions they received. Tell them to decide who will present each question to the whole group. They don't have to write down a complete answer, but they should make some notes so they will be sure to give all the correct information.

Again, keep the groups moving and on track. Help with any problems (e.g., they can't find the answer, or they don't agree on the answer).

If a group gets a question that isn't answered in the fact sheet, you can put that question in the Question Box and answer it in the next session.

- 9** When small groups have finished preparing their answers, ask each to present to the full group. You can have the groups present 1 question at a time, alternating among groups, to make sure every group gets a chance to present. Allow 10 minutes.

- IO** Conclude by reminding group members how important it is to have good knowledge about themselves and their bodies. Ask the group about how knowing about themselves helps them make better decisions. Remind them that they can use the Question Box to ask any questions anonymously. You might also share other resources you have for further information (e.g., books, pamphlets, websites, and hotlines).
- II** Ask group members to examine their bodies in a mirror when they go home. The body illustrations raise curiosity, but many teens, especially the girls, will not have taken a mirror and really explored their bodies to “lock in” information from the fact sheet. Many of a women’s parts are internal, and sometimes there is a “mystique” or belief that self-examination, like masturbation, is forbidden. Self-examination is much easier for men.

Let youth know that self-examination is healthy and wise. Without self-examination, how would they recognize something “new” about their bodies that could be a symptom of disease? Remind them that they don’t have to tell anyone they’ve done it—no one will know unless they tell! A trusted adult, such as the group leader, encouraging this type of self-examination is often the simple motivation that it takes.

Notes for Group Leaders: This activity will work best with a group that includes at least a few good readers. When you break into small groups, try to have at least 1 strong reader in each group.

With younger group members (or older group members who are not strong readers), you may want to simplify this activity by coming up with questions ahead of time. Pass these questions out with the fact sheets. Then group members can simply read the fact sheet (or listen as you read it to them) and prepare their answers.

Maintain a positive atmosphere of acceptance and respect. Emphasize that it’s OK to ask questions about these topics. The questions of younger group members are more likely to focus on the concrete facts of puberty and reproduction. Older group members, especially those who have completed much of their pubertal development, may be more interested in social and emotional issues.

Include all 3 fact sheets whether you have a girls’ group, a boys’ group, or a mixed group. Boys and girls are usually curious about what’s going on with each other. It’s important for them to understand each others’ changes, sexuality and the risks for pregnancy, HIV and other STD.

Fact Sheet

A Time of Change

Puberty is the time when your body changes from a child's body to an adult body. Puberty usually begins between ages 9 and 16. Many things change in the body. Emotions and friendships change too.

How It Starts

During puberty, your body begins to produce hormones. These are chemicals that cause the body to change and grow in new ways.

The Body Changes

Both males and females go through many physical changes during puberty. Young people often wonder, "Is this normal?" when they don't understand these changes.

Here are the main ways the body changes:

Boys

- Shoulders get broader.
- Muscles grow.
- Voice gets deeper (and may crack at first).
- Hair grows under arms, and on arms, legs, chest and face.
- Hair grows around the penis and testicles (pubic area).
- Penis and testicles grow larger. One testicle usually hangs lower than the other. This is normal.
- Ejaculations, including wet dreams, begin to occur.
- Boys' breasts may feel tender and grow a little. This is normal. It will go away.

Girls

- Hips get wider.
- Waist gets smaller.
- Hair grows under arms.
- Hair grows around the vulva (pubic area).
- Breasts develop. One breast sometimes grows larger than the other. This is normal.
- Nipples grow larger and may become darker in color.
- The vagina makes a white, sticky substance. This is normal. It's how the vagina cleans itself.
- Menstruation (having periods) starts any time from age 9 to 16.
- Girls usually begin puberty 1-2 years before boys do.

Boys and Girls

- Grow very quickly.
- Get oilier skin and may have pimples.
- Have aching muscles and joints (growing pains).
- Sometimes feel clumsy.
- Sweat more and have body odor.

(continued)

A Time of Change *(continued)*

Emotions Change

Young people's feelings change during puberty too. This can be confusing.

Many boys and girls may have:

- More ups and downs
- Moods that change quickly from happy to sad
- Sudden crying or laughing
- Feelings of excitement, then of being let down

Most girls and boys also have feelings about the ways their bodies are changing:

- If they start puberty early, they may feel self-conscious.
- If they start puberty later, they may worry that they'll never catch up.
- Even if they start when their friends do, they still feel confused about the new, unfamiliar changes in their bodies.

Every person's body has its own clock. In a few years, the changes even out. Around ages 16 to 18, the physical changes of puberty are almost complete for most people.

Friendships Change

As you grow older, friends become more important. You want to be liked and fit in.

Here are some things that can help:

- Be open to making new friends.
- Find friends who are like you in some way.
- Find friends who like you for who you are.
- If you feel you don't fit in, changing friends might make things better.

Romance

You may begin to have romantic feelings towards others. This is normal.

Learn to express these feelings in healthy ways.

(continued)

A Time of Change (continued)

Making good decisions about sexuality is important:

- Think through how you really feel about sex and relationships and know your limits.
- Learn to communicate your limits with confidence.
- Respect and love yourself. Make a commitment to valuing who you are.
- Respect and love others.
- The safest choice is to not have sex (abstinence).
- If you do decide to have sex, protect yourself from pregnancy, HIV and other STD by using condoms.
- Protect your future.

Families Change

Some young people have problems at home during their teen years. They're ready to be more like the adults in their families. This is a time of change for parents, too. They need to learn how to live with their more grown-up teens. It can be hard for everyone.

Here are some things that can help:

- Make a special effort to talk to your parents, even if you feel you can't. They may be confused about how to talk to you. They may feel you've pulled away from them and not know how to approach you.
- Use the guidelines you were taught in *Focus on Youth with ImPACT*. Ask your parent to set aside some time for the two of you to talk. Write down your thoughts before you have the discussion.
- Let them know what you're thinking and how you're feeling.
- Let them know you appreciate the things they do for you.
- Ask for their support and guidance.
- Help them build respect for and trust in you as a young adult by making responsible decisions.

You're Not Alone

Some changes of puberty happen quickly. A person might grow 6 inches over a single summer. But most changes happen more slowly. Growing up takes years. Like everyone else, you have your own way of growing and developing—a way that's right just for you.

Take good care of yourself. Eat well. Get enough rest. Exercise. Keep your body and clothes clean. This will help you look and feel good. Think about the person you want to be. **Value the person that you are.** This can help you make smart and proud choices.

Fact Sheet

Tips About Women's Bodies

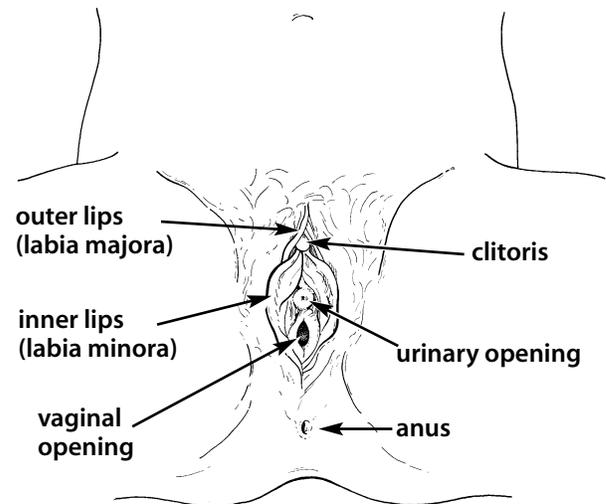
Staying Healthy

- **Have good hygiene.** Shower or take a bath daily. Use mild soap. Keep the genital area clean and dry. (A healthy vagina has a normal discharge that helps keep it clean and protects it from infection.)
- **Avoid HIV and other STD.** Protect yourself from pregnancy or disease. Choose not to have sex (abstinence). Use a condom if you do have sex.
- **Use sanitary pads safely.** If you use pads, change them every 3–4 hours.
- **Use tampons safely.** If you use a tampon while on your period, change it every 3–4 hours. Wear a pad at night. Tampons have been connected to a rare but serious disease called *toxic shock syndrome*. See your doctor if you have any of these symptoms while using a tampon: high fever, vomiting, diarrhea, feeling light-headed, aching muscles, headache and a rash that looks like sunburn.
- **Do monthly self-exams.** Check your breasts each month. A doctor can show you how. If you find any lumps, or anything that worries you, see a doctor right away.
- **Have a pelvic exam** at age 18 or as soon as you become sexually active. During the exam, a doctor checks your reproductive organs through your vagina and will test you for STD and other problems. Tell your doctor if you are sexually active.
- **See your doctor if...**
 - You have severe menstrual cramps that aren't relieved by over-the-counter pain relievers.
 - You have any sores inside or outside your vagina.
 - You have a heavy vaginal discharge that itches, burns or smells.
 - You have pain in the pelvic area, or deep inside the vagina or pain while urinating.
 - You have bleeding that isn't part of a regular period.

Body Parts: What's Outside?

The organs that are on the outside of the body are called **genitals**. They play a role in pregnancy and sexual feelings.

- **Outer lips.** These are also called the *labia majora*. These soft pads of fatty tissue help protect the vaginal opening.
- **Inner lips.** These are also called the *labia minora*. They lie between the outer lips and are sensitive to touch. When stimulated during sex or other times, they swell and get deeper in color.
- **Clitoris.** This small, pea-shaped organ is full of nerve endings and is very sensitive. Its purpose is to provide sexual pleasure. It's protected by a fold of skin.



(continued)

Tips About Women's Bodies *(continued)*

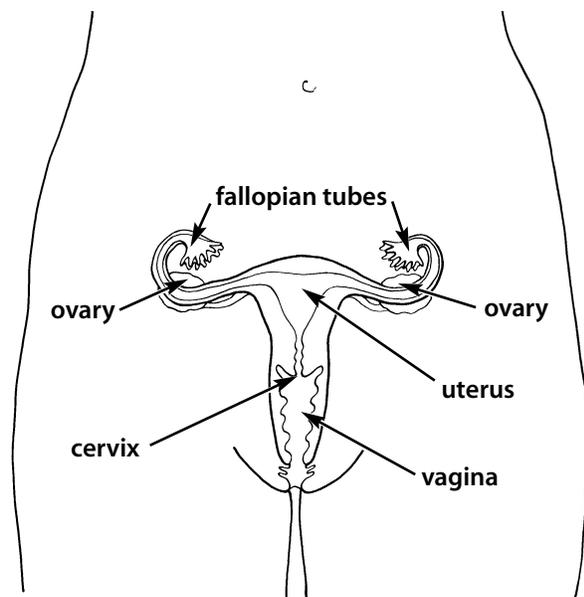
Women have 3 openings in the genital area:

- **Urinary opening.** This is where urine comes out.
- **Vaginal opening.** This is where menstrual fluid leaves the body. It's also where a baby leaves the body during childbirth. It's where a man's penis enters the woman's body during sex.
- **Anus.** This is where a bowel movement leaves the body. Because the anus is close to the vagina, it's easy for bacteria from bowel movements to get inside the vagina. To prevent this, women should wipe from front to back and wash the genital area daily.

Body Parts: What's Inside?

These organs inside the body make it possible for a woman to have a baby:

- **Vagina.** This is the tunnel that goes from outside the body up to some of the inside organs (the cervix and the uterus). The vagina produces a fluid that keeps it moist and clean. When a woman is sexually excited, the amount of fluid increases. This makes it easier for the penis to enter the vagina.
- **Cervix.** The cervix is the part of the uterus that connects to the vagina. During pregnancy, it stays tightly closed to protect the fetus (developing baby).
- **Uterus.** This organ is where a fertilized egg grows and develops into a baby when a woman is pregnant. It's about the size of a fist, and is shaped like a pear. When a woman isn't pregnant, the inside walls of the uterus touch each other. When she's pregnant, they move apart to make room for the fetus.
- **Fallopian tubes.** These tubes lead from the uterus to the ovaries. There are two of them, one on each side. They are about 5 inches long, and as big around as a strand of spaghetti. The egg travels through the tube from the ovaries to the uterus.
- **Ovaries.** Women have 2 ovaries. They are about the size and shape of an unshelled almond. They make female hormones and hold the eggs. When a baby girl is born, her ovaries contain more than 300,000 egg cells. During the years a woman can get pregnant, her body releases about 500 of these eggs, 1 each month or so. The ripe egg is as small as the point of a needle.



(continued)

Tips About Women's Bodies *(continued)*

Menstruation

Menstruation, or having periods, begins during puberty. Most women have a period about once a month. Some cycles are as short as 22 days, others are as long as 40 days. During the first year or so, a girl's cycle may not be as regular. Even for adult women, the cycle may change a little from month to month.

When a woman menstruates, bloody fluid leaves her body through the vagina. The amount of fluid, and the number of days a period lasts, is different for different women. A period may last up to 7 days.

Here's what happens in the menstrual cycle:

1. The lining of the uterus gets thicker. It's preparing itself for a fertilized egg.
2. About 14 days before a woman's period, one of her ovaries releases an egg into the fallopian tube. This is called ovulation.
3. The egg travels through the tube to the uterus. If it reaches the uterus without being fertilized, it begins to fall apart.
4. The egg and the lining leave the uterus through the vagina as menstrual fluid. This is a period.
5. Then the lining of the uterus gets thicker, and the whole cycle starts again.

How Pregnancy Happens

A pregnancy can happen if a woman has unprotected sex around the time when the egg leaves the ovary and travels through the fallopian tube. If a sperm reaches the ripe egg while it is in the fallopian tube, it combines with the egg and the egg is fertilized.

When the fertilized egg reaches the uterus, it attaches to the thick, blood-filled lining and begins to grow. This is the start of a pregnancy. The woman will not have periods again until her pregnancy ends.

The Breasts

A woman's breasts are also reproductive organs. After a woman has a baby, her body tells her breasts to make milk.

Breasts come in many sizes and shapes. It's normal for one breast to be larger than the other. Breast size doesn't matter when nursing a baby.

Fact Sheet

Tips About Men's Bodies

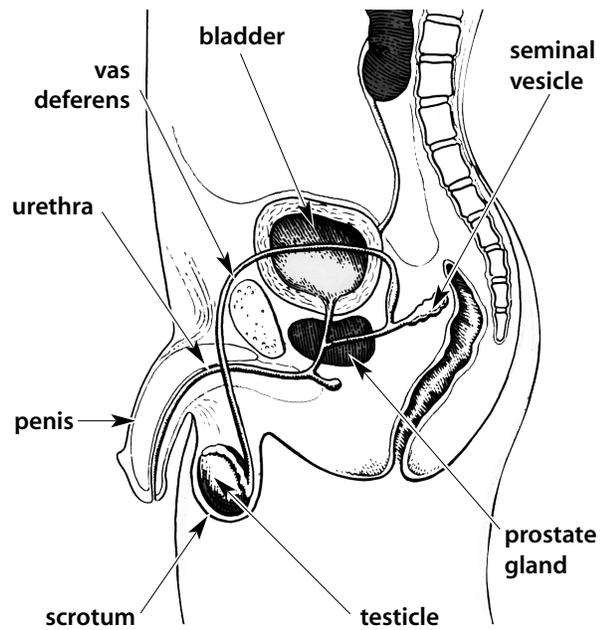
Staying Healthy

- **Have good hygiene.** Shower or take a bath daily. Use mild soap. Keep the genital area clean and dry.
- **Avoid HIV and other STD.** Protect yourself and your partner from pregnancy or disease. Choose not to have sex (abstinence). Use a condom if you do have sex.
- **Do monthly self-exams.** Check your testicles each month. Even young men can get testicular cancer. This cancer can usually be cured if it's found early. Testicles should feel solid, but a little spongy, like hard-boiled eggs without the shell.
- **See your doctor if...**
 - You find any lumps in or near your testicles.
 - Your testicles ache or feel painful.
 - You see any sores, bumps or other changes on your penis or scrotum.
 - You have burning or pain when you urinate.
 - You have a white or yellow drip or discharge from your penis.

Body Parts: What's Outside?

The organs on the outside of the body are called **genitals**. They play a role in pregnancy and sexual feelings.

- **Penis.** The penis is made up of spongy tissue. Most of the time it's soft and limp. When a man is sexually excited the penis becomes firm and erect. This is called an *erection*. Soft penises come in many sizes. There is no "average." Erect penises are usually about the same size—5-1/2 to 6 inches long. (Younger men's erections may be smaller.)
- **Scrotum.** This wrinkled pouch of skin hangs behind the penis and holds the testicles.



Body Parts: What's Inside?

These organs inside the body play a role in pregnancy:

- **Testicles.** These 2 organs are found inside the scrotum. They are about the size and shape of small plums. They make male hormones and produce sperm. It's normal for one testicle to hang lower in the scrotum. It's also normal for one testicle to be slightly larger.

(continued)

Tips About Men's Bodies *(continued)*

- **Vas deferens.** This tube leads out of each testicle. Sperm swim out of the testicle and up the vas deferens to reach the prostate gland.
- **Seminal vesicles.** These 2 glands are about the size of a finger. They make fluid that gives the sperm energy and helps them move.
- **Prostate gland.** This gland is about the size of a walnut. It makes more fluid that mixes with the sperm to form semen.
- **Urethra.** This tube carries sperm to the outside of the body through the penis. The urethra is also the way urine leaves the body. But urine and semen never travel through the urethra at the same time.

Circumcision

In newborn boys, a flap of skin called the *foreskin* covers the tip of the penis. Sometimes this skin is removed in an operation called *circumcision*. Circumcision is performed for religious and cultural reasons. It doesn't affect penis size or how the penis works.

Uncircumcised men should gently pull the foreskin back and wash it when they take a shower or bath.

Semen and Sperm

The testicles start making sperm cells when a young man reaches puberty. They keep making sperm for the rest of his life.

Semen is the fluid the sperm swim in. When a man ejaculates ("cums"), semen spurts out the end of his penis. A normal ejaculation has about 1 teaspoon of semen and contains 200–500 *million* sperm.

Men can't "run out" of sperm. Masturbation and sex don't use them up. The body keeps making sperm as long as a man has at least one normal testicle.

Erections

When a man becomes sexually aroused, blood fills the spongy tissue in the penis. The penis grows large and becomes firm. This is an erection.

Erections happen when the penis is rubbed during masturbation or sex with a partner. Many men also have erections when they think about sex. Sometimes riding a bicycle or motorcycle might cause an erection. Sometimes erections happen for no reason at all.

This is all normal. It's also normal to have erections at night, while sleeping. A "wet dream" is when a man ejaculates semen while sleeping. It's normal for a man to wake up with an erection.

(continued)

Tips About Men's Bodies *(continued)*

How Pregnancy Happens

For a pregnancy to start, a man's sperm must join with a woman's egg.

Here's how it works:

- The testicles make sperm.
- The sperm move into the vas deferens.
- During sex, the man places his penis inside the woman's vagina.
- When the man ejaculates, his sex organs contract (like tightening a muscle). This forces sperm out of the vas deferens, past the seminal vesicles, through the prostate, along the urethra, and out of the penis.
- The sperm enter the woman's vagina and travel through her uterus and fallopian tubes toward the egg. If a sperm reaches a ripe egg, it enters it. When the sperm and egg combine, it's called *fertilization*. When the fertilized egg reaches the woman's uterus it attaches and begins to grow. This is the start of pregnancy.

The "Pull-Out Method" Is All Bad!

Withdrawal, or pulling the penis out of the woman's body before a man ejaculates, is *not* a good way to prevent pregnancy.

Here's why:

The body cleans itself naturally. Just like a woman secretes a sticky fluid that cleans the inside of her vagina, a man secretes fluid that cleans the urethra of anything that could harm the sperm. This "pre-semen" or "pre-cum" washes the urethra to make a clean trail for the sperm. Often, some semen and sperm come out with this pre-seminal fluid. So, during sex and before the man comes, the penis is leaking—like a faucet that drips before the water flows through it. If the pre-seminal fluid enters the partner's body, it's not safe sex or pregnancy prevention because HIV/STD infection or pregnancy could occur.

6.

Challenge: Check It Out!

 Objective:	Within 1 week of the session, group members will be able to use community resources to gather information on selected teen health issues.
 Time:	10 minutes
 Materials:	Resource Guide for Teens

Procedure

- 1 Explain that for the rest of the program, group members will be offered a Challenge to do each week. Explain that there will be time for each person to share the outcome of his or her assignment. If possible, offer incentives such as gift certificates, ball game passes, movie passes, etc., for completed Challenges. Document how many assignments each group member has completed on the Challenge chart.
- 2 Review the possible Challenges and have group members select which they want to do.

Challenges

- Think of a question about HIV or AIDS. Call the CDC-INFO Hotline and ask them your question (1-800-232-4636). Write down the answer and what the experience was like.
- Call a resource from the **Resource Guide for Teens** and ask what services the agency provides. Write down the agency's response and report back to the group.

Notes for Group Leaders: You can add more Challenges, depending on the interest of the group members. Encourage group members to do Challenges by supporting those who complete the assignments.

7.

Wrap-Up and Closing Ritual

 Objective:	By the end of the session, group members will be able to summarize key points from the day's activities.
 Time:	5 minutes
 Materials:	None

Procedure

- 1 Have the group sit in a circle.
- 2 Explain that you want some feedback from the youth.
Ask the group the following questions:
 - What did they like?
 - What didn't they like?
 - What did they learn?
 - What would they like to learn more about at another session?
- 3 Announce that in the next session they will learn to weigh the positive and negative consequences of options as they make decisions.
- 4 Remind the group of the next meeting time and place. Tell them to remind each other. Offer to call the night before the meeting to remind them of it.
- 5 Provide a way for the group to contact you if they need to. Also remind them that they can put questions in the Question Box at the end of the session and during the week.
- 6 Pass out the **Holla Back!** form and give the youth 5 minutes to complete it.
- 7 Thank the youth for their participation and have them perform their closing ritual.

Notes for Group Leaders: Begin preparing for Session 4 by doing the pre-session activities on page 118.

SESSION 4

Educate Yourself: Examining Consequences

Purpose

Group members will learn to weigh the positive and negative consequences of options as they make decisions.

Session Overview (85 minutes)

1 Opening Ritual and Review (15 minutes)

2 Numbers Game: How Many Teens Are Really...? (15 minutes)

3 How to Use a Condom (15 minutes)

- Option A: Condom Demonstration
- Option B: Condom Card Activity

4 Condom Race (10 minutes)

- Option A: Hands-On Condom Race
- Option B: “Let the Music Play” Condom Card Race

5 SODA Decision-Making Model—Step 3: Decide (20 minutes)

6 More Challenges! (5 minutes)

7 Wrap-Up and Closing Ritual (5 minutes)

Notes for Group Leaders: You are encouraged to use the Condom Demonstration (Activity 3A) and Condom Race (Activity 4A) if possible. Young people who are sexually active are more likely to use condoms if they’ve practiced. Demonstrations such as these do not encourage or increase sexual activity. If your organization does not allow you to do a condom demonstration with your group, you can use the optional Condom Card Activity (3B) and the “Let the Music Play” Condom Card Race (4B). Note, however, that not including the demonstration reduces the likelihood of condom use for group members who are sexually active and is not recommended.

Preparation

Pre-Session Activities

- Read over and become familiar with all Session 4 activities.
- Obtain up-to-date statistics on youth risks for Activity 2 (see “Notes for Group Leaders” on page 123 for guidelines).
- Practice the condom demonstration so you will be comfortable doing it in front of the group, for Activity 3A. OR Prepare **Condom Cards**, for Activity 3B. (See pages 131–133.)
- Prepare balloons for oil-based versus water-based lubricant demonstration. (See page 127.)
- Prepare snacks.
- Copy **How to Use a Condom** handout and **Condom Hunt** worksheet for each group member. (See pages 135 and 141.)
- Optional:* Prepare permission slips for the all-day retreat in Session 6. Consult with your agency to determine the type of permission and legal releases you need to transport group members.

Materials

- snacks
- Question Box
- Group Agreements, Family Tree, SODA Model and Challenges charts
- masking tape
- chart paper and markers
- colored candies (such as M&M’s) or other small objects—100 pieces
- paper
- Copy of most current youth risk behavior statistics from the National CDC Youth Risk Behavior Surveillance System (www.cdc.gov/yrbs) or statewide data
- Condom Demonstration materials:
 - condoms (at least 2 for each group member)
 - penis models
 - petroleum jelly
 - funnel
 - container of water
 - tub to hold the water when the condom bursts
 - paper towels
 - water-based lubricant (e.g., KY Jelly™)
 - anti-bacterial hand cleaner or wipes
- OR **Condom Cards**
- How to Use a Condom** handout, 1 for each group member
- Condom Hunt** worksheet, 1 for each group member
- Optional:* permission slips for all-day retreat

1.

Opening Ritual and Review

 **Objective:** At the start of the session, group members will be able to recall key highlights from Session 3.

 **Time:** 15 minutes

 **Materials:** Group Agreements and Challenges charts
Question Box

Procedure

- 1** Welcome group members and lead the opening ritual.
- 2** Sit down with the group and remind them of the Group Agreements.
- 3** Answer any questions that have been put in the Question Box.
- 4** Review Session 3 by asking the following questions:
 - If you had a question about HIV or an STD, how would you find the answers? (Be specific—if you would go to a clinic, how would you choose the clinic, get an appointment, etc.)
 - How do you decide whether or not a place or person is a good source of information?
 - What would you say to begin a conversation about sexual health with a trusted adult?
 - At what age do young people usually go through puberty?
- 5** Ask which group members completed Challenges. Have volunteers share what they did and what they learned from their assignments. Celebrate group members who completed a Challenge. Document completed assignments on the Challenges chart.

2. **Numbers Game: How Many Teens Are Really...?**

 Objective:	By the end of the session, group members will be able to describe what proportion of young people are engaged in selected HIV risk behaviors.
 Time:	15 minutes
 Materials:	100 colored candies (or other small objects) 2 sheets of paper Up-to-date statistics on youth risks

Procedure

- 1 Tell group members you're going to take a look at some of the behaviors people their age are pursuing that can lead to HIV or STD exposure. You'll be sharing some findings from a national survey of high school students. This survey, conducted in 2007, included almost 14,000 students in 39 states and 22 large urban school districts. This information is gathered every 2 years, so it's up to date.

Explain that often young people don't have a clear sense of their peers' risk behaviors. It will be interesting to see what the group thinks about these findings, and whether the survey seems to apply to their own friends and peers.

- 2 Label the 2 sheets of paper: one that says "Having Sex" and one that says "Not Having Sex." Set the pieces of paper next to each other, and place 100 objects (candies, paper clips, pennies) on the "Not Having Sex" sheet. Ask a volunteer to illustrate, by moving the candies, how many youth out of 100 he or she thinks are currently having sex. Let the volunteer know you're defining "currently having sex" as having had sexual intercourse at least once in the last 3 months.

Have the volunteer move the candies from the first sheet of paper to the second so the comparison between youth who are sexually active and those who are not is easy to see and count. When the volunteer has finished, ask the group if they think the estimate is correct.

- 3** Then show with the candies how many high school youth actually are currently sexually active: 35%, or about 1 in 3. Either take away or add candies to the volunteer's original estimate. The "Having Sex" sheet should have 35 candies on it, the "Not Having Sex" sheet should have 65.
- 4** Discuss these numbers with group members. Questions to ask:
 - Did the actual results surprise you?
 - Do these numbers seem accurate for the young people you know?
 - *(If the group overestimated the number of sexually active youth):* It's quite common for young people to overestimate the number of their peers engaging in behaviors that put them at risk for HIV or other STDs. What are some reasons young people may not have an accurate sense of how many are having sex? *(Possible answers: media and popular culture make it look like everyone is having sex; some young people might lie about whether they're sexually active.)*
 - Why do you suppose young people might tell friends or peers they're having sex if they're not? *(Some youth might say they are having sex because they think it makes them look cool—peer pressure.)*
- 5** Repeat the same procedure for other activities that put people at risk for HIV or other STD. Choose risks that are likely to be particularly interesting or important for the members in your group. Here are some statistics you might use, along with the health messages these statistics support. Be sure to demonstrate at least 1 risk factor or behavior that increases the chances of HIV/STD exposure (R) and one protective factor or behavior that can reduce exposure or protect a person from HIV/STD (P).
 - Percentage of those students who have had sexual intercourse in their lifetime, but who aren't currently sexually active: 26.8%, or about 3 in 10. *(Message: It's OK for someone to choose abstinence even after he or she has been sexually active. It's fairly common for young people to do this.)* (P)
 - Percentage of sexually active students who drank alcohol or used drugs before their last sexual intercourse: 22.5%, or about 1 in 4. *(Message: Using alcohol or other drugs increases the chance that people will take risks such as having unsafe sex. Most young people are not mixing alcohol or other drugs with sex.)* (R)

- Percentage of sexually active students who used a condom at last sexual intercourse: 61.5%, or almost two-thirds. (*Message: Most young people are using protection to prevent pregnancy, HIV and STD.*) (P)
 - Percentage of students who are regular smokers (have smoked cigarettes on 20 or more of the past 30 days): 8.1%, or fewer than 1 in 10. (*Message: Most of their peers do not smoke—by a large margin.*) (R)
 - Percentage of students who drank alcohol 1 or more times in the past 30 days: 44.7%, or about 4 in 10. (*Message: Most of their peers are not drinkers. Drinking is fairly common, however, and can lead people to take chances that increase their risk for pregnancy, HIV or other STD. Drinking interferes with decision-making ability.*) (R)
 - Percentage of students who used marijuana 1 or more times in the past 30 days: 19.7%, or about 1 in 5. (*Message: Most of their peers are not using illegal drugs. Use of marijuana or other drugs can lead people to take chances that increase their risk for pregnancy, HIV or other STD.*) (R)
- 6** Close by emphasizing that most young people are making smart, responsible choices about HIV risks. It's important for group members to remember this since this isn't the message they are likely to hear from the media or popular culture. Because some youth are sexually active, it's important to learn about condoms. The next activity will present information that they might not need now, but may need eventually.

Notes for Group Leaders: Many people, youth and adults alike, have a hard time understanding percentages. The candy demonstration helps make the numbers clear. We've also included comparison estimates in whole numbers ("about 3 in 10"). These phrases may increase comprehension.

The national statistics in this activity come from the 2007 Youth Risk Behavior Surveillance System, sponsored by the Centers for Disease Control and Prevention, which has gathered data for over a decade. Check the YRBSS website for the most up-to-date statistics at www.cdc.gov/HealthyYouth/yrbss. There are also local statistics available for many states and cities. Check the website <http://apps.nccd.cdc.gov/yrbss> for statewide data in your state. Some localized community data may also be available depending on whether your area has participated in the Youth Risk Behavior Survey.

These statistics are for youth enrolled in school. Risks for out-of-school youth tend to be higher. If you are working with a youth group that has riskier trends in behaviors, search the CDC website for "ALT YRBS" (for results of the YRBS survey of alternative schools) or "out-of-school YRBS" (for links to articles about risk behaviors of out-of-school youth).

One of the most powerful ways to influence youth risk behavior is to demonstrate healthy norms among peer groups. For example, young people who believe that most of their friends and peers are not having sex are less likely to become sexually active themselves. Whenever possible, use statistics to emphasize the positive and protective choices young people are making.

3A. Condom Demonstration

 Objective:	By the end of the session, group members will be able to name the steps for proper condom use.
 Time:	15 minutes
 Materials:	Condoms, penis model Petroleum jelly, funnel, container of water, tub to hold the water when the condom bursts, paper towels, water-based lubricant (e.g., KY Jelly™), and anti-bacterial hand cleaner or wipes

Notes for Group Leaders: If your organization does not allow you to do a condom demonstration with your group, use Activity 3B (Condom Card Activity) instead.

Procedure

- 1 Emphasize that not all young people are having sex, and affirm that the choice to be abstinent is a good one. Tell group members that if and when they do decide to be sexually active, it will be important for them to protect themselves from HIV/STD and unplanned pregnancy. Condoms are not 100% effective, but they significantly protect against HIV/STD and pregnancy.

Explain that there are 3 important skills for people to learn concerning condom use:

- How to use a condom—how to put it on properly and discard it afterwards.
- How to bring up the topic with a partner. Remind the group that using a condom shows that you truly care for yourself and the other person because you want to stay safe.
- How to cope with or handle a partner's reaction regarding condom use. They'll be learning about the first step—the mechanics of condom use.

- 2 Demonstrate the correct way to use a condom, using the steps below.
 1. Tell group members that before they actually use a condom, they must talk with their partner about using condoms. The group will do some activities later that will help them communicate their wishes to a partner.

2. Once they and their partner have agreed to use condoms, they'll need to buy or get latex condoms. Condoms are easy to find in drug stores and many grocery or convenience stores. Young people can often get them for free at health clinics. (Refer to the **Resource Guide for Teens** handout.)

Reminders:

- *Lambskin condoms do not protect against HIV and other STD.*
 - *Polyurethane (sometimes called "plastic") condoms are a good choice for people who are allergic to latex. However, they are more expensive than latex condoms and may be more difficult to find.*
3. Check the expiration date and examine the package. Do not use a condom if it's past its expiration date, or if the package is torn or damaged.
 4. Open the package carefully. Handle the condom with care. Teeth, fingernails or sharp objects can damage the condom.

Reminder: Store condoms in a cool place. A condom that has been in a wallet, purse, or near heat or sunlight for some time may be damaged.

5. Get ready.
 - Determine which way the condom unrolls. (Don't unroll the condom before putting it on.)
 - Pinch the top of the condom between your thumb and first finger to keep the air out.
 - Leave about 1/2 inch of room at the tip. This allows space to catch the semen, so the condom won't break.
6. Put the condom on.
 - Continuing to hold the tip of the condom, place it against the head of the erect penis (the end of the penis where the urethral opening is).
 - Use your other hand to carefully unroll the condom over the penis, all the way down to the base (the end of the penis next to the body).
 - When it's put on properly, the condom should stay on the penis during intercourse.
7. After ejaculation:
 - Hold the rim of the condom around the base of the penis.
 - Pull the penis out while it is still erect (hard).
 - Be careful not to spill any semen.

8. Take it off.

- Make sure the penis is away from the partner's body before removing the condom.
- Throw the used condom away. (Wrap it in toilet paper and throw in a trash can. Do not flush it down the toilet.)
- Never use a condom more than once.

- 3** Demonstrate the strength of condoms, how large they can get, and the effect of oil-based lubricants, which weaken latex and should never be used with a condom. Ask for volunteers to try the following experiments. Use a new condom for each experiment (the stress of the experiments might cause a condom to fail if it is used repeatedly).

Strength and size:

- Slowly stretch a condom lengthwise as far as it will go. If you wish, stretch it until it breaks and measure its length at that point. In quality tests, latex condoms are stretched up to 7 times their normal length.
- Slowly blow a condom up like a balloon. If you wish, blow it up until it breaks. In quality tests, latex condoms can expand to hold 16 liters of air (4.23 gallons).
- Fill a condom with water, and measure how much water it can hold. Use up to a gallon of water. (Hold the condom over a tub or bucket as you fill it. You may not want to break this condom because the water can be messy.)

IMPORTANT: There are various sizes of condoms just like there are various sizes of penises. Condoms should be like your favorite pair of jeans—they should go on just right and fit just right! Men should experiment with different brands and sizes of condoms so they can decide which they prefer. Knowing this, the man can also share his favorite type of condom with his partner when they have the talk about condom use before having sex. This way, his partner can carry the type of condom he prefers.

Notes for Group Leaders: Be sure to convey to group members that carrying condoms is not gender specific; both men and women should be ready to protect themselves.

Oil-based versus water-based lubricants:

Discuss the importance of lubricants:

- Both genders can carry lubricants.
- Lubricants provide greater condom comfort.
- People can buy lubricants over the counter.
- Condoms are also sold with lubrication already on them. These are called “lubricated condoms.”
- Only use water-based lubricants with condoms.

Demonstrate the importance of only using water-based lubricants:

- Fill up 2 condoms with water and tie them closed, like a balloon.
- Put an oil-based lubricant, such as petroleum jelly, on one of them and set it in the tub or bucket.
- Put a water-based lubricant, such as KY Jelly™, on the other and set it in the tub (but don't let it touch the condom with the oil-based lubricant).
- By the end of the session, the condom with the oil-based lubricant will have broken.

Notes for Group Leaders: Practice the tests for condom strength on your own before working with the group so you'll know what to expect. For example, it's difficult to grab a lubricated condom to stretch it. A condom covered with oil-based lubricant may need some “wiggling” before it breaks. Don't expect quick, dramatic results in the lubrication demonstration. But emphasize that, as soon as the oil touches the latex, it begins to degrade the barrier. Even before the condom breaks, small tears or thinning from oil based lubricants might create an entry for HIV.

4 Review what women and men should know about condoms:

- Know how to use condoms. Use latex condoms.
- Condoms, when properly used, are very effective in preventing pregnancy and HIV. However, abstinence is always the safest choice.
- Never use oil-based lubricants with a latex condom.

5 Explain that the next activity will allow group members to practice condom use.

3B. Condom Card Activity

 **Objective:** By the end of the session, group members will be able to sequence the steps for proper condom use.

 **Time:** 15 minutes

 **Materials:** **Condom Cards**

Procedure

- 1 Emphasize that not all young people are having sex, and affirm the choice to be abstinent. Tell group members that if and when they do decide to be sexually active, it will be important for them to protect themselves from HIV/STD and unplanned pregnancy. Condoms are not 100% effective, but they significantly lower the risk for HIV/STD and pregnancy.

Explain that there are 2 important skills for people to learn concerning condom use:

- How to use a condom—how to put it on and discard it afterwards.
- How to bring up the topic with a partner. Remind the group that using a condom shows that you truly care for yourself and the other person because you want to stay safe.

Tell them that they'll be learning about the first step—the mechanics of condom use. They're going to start by finding out how much they already know about condoms.

- 2 Explain that you'll be handing out cards that describe the steps to proper condom use. The group's task will be to arrange themselves so that their cards show these steps in the correct order. Emphasize that when condoms are used properly, they rarely break or fall off. Condoms can help prevent HIV, other STD and unwanted pregnancy, although abstinence is always the safest choice.
- 3 Hand out the **Condom Cards**. (Be sure the cards are shuffled before handing them out.) There are 13 cards. If you have more than 13 group members, ask those who don't receive cards to help you check the group's work after they've arranged themselves in order. If you have fewer than 13 group members, give 1 card to each, and help them out as they arrange

themselves by supplying the missing cards. Some group members will end up holding 2 cards.

- 4** Ask group members with cards to arrange themselves in the correct order. When they have settled on their arrangement, go over the steps one at a time and explain each one carefully. You might stand by each participant and have him or her hold up the card while you describe the step. If group members have arranged the steps in correct order, praise them for how much they already know. If there are errors, affirm that people often get confused about these steps, which is why it's important to review this information carefully.

The condom card steps, in order:

1. Talk with your partner about using condoms. (Tell the group that they will do some activities coming up shortly that will help them communicate their wishes to their partner.)
2. Buy or get latex condoms.
3. Check the expiration date and package.
 - Do not use past expiration date.
 - Do not use if package is torn or damaged.
4. Open package carefully. Handle the condom with care.
5. Determine which way the condom unrolls. (Do not unroll the condom before putting it on.)
6. Pinch the top of the condom to squeeze air out.
7. Leave about 1/2 inch of room at the top to catch the semen.
8. Continuing to hold the tip of the condom, place it against the head of the erect penis.
9. Use your other hand to carefully unroll the condom over the penis, all the way down to the base.
10. After ejaculation, hold the rim of the condom around the base of the penis.
11. Take the penis out while it is still erect (hard).
12. Make sure the penis is away from the partner's body. Remove the condom.
13. Throw the used condom away. Never use a condom more than once.

- 5** Provide important additional information.
 - Use latex condoms. These can be found in drug stores, many grocery and convenience stores, and are often free at health clinics. Don't use lambskin condoms, because these don't protect against HIV. Polyurethane condoms, sometimes called "plastic" condoms, are a good choice for people who are allergic to latex.
 - Use only water-based lubricants, such as KY Jelly™, with latex condoms. Oil-based lubricants, such as petroleum jelly, massage oils or lotions will cause the condom to break.
 - 6** Review important learning.
 - Know how to use condoms. Use latex condoms.
 - Condoms, when properly used, are very effective in preventing pregnancy and HIV. However, abstinence is always the safest choice.
 - Never use oil-based lubricants with a latex condom.
 - 7** Explain that the next activity will allow group members to practice condom use.
-

Notes for Group Leaders: Go over the steps for condom use in some detail. The cards provide basic information, but this can be expanded on. Be sure group members understand the anatomy of condom use (for example, which end of the penis is the head, which end is the base).

Group Leader**Condom Cards**

Directions: Copy and cut apart the cards. Or print each step on a piece of 8-1/2" x 11" paper. Be sure to shuffle the cards well before using them in the activity.

Talk with your partner
about using condoms.

Buy or get latex condoms.

Check the expiration date and package.

- Do not use past expiration date.
- Do not use if package is torn or damaged.

Open package carefully.
Handle the condom with care.

Condom Cards *(continued)*

Determine which way the condom unrolls.
(Do not unroll the condom before putting it on.)

Pinch the top of the condom
to squeeze air out.

Leave about 1/2 inch of room
at the top to catch the semen.

Continuing to hold the tip of the condom,
place it against the head of the erect penis.

Use your other hand to carefully unroll the condom
over the penis, all the way down to the base.

Condom Cards *(continued)*

After ejaculation, hold the rim of the condom around the base of the penis.

Take the penis out while it is still erect (hard).

Make sure the penis is away from the partner's body. Remove the condom.

Throw the used condom away. Never use a condom more than once.

4A. Hands-On Condom Race

-  **Objective:** By the end of the session, group members will be able to demonstrate the steps for proper condom use.
-  **Time:** 10 minutes
-  **Materials:** 2 penis models
1 condom for each group member
How to Use a Condom handout, 1 for each group member

Notes for Group Leaders: If your organization does not allow you to have the group practice with actual condoms, use Activity 4B (“Let the Music Play” Condom Card Race) instead.

Procedure

- 1 Divide the group into 2 teams and give everyone a condom.
 - 2 Have the teams stand in 2 lines and give the first person in each line a penis model. Each person on the team must put the condom on the model and take it off.
 - 3 During the race, each person must show the condom to the group leader to make sure it has been put on correctly before passing the model to the next team member. If the condom is not put on correctly, the person must try again until it is correct. The team that finishes first wins.
 - 4 Distribute the **How to Use a Condom** handout. Tell the group that whether or not they need the information about how to use a condom now, it’s good to know for the future and so they can help a friend who needs to use condoms. Using a condom is a responsible choice.
 - 5 Explain that they have learned the first 2 steps of the SODA Decision Making Model. The next activity will demonstrate Step 3: Decide.
-

Notes for Group Leaders: Everyone has fun with this game. Be sure to watch group members putting on the condom to ensure they are doing it properly.

Have extra condoms for group members who want some. (Be sure you have permission from your sponsoring agency.) Before giving out condoms, discuss responsible use of condoms (they are not to be used as water balloons, etc.). Be sure to collect unwrapped or discarded condoms at the end of the activity.

Handout

How to Use a Condom

Putting on a condom—the RIGHT way—is important! You need to know how to do it whether you are a guy or a girl. You can even use this sheet to teach a friend or someone you are having sex with. Remember: Better safe than sorry.

1. Talk to your partner. Tell him/her you want to use condoms.
2. Buy or get latex condoms.
3. Check the expiration date and package.
 - Do not use past expiration date.
 - Do not use if package is torn or damaged.
4. Open package carefully. Handle the condom with care.
5. Determine which way the condom unrolls. (Do not unroll the condom before putting it on.)
6. Pinch the top of the condom to squeeze air out.
7. Leave about 1/2 inch of room at the top to catch the semen.
8. Continuing to hold the tip of the condom, place it against the head of the erect penis.
9. Use your other hand to carefully unroll the condom over the penis, all the way down to the base.
10. After ejaculation, hold the rim of the condom around the base of the penis.
11. Take the penis out while it is still erect (hard).
12. Make sure the penis is away from the partner's body. Remove the condom.
13. Throw the used condom away in the trash—NOT in the toilet!

Never use a condom more than once.

4B. “Let the Music Play” Condom Card Race

 Objective:	By the end of the session, group members will be able to sequence the steps for proper condom use.
 Time:	10 minutes
 Materials:	Condom Cards , 1 set for each pair of group members. CD player, fast-paced song that group members enjoy dancing to How to Use a Condom handout, 1 for each group member

Procedure

- 1 Divide group members into pairs. Give each pair a set of **Condom Cards**. Be sure the cards have been shuffled.
- 2 Explain that they will have until the end of the song to arrange the cards to show the proper order of steps for correctly using a condom. Tell them when they feel they have the cards in the proper order, they should start dancing—that’s your sign to come check their work. If the cards are not organized correctly, the pair must try again until it is correct. The pair that finishes first wins.

Start the music and have pairs begin. Make sure you check the work of each pair as the music plays.

- 3 Distribute the **How to Use a Condom** handout. Tell the group that whether or not they need the information about how to use a condom now, it’s good to know for the future and so they can help inform a friend who needs to use condoms. Using a condom is a responsible decision.
- 4 Explain that they have learned the first 2 steps of the SODA Decision-Making Model. The next activity will demonstrate Step 3: Decide.

5.

SODA Decision-Making Model—Step 3: Decide

 Objective:	By the end of the session, group members will be able to demonstrate Step 3 (Decide) of the SODA Decision-Making Model.
 Time:	20 minutes
 Materials:	SODA Model chart, chart paper and markers

Procedure

- 1 Briefly review the first 2 steps of decision making.

Step 1: Stop—Stop and state the problem or decision you need to make. Pause and give yourself time to think about what the problem or decision really is.

Step 2: Options—Consider the options or choices and the consequences of those choices. Educate yourself so you know all the choices and consequences before you make a decision.

- 2 Explain that today they are going to work on the third step—**Decide**.

Step 3: Decide—Decide and choose the best solution from the options. What is best will vary depending on the issue and your values (strongly held beliefs). Making a decision is done by weighing the advantages and disadvantages of the options.

For young men and young women:

- 3 Remind group members that a decision from the earlier session (Session 3) was whether or not Malcolm/Monique should have sex. (*Note: Adapt the names to fit the Family Tree story you used.*)

Ask:

- What are the different options you identified? (*Post and review the options from Session 3.*)
- What might be the consequences of the different choices?

Prepare another chart with responses. Across the top write “Consequences.” Then draw a line down the center of the paper. Title the left hand column “Have Sex” and the right hand column “No Sex.”

Probe for a variety of different consequences. For example, if group members say, “Mama would be mad at me” or “Daddy would be mad at me,” say, “OK—one consequence is that your parents might be mad at you. What’s a different consequence?” Group members generally say, “get an STD,” “get HIV,” etc., ask, “What about that is bad?” This gets group members to begin to think about variations in severity of STD.

Lead a discussion using the following questions:

- How would Malcolm’s/Monique’s values affect the decision? *(Make sure examples are given that support both choices—to have sex and to not have sex).*
- What would you decide for Malcolm/Monique? Why?

For sexually active youth:

4 Ask group members to think about some options and decisions from the earlier sessions. Malcolm was deciding what to do about a partner not wanting to use condoms. Monique was deciding what to do about possibly having an STD. Post and review the options identified in Session 3.

Write the options on chart paper. Turning the paper horizontally, divide the chart into 3 parts with the following headings: Options, Positive Consequences, Negative Consequences. When soliciting possible consequences, be sure to prompt for short- and long-term consequences of each option.

Options	Positive Consequences	Negative Consequences
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Suggest that group members might weigh options by asking: If I did this, what would be the positive and negative things for myself? for others? now? later?

Again, encourage group members to add different consequences. Lead a discussion using the following questions:

- How would Malcolm/Monique's values affect this decision?
- What would you decide for Malcolm/Monique? Why?

5 Summarize by telling the group members that the next couple of sessions will concentrate on the skills they will need to carry out these decisions. They will learn communication skills, negotiation skills and more about sexual health.

Notes for Group Leaders: Be sure to use the names of the characters from the version of the Family Tree your group used. Keep the discussion as fast paced as possible. Try to make it interactive by consistently asking group members to give responses, rather than lecturing.

6.

More Challenges!

-  **Objective:** Within one week of the session, group members will be able to use community resources to gather information on selected teen health issues.
-  **Time:** 5 minutes
-  **Materials:** **Condom Hunt** worksheet

Procedure

- 1 Review the procedure for Challenges. Tell group members you are adding 2 new assignments for them to choose from: a Condom Hunt and a Talk with a Trusted Adult. Continue to allow group members to do the first 2 challenges, if they want to. Remind group members that they must report what they have learned back to the group in order to receive any incentives being offered.
- 2 Give the following as additional Challenges:
 - Go on a Condom Hunt! Ask a trusted adult to go with you to the store to gather the information requested on the **Condom Hunt** worksheet.
 - Talk with a trusted adult about what you've learned in this program and find out what you can learn from her or him about decision making or gathering information.

Notes for Group Leaders: Encourage the group members to complete Challenges by supporting those who complete the assignments. You can add more Challenges depending on the interest of the group members. If group members disclose that they don't have a trusted adult for the Condom Hunt, encourage them to conduct it independently and to then discuss with the Group Leader what they learned about decision making or gathering information.

Challenge Worksheet

Name _____



Condom Hunt

Directions: Go to a store with a parent or trusted adult to look for condoms. (If you don't have a trusted adult to do this with, you can go on your own and follow up with the Group Leader.) Then answer these questions.

Name of store: _____ Store hours: _____

Location: _____ Time you went: _____

1. Are there any signs in the store to identify birth control or family planning items?

Yes No

2. Are all the family planning methods in the same place? Yes No

3. Did you talk to any of the store employees? Yes No
(For example, ask: "Can you please tell me where the condoms are?")

If yes, how did they react? Positive 😊 Negative 😞 Neutral 😐

4. Where are the condoms located?

Behind a counter Next to a counter In a locked glass case
 With the feminine hygiene products Family planning section Other

5. What is the cheapest price for 3 condoms? _____

6. What brand is the cheapest? _____ The most expensive? _____

7. Does the store have the following kinds of condoms?

Lubricated Yes No Don't know

Non-lubricated Yes No Don't know

8. Where are the lubricants located?

Behind a counter Next to a counter In a locked glass case
 With the feminine hygiene products Family planning section Other

9. Does the store have the following kinds of lubricants?

Oil-based Yes No Don't know

Water based Yes No Don't know

10. Where are the other contraceptive methods located?

Behind a counter Next to a counter In a locked glass case
 With the feminine hygiene products Family planning section Other

11. Describe how this experience made you feel and why: _____

7.

Wrap-Up and Closing Ritual

 Objective:	By the end of the session, group members will be able to summarize key points from the day's activities.
 Time:	5 minutes
 Materials:	None

Procedure

- 1 Have the group sit in a circle.
- 2 Explain that you want some feedback from the youth. Ask the group the following questions:
 - What did they like?
 - What didn't they like?
 - What did they learn?
 - What would they like to learn more about at another session?
- 3 Announce that, in the next session, they will learn communication and negotiation skills to assist them in carrying out responsible decisions.
- 4 Remind the group of the next meeting time and place. Tell them to remind each other. Offer to call the night before the meeting to remind them of it.
- 5 Also let the group know that in the next session you will be discussing consensual versus nonconsensual sex—that is, sex when you say “yes” and sex when you say “no,” which is rape. You may also be discussing issues of sexual diversity. Tell group members that they should contact you if they feel uncomfortable talking about these subjects.

If your agency will have a rape crisis counselor present for Session 5, take this time to inform group members that the counselor will join the group for the next session.

- 6 Provide a way for the group to contact you if they need to. Also remind them that they can put questions in the Question Box at the end of the session and during the week.

- 7** Pass out the **Holla Back!** form and give the youth 5 minutes to complete it.
 - 8** *Optional:* If you are using the all-day retreat option for Session 6, pass out permission slips. Ask group members to return them at the start of the next session.
 - 9** Thank the youth for their participation and have them perform their closing ritual.
-

Notes for Group Leaders: Begin preparing for Session 5 by doing the pre-session activities on page 145.

SESSION 5

Build Skills: Communication

Purpose

Group members will learn communication and negotiation skills to assist in carrying out responsible decisions.

Session Overview (125 minutes)

- 1 Opening Ritual and Review** (15 minutes)
- 2 SODA Decision-Making Model: Step 4** (15 minutes)
- 3 Communication Game** (15 minutes)
 - Option A: Communicating Without Words
 - Option B: Changing Messages
- 4 Communication Styles: Aggressive, Assertive and Nonassertive** (35 minutes)
- 5 Sex: A Decision for Two** (40 minutes)
- 6 Wrap-Up and Closing Ritual** (5 minutes)

Preparation

Pre-Session Activities

- Read over and become familiar with all Session 5 activities.
- Copy **Communication Styles** handout for each group member. (See page 160.)
- Prepare snacks.
- Review the **Resource Guide for Teens** information gathered in Session 3.
- Research national and local statistics on date rape to present to increase group understanding in this session. Local statistics are preferred because local information brings the date rape story closer to home. You can contact the local health department or Rape Crisis Services Agency for information.

- If possible, invite a counselor from a local rape counseling center to attend the session, if you feel this would be helpful for your particular group.
- Prepare a cautionary statement about the fact that Latrice's story may bring up issues that some members of the group may have experienced. Warn youth in advance of the session so they can opt out of the session if desired, and then follow up with support, possibly with case-management or referral services.
- Review **Latrice's Story**. (See pages 167–168.)
- If you have been using Story 2 in Appendix A for the Family Tree, please see Session 5: Alternate Activity 5—Malik's Story on pages 255–259 in Appendix A.

Materials

- snacks
- Question Box
- Group Agreements, Family Tree, SODA Model and Challenges charts
- masking tape
- chart paper and markers
- props for roleplays (hats or aprons, tie for shoe store salesperson, shoes, etc.)
- Communication Styles** handout, 1 for each group member

I. Opening Ritual and Review

 **Objective:** At the start of the session, group members will be able to recall key highlights from Session 4.

 **Time:** 15 minutes

 **Materials:** Challenges chart, Question Box

Procedure

- 1 Welcome group members and lead the opening ritual.
- 2 Sit down with the group and remind them of the Group Agreements.
- 3 Answer any questions that have been put in the Question Box.
- 4 Review Session 4 by asking the following questions:
 - What are the steps for putting on a condom?
 - What are some consequences of choosing not to have sex?
 - What are some consequences of protecting yourself by using a condom?
 - What are some consequences of choosing not to use a condom?
 - What are some long-term consequences of getting infected with HIV?
- 5 Ask if anyone completed any Challenges. Have volunteers share what they did and what they learned from their assignments. Celebrate group members who completed a Challenge. Document completed assignments on the Challenges chart.

If anyone in the group chose to talk to a parent or trusted adult about what they've learned, ask him or her:

 - How did you feel after talking to the adult?
 - What did you gain from the task?
- 6 Ask group members if there are any guidelines from their own experiences that they'd like to add for how to talk with a trusted adult. Have them tell you how the guidelines might make communication with parents and other adults better.

Notes for Group Leaders: Remember that parenting styles differ. Youth might not think the guidelines are realistic or would work in their homes. Help them find ways to talk to their parents/trusted adults in their own style.

- 7** *Optional:* Collect permission slips for the all-day retreat, if you are using that option for Session 6.
- 8** Explain that today they will focus on the final SODA Decision-Making Step: Action.

2. **SODA Decision-Making Model—Step 4: Action**

 **Objective:** By the end of the session, group members will be able to demonstrate Step 4 (Action) of the SODA Decision-Making Model.

 **Time:** 15 minutes

 **Materials:** SODA Model and Family Tree charts, chart paper and markers

Procedure

- 1 Briefly review the first 3 steps of decision making.

Step 1: Stop—Stop and state the problem or decision you need to make. Pause and give yourself time to think about what the problem or decision really is.

Step 2: Options—Consider the options or choices and the consequences of those choices. Educate yourself so you know all the choices and consequences before you make a decision.

Step 3: Decide—Decide and choose the best solution from the options. What is best will vary depending on the issue and your values (strongly held beliefs). Making a decision is done by weighing the advantages and disadvantages of the options.

Explain that today, they are going to work on Step 4—Action.

Step 4: Action—Act on your decision. Once a decision is made, it must be put into action. To accomplish this, you may need to learn new skills for communication, negotiation or other skills related to carrying out the decision (e.g., to remain abstinent, or to use a condom or use birth control).

- 2 Explain that in an earlier session they looked at what options Malcolm/Monique might choose because of his/her values. Now they will look at what skills he/she might need to act on the decision.

Notes for Group Leaders: Some youth may not understand what is meant by “skills.” You may want to ask the group to define the word *skill*. Once they have provided examples or a definition, clarify or provide a definition if needed.

Lead a discussion using 1 or 2 of the options from the last session.

Examples:

- Option 1: If Malcolm/Monique decided not to have sex, what kind of skills would he/she need?
- Option 2: If Malcolm/Monique decided to have sex, what kind of skills would he/she need?
- Option 3: If Malcolm/Monique decided to tell his/her partner that they had to use condoms, what skills would he/she need?

Write the skills on chart paper as group members identify them. Be sure to add the following skills to the list, if they are not mentioned:

- communication skills
- listening skills
- negotiating skills (how to communicate what you want)
- how to use whatever method of protection he/she decides to use
- how to use a condom
- how to cope with refusal or rejection

State that today they will practice some of these skills.

Notes for Group Leaders: Be sure to use the names of the characters from the version of the Family Tree your group used. Keep the discussion as fast paced as possible. Focus on only 1 or 2 options and have youth identify the skills. Make it as interactive as possible.

Also, remember that “listening skills” will play a large role in the discussion in Activity 5 involving date rape. Be sure to spend a few moments exploring group members’ thoughts on listening skills and the importance of listening in conversation.

3A. **Communication Game: Communicating Without Words**

 Objective:	By the end of the session, group members will be able to demonstrate nonverbal communication.
 Time:	15 minutes
 Materials:	None

Notes for Group Leaders: This activity and Activity 3B on page 154 are alternative activities. Be sure to review the activities ahead of time and choose the most appropriate one based on your group's dynamics. If your group is verbally expressive, Activity 3A may work better. If your group is quieter or less verbally expressive, Activity 3B may work better.

Procedure

- 1 Have the group stand in a line, all facing the same direction. Stress to youth that they must not look around. (If you have a large group, you may want to break into 2 lines.) Explain and demonstrate how the game works.
 - You are going to secretly give the person at the end of the line a particular action or emotion to nonverbally pass on to the person in front of her or him.
 - This person will tap the next person in line on the shoulder. When the second person turns around so that they are facing each other, person 1 will attempt to pass on the action or emotion nonverbally.
 - When person 2 thinks she or he knows what the emotion is, person 2 will turn back around and tap the next person in line on the shoulder. Person 2 will now attempt to nonverbally pass on the action or emotion to person 3.
 - The process continues until the person in the front of the line has been tapped and received the action or emotion from the previous person.

2 Play the game.**Possible actions or emotions to use:**

- refusing something
- feeling angry
- trying to tell someone you like him/her
- feeling happy
- feeling sad

3 Ask the last person tapped to report to the group what the action or emotion was. Most likely she or he will not know because of a miscommunication somewhere along the way.**4** Lead a discussion using the following questions:

- Was it difficult to figure out what the other person was doing?
- What can happen if someone doesn't understand what the other person is trying to say under these circumstances?
- How can you be sure you have understood the person you are communicating with? (*Note:* This is a key point! Give some examples of how to “check out” communications before reacting, e.g., “Are you saying that...?” “I’m not sure I understand. What do you mean?” Emphasize that people need both verbal and nonverbal communication to send and receive clear messages.)
- Do you think boys and girls ever give each other confusing messages?
- Can you think of an example when someone says one thing verbally and another thing nonverbally?
- How can you tell if someone wants to “get with you”?
- How can you nonverbally accept or reject when someone is trying to come on to you?
- How can a person tell someone is saying “yes” or “no” without saying anything?

5 Summarize by saying that this exercise can show them how often gestures and facial expressions say something that may not be said with words. Reinforce that they need to pay just as much attention to their nonverbal (body language) as their verbal messages. Explain that they also need to pay attention to what others are saying with their body language. Even when people aren't talking, they may still be saying something.

Explain that they will be unconsciously affected by all sorts of nonverbal messages throughout their lives, and that they have to pay attention to their own behavior as it may unconsciously begin to mimic behaviors they see in others—both good and bad. Emphasize again how important clear communication is—group members need to make sure they are sending clear verbal and nonverbal messages and understanding others.

- 6 Tell the group that a later activity in this session will show some of the problems that can occur when communication breaks down.

Notes for Group Leaders: This lesson could also be taught by playing charades.

3B. **Communication Game: Changing Messages**

 Objective:	By the end of the session, group members will be able to identify what can happen to messages that are passed from person to person.
 Time:	15 minutes
 Materials:	None

Notes for Group Leaders: This activity and Activity 3A on page 151 are alternative activities. Be sure to review the activities ahead of time and choose the most appropriate one based on your group's dynamics. If your group is verbally expressive, Activity 3A may work better. If your group is quieter or less verbally expressive, Activity 3B may work better.

Procedure

- 1** Have youth sit in a circle. Group leaders should join them in the circle.
- 2** One of the leaders whispers to the group member on his or her right a very brief, positive story with names and places that have some interest to the group. For example, "Did you know that William saw an envelope from the health clinic in Lisa's backpack marked 'personal & confidential'? You know she wants to be a doctor."
- 3** Ask the first group member to pass the story on by whispering it to the person sitting next to him or her. Continue to pass the story around the entire circle in this way.
- 4** After everyone has been told the story, have the last group member recite the story that she or he heard, and then compare it to the original one. Note how the "positive" story manifests by the end of the exercise. Notice how the information changes from being positive to negative (if that is the case).

- 5** Lead a discussion using the following questions:
 - What happened to the message? Why?
 - It started out as a positive message. Did it end up positive? Why or why not?
 - Does this ever happen in everyday life?
 - What can be some of the problems when people gossip?
 - What can you do to minimize the problems that occur from gossiping?
- 6** If time permits, ask a volunteer to start a new story. Remind youth that it must be a positive story. For example, My favorite (pet, friend, teacher) is _____ because... (not, for example, saying “so and so is ugly,” etc.). Then go through the exercise again.
- 7** Remind the group that miscommunication is a common problem. This is especially true when they gossip. Have the group try to identify a time when miscommunication led to inappropriate behavior. They should always be careful of the source of their information and to squash gossip by not passing it on. Let them know that they will continue to work on skills to improve their communication in this session and the next.
- 8** Explain that a great way to make sure communication does not break down is to use assertive communication. They will learn this skill in the next activity.

4. **Communication Styles: Aggressive, Assertive and Nonassertive**

- | | |
|---|---|
|  Objective: | By the end of the session, group members will be able to demonstrate and distinguish aggressive, assertive and nonassertive communication styles. |
|  Time: | 35 minutes |
|  Materials: | Roleplay props: hats or aprons, tie for shoe store salesperson, shoes, etc.
Communication Styles handout, 1 for each group member |

Procedure

- 1** Choose a volunteer to be a busy shoe salesperson at a sporting goods store. Explain that the group leader will play a customer who is returning a \$100 pair of shoes because they had a hole in them.
- 2** Perform the first roleplay. Play an exaggerated “nonassertive” or “passive” person. Look down at the ground. Try to get the salesperson’s attention in a barely audible voice. Meekly state the problem and don’t offer any solution. More than likely the salesperson will not give you a new pair of shoes. Leave the store quietly.
- 3** Ask:
 - How was I acting?
 - What was my voice like?
 - Did I tell the salesperson what I wanted (a new pair of shoes)?
 - Did I get what I wanted?
 - Where were my eyes?
 - What was my body like?
- 4** Repeat the roleplay. This time play an “aggressive” person. Go into the store yelling and screaming. Don’t give the salesperson a chance to respond. Storm out of the store exclaiming that you will never shop there again.
- 5** Again ask youth the questions:
 - How was I acting?

- What was my voice like?
 - Did I tell the salesperson what I wanted (a new pair of shoes)?
 - Did I get what I wanted?
 - Where were my eyes?
 - What was my body like?
- 6** The third time, play an “assertive” person. In a clear voice, looking right at the salesperson, explain that you were in the day before and bought a pair of shoes, but they have a hole in them and you would like to exchange them for a new pair. You have your receipt.

More than likely, the salesperson will give you a new pair of shoes. If he/she doesn't, politely ask for the manager. Have another youth play the manager and repeat the above scenario. Leave with your new pair of shoes.

- 7** Ask youth the questions:
- How was I acting?
 - What was my voice like?
 - Did I tell the salesperson what I wanted (a new pair of shoes)?
 - Did I get what I wanted?
 - Where were my eyes?
 - What was my body like?
- 8** Ask which method gave you the results you wanted—to have the shoes exchanged. Tell youth that **assertive** behavior is more likely to get us what we want in a way that is respectful of others.
- 9** Distribute and review the **Communication Styles** handout. Briefly review 3–5 examples from the chart to demonstrate the various communication styles.
- 10** Take a moment to talk about cultural differences in communication styles. In some cultures an action might be perceived as aggressive, while in another it might be perceived as assertive. Ask youth if they can think of any examples, and offer some of your own if they cannot. (For example, direct eye contact is considered aggressive, not assertive, in some cultures. Speaking up clearly about what you want might be considered rude/aggressive rather than assertive in some cultures.)

Remind youth that people must look at each individual circumstance to determine the best way to communicate. It's important to be sensitive to the other person's reaction. If the person reacts negatively, you may need

to back off and find another way to communicate (or leave a situation if someone becomes aggressive toward you).

Discuss how a person's background affects the way they think and speak. Discuss how the same behaviors can be passed down in families. (Example: Mama always yelled to get her point across, therefore you yell because you think it will get your point across better.)

Notes for Group Leaders: When doing roleplays, you have the option of breaking participants into smaller groups and having the groups roleplay among themselves, or of assigning roles and then bringing the small groups back together to do the roleplay in front of others. Be mindful of age gaps when pairing youth for roleplays. If necessary, a group leader may participate in the roleplays.

- I I** Have youth break into groups of 2 or 3 and roleplay another scenario. Let them know that they will have 2 minutes each to complete the roleplay. Have one be the customer, one be an employee and one be the manager of Mama's Moose Burgers. The customer asked for 2 Mama Moose burgers with *no* Mama Moose sauce and extra cheese, but received 2 burgers with *extra* Mama Moose sauce and no cheese.

Give instructions to the small groups:

- Decide who will be first to be the customer, the employee and the manager. Remember that everyone will have a chance to play each role.
- Roleplay the situation in your group so that each person acts out the part 3 times using these 3 styles of communication:
 - Nonassertive and soft (They don't exchange your burgers.)
 - Aggressive and hard (They don't exchange your burgers; they call Security.)
 - Assertive and respectful (They replace the burgers as you requested.)

Chart the 3 styles of communication.

If time allows, you can have one or more small groups do the roleplay in front of the whole group.

Notes for Group Leaders: Have examples of nonassertive, aggressive and assertive ways to handle the Moose Burger roleplay and be prepared to share them if the group is having trouble with the exercise.

12 Discuss the roleplay using the following questions:

- What behavior worked to get the results the customer wanted?
- Are there times when someone should be aggressive? (e.g., sports, when life is in danger)
- Are there times when someone should be passive?
- Are passive or aggressive behaviors something that you are born with or something you learn?

13 Do another roleplay either in small groups, or with volunteers before the full group. Give each group 2 minutes for each roleplay. In this roleplay, Eric has brought Shauna back to her house after going together to a movie. Nobody else is there, and Shauna isn't allowed to have a date in the house when her grandma isn't home. She and Eric say goodnight out front, but then Eric follows her inside. Eric says he's glad they can have some time alone because he really wants to be close to Shauna.

Have the person playing Shauna demonstrate a nonassertive, assertive and aggressive response to Eric.

14 Discuss the roleplay.

- What was the least successful approach for Shauna in this roleplay?
- What communication style worked best for her to get what she wanted (for Eric to leave the house)?
- If she really liked Eric, what would be the best way for her to get him to leave the house while still keeping open the possibility that they'd go out again?
- When might it be a good choice to use aggressive communication in a situation like this? *(Possible answers: If Eric wouldn't listen to assertive communication; if he became aggressive towards Shauna; or if he threatened to harm her in any way. Other strategies might include leaving the house herself, calling the police, calling her grandma if she could reach her, or getting help from a neighbor.)*

15 Summarize by saying that there may be times when someone should be aggressive, and times when someone should be nonassertive, but assertive communication is most likely to help you get what you're asking for. In the next activity, they will explore what happens when communication breaks down and a decision is made that hurts someone else.

Handout

Communication Styles

	Nonassertive (Timid or shy)	Assertive (Strong)	Aggressive (Bossy)
Content	often unclear nonspecific indirect	clear specific direct problem-oriented suggests a solution	nonspecific, especially in terms of outcome wanted from the other person
Voice	soft trailing off	clear moderate in tone	usually loud, harsh
Facial expression	avoids eye contact, eyes downcast	eye contact	glaring
Posture	hunched over fidgety	straight comfortable	rigid tense
Your feelings	shy anxious scared	confident self-respecting comfortable	self-righteous angry
The other's feelings	confused unclear	respected	hurt angry
Goal of the behavior	avoid conflict	a change in the situation; a change in the other's behavior	put the other person down

5. **Sex: A Decision for Two**

 **Objective:** By the end of the session, group members will be able to describe ways to improve communication as a way to help avoid compromising situations.

 **Time:** 40 minutes

 **Materials:** **Latrice's Story** (See pages 167–168.)

(If you have been using Family Tree Story 2 with your group members, please refer to Appendix A, pages 255–259, for instructions and alternate story.)

Notes for Group Leaders: If you (or your agency) are unable to provide a rape crisis counselor to be present for this session, make sure that one of the facilitators is available during the activity to talk to any youth who may become upset. Have your local rape crisis center's contact information available for youth, should they need it. Often, rape crisis centers will have informational brochures for youth who have been sexually assaulted. Check with your center to see what resources they can provide you.

Be sure to familiarize yourself with the story, discussion questions and suggested answers. In addition to helping the group understand how empowering assertive communication can be, the goal is to create a safe space so that youth feel comfortable talking about this topic and are able to have their questions answered, and to dispel common myths about rape that often blame the victim. It's important to use safe, validating language throughout this activity, and to give consistent, supportive messages.

Procedure

- I Explain that now the group is going to talk about communication skills as they relate to date rape. When a person is raped by a friend or someone she or he knows it's referred to as "date rape." Date rape poses a unique set of complications:
 - When people are raped by someone they know they're often hesitant to identify it as "rape."
 - People who are raped (the victims) often trust their attackers, so they are relaxed and comfortable with the attacker before the rape occurs.
 - Because the person knows her or his attacker, she or he is less likely to report the rape to the police or to someone who can help.

Remind the group that they've spent a lot of time talking about different ways to communicate (such as verbal, body language, and nonassertive, assertive and aggressive communication). Now they're going to look at the importance of using assertive communication when confronted with unwanted sexual advances.

In date rape, because of the personal nature of the relationship, victims may feel they are being rude or impolite if they say "no" or object too strongly. Acknowledge that while feeling like this is common, they need to know how to take care of themselves and be assertive if faced with unwanted sexual activity, even if they think a boyfriend, girlfriend or friend might get upset with them. Sometimes, by using assertive communication skills and making other healthy decisions, a person can avoid being in a date rape situation.

- 2** If you have invited a rape crisis counselor to be present for this session, allow the counselor to briefly say a bit about who she or he is and what she or he does. Remind the group that the counselor will be available throughout the session and after the session, and that support will also be available to them at a later time.
- 3** Ask if anyone has any questions or concerns before you begin. When there are no further questions, remind the group about the Group Agreements and explain that, in regard to this serious conversation, it's important that they take care of themselves emotionally. Suggest that they can talk to one of the facilitators or leave the room if they become uncomfortable, or talk to a trusted adult in person or on the phone at a later time.
- 4** Read **Latrice's Story**.
- 5** After the story, check in with the group to see how they are feeling. Acknowledge that this is a serious subject and that the story they just heard presented a complicated situation.
- 6** When the group is ready, lead a discussion using the following questions:
 - What happened next? (*Vernon could have forced Latrice to have sex against her will. Latrice could have been able to get Vernon out of the house. Vernon could have made the choice to stop and to listen to Latrice's protests and body language.*) (Note: Use additional prompts if needed to get to these conclusions. Examples: Did Latrice want to have sex? Did

she tell Vernon “no”? How did Vernon react to Latrice saying “no”? How did he react to her pushing him away?)

- If Vernon had managed to have sex with Latrice, would that have been an instance of date rape? *(Yes. Even though Latrice was attracted to Vernon and wanted to spend time with him, she did not give him permission to have sex with her. If he had sex with her anyway, that would be rape.)*
- Identify 3 times when Vernon didn't respect Latrice's feelings. *(When he invited himself inside; when he said, “I won't stay long” after she told him she was tired and wanted to sleep; when he took her key and opened the door; when he laughed when she said goodnight; when he kissed her after she said he could only stay a few minutes; when he kept kissing her even though she didn't respond to his kisses and pushed him away; when he ignored her when she said “No, stop.”)*
- If Vernon were sensitive to Latrice, what signals would have told him that Latrice didn't want to have sex? *(When she hesitated before following him into the house; when she told him she was very tired and wanted to sleep; when she said goodnight in the hall; when she told him he could only stay a few minutes; when she didn't respond to his kisses and pushed him away; when she said “No, stop.”)*
- How would you describe Latrice's communication style? Was she nonassertive, assertive or aggressive? What about Vernon? *(Note: This question is likely to promote a lot of discussion. In general, Latrice was nonassertive and Vernon was assertive, until the end when he ignored her and became aggressive. As the youth give their feedback, validate what they are saying while ensuring that they don't slip into blaming Latrice for what may have happened. Explain that the definition of “No” and “Stop” do not change simply because they are being muttered or said softly, and that we can't know how things might have changed if Latrice had been more assertive when telling Vernon to stop. Also acknowledge that Vernon was understandably misreading Latrice's intentions, but if he had been using good listening skills, her words would have helped him read her body language.)*
- If Latrice had been more assertive, what could she have said to make her real feelings clear to Vernon? *(Note: The group members should easily come up with things Latrice could have said. Be sure to stress the importance of body language and clear communication; for example, stepping back from the kiss on the dance floor, and saying, “I like you Vernon, but I'm feeling funny from the drink, and this is moving too fast for me.”)*

- What role did alcohol play in this situation? How did it affect Latrice? Vernon? *(It's harder to think clearly and evaluate a potentially dangerous situation when you've been drinking. If you've been drinking a lot, it can be harder to resist sexual advances, because your thinking is impaired and your reflexes are slower. Drinking makes some people act more aggressively. If you've been drinking, you may not be able to pick up on subtle communication or the other person's body language. Drinking too much causes blackouts and this can leave you vulnerable to assault or rape.)*

- 7** Explain that some people have misunderstandings about what rape is or how it happens. Tell them you'd like to clarify any misunderstandings they may have by asking if certain statements are myth or fact.

Choose 4–7 of the statements below and ask youth to state whether they are myth or fact. Correct any misinformation.

- You can't be raped by someone you've already had consensual sex with. *(Myth. You have the right to say "no," even if you've had sex with someone before. Each time you're asked to have sex, you have the right to say "no.")*
- Rape is committed by strangers. *(Myth. Nearly two-thirds of all reported rapes are committed by a person known to the victim, and 93% of teen victims know their assailant.)*
- If you're forced to have sex by a boyfriend or girlfriend, even if you love each other, it's rape. *(Fact. Any nonconsensual sex is rape. More than 25% of victims are raped by an intimate partner.)*
- Rape most often occurs at gun or knife point and somewhere outdoors, such as in a dark alley. *(Myth. Most rapists do not use a weapon to force someone to have sex. Over half of all rapes occur in the home.)*
- Date rape is just as serious as being raped by someone you don't know. *(Fact. Rape is rape. Both forms of rape are equally illegal, and people can go to jail for "date rape.")*
- Rape is caused by the way a person dresses or acts. *(Myth. Rape is an act of violence. It is not about sex—it's about power or one person trying to control the other. No one has the right to have sex with anyone against his or her will, no matter what the situation.)*
- Rape only happens to girls. *(Myth. Rape happens to boys, girls, children, the elderly, men and women. In 2003, 1 out of 10 rape victims was male.)*
- Someone who is raped deserves it, especially if they have been drinking and/or making out. *(Myth. No one deserves to be raped. Drinking with someone or making out with him or her doesn't mean you are agreeing to have sex.)*

- Rape is common among teens. (*Fact. About 44% of rape victims are under age 18; 29% are between ages 12 and 17.*)
 - It's better not to tell anyone if you're raped. (*Myth. Whether a person decides to report to the police or not, the services of a sexual assault center are available in most communities 24 hours a day. It's important for victims of rape to receive medical care and emotional support immediately. It also may help keep the rapist from finding another victim.*)
 - Child sexual abuse is rare, happens out of the blue and is usually an extreme form of child abuse. (*Myth. This form of abuse develops gradually over a period of time and usually will be repeated until it is stopped. Although the forms of abuse may become more serious as time goes on, the majority are not the torture/murder types seen on TV.*)
 - It is your own fault if you couldn't stop a rape. (*Myth. Rape is an act of violence. It's usually performed by someone who has found a way to overpower the victim either mentally through threats—to hurt you, to break up with you, to not like you—or by calling you a tease or saying you asked for it, or with physical violence. It is never your fault if you get raped.*)
- 8** Ask if anyone has any questions. Acknowledge that this is a subject that can be hard to talk about, and that part of the reason it's hard to talk about is stigma. Explain that “stigma” usually refers to a severe social disapproval of something—in this case, rape. They can fight the stigma of rape by making this group a safe place to talk about it and other difficult topics.
- 9** Remind the group that the rape crisis counselor is available. Also, make sure the youth have access to resources they can use if they are ever assaulted or want to talk to someone about sexual assault.

Other resources:

- National Sexual Assault Hotline: 1-800-656-HOPE (4673)
- National Sexual Violence Resource Center: www.nsvrc.org
- Santa Fe Rape Crisis Center: 1-800-721-RAPE, www.sfrcc.org
- www.MenCanStopRape.org
- Youth Crisis Hotline: 1-800-448-4663
- Male Sexual Assault Resource: XRIS.com
- RAINN (Rape, Abuse, Incest, National Network): 1-800-656-RAPE, www.rainn.org

Notes for Group Leaders: This activity might lead to disclosures of date rape or sexual abuse. Be sure you know your agency's policies on disclosures and local counseling and support resources to recommend. Please read "Responding to Reports of Abuse" in Appendix C for further guidance.

As mentioned in the preparation section, because of the volatility of the issue, a counselor from a rape crisis program should sit in and assist young people with questions or services during this activity.

Finally, please note that if a facilitator has experienced a rape or other sensitive issue that may be triggered by this discussion, the other group leader should conduct this session. It is not recommended that a facilitator share his or her personal experience with youth during this activity.

Group Leader

Latrice's Story

“Girl, hurry up,” urged Latrice, “I thought you said Willie would meet us downstairs at 8:00 p.m.”

Jill, Latrice's best friend, replied, “Yeah, I know. Listen, I forgot to mention it—but Willie's boy is going to come with us. You remember him?”

Latrice suddenly felt nervous. “You mean Vernon? You know I think he's really fine.”

Jill answered, “Just be cool.” Latrice nodded, thinking that the party was going to be on with Vernon there.

At the party, Vernon was definitely checking out Latrice. She was thrilled that he was interested. They started to dance. Latrice knew she was a good dancer and she loved to dance, especially with a guy like Vernon. They spent all their time together, hangin' on the dance floor and talking. Vernon was drinking beer, and he got Latrice a very sweet drink he said had just a little alcohol in it.

A slow song came on and Vernon immediately pulled Latrice close. Latrice didn't feel entirely comfortable with Vernon being all up on her, but she didn't say anything. Instead, she put her hands on his chest to keep their bodies from pressing too close.

Vernon was really enjoying himself. He was feeling very relaxed from the beer. He'd noticed Latrice in his class and around his apartment building and thought she was fine. He couldn't believe his luck. He knew he was acting smooth and charming. He could sense she was responding to it. He decided to kiss her.

Latrice was surprised by Vernon's kiss. She was attracted to him, but felt uncomfortable that he was kissing her in public. She didn't want him to think that she didn't like him, so she just tilted her head down to end the kiss. She felt a little dizzy, and wondered if it was because of the 2 drinks she'd had. Vernon thought to himself: She's really in to me. She's snuggling in after that kiss.

The dance floor became packed again as the music got fast. Latrice still felt slightly dizzy and wanted to sit down. Vernon was worried by Latrice's mood change. He felt very turned on and wanted to be alone with her. He said, “Want to go outside for some air? It's pretty stuffy in here.”

(continued)

Latrice's Story *(continued)*

Latrice looked around for Jill but didn't see her. She said to Vernon, "OK, but just for a little while." She felt nervous about being alone with him, but she also felt silly about feeling that way. Vernon got them both new drinks.

Once outside, Vernon put his arm around Latrice and began kissing her. He was thinking how much she wanted to be kissed since she had been dancing so sexy all evening. Latrice, still unsure of what she wanted, pulled away and began talking about how much she liked her school. She kept sipping her drink—she felt really thirsty, and Vernon didn't try to kiss her when she was drinking. Vernon thought she was talkative because she was excited. So he took her drink, set it aside, and continued to kiss her.

Latrice again pulled away and stood up saying, "I think we should roll. Let's find Jill."

Vernon followed Latrice back inside to the party. They found out that Jill had just left with Willie. Vernon offered to walk Latrice home. Latrice agreed.

When they arrived at Latrice's house, Vernon asked, "Isn't your Mama here?"

Latrice told him her Mama was out. Vernon thought to himself: Latrice wants to be alone with me. That's why she brought me back here. Vernon said to Latrice, "Let's go inside then. We don't have to say goodnight out here."

Latrice hesitated. She told Vernon that she was very tired and wanted to go to sleep. Vernon said, "I won't stay long." He took her key from her hand and opened the door. When Latrice stood in the hall and said goodnight, Vernon laughed. He walked past her into the living room saying, "Come on, let's chill for a minute." He motioned to the space next to him on the couch.

Latrice sat down, tired and confused, and began to explain once again that Vernon should stay only for a few minutes. Vernon, thinking how sexy Latrice was, moved over and began to kiss her. He pushed her down onto the couch and began to unbutton her shirt. Latrice didn't respond to his kisses and pushed him away muttering, "No, stop." Vernon ignored her. He continued to undress both of them, thinking Latrice really wanted to have sex.

6.

Wrap-Up and Closing Ritual

 Objective:	By the end of the session, group members will be able to summarize key points from the day's activities.
 Time:	5 minutes
 Materials:	None

Procedure

- 1 Have the group sit in a circle.
- 2 Explain that you want some feedback from the youth. Ask the group the following questions:
 - What did they like?
 - What didn't they like?
 - What did they learn?
 - What would they like to learn more about at another session?

Acknowledge that this was a heavy day. Remind the group that you, your co-leader and other counselors are available if anyone wants to talk.
- 3 Announce that, in the next session, they will learn a variety of ways to show they care without having sex and get more information about sexual health.
- 4 Remind the group of the next meeting time and place. Tell them to remind each other. Offer to call the night before the meeting to remind them of it.
- 5 Provide a way for the group to contact you if they need to. Also remind them that they can put questions in the Question Box at the end of the session and during the week.
- 6 Pass out the **Holla Back!** form and give the youth 5 minutes to complete it.
- 7 *Optional:* If you are using the all-day retreat option for Session 6, remind youth of the day for the retreat and the time and place to meet. Review any logistics, such as where the bus will pick them up.

Remind the group that:

- They should wear something comfortable and weather appropriate.
- They do not need to bring money.
- They *must* bring their permission slip, if they have not already returned it.

8 Thank the youth for their participation and have them perform their closing ritual.

Notes for Group Leaders: Begin preparing for Session 6 by doing the pre-session activities on page 171.

See Appendix B for the all-day retreat option for Session 6. If you choose this option, be sure to prepare for the retreat as described in addition to your preparation for Session 6.

SESSION 6

Sexual Health and Showing You Care Without Having Sex

Purpose

Group members will use roleplays to explore various ways to show they care without having sex and will learn information about sexual health.

Session Overview (125 minutes)

- 1 Opening Ritual and Review** (15 minutes)
- 2 Ways to Show You Care** (20 minutes)
- 3 “Ways to Show You Care” Roleplay** (20 minutes)
- 4 HIV Transmission Game** (15 minutes)
- 5 Safer Sex and Contraception** (45 minutes)
- 6 Challenge: Being-a-Parent Interviews** (5 minutes)
- 7 Wrap-Up and Closing Ritual** (5 minutes)

Notes for Group Leaders: See Appendix B for the all-day retreat option for Session 6. If you choose this option, be sure to prepare for the retreat as described on pages 261–262 in addition to your preparation for Session 6.

Preparation

Pre-Session Activities

- Read over and become familiar with all Session 6 activities.
- Prepare snacks.
- Prepare **Reasons to Have Sex Cards**. (See pages 179–180.)
- Label 2 pieces of chart paper “Ways to Show You Care Without Having Sex” and “Reasons to be Abstinent.”

- Make **With or Without Sex** and **Sex Only (Protected, of course!)** signs. (See samples on pages 177 and 178.)
- Prepare index cards for the **HIV Transmission Game**. (See page 183.)
- Review the **Fact Sheets** on Abstinence and Birth Control Methods and be familiar with the content. (See pages 192–201.)
- Gather samples or pictures of the various birth control methods to be discussed.
- Find out the guidelines in your state for Emergency Contraception.
- Copy **Being-a-Parent Interview** worksheet for each group member. (See page 203.)

Materials

- snacks
- Question Box
- Group Agreements and Challenges charts
- chart paper and markers
- Reasons to Have Sex Cards**
- With or Without Sex** and **Sex Only (Protected, of Course!)** signs
- blank index cards
- pencils, 1 for each group member
- female and male anatomy models or illustrations
- Being-a-Parent Interview** worksheet, 1 for each group member

I. Opening Ritual and Review

 **Objective:** At the start of the session, group members will be able to recall key highlights from Session 5.

 **Time:** 15 minutes

 **Materials:** Challenges chart, Question Box

Procedure

- 1 Welcome group members and lead the opening ritual.
- 2 Sit down with the group and remind them of the Group Agreements.
- 3 Answer any questions that have been put in the Question Box.
- 4 Ask if any youth completed any Challenges. Have volunteers share what they did and what they learned from their assignments. Celebrate group members who completed a Challenge. Document completed assignments on the Challenges chart.
- 5 Review Session 5 by asking 4–6 questions from the list below:
 - What’s the difference between assertive and aggressive behavior?
 - Why is assertive behavior often a good choice?
 - How can a person communicate without words?
 - What are some ways to protect yourself from being raped?
 - If a boy or girl says “NO” or “STOP,” why should you hear and believe that means “NO” or “STOP”?
 - How can not talking with your partner lead to unprotected sex?
 - Who is responsible for your decisions?
 - How do you make good decisions when you’re in the heat of the moment?
 - Do you have someone to talk to who can help you with your decisions?

2. Ways to Show You Care

-  **Objective:** By the end of the session, group members will be able to identify ways to be close to someone without having sex.
-  **Time:** 20 minutes
-  **Materials:** **Reasons to Have Sex Cards**
blank index cards
labeled chart paper and markers
With or Without Sex and **Sex Only (Protected, of course!)** signs
-  **Preparation:** Label 2 pieces of chart paper “Ways to Show You Care Without Having Sex” and “Reasons to Be Abstinent.”

Procedure

- 1 Explain to participants that this activity will help them take a closer look at how they deal with their feelings when they care for someone. Draw 2 lines on a piece of chart paper to create 4 equal quadrants. Tell participants that you are going to cover some terms and would like to get their perspective on the meaning of these terms.
- 2 On the upper left quadrant of the chart paper, write: THE LARGEST ORGAN OF PLEASURE IS...

Ask youth to explain what is meant by “organ of pleasure.” After they share ideas, explain that organs of pleasure are generally identified as the anatomical parts of the body that bring pleasure when stimulated.

Then ask youth to complete the sentence. Accept all answers without judgment. Finally, if it has not been suggested, tell them it’s the skin. Explain the importance of touch and foreplay—people really are “sexy” all over.
- 3 On the upper right quadrant of the chart paper, write: THE MOST IMPORTANT SEX ORGAN IS...

Again, ask for responses. Note that most sexologists believe it’s the brain, because the brain has learned from movies, music and peers, etc. what is considered “sexy.” It’s the brain that turns touch into sexual pleasure, and it’s the brain that can make condoms be appealing for both young women and young men.

- 4 Ask for definitions of foreplay and intercourse including vaginal, oral and anal sex. Chart the definitions of foreplay in the lower left quadrant of the chart paper. Chart the definitions of intercourse in the lower right corner of the chart paper.

Note that when people say “having sex,” they are usually referring to vaginal or anal sex. Also note that some young people refer to oral and anal sex as foreplay and do not consider it sex. So be sure to reach a consensus about what sex means.

- 5 Ask the group to brainstorm reasons people mess around and have sex. Write these on blank index cards and add them to the cards you prepared earlier.
- 6 Tape the signs **With or Without Sex** and **Sex Only (Protected, of course!)** on different sides of the room. Explain that many of the reasons youth give for having sex are things they can achieve without actually having sex. The group’s task in this activity is to discuss the reasons for having sex and examine how a person can have the same outcome without having sex. Acknowledge that there may be some outcomes that can only be accomplished by having sex and that they should place appropriate cards under that sign. Ask for volunteers to select a **Reasons to Have Sex Card**. Tell them they should look at the reason given on the card and ask themselves, “Can you do this with or without having sex, or is this something you can only do with protected sex?” After they have made a decision, they should tape the card under the correct sign.
- 7 If any group members put cards under the **Sex Only** sign, ask the youth, “Can you do this with or without having sex, or is this achieved only by having protected sex?” Ask the group if they can think of ways to achieve the same outcome without having sex. (*Note: Almost all feelings/consequences are possible with or without sex, even pregnancy through donor insemination.*)

Notes for Group Leaders: It is important to show support to youth who take an individual stance or receive group pressure about their opinion. Show your support by standing next to the group member with the minority opinion when he or she is sharing.

- 8** State that there are many ways to be close to a person and show you care without having sex. Ask youth to brainstorm ways to be close. The list may include holding hands, hugging, giving a neck massage, making or giving a gift, writing a letter, cooking together, going to a movie together, writing love notes, etc. Write the answers on the left side of the chart paper labeled “Ways to Show You Care Without Having Sex.”
- 9** Ask the group to brainstorm reasons to be abstinent (not have sex) and write their ideas on a new piece of chart paper labeled “Reasons to Be Abstinent.” Be sure to include the following ideas on the list:
- you don’t feel like you are ready to have sex
 - you don’t want to get pregnant
 - you don’t want to get someone pregnant
 - you don’t want to get HIV or contract an STD
 - condoms not available
 - you have plans—like going to college—and you want to have a future free from disease
 - to honor your promise to yourself
 - to make your parents happy
- 10** Review the list of Ways to Show You Care Without Having Sex, and ask the group to brainstorm the advantages of each of the actions listed. Write the advantages in a column beside the list of ways. Then ask the group to brainstorm any disadvantages of the actions listed, and write these in a third column on the chart paper. Review the advantages and link them to the Reasons to Be Abstinent list.
- 11** Summarize by saying that it’s normal to want to experience intimacy and closeness. However, it’s important to do this in a way that’s safe and healthy. Point out that there are many ways to show commitment, love and caring without having sex.

Sample Sign

**With
or
Without
Sex**

Sample Sign

**Sex
Only
(Protected,
of course!)**

Group Leader

Reasons to Have Sex Cards

Directions: Copy and cut apart the cards. Or print each reason on a piece of 8-1/2" x 11" paper or an index card.

Have special
body feelings

Feel close
to a
partner

Be sexually
satisfied

Feel horny

Feel sexy

Show partner
your love

Reasons to Have Sex Cards

(continued)

Feel loved

Prove how much
of a man/
woman you are

Get
pregnant

Fit in

Feel like a
man/woman

Stand out

3. “Ways to Show You Care” Roleplay

 **Objective:** By the end of the session, group members will be able to develop conversations on ways to show you care without having sex.

 **Time:** 20 minutes

 **Materials:** None

 **Preparation:** Review the “Ways to Show You Care” list.

Notes for Group Leaders: Place the group into pairs or small groups of at least 2 members each to play this game. Youth can be paired male-female or male-male or female-female. Make an assessment of the sexual diversity of the group and which messages would represent the groups’ values best. In addition, assess age differences in the group and ensure that pairs are close in age.

Procedure

- 1 Share with participants that they’ve just spent time looking at various ways to show how they can care for someone without having sex. The next thing they will do is put what they’ve learned into practice through roleplays. Ask, “How many of you are familiar with roleplays?” Briefly explain what roleplays are, and tell participants they will get to practice in small groups.
- 2 Break the group into pairs or triads. Explain that each pair or small group will roleplay one or more of the various “Ways to Show you Care” on a date or at a dance. Ask them to think about one of their own experiences—or a friend’s experience—and to develop a script around that situation that could be something that might happen in real life.
- 3 Give the group this scenario:
Two friends are having a conversation. One person is pressuring the other for sex, and the second person is trying to use various ways of showing he or she cares while stating he/she will not have sex. (*Remind them that humor can sometimes be used to give a serious message.*)

- 4** Give the pairs or small groups 5 minutes to develop their scripts.
- 5** Have each pair or small group roleplay their script for the larger group. Remind them that they are pretending with this activity. It's only a demonstration.
- 6** Once each pair has finished their roleplay, lead a discussion using the following questions:
 - How real were the roleplays to you?
 - As you were watching the roleplays, did you think of anything more you would do?
- 7** End the activity by explaining that by learning how to show they care without having sex, they will be far less likely to engage in unprotected sex, which is very risky. The next activity will show them how risky unprotected sex really is.

4. **HIV Transmission Game**

-  **Objective:** By the end of the session, group members will be able to describe the spread of HIV and other STD and ways to prevent it.
-  **Time:** 15 minutes
-  **Materials:** Prepared index cards and pencils, 1 for each group member
-  **Preparation:** Prepare the index cards:
- Mark 1 card with a small “x” on the back in the upper right corner.
 - Mark about 10% of the cards with a small “c” on the back in the upper right corner.
 - On 1 or 2 cards, write: “Do not participate. Do not talk to anyone. Do not sign anyone’s card and do not let anyone sign your card.”

Notes for Group Leaders: This activity will help youth understand the potential ease of HIV transmission if safe sexual behavior is not practiced. This can be a highly sensitive activity. Use care when passing out the index card with the “x” on the back. For the purposes of this activity, this person will be told he or she has HIV. Be sure to give this card to a group member who you believe will be OK with playing this role in the activity. It’s also important when processing the game and revealing that the person with the “x” on his or her card is HIV positive to stress that this is only for demonstration purposes in the game.

This activity works best with at least 10–15 people. If your group does not have a sufficient number of participants, you may want to solicit participation from staff members or other youth who are participating in your agency programs. Before beginning, please make sure that you explain the purpose of the activity to the extra participants, but ask them not to disclose this information. Make sure that you explain to the group that you have recruited additional participants, who will be joining them for this specific activity only.

Procedure

- 1 Distribute an index card and pencil to each group member. Explain that a few of the cards have special instructions on them. Ask the people who have these instructions to keep them secret, but to follow them during the game.

Invite group members to take a minute to go around the room and reintroduce themselves to 3 people. They will write the names of these 3 people on their card. They can also find out each other's favorite movie, actor, musician, TV show, etc., while collecting names. Give the group no more than 10 minutes to socialize and write the names and information on their cards.

- 2 When everyone has collected 3 names, Say: "Now that all of you have written 3 names on your card, take a really close look at those names. We're going to stretch our imaginations and pretend that everyone was at the same party this weekend, and that at the party you had sex with everyone whose name is on your card."

Allow a minute for everyone to laugh and react to get out their initial discomfort about the idea. Remind the group that this is only a game for demonstration purposes.

- 3 Ask group members to turn their cards over. Explain that someone has an "x" marked on the back of his or her card. Ask the person with the "x" to stand up. Say: "Since _____ has an 'x' on his/her card we're going to pretend that he/she has just been tested for HIV and is HIV positive. How many of you have _____'s name on your card? If you do, please stand up." Explain that, for the purposes of the game, everyone who is standing had sex with the person who has HIV, so these people now have HIV too. Ask the group members who are still sitting down to look around the room and see if they have the name of anyone who is standing on their card. Ask them to please stand up if they do.

Continue with this process until everyone is standing except the people who did not sign anyone's card.

- 4 Ask the group members who are still sitting what the instructions on their cards said. Affirm that these group members were told not to talk to anyone or sign anyone else's card. Explain that this represented being abstinent, or choosing not to have sex. These people did not have sex at the party, so they were not exposed to HIV.

- 5** Ask the standing group members to check the back of their cards. Ask everyone who has a “c” on the back of the card to raise a hand. Explain that these people used a condom correctly every time they had sex at the party. This means they were protected from getting HIV or another STD, so they can sit down. Say: “Choosing to use a condom correctly every time you have sex can help protect you from HIV and other STD.”
- 6** Ask everyone to look around. Point out that even though the game started with only one person who was HIV positive, very quickly most of the group became HIV positive too. All of this happened without the person with the “x” on his or her card knowing he/she had HIV. Stress that anyone can get HIV from having sex without a condom. Remind the group that choosing not to have sex, or using a condom correctly each and every time you have sex, helps reduce your risk of getting HIV and other STD.

Say: “For our group this was just a game. You didn’t really have sex with each other, and you didn’t really get HIV. But for many young men and women this is not a game, it’s real life. This is why it’s so important to value yourselves and protect yourselves against HIV. Having HIV will change your life and your future forever. You can’t go back, but you can make the choice to be safe in your own life from now on and move forward.”

- 7** Lead a discussion using the following questions:
 - How did the person with the “x” feel when you explained what it meant? How did others feel toward the person with the “x” and people who had signed his or her card?
 - What were the initial feelings of those who weren’t allowed to play? How did those feelings change during the course of the activity? How did the group feel about the nonparticipants at first? How about later?
 - What makes it difficult to not participate in an activity that others want you to do? How is this similar to people who choose not to have sex?
 - How did the people who discovered they had used condoms feel?
 - Person “x” didn’t know that he or she had HIV before signing other people’s cards. How could he or she have know ahead of time?
- 8** Review the following points:
 - You can’t tell if someone is infected with HIV.

- If you have sex or share needles with someone who has HIV, you can become infected.
- If you choose to have sex, it's important to use a latex condom correctly every time to protect yourself from HIV and other STD.
- If you choose to have sex, you should limit your number of partners.
- Although it's difficult not to go along with what someone wants you to do, sometimes it's the best choice.

5.

Safer Sex and Contraception

-  **Objective:** By the end of the session, group members will be able to describe basic facts about selected methods of contraception.
-  **Time:** 45 minutes
-  **Materials:** samples and/or pictures of birth control products
male and female anatomy models or illustrations
Fact Sheets (See pages 192–201.)
- Preparation:** Check on emergency contraception guidelines for your state by calling a local pharmacy or clinic, going to <http://ec.princeton.edu>, or calling the Emergency Contraception Hotline at 1-888-668-2528.

Procedure

- 1 Tell the group that so far the sessions have focused on HIV/AIDS prevention through abstinence or protected sex. But there is another important reason to engage in abstinence or protected sex—to avoid pregnancy. Abstinence and the correct use of condoms are the only birth control methods that also protect against HIV/AIDS. There are other forms of birth control that they should be aware of, but these will not protect them from HIV/AIDS.

Explain that each method of birth control has a failure rate—an inability to prevent pregnancy over a 1-year period. Sometimes the failure rate is due to the method and sometimes it's due to human error, such as incorrect use or not using it at all. Each method has possible side effects, some minor and some serious. Some methods require lifestyle modifications, such as remembering to use the method each and every time a person has sex. Some cannot be used by individuals with certain medical problems.

As you discuss the various methods, stress that choosing a method of birth control is a highly personal decision, based on individual preferences, medical history, lifestyle and other factors. Each method carries with it a number of risks and benefits of which the user should be aware.

- 2** Display all the birth control methods. Tell the group that there are 5 essential things they need to know about each of these methods:
- Whether it works and how well it works
 - What the advantages are
 - What the disadvantages are
 - Whether it helps protect people from HIV and other STD
 - Where they can get the method

When they are making their own birth control choices they will want to talk about these things with their partners.

Explain that these are not the only forms of birth control. The ones you are presenting are the most common ones that young people use.

- 3** Start with **abstinence**. Show the **Abstinence Fact Sheet**. Remind youth that **abstinence—not having sex—is the most effective method of birth control, and also protects people from HIV and other STD**. Remind the group of the advantages they listed for the Ways to Show You Care Without Having Sex and the list of Reasons to Be Abstinent. Tell them that other advantages to abstinence are that you don't have to go to a doctor or a pharmacy to get it and it's free!
- 4** Now discuss common birth control methods that are available at a drugstore or over the counter (OTC). Follow the information below to give an overview of the various methods, based on the fact sheets. (*Note: You do not have to read each fact sheet with the youth.*)

Be sure to describe the effectiveness, advantages and disadvantages of each method, as well as whether it protects people from HIV and other STD. Show the actual method or an illustration of it as you explain each one.

- **Male condom.** Explain that condoms are a “barrier method” of birth control. This means they act as a barrier, blocking the ability of the sperm to reach the egg. (With the female pelvic model or illustration, show how the egg comes down from the ovary through the fallopian tube and into the uterus.) Barrier methods work by keeping the sperm from reaching the uterus. **Condoms are the only form of birth control—other than abstinence—that help protect people from HIV.** Remind youth that only water-based lubricants should be used with latex condoms.

- **Female condom.** The female condom goes inside the vagina and keeps the sperm and egg from meeting. The female condom is a lubricated polyurethane pouch with a flexible ring on each end. One ring is inserted into the vagina and covers the woman's cervix, while the other ring, at the end of the tube, remains outside, partially covering the labia. The female condom, like the male condom, stops the transmission of HIV and most other STD. It can be bought without a doctor's prescription at any drugstore. Some clinics give them away for free, but they can be hard to find for free because they cost close to a dollar each. Only water-based lubricants should be used with the female condom. Male and female condoms should not be used together because one or both won't stay in place. The estimated failure rate of the female condom ranges from 21 to 26 percent. (Use a female pelvic model or diagram to demonstrate the use of the female condom.)
 - **Spermicides.** These come in many forms—foams, jellies, gels, and suppositories. They work by forming a physical and chemical barrier that stops sperm from reaching the egg. They should be inserted into the vagina 20 minutes before sex. The active ingredient in most spermicides is the chemical nonoxynol-9. The failure rate for spermicides in preventing pregnancy when used alone is from 20 to 30 percent. People who experience burning or irritation with these products should not use them. **Spermicides do not protect people from HIV or other STD.** (If you have a female pelvic model, without squirting foam into the model, insert the applicator to show how the foam is inserted.)
- 5 When you have reviewed the common OTC methods used by teens, discuss common methods that are only available with a doctor's prescription:
- **Birth control pills.** Pills are a "hormonal" method of birth control. They prevent pregnancy by stopping the ovaries from releasing an egg each month, and/or by thickening the mucus in the cervix (the opening to the uterus) so sperm cannot easily enter. You must get a doctor's prescription for birth control pills. **Birth control pills do not protect people from HIV or other STD.**
 - **The patch.** The birth control patch is also a hormonal method. A thin plastic square is stuck on the skin and slowly releases hormones into the woman's body. The patch prevents pregnancy the same ways as the pill. **The patch doesn't protect people from HIV or other STD.**

- **The ring.** This is another hormonal method. A soft, flexible ring is inserted into the vagina, where it slowly releases hormones into the woman's body. The ring is changed every month. It prevents pregnancy in the same ways as the pill and the patch. **The ring doesn't protect people from HIV or other STD.**
 - **The shot.** The shot is an injectable form of birth control that uses an artificial hormone to prevent pregnancy. The common brand name for the shot is Depo-Provera®. The shot usually works by keeping the ovaries from releasing an egg. It also can help a woman's body develop thick cervical mucus that makes it harder for sperm to join an egg. The shot must be prescribed by a health care provider. Women using this method must get a shot every 3 months. **The shot doesn't protect people from HIV or other STD.**
 - **The implant.** The implant is a thin rod of flexible plastic that is put under the skin of the upper arm by a health care provider. It releases an artificial hormone into the bloodstream. The common brand name for the implant is Implanon®. It works by keeping the ovaries from releasing an egg. It also can help a woman's body develop thick cervical mucus that makes it harder for sperm to join an egg. The implant works for 3 years. **The implant doesn't protect people from HIV or other STD.**
 - **Emergency contraception.** Show the **Emergency Contraception Fact Sheet**. Emergency contraception (EC) is a hormonal method of birth control that can be used to help prevent a pregnancy after having unprotected sex. It works best when it's used right away, and *must be used within 3 to 5 days* after having sex. Stress that **EC is NOT a regular method of birth control**. It can be used when other methods fail or in emergencies—when a condom breaks, for example, or after a sexual assault. In some states, women (even teenagers) can obtain EC directly from a pharmacist. In others, they must see a physician. (*Note: Let the group know the guidelines in your state.*)
- 6 Summarize by stating that when youth are thinking about which birth control method to use, they will want to think about effectiveness, advantages and disadvantages. Offer some other things they will probably want to consider:
- Their lifestyle
 - Their values, and their parents' values

- How regularly they have sex
 - Side effects of the method
 - Whether they would need to touch themselves to use this method, and whether this would be comfortable for them
 - What will work best for them and their partner
-

Notes for Group Leaders: Some youth may ask about natural family planning (“the rhythm method”). This approach is not recommended for teens because it is a demanding method that requires considerable vigilance and a good deal of time. In fact, it’s generally recommended for couples who want to conceive, rather than prevent, a pregnancy. Dispel any myths about “safe times of the month.” Explain that while women do have times they are more or less fertile, this varies from person to person, and sometimes from month to month, so you can’t know when those times will be for a specific person.

Most youth are quite interested in this session. For suggestions on where to obtain more information on contraception and pregnancy prevention, see the Resources for Leaders section in Appendix C.

Fact Sheet

Abstinence

Abstinence means not having sex. For some people, abstinence means no sexual touching at all. For others it can mean doing everything except having intercourse. It's important for couples to communicate about what abstinence means to each of them so that their efforts to remain abstinent succeed.

Effectiveness: When adhered to, abstinence is 100% effective in preventing pregnancy. Different definitions of abstinence can have an impact on its effectiveness. A couple who practices abstinence as meaning "no sexual touching at all," definitely will not get pregnant or contract an STD. If they practice abstinence as meaning "everything except intercourse," there is a chance they can be exposed to HIV or other STD.

Advantages:

- You don't have to worry about HIV, STD or unplanned pregnancy.
- You can have lots of fun without sex. It's easier to relax when you're not worried about HIV or other STD.
- Choosing to be abstinent may fit with your moral or religious beliefs.
- You get time to learn more about yourself and your partner without the pressures sex can bring.
- Abstinence is about more than not getting pregnant or getting an STD. It's about making up your own mind and choosing what's right for you.
- It's empowering. The skills that help you make a choice to be abstinent help you in other areas of your life too. You learn how to resist pressure, set goals and make smart decisions.
- It's free! You don't have to go to a store, clinic or doctor to get it.

Disadvantages:

- Friends may talk about sex or tease you about not having it.
- It may be difficult to maintain under pressure.
- A partner may pressure you or push you to go beyond your limits. You might feel like you have to have sex or you'll lose the relationship.
- The media can influence ideas about sex. Media messages suggest that sex has no consequences or that everyone is doing it.
- Your own feelings can put pressure on you. You might be curious, feel left out, think that having sex would help you get or keep a partner, or start having sexual desires.

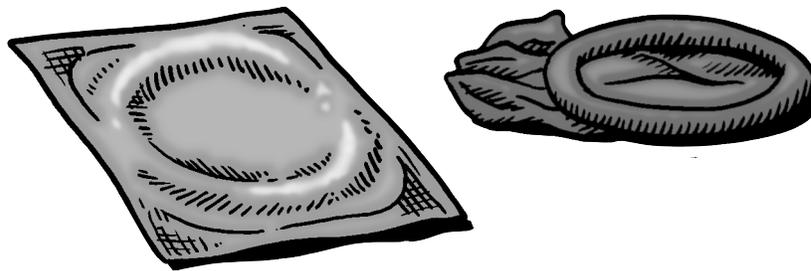
Tips for Staying Abstinent:

- Be clear about your reasons for not having sex.
- Have a vision of what you want for your life and your future.
- Find friends who've also chosen to wait. You can support each other.
- Remember the benefits of abstinence. This can help you resist pressure.
- Avoid situations where it might be hard to wait or where sexual feelings might make things confusing.
- Plan how you'll deal with pressure. Practice ways to say no ahead of time and ways to explain your choice.
- Speak up. Take a stand if you feel pressure from friends. Explain that you've decided to wait and that their teasing bothers you.
- Decide what your limits are. Then communicate them to your partner.
- Share your decision to be abstinent with your parents so they can support you.

Fact Sheet

Male Condom

A male condom is a latex or plastic barrier that fits over an erect penis to catch the semen when the man ejaculates. It keeps the sperm from entering the woman's body or a male sex partner's body. Condoms are also used for safe oral sex and will help protect people from oral STDs such as herpes. Flavored condoms are designed for oral sex and may cause irritation with vaginal or anal sex.



Effectiveness:

- If condoms are used correctly every time a person has sex, they are 98% effective in preventing pregnancy.
- If they are not used correctly, the effectiveness drops to 85%.

Advantages:

- Condoms can be bought in drugstores.
- Condoms are easy to use and carry, so they can be readily available when needed.
- Latex condoms help protect people from HIV and other STD.

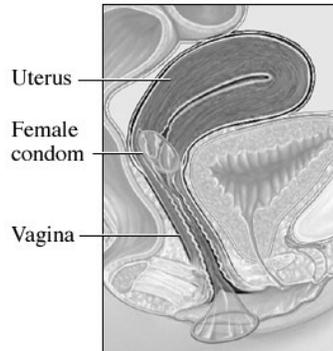
Disadvantages:

- There are generally no side effects or risks from using condoms.
- Occasionally, people are allergic to chemicals in the spermicide in lubricated condoms. If this happens, switch brands.
- Condoms may decrease spontaneity and sometimes some people are uncomfortable using them. Talking about condoms before sex and practicing can help!

Fact Sheet

Female Condom

The female condom is a lubricated polyurethane sheath with a flexible polyurethane ring on each end. One ring is inserted into the vagina to cover the cervix, while the other remains outside, partially covering the labia.



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Effectiveness:

- When used correctly, the female condom is highly effective for protection against pregnancy, HIV and other STD.
- The estimated failure rate ranges from 21 to 26%.

Advantages:

- Female condoms can be bought in drugstores.
- Female condoms are easy to use and carry, so they can be readily available when needed.
- Female condoms help protect people from HIV and other STD.

Disadvantages:

- There are generally no side effects or risks from using female condoms.
- Female condoms are more expensive than male condoms and are more difficult to find free in clinics.
- Female condoms may decrease spontaneity and sometimes some people are uncomfortable using them. Talking about condoms before sex and practicing can help!

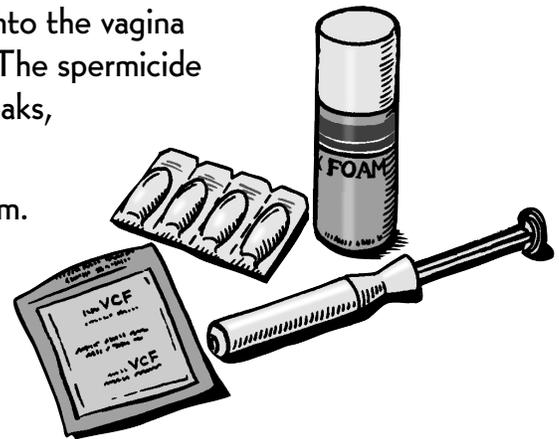
Fact Sheet

Spermicides: Foam, Suppositories & Film

Since condoms are not 100% effective, there are some things people can do to make it even less likely a pregnancy will occur. One of these things is to use spermicidal foam, suppositories or film with the condom.

Foam, suppositories or film should be inserted into the vagina 20 minutes before sex each time you have sex. The spermicide acts as an extra security. In case the condom breaks, spermicides will kill the sperm.

Spermicides should always be used with a condom. Spermicides are not very effective on their own.



Effectiveness:

- If spermicides are used correctly every time, they are 82% effective in preventing pregnancy.
- If they are not used correctly every time, they are only 71% effective.

Advantages:

- Like condoms, foam, suppositories and film can be bought in drugstores and are easy to use and carry.
- Spermicides provide extra protection from pregnancy when used with condoms.

Disadvantages:

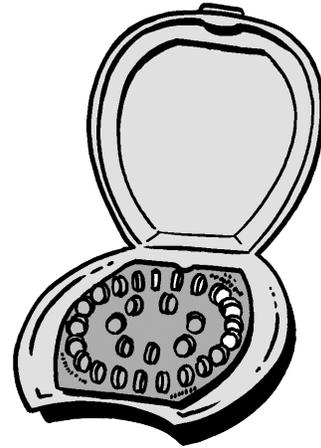
- There are generally no side effects or risks from using foam, suppositories or film.
- Occasionally, people are allergic to chemicals in spermicides. If either partner becomes allergic, try switching to a different brand.
- Spermicides do not protect you against HIV and STD.

Note: Spermicides do not protect people from HIV or other STD. You must use a condom with this birth control method to be protected from STD.

Fact Sheet

The Pill

Birth control pills are small tablets made of artificial hormones. They prevent pregnancy by stopping the ovaries from releasing an egg each month, and/or thickening the mucus in the cervix (the opening to the womb) so it is hard for sperm to enter the woman's uterus. They must be prescribed by a health care provider.



Effectiveness:

- Birth control pills are more than 99% effective in preventing pregnancy when they are used correctly. This means the woman has to remember to take a pill regularly and not miss any days.
- If the pills are forgotten or not used correctly, the effectiveness drops to 92% or lower.

Advantages:

- Birth control pills are simple and easy to use, as long as the woman remembers to take them daily.
- Birth control pills don't interrupt sex.
- Birth control pills can lessen the bleeding and cramping of heavy or painful menstrual periods.

Disadvantages:

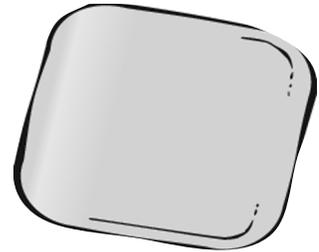
- Birth control pills must be taken every day whether the woman is having sex or not.
- The pill causes few serious problems in young women, but its use is associated with a small chance of high blood pressure, blood clots, heart attack, and stroke, especially for women who smoke.
- In some women, use of the pill can lead to weight gain, depression, nausea and spotting between periods.
- Some medications make the pill less effective. Always let your doctor know if you are taking birth control pills.
- The pill doesn't protect people from HIV or other STD.

Note: The pill does not protect people from HIV or other STD. You must use a condom with this birth control method to be protected from STD.

Fact Sheet

The Patch

The birth control patch is a thin plastic square that slowly releases artificial hormones into the body. The patch can be worn on the skin of the buttocks, stomach, upper outer arm or upper torso (but not on the breasts). A new patch is applied each week. It prevents pregnancy in the same ways as the pill. It must be prescribed by a health care provider.



Effectiveness:

- The patch is more than 99% effective in preventing pregnancy when it is used correctly. This means the woman has to remember to wear the patch and to change it each week.
- If the patch is forgotten or not used correctly, the effectiveness drops to 92%.

Advantages:

- The patch is simple and easy to use, as long as the woman remembers to wear it and change it weekly.
- The patch doesn't interfere with sex.
- It can lessen the bleeding and cramping of heavy or painful menstrual periods.

Disadvantages:

- The patch must be worn every day, whether the woman is having sex or not.
- Like the pill, the patch causes few serious health risks for young women, but its use may be associated with a small chance of high blood pressure, blood clots, heart attack and stroke, especially for women who smoke. In some women, use of the patch can lead to weight changes, moodiness and spotting between periods.
- The patch doesn't protect people from HIV or other STD.

Note: The patch does not protect people from HIV or other STD. You must use a condom with this birth control method to be protected from STD.

Fact Sheet

The Ring

The vaginal ring is a soft, flexible ring inserted into the vagina that slowly releases artificial hormones into the body. The ring is changed once a month. It prevents pregnancy in the same ways as the pill and the patch. It must be prescribed by a health care provider.



Effectiveness:

- The ring is more than 99% effective in preventing pregnancy when it is used correctly. This means the woman has to remember to insert the ring and to change it each month.
- If the ring is forgotten or not used correctly, the effectiveness drops to 92% or lower.

Advantages:

- The ring is simple and easy to use, as long as the woman remembers to insert it and change it monthly.
- The ring doesn't interfere with sex.
- It can lessen the bleeding and cramping of heavy or painful menstrual periods.

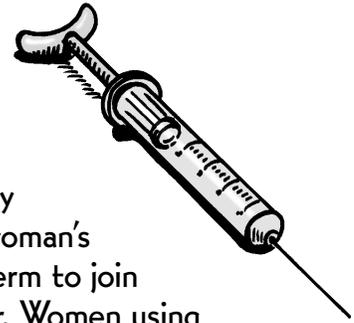
Disadvantages:

- The ring must remain in the vagina all the time, whether the woman is having sex or not.
- Like the pill and the patch, the ring causes few serious health risks for young women, but its use may be associated with a small chance of high blood pressure, blood clots, heart attack and stroke, especially for women who smoke. In some women, use of the ring can lead to weight changes, moodiness and spotting between periods.
- The ring doesn't protect people from HIV or other STD.

Note: The ring does not protect people from HIV or other STD. You must use a condom with this birth control method to be protected from STD.

Fact Sheet

The Shot



“The shot” is an injectable form of birth control that uses an artificial hormone to prevent pregnancy. The common brand name for the shot is Depo-Provera®. The shot usually works by keeping the ovaries from releasing an egg. It also can help a woman’s body develop thick cervical mucus that makes it harder for sperm to join an egg. The shot must be prescribed by a health care provider. Women using this method must get a shot every 3 months.

Effectiveness:

- The shot is more than 99% effective in preventing pregnancy when it is used correctly. This means the woman has to remember to go to her health care provider every 3 months to get an injection.
- Protection is immediate if a woman gets the shot during her first days of her period. Otherwise, she needs to use a back up method of birth control for the first week.

Advantages:

- The shot is easy to use, as long as the woman remembers to return for her shot every 3 months.
- A woman can use the shot without the knowledge of her partner.
- The shot doesn’t interfere with sex.
- The shot is effective for 12 weeks.

Disadvantages:

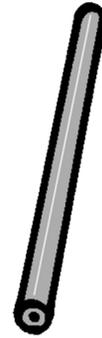
- Women must get a shot every 3 months as long as they want to prevent pregnancy.
- Potential side effects include irregular menstrual bleeding (lighter or heavier). Other less common side effects include change in sex drive, weight gain, headache, nausea, nervousness, dizziness, skin rash and sore breasts.
- The shot is associated with temporary bone thinning. Women using this method should talk with their health care provider about this issue.
- The shot doesn’t protect people from HIV or other STD.
- It can take an average of 9 to 10 months, or sometimes more than 1 year, to get pregnant after taking the last shot.

Note: The shot does not protect people from HIV or other STD. You must use a condom with this birth control method to be protected from STD.

Fact Sheet

The Implant

The implant is a thin rod of flexible plastic that is put under the skin of the upper arm by a health care provider. It releases an artificial hormone into the bloodstream. The common brand name for the implant is Implanon®. It works by keeping the ovaries from releasing an egg. It also can help a woman's body develop thick cervical mucus that makes it harder for sperm to join an egg. The implant works for 3 years.



Effectiveness:

- The implant is more than 99% effective in preventing pregnancy. It provides protection for 3 years.
- Certain medicines or substances (such as St. John's Wort or HIV medicines) may reduce the effectiveness of the implant.

Advantages:

- The implant is easy to use. Once it is implanted there are no other steps to be taken for its use.
- The implant doesn't interfere with sex.
- The ability to get pregnant returns quickly after the implant is removed.

Disadvantages:

- The use of the implant may cause side effects such as irregular menstrual bleeding (lighter or heavier).
- There are a number of other possible side effects. These include acne, change in appetite, headache and nervousness, among others.
- The implant must be inserted and removed by a health care provider.
- The implant doesn't protect people from HIV or other STD.

Note: The implant does not protect people from HIV or other STD. You must use a condom with this birth control method to be protected from STD.

Fact Sheet

Emergency Contraception

Emergency contraception (EC) methods can be used to help prevent a pregnancy after having unprotected sex. EC works best when it is used right away and no later than 3 to 5 days after sex.

EC prevents pregnancy by stopping the egg from being released and/or by changing the lining of the uterus so the egg can't implant and grow. There are 2 types of emergency contraception available in the United States: emergency contraceptive pills, which contain artificial hormones, and the copper-T IUD, a device inserted into the uterus by a health care provider.

Emergency contraception is **NOT** a regular method of birth control. It should be used only in an emergency, when a regular method of birth control has failed, or in cases of rape.

Effectiveness:

- When taken correctly and used no later than 3 to 5 days after sex, emergency contraceptive pills reduce the chances of pregnancy by 75 to 89%.
- The copper-T IUD reduces the chances of pregnancy by 99%.

Advantages:

- EC can lessen the chances of pregnancy if it is used within 5 days after having unprotected sex.
- Women who can't use birth control pills on a regular basis may be able to use EC pills safely on a one-time, emergency basis.

Disadvantages:

- Some women have nausea and vomiting when they take EC pills.
- The IUD EC may cause increased menstrual bleeding, pain and/or cramps at first, and spotting between periods.

Note: Neither form of EC protects women from HIV or other STD. EC cannot be used as a regular method of birth control.

6.

Challenge: Being-a-Parent Interviews

-  **Objective:** Within one week of the session, group members will be able to talk with parents or other adults they know to gather information on how having children has affected these adults' lives.
-  **Time:** 5 minutes
-  **Materials:** **Being-a-Parent Interview** worksheet

Procedure

- 1 Review the procedure for Challenges. Tell the group you are adding a new assignment for them to choose from—an interview about being a parent. Continue to allow group members to complete the first 3 challenges if they want to do them. Remind youth that they must report what they have learned back to the group in order to receive any incentives being offered.
- 2 Give the following as an additional Challenge:
 - Talk with two parents you know (not your own parents) about what positive or negative changes having a baby made to their lives. You can talk to siblings, friends or other adults in your life. Complete the **Being-a-Parent Interview** worksheet.
- 3 Ask if they have any questions or concerns about the challenge. Reiterate the purpose of the assignment.

Notes for Group Leaders: Encourage the youth to complete Challenges by supporting those who complete the assignments.

Challenge Worksheet

Name: _____

Being-a-Parent Interview

Directions: Using people who are not in your own family, interview at least 2 parents from different families. Interview different types of parents: grandparents raising children, married or single parents, older or younger parents, etc.

Some rules for interviewing:

1. Explain what you are doing and how long the interview will take.
2. If someone doesn't want to answer a question, don't push it.
Go on to another question.
3. Write down notes about what you think was most interesting.
4. Thank the person after the interview.

Name of Parent Interviewed _____

Ask the parent what positive and negative changes having a baby had on their lives in these areas:

1. Friends and social life _____

2. Family relationships _____

3. Education and career plans _____

4. Money and finances _____

5. Daily routine and free time _____

7. Wrap-Up and Closing Ritual

 Objective:	By the end of the session, group members will be able to summarize key points from the day's activities.
 Time:	5 minutes
 Materials:	None

Procedure

- 1 Have the group sit in a circle.
- 2 Explain that you want some feedback from the youth. Ask the group the following questions:
 - What did they like?
 - What didn't they like?
 - What did they learn?
 - What would they like to learn more about at another session?
- 3 Announce that, in the next session, they'll learn about attitudes and skills that support sexual health.
- 4 Remind the group of the next meeting time and place. Tell them to remind each other. Offer to call the night before the meeting to remind them of it.
- 5 Provide a way for the group to contact you if they need to. Also remind them that they can put questions in the Question Box at the end of the session and during the week.
- 6 Pass out the **Holla Back!** form and give the youth 5 minutes to complete it.
- 7 Thank the youth for their participation and have them perform their closing ritual.

Notes for Group Leaders: Begin preparing for Session 7 by doing the pre-session activities on page 205. It is very important to confirm the HIV-positive guest speaker scheduled to speak to the group.

SESSION 7

Attitudes and Skills for Sexual Health

Purpose

Youth will learn attitudes and skills that support sexual health through listening to a speaker, completing a goal-setting activity and roleplaying refusal and negotiation skills.

Session Overview (120 minutes)

- 1 Opening Ritual and Review** (10 minutes)
- 2 HIV-Positive Speaker or Video** (40 minutes)
- 3 Goal Setting for My Future** (20 minutes)
- 4 Goal Setting: Obstacles and Support** (20 minutes)
- 5 Roleplay: Saying NO or Asking to Use a Condom**
(25 minutes)
- 6 Wrap-Up and Closing Ritual** (5 minutes)

Notes for Group Leaders: For this session, you need to invite an HIV-positive person who is trained to work with teens to speak with your group. If a speaker is unavailable, a video that features HIV-positive young people sharing their experiences can be shown to generate dialog around what it is like to live with HIV.

See “Criteria for Video Selection” in Appendix C.

Preparation

Pre-Session Activities

- Confirm the HIV-positive guest speaker scheduled to speak to your group. Contact the speaker by phone to provide directions and confirm the date and time. *Optional:* Obtain a video that features HIV-positive people if a speaker is not available.

- Read over and become familiar with all Session 7 activities.
- Prepare snacks.
- Make **Goal Setting: I Can Do It!** chart. (See sample on page 212.)
- Copy **I Can Do It!** worksheet for each group member. (See page 213.)
- Prepare **Adjustments to the Future** cards. (See pages 217–218.)
- Review **Sample Roleplay**. (See page 223.)

Materials

- snacks
- Question Box
- HIV/AIDS Facts** fact sheet from Session 2
- Group Agreements and Challenge charts
- Challenge worksheets from Sessions 4 and 6
- posterboard for **Goal Setting: I Can Do It!** chart
- I Can Do It!** worksheet, 1 for each group member
- chart paper and markers
- 8-1/2" x 11" paper, 3 pieces for each group member
- Adjustments to the Future** cards
- props for roleplay
- video (*optional*)

I. Opening Ritual and Review

 **Objective:** At the start of the session, group members will be able to recall key highlights from Session 6.

 **Time:** 10 minutes

 **Materials:** Group Agreements chart, Challenge chart, Question Box

Procedure

- 1 Welcome group members and lead the opening ritual.
- 2 Sit down with the group and remind them of the Group Agreements.
- 3 Answer any questions that have been put in the Question Box.
- 4 Ask if anyone completed any Challenges. Have volunteers share what they did and what they learned from their assignments. Celebrate group members who completed a Challenge. Document completed assignments on the Challenges chart.
- 5 Have the group look at the **HIV/AIDS Facts** fact sheet (from Session 2). Review the information and what they learned in Session 6 by asking the following questions:
 - What is the safest form of HIV protection? (abstinence)
 - Can a person get HIV infection from anal intercourse? (Yes, anal sex puts you at a very high risk for infection.)
 - Can you get HIV through kissing? (No, there have not been any reported cases of HIV acquired through kissing.)
 - Can a person be infected with HIV by sharing needles? (Yes, sharing needles means sharing blood.)
 - What kind of lubrication should people use with a condom? (water-based)
 - What is the safest and most effective method of birth control? (abstinence)
 - What are 2 barrier methods of birth control (condoms, female condoms, foam, suppositories, film)
 - What are the only types of contraception that also help people avoid HIV and other STD? (abstinence, condoms)
 - What are some ways people can be close without having sexual intercourse? (hugging, kissing, massages, etc.)

2. HIV-Positive Speaker or Video

-  **Objective:** By the end of the session, group members will be able to discuss how HIV can change a person's life.
-  **Time:** 40 minutes.
-  **Materials:** *Optional:* Video featuring HIV-positive people, if speaker is not available.
-  **Preparation:** Confirm the date and time of the session with the speaker.
Review “Working with HIV-Positive Speakers” in Appendix C.
Provide the speaker with the talking notes found on page 275 in Appendix C.

Procedure

- 1 Begin by thanking youth for participating in the last activity. Share that in a moment you will be introducing the speaker for the day. Explain that the discussion may be difficult for some to participate in due to the sensitive nature of the topic. Reassure participants that if at any time they feel the discussion stirs up feelings for them that are too uncomfortable, they can quietly alert you or your co-leader and you'll support them in discreetly leaving the session. Finally, review the Group Agreements and tell participants that it's important that everyone adheres to the agreements during the speaker's presentation.
- 2 Introduce the speaker. Have him or her talk to the group for 20 minutes. (Show the video if a speaker is not available.)
- 3 Allow a few questions from the group. If there are no questions, prompt the discussion by asking the speaker about relevant points that came up during the presentation (e.g., medications taken, how life has changed, how he or she told friends, family, partners, etc.).

Some possible questions:

- What decisions did you make that potentially led to your getting HIV?
- If you had an opportunity to do something differently, what would you do?
- How has living with HIV affected the decisions that you make in your life now?

- Have your long-term goals changed?
 - What's the most important message you would want to give to people who may or may not know about HIV?
- 4** Thank the speaker and ask for his or her contact information so the group can send a thank-you letter.
 - 5** Encourage group members to write thank-you cards to the speaker. Give the group members 5 minutes to write their notes or cards.
 - 6** Discuss the highlights from the speaker's presentation, or the video, by asking these questions:
 - How much did the person know or not know about HIV prior to contracting the virus?
 - Did the person identify any choices he or she believes may have contributed to becoming HIV positive?
 - What do you think it has been like for the person to have to share his or her HIV-positive status with any future partners?
 - How might being HIV positive affect your day-to-day life? What changes would you have to make? How do you think people in your world would take the news? Do you think it would change your decisions about sex? How?
 - 7** Ask: How has the person's life changed as a result of contracting HIV? What does the person's future look like now? What might his or her future have looked like prior to contracting HIV?
 - 8** Provide a summary, highlighting the speaker's key decisions and actions, the impact of HIV on his or her goals and how youths' own decisions may be changed by hearing about the speaker's experiences.

Explain that the next activity will help them look at the future they are protecting from HIV.

3. Goal Setting for My Future

😊	Objective:	By the end of the session, group members will be able to establish personal goals.
🕒	Time:	20 minutes
✂️	Materials:	Goal Setting: I Can Do It! chart I Can Do It! worksheet, 1 for each group member

Procedure

- 1 Discuss the definition of *goal setting*: deciding what you want to do and the time frame in which you want to accomplish it. Tell the group that this activity is designed to help them set both some short-term and some long-term goals.

Define *short-term goals* as “goals that can be accomplished in a short period of time, like a few days or weeks.” Ask for several examples from the group.

Define *long-term goals* as “goals that cannot be accomplished in a short period of time, but will take weeks, months or even years to achieve.” Again, ask the group for examples.

- 2 Explain that there are some strategies that can help people reach long-term goals. These include choosing goals that matter to them, planning how to reach those goals and taking steps to achieve short-term goals that keep them moving toward their larger long-term goals.
- 3 Describe the steps of the **I Can Do It!** model for setting long-term goals. Display the chart of the steps and review each one. It can be helpful to make the analogy of climbing a set of steps to reach the top (i.e., you can't jump from the bottom step to the top step; instead, there are several steps you must take to reach the top).
 - **D**iscover your interests and options.
 - What am I good at?
 - What do I like to do?
 - What do I want to do?
 - **O**btain and **O**rganize information.
 - Gather information about what you like to do.

- Set priorities. (What’s first? What’s essential? What’s most fun or exciting? What can you do right now? Can having a healthy lifestyle be one of your priorities?)
 - **I**dentify your goal and **I**mplement a plan.
 - Identify your long-term goal. Does it include staying HIV free?
 - Identify the short-term goals you need to reach to achieve your long term goal. (Consider whether abstinence or having protected sex can be one of your goals.)
 - Set priorities. (What’s first? What’s essential? What’s most fun or exciting? What can I do right now? Can you include making safer sex one of your priorities?)
 - **T**ake action and **T**ake stock!
 - Take action to reach your first short-term goal.
 - Take action to be healthy sexually.
 - Praise yourself for your efforts.
 - Evaluate how you’re doing. If there are problems, setbacks or obstacles, rework your plan. Get help from friends or a trustworthy adult.
- 4** Have youth break into pairs or small groups and complete the **I Can Do It!** worksheet. Tell them to identify a long-term goal, and describe *at least* 3 short-term goals that can get them there. Give them 5–7 minutes to complete their lists. Mingle among the groups while they’re working and offer assistance as necessary. Discuss how abstinence or having protected sex would allow them to achieve and maintain their goals.
- 5** Have the full group discuss what they’ve learned in this activity. Ask them to describe some of their strategies toward staying healthy, including abstinence or having protected sex, and the first short-term goals they’re going to focus on. Encourage them to take steps this week to move ahead on their short-term goals.

Notes for Group Leaders: Some youth may have been frustrated in the past because they set goals they weren’t able to reach. It’s important to build in success when youth are learning about goal setting. Encourage group members to choose short-term goals that they can reasonably expect to achieve. Check back with them if you’re able, and offer guidance and suggestions if they need to re-work their plans. Assure them that re-evaluating and changing a plan is an essential part of successful goal setting. Remind them that, with the information they have already gained about HIV transmission, the best approach to successfully reaching their goals is to stay healthy by being abstinent or having protected sex.

Sample Chart

Goal Setting I Can Do It!

- **D**iscover your interests and options.
 - What am I good at?
 - What do I like to do?
 - What do I want to do?
- **O**btain and **O**rganize information.
 - Gather information about what you like to do.
 - Set priorities.
- **I**dentify your goal and **I**mplement a plan.
 - Identify your long-term goal. Does it include staying HIV free?
 - Identify the short-term goals you need to reach to achieve your long-term goal.
 - Set priorities.
- **T**ake action and **T**ake stock!
 - Take action to reach your first short-term goal.
 - Take action to be healthy sexually.
 - Praise yourself for your efforts.
 - Evaluate how you're doing. If there are problems, setbacks or obstacles, rework your plan. Get help from friends or a trustworthy adult.

Worksheet

I Can Do It!

Directions: Use the *I Can Do It!* model to plan and reach your goals.

- **D**iscover your interests and options.
 - What am I good at?
 - What do I like to do?
 - What do I want to do?
- **O**btain and **O**rganize information.
 - **G**ather information about what you like to do.
 - Set priorities.
- **I**dentify your goal and **I**mplement a plan, including safer sex negotiation.
 - Identify your long-term goal. Does it include abstinence or safer sex?
 - Identify the short-term goals you need to reach to achieve your long-term goal. (Can abstinence be one of your goals? What about having protected sex?)
 - Set priorities.
- **T**ake action and **T**ake stock!
 - Take action to reach your first short-term goal.
 - Take action to be healthy sexually.
 - Praise yourself for your efforts.
 - Evaluate how you're doing. If there are problems, setbacks or obstacles, rework your plan. Get help from friends or a trustworthy adult.

1. Make a map to reach your goals! What is your destination (your long-term goal)? Can you reach your long-term goal if you are infected by HIV or get pregnant?

2. What are some of the steps you'll need to take to get to your long-term goal? (These are short-term goals.) Can one of these steps be to make safer-sex decisions?

3. What's a step you can take this week?

4. Goal Setting: Obstacles and Support

 **Objective:** By the end of the session, group members will be able to anticipate potential challenges to their personal goals.

 **Time:** 20 minutes

 **Materials:** 8-1/2" x 11" paper, 3 sheets for each group member, markers

Adjustments to the Future cards (See pages 217–218.)

Procedure

- 1 Explain to the group that when they are moving toward long-term goals over a period of weeks or months, they will experience changes in their lives. Some of the changes might be positive things that help them reach their goals. Maybe a friend helps them get a job they wanted. Some changes might be negative things that interfere with their goals. Maybe they don't get the good grade they expected on the history test.

In this activity, they'll look at some of the ways unexpected changes or events might affect their long-term goals.

- 2 Give each group member 3 pieces of paper and a marker. Ask them to draw a picture or symbol, or write a word or short phrase, on each sheet to represent all they want to accomplish in a life free from HIV between now and age 25. They might include the long-term goal they identified in Activity 3, but they don't have to. Give them some examples such as owning a house, going to college, traveling all over the world, writing a book or having a good job. Group leaders should complete this activity too (choose goals for the next 10 years).
- 3 Invite each person to show his or her goals to the group.
- 4 Mention that everyone needs to be prepared for the unexpected in the future, because things do not always proceed according to plans. Give each participant an **Adjustments to the Future** card. Make sure that some of the Adjustments to the Future cards include things that are outside youths' control. Remind them that this is just a game. Tell them to think about how the situation described on the card could affect their goals.

- 5** The group leader should go first. (*Note:* Make sure you have a card with a negative impact, such as testing positive for HIV, or getting fired for testing positive for drugs.) Discuss how this will make it very difficult to accomplish some of your goals.
- 6** Go around to each participant and discuss how the “adjustment to the future” would affect his or her ability to accomplish goals. Ask:
 - Is there a way to make sure this positive adjustment happens? OR Is there a way to make sure this negative adjustment doesn’t happen?
 - If negative things DO happen, how can you continue to work toward your goals?

Explain that during this activity they looked at how unexpected occurrences can negatively or positively affect their future goals. Stress that it is important to understand that it is not only what may unexpectedly pop up in their lives that can affect their ability to achieve their goals, but also how they respond to those occurrences. Explain that you would like to look a little deeper at the idea of goal setting and the thought process that goes into it for youth.

- 7** Lead a discussion using some or all of the following questions:
 - What things do people consider when setting goals for the future?
 - Do you think that young people usually set goals that are realistic?
 - What do most people do when things don’t go as planned?
 - At what age are most teens planning to get their first job? Get married? Start a family?
 - Do you think young people understand how present behaviors might influence future goals? Do they tend to feel vulnerable or invulnerable?
 - How might someone avoid negative adjustments?
 - How might someone ensure that positive adjustments happen?
 - What are some things that could happen that are out of your control?
 - Is a lifestyle free from HIV infection possible?
 - What practical steps can you take to keep yourself HIV free?

(*Note:* It’s important for youth to know what they can control, and how to deal with things beyond their control, such as a relative’s death or illness, or being laid off from a job.)

- 8** Summarize by stating that there are some adjustments you can plan for and some you can't. They have been learning skills that will help them reach their goals. They need to practice good sexual health and prevent unplanned pregnancy, HIV and other STD to ensure that they achieve their goals.

As they saw in this session and with the HIV-positive speaker or video, things don't always go as planned. They need to know how to make the best of a situation even though their plans have changed. Remind them that they can ask for help from parents or other trusted adults when they run into barriers.

Notes for Group Leaders: Use the 2 blank **Adjustments to the Future** cards to reflect situations you may have discussed with the group during previous sessions.

Group Leader

Adjustments to the Future

Directions: Copy and cut apart the cards. Make enough to have 1 card for each group member. Be sure to include a mix of positive and negative adjustments.

1.

You graduated from high school.

5.

You were offered a manager position at a local fast-food restaurant while in high school.

2.

You dropped out of high school.

6.

You got a scholarship for college.

3.

A favorite teacher agreed to write you a recommendation for college.

7.

You tested positive for HIV.

4.

You won an award for being an outstanding volunteer at your local community center.

8.

You had a baby your senior year in high school.

Adjustments to the Future

(continued)

9.

You were laid off from your job.

12.

You went to jail.

10.

You were fired from your job because you tested positive for drugs.

13.

You remained abstinent through high school.

11.

You just discovered your sexual partner is engaged in risky behaviors.

14.

You learned how to become assertive in your life.

5. **Roleplay: Saying NO or Asking to Use a Condom**

 Objective:	By the end of the session, group members will be able to demonstrate ways to communicate assertively, using selected verbal and nonverbal techniques.
 Time:	25 minutes
 Materials:	Chart paper Props for the roleplay (e.g., hats or scarves, condoms)
	Sample Roleplay (See page 223.)

Procedure

- 1** Review the assertive communication style discussed in Session 5. Write the following guidelines on chart paper:
 - Be clear about what you want.
 - Keep your voice strong but not too loud.
 - Make eye contact with the other person.
 - Stand up straight.
 - Be confident and respect your feelings.
 - Respect the other person.
- 2** Remind the group that roleplaying allows them to take on a role to practice feeling, talking and acting in new ways. It can help them learn new options for dealing with a problem and allows them to practice new skills.
- 3** Tell the group they're now going to practice some ways to use effective communication to say "No" to someone. Acknowledge that sometimes it's hard to know how to say "No," or to make the "No" come across clearly to someone.

Remind them that people can say "No" verbally (with words) or nonverbally (with body language). They will practice both ways. These are called refusal skills.

4 Verbal: Have a volunteer do a roleplay with you. Tell the volunteer to pretend to offer you a cigarette, and to keep insisting that you take it. Demonstrate verbal ways to say “No.” Write each strategy on chart paper after you demonstrate it.

- Say, “No thanks,” politely.
- Say, “No!” more firmly. (Repeat the refusal.)
- Suggest an alternative. (“Why don’t we go watch a movie instead?”)
- Build the relationship, if appropriate. (“I like you, but I’m really not interested in the cigarette. Can you respect that so we can do something else?”)

Ask the group if they think refusal strategies like these might work in their lives.

5 Nonverbal. Tell the group that nonverbal actions (body language) can strengthen verbal refusals. Have another volunteer roleplay offering you a drink at a party. After saying a polite “No, thanks,” add some body language to your firmer “No!” Demonstrate the following nonverbal refusals. Write each on chart paper after you demonstrate it.

- **Hands off.** Throw your hands up in a “get away from me” gesture, or use your hands for emphasis.
- **Strong body.** Stand strong and straight. Walk away if you need to.
- **Firm voice.** Use a strong, sure, down-to-business voice.
- **Serious expression.** Use your best “I mean it” face.
- **Leave the situation.** Simply walk away.

6 Tell the group that now they’ll be preparing roleplays themselves to practice and demonstrate these skills. You’ve shown how they can be used to refuse offers of cigarettes or alcohol. These strategies also work to say “No” to sex, or to having sex without a condom.

Notes for Group Leaders: When doing roleplays, you have the option of breaking participants into smaller groups and having the groups roleplay among themselves, or of assigning roles and then bringing the small groups back together to do the roleplay in front of others. Be mindful of age gaps when pairing youth for roleplays. If necessary, a group leader may participate in the roleplays.

- 7** Have group members pair up to present a roleplay. Give them 3 minutes to prepare for the roleplay. Have 1 group member be Malcolm or Monique (or characters from the version of the Family Tree the group used) and the other be his/her boyfriend or girlfriend. Have them roleplay telling a partner they don't want to have sex or refusing to have sex without a condom (for older or sexually active youth).

If pairs get stuck, instruct them to look at the guidelines on the chart paper for help. If you have time, have volunteers do their roleplays in front of the group.

You can also use the **Sample Roleplay** on page 223. This will help if the pairs are having trouble coming up with dialogue. One person has scripted dialogue and the other person responds.

- 8** Have pairs present their roleplays. Give each pair 2 minutes for their roleplay. Lead a discussion about the roleplays using the following questions:

- Was the roleplay realistic? Why or why not?
- What kind of communication did you see?
- How did the guidelines help?
- *For actors:* How did you feel in your roles?
- *For audience:* Do you want to change or add anything to the way the actors communicated?
- What other options did the roleplayers come up with to solve the problem?

Discuss the approaches that were successful.

- 9** Ask the group to think about what people mean when they use the term *sexual health*. What does it mean to them? Have them share some ideas. Write a definition based on the group's suggestions. Look for content that includes: pleasurable for both people; consensual; free from unwanted pregnancy; free from infection; free from abuse; informed; showing respect, supporting the whole person.

Sample definition:

Sexual health is a state of physical, emotional, mental and social well-being related to sexuality; it is not merely the absence of disease, dysfunction and infirmity. Sexual health requires a positive, respectful

approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled.

Discuss whether or not each of the following items will help group members maintain sexual health:

1. Having sex without a condom. (No)
2. Being pressured to have sex when you are not ready. (No)
3. Getting regular HIV tests. (Yes)
4. Asking your partner to get tested for HIV. (Yes)
5. Making your partner feel guilty for not wanting to have sex. (No)
6. Making your partner feel like something is wrong with him/her for not wanting to have sex. (No)
7. Saying “No” when you don’t want to have sex. (Yes)
8. Telling your partner you won’t have sex without a condom. (Yes)
9. Having sex with multiple partners. (No)
10. Having sex just to please your partner. (No)

IO Summarize by acknowledging that by roleplaying how to say “No” to sex, they have practiced skills for good sexual health. The refusal and communication skills they have learned will help them make better choices about sexuality—choices that respect themselves and their sexual health, and support friends in making smart decisions too.

Group Leader

Sample Roleplay

Scenario:

Kenya and her boyfriend are hanging out when her boyfriend decides it is time to move their relationship to another level.

Boyfriend: Times are getting a little hard.

Kenya:

Boyfriend: I'm just saying, we've been together for a while now and I'm ready to do it.

Kenya:

Boyfriend: You know I love you. If you loved me you would.

Kenya:

Other roleplay ideas:

- One person has decided that there will be no sex until after both partners are tested for HIV.
- One partner has decided that there will be no sex without a condom.
- One partner has decided that the couple should wait an extended period of time before having sex.
- One partner wishes to remain abstinent and needs to convince the other person to respect his/her wishes.
- Challenge the group to work together to make up their own roleplay scenarios.

6.

Wrap-Up and Closing Ritual

- | | |
|---|--|
|  Objective: | By the end of the session, group members will be able to summarize key points from the day's activities. |
|  Time: | 5 minutes |
|  Materials: | Challenge worksheets |

Procedure

- 1 Have the group sit in a circle.
- 2 Explain that you want some feedback from the youth. Ask the group the following questions:
 - What did they like?
 - What didn't they like?
 - What did they learn?
 - What would they like to learn more about at another session?
- 3 Announce that the next session will help group members gain confidence about HIV/STD prevention.
- 4 Remind the group of the next meeting time and place. Tell them to remind each other. Offer to call the night before the meeting to remind them of it.
- 5 Provide a way for the group to contact you if they need to. Also remind them that they can put questions in the Question Box at the end of the session and during the week.
- 6 Remind youth that they can still do Challenges. Have worksheets available for them.
- 7 Pass out the **Holla Back!** form and give the youth 5 minutes to complete it.
- 8 Thank the youth for their participation and have them perform their closing ritual.

Notes for Group Leaders: Begin preparing for Session 8 by doing the pre-session activities on page 225.

SESSION 8

Review and Community Project

Purpose

Group members will build self-efficacy about HIV/STD prevention through analyzing their concerns and how they can take responsibility, testing their HIV knowledge, affirming each other and planning community projects.

Session Overview (110 minutes)

- 1 Opening Ritual and Review** (10 minutes)
- 2 What Are You Concerned About?** (10 minutes)
- 3 What Youth Can Do** (10 minutes)
- 4 The Knowledge Feud** (20 minutes)
- 5 Pat on the Back** (20 minutes)
- 6 Community Projects Discussion** (30 minutes)
- 7 Wrap-Up and Closing Ritual** (10 minutes)

Preparation

Pre-Session Activities

- Read over and become familiar with all Session 8 activities.
- Prepare snacks.
- Staple a 2 ft. loop of yarn to the top of each paper plate.
- Review **Game Questions**. (See pages 233–235.)
- Review **Possible Community Projects**. (See page 240.)
- Copy **Things I Am Concerned About** and **Activity Planning Sheet** worksheets for each group member. (See pages 229 and 241–242.)
- Become familiar with the names of prominent African-American leaders for Activity 3.

Materials

- snacks
- Question Box
- SODA Model and Challenge charts
- chart paper and markers
- masking tape
- clock
- 2 bells or buzzers
- paper plates, 1 for each group member
- yarn
- pens or pencils
- tape or CD player (*optional*)
- Activity Planning Sheet**, 1 for each group member

I.

Opening Ritual and Review

 **Objective:** At the start of the session, group members will be able to recall key highlights from Session 7.

 **Time:** 10 minutes

 **Materials:** Challenge chart, Question Box

Procedure

- 1** Welcome group members to the final session and lead the opening ritual.
- 2** Sit down with the group and answer any questions that have been put in the Question Box.
- 3** Ask if any group members completed any Challenges. Have volunteers share what they did and what they learned from their assignments. Celebrate group members who completed a Challenge. Document completed assignments on the Challenges chart.
- 4** Review Session 7 by asking the following questions:
 - How would you define sexual health?
 - What is a long-term goal?
 - What are some elements of effective communication?

2.

What Are You Concerned About?

-  **Objective:** By the end of the session, group members will be able to articulate some of their personal concerns.
-  **Time:** 10 minutes
-  **Materials:** Chart paper and markers

Procedure

- 1 Write on chart paper: “Things We Are Concerned About.”
Hand out the **Things I Am Concerned About** worksheet. Have the group read the worksheet. Then ask: What are some things in your life you are concerned about? Offer prompts such as home, school, neighborhood.
Give group members 10 minutes to write down their thoughts. Let them know they will be asked to share one or two of their thoughts.
Then ask each group member to share a concern he or she has. Write their concerns on the chart paper.
- 2 Tell the group that HIV and other STDs are health issues they need to be concerned about. Add “Getting HIV or another STD” to the top of the list.
If the group doesn’t bring up any of the following concerns, suggest them:
 - people their age (or anyone) using and/or selling drugs
 - people having children at a young age
 - violence
 - my partner’s past risky behavior
 - getting pregnant and not graduating from high school
 - getting someone pregnant and having to support a baby
- 3 Ask: What feelings come up when you think about each of these concerns?
On a separate piece of chart paper, list words that reflect the feelings raised. If the group has trouble getting started, ask if they feel any of the following: worried? hopeful? scared? sad? confused? nervous?
- 4 Summarize by letting the group know that these concerns and feelings are normal. Let them know that during these sessions they have learned methods to help them stay safer and reduce their fears.

Worksheet

Things I Am Concerned About

Examples of things people your age might be concerned about:

- I'm concerned about getting pregnant like my sister and not graduating from high school.
- I'm concerned about my mother. She's sad all the time and isn't able to take care of me or my little brother.
- I'm concerned about the shootings and killings in my neighborhood.
- I'm concerned that I won't be able to pursue my dream of completing my education and going to college.
- I'm concerned that I have to work after school to help support our family.

Directions: Please write down some things you are concerned about:

3. What Youth Can Do

-  **Objective:** By the end of the session, group members will be able to identify ways to take responsibility for their personal concerns.
-  **Time:** 10 minutes
-  **Materials:** “What Are You Concerned About?” list from Activity 2
Completed **Things I Am Concerned About** worksheet

Procedure

- 1 Tell the group that, today, they are going to talk a bit about responsibility. Go around the room and have each group member shout out something he or she is personally responsible for. (*Possible answers: Taking care of my sister; doing homework; doing chores; etc.*)
- 2 Now refer to the concerns list generated in Activity 2: “Things We Are Concerned About.” Invite the group to think back on what they said they were concerned about. For example:
 - people their age (or anyone) using and/or selling drugs
 - people having children at a young age
 - violence
- 3 Charting their responses, ask the group:
 - How do you define a leader?
 - Which African-American leaders have addressed people’s concerns in the past? (*Note: If youth are struggling to identify African-American leaders, help them by naming local or national African-American leaders.*)
 - Has anyone from your community tried to fix the concerns of your neighborhood? How have they done so?
 - Who are the leaders in your community now?
 - Describe young leaders you know. Who are the leaders around your age in your community? What makes them leaders?
 - Describe similarities between yourself and young leaders you know. What can you yourself do to change some of the things you are concerned about?

- 4** Have group members look over their **Things I Am Concerned About** worksheets. Allow 3 minutes for them to go through their lists and think about how they can take responsibility for addressing these concerns.
 - 5** Offer a few examples, such as:
 - How can you take responsibility for not getting HIV/STD? (*Possible answers: Commit to abstinence or safer sex.*)
 - What could you do to stop people from selling and/or using drugs? (*Possible answers: I could not do drugs myself, so that is one less person to sell to; I could convince my friends not to do drugs; I could let a trusted adult know who in my neighborhood is selling drugs; etc.*)
 - What could you do to not have children at a young age? (*Possible answers: I could abstain from sex until I was old enough to take care of a child; I could use birth control; etc.*)
 - 6** Explain that you hope this activity showed the group how they can take responsibility for the things that concern them in their lives. They have the ability to take charge of their lives and, in doing so, they will be viewed as leaders by others. Leadership is what brings about individual and community changes. Tell them that at the end of the program they will work on a project to help the community.
-

Notes for Group Leaders: This discussion can bring up many situations the group cannot do much to change (e.g., family or friends with drug addictions, police violence). Help the group focus on the individual choices they can make for themselves. Also have them focus on their friends who have not become involved in alcohol or drugs (either selling or using) or sex. Ask how they can help prevent the people they care about from engaging in risky behavior.

4. The Knowledge Feud

 **Objective:** By the end of the session, group members will be able to describe ways to protect themselves from HIV and other STD.

 **Time:** 20 minutes

 **Materials:** Clock, chart paper, bells or buzzers

Game Questions for group leader (See pages 233–235.)

Procedure

- 1 Explain the rules for the game:
 - The group leader will read a question to each team. The team picked to go first (decided by flipping a coin) will have 3 seconds to give a correct answer. If they cannot answer the question, or answer incorrectly, the other team has 3 seconds to answer.
 - To get a point, the team has to answer all parts of the question correctly.
 - If both teams answer incorrectly, the group leader will read the correct answer and then move on to the next question.
 - Once a team has earned a point, the next question goes to the team that hits the buzzer first.
 - If the team hits the buzzer before the question has been completely read, they must answer based on the partially read question.
 - This process continues until all the questions are answered.
 - The group leader will tally the points on chart paper as they are earned. The team with the most points wins!
- 2 Divide the group into 2 teams. Explain that they will now play the game to review some of the things they have learned in the *Focus on Youth with ImPACT* program. Give each team a bell or buzzer.
- 3 Starting with the team that won the coin toss, ask one of the **Game Questions**. Continue with the game until all questions have been answered. (*Note:* You can add other questions if desired.)
- 4 Summarize by saying that youth have learned a lot from the *Focus on Youth with ImPACT* program. Now they need to make sure they use this knowledge to lead healthy lives and achieve their goals.

Group Leader

Game Questions

- **What are the correct steps for using a condom?**
(Note: These are the steps from the Condom Card activity. Youth who saw a condom demonstration may organize this information a little differently, but their answers should cover the main points.)
 1. Talk to your partner.
 2. Buy or get latex condoms.
 3. Check the expiration date and package.
 4. Open package carefully. Handle the condom with care.
 5. Determine which way the condom unrolls. (Do not unroll the condom before putting it on.)
 6. Pinch the top of the condom to squeeze air out.
 7. Leave about 1/2 inch of room at the top to catch the semen, so the condom won't break.
 8. Continuing to hold the tip of the condom, place it against the head of the erect penis.
 9. Use your other hand to carefully unroll the condom over the penis, all the way down to the base.
 10. After ejaculation, hold the rim of the condom around the base of the penis.
 11. Take the penis out while it is still hard.
 12. Make sure the penis is away from the partner's body. Remove the condom.
 13. Throw the used condom away. Never use a condom more than once.

- **What are 5 different activities we did in the program?**
 - Accept all reasonable answers

- **What are 4 ways you can get HIV?**
 1. vaginal sex
 2. anal sex
 3. sharing infected needles
 4. from a pregnant mother to child

Game Questions *(continued)*

- What are 4 feelings that can be communicated nonverbally and verbally?
 - Any feelings—sadness, disgust, happiness, anger, fear, silliness, etc.
- What are the 4 parts of the SODA Decision-Making Model?
 - Step 1: **Stop**—**Stop and state the problem or decision you need to make.**
 - Step 2: **Options**—**Consider the options or choices and the consequences of those choices.**
 - Step 3: **Decide**—**Decide and choose the best solution** from the options.
 - Step 4: **Action**—**Act on your decision.**
- Demonstrate 5 elements of assertive behavior.
 - Content: specific, direct, problem-oriented, suggests solutions
 - Voice: clear, moderate in tone
 - Facial expression: eye contact, confident
 - Posture: erect, comfortable
 - Your feelings: confident, self-respecting, comfortable
 - The other's feelings: respected
 - Goal of the behavior: a change in the situation
- What is the best way to safely prevent pregnancy, HIV and other STD?
 - Abstinence
- What types of contraception or methods to prevent pregnancy help people avoid HIV and other STD?
 - Abstinence, condoms
- What are 2 barrier methods for birth control?
 - Condom, female condom, foam, suppositories, film

Game Questions *(continued)*

- **Name 8 places where you can get information.**
 - Phone books, teachers, parents, other adults, hotlines, Internet, libraries, clinics, school, books, doctors and nurses, etc.
- **What kind of lubrication should people use with a condom?**
 - Water-based.
- **What are some ways people can be close without having sexual intercourse?**
 - Hugging, kissing, massages, shared activities, etc.
- **What are 5 myths about how you can get HIV?**
 - Drinking from the same glass as someone who has HIV.
 - Sitting on a toilet seat after someone who has HIV.
 - Giving blood through the Red Cross.
 - Receiving blood in a hospital.
 - Kissing.
- **What are the stages of HIV as it attacks the immune system?**
 - HIV enters the body.
 - HIV attacks the immune cells.
 - HIV weakens the immune system.
 - The body can't fight back.
- **Where can you go to get condoms?**
 - Grocery store, doctor's office, local drug store, online, HIV testing centers

5. Pat on the Back

 Objective:	By the end of the session, group members will be able to write one compliment for each individual in the group.
 Time:	20 minutes
 Materials:	Paper plates, with a 2 ft loop of yarn stapled to the top so the plate can be worn around the neck with the plate on the person's back Pens or pencils Tape or CD player (<i>optional</i>)

Procedure

- 1 Have the group stand in a circle. Give each member a paper plate. Have them put the yarn around their necks with the plate hanging down their backs.
- 2 Explain and act out the activity:
 - Turn to the left. Starting with the person in front of you, write down 1 positive thing you have learned about or from that person.
 - You don't have to sign your name to the comment, but it must be positive and supportive.
- 3 Once you've shown the group what to do, put on music (*optional*) and have them move around and "pat" everyone's back by writing 1 positive thing about that person on his or her plate. Make sure that all plates are written on by the majority of the group members.
- 4 Return to the original circle and ask the group to look at their plates. Give them a minute to read their plates privately.
- 5 Starting with the Group Leader, have each person share 1 compliment that was written on his or her plate.
- 6 Summarize by saying that it's obvious they all have a lot of good characteristics. Remind the group that compliments enhance how we think about ourselves, and that when we feel good about ourselves we make decisions that help us protect ourselves and reach our goals. Tell them they should all feel very good about themselves and know that they can make good decisions in the future.

- 7** If you feel it's appropriate, ask the group if they would like to meet again as a group 6 months from now and talk about their experiences. They can come back and share how they have used the information in *Focus on Youth with ImPACT*, what they would have liked to have done differently, what they have told their friends, etc.
-

Notes for Group Leaders: The group has established itself as a peer network. A peer network can be an extension of the family tree. All of the members have shared something in the last 7 sessions. They can build upon that by being supportive of each other as they all manage this phase of their development. Encourage the group members to stay in touch with one another, even if the group decides that it cannot meet again.

6.

Community Projects Discussion

 **Objective:** By the end of the *Focus on Youth with ImPACT* program, group members will complete a service project in their community.

 **Time:** 30 minutes

 **Materials:** Paper and pencils

List of **Possible Community Projects** for group leader (See page 240.)

Activity Planning Sheet worksheet, 1 for each group member (See pages 241–242.)

Procedure

- 1 Share with participants that over the course of this session they have covered a lot of information in terms of what concerns them and the skills they bring to the table. Stress that during the Knowledge Feud game they demonstrated that they have a wealth of knowledge about HIV/AIDS. Affirm for the youth that collectively they have the power to create significant change in the community. Further explain that one way they can accomplish change in the community is through a Community Project. Tell them that the Community Project is designed to give them the opportunity to demonstrate their leadership skills and their ability to work together as a group while addressing a particular social issue. (Note: It would be ideal for the community project to have an HIV/STD emphasis, but if the group decides on a different area of focus, you can address that as well.)
- 2 Give each group member a piece of paper and give them 3 minutes to write down their skills and interests (e.g., to rap, to act, to write, to draw, to play sports, to teach, to sing, etc.). Ask them to write their names on the paper.

Collect the papers. Without naming names, review the general strengths, skills and interests of the individuals in the group. Tell the group to keep these things in mind when choosing a project.

- 3 Share the examples of **Possible Community Projects**. The projects do not need to be related to HIV. The group can choose from any of the things their group has discussed during the program.

As they choose a community project, tell them to relate the skills they have identified to their chosen project. Ask, “Will that project support your _____ skills (writing, organizational, etc.)?”

If the group will not be able to meet again, they should choose something that can be completed in this last session, such as putting together a performance for the audience at the graduation ceremony. If the group will continue to meet, they could choose something more long term.

- 4 Once youth have determined what they’re going to do, have them fill out the **Activity Planning Sheet** as a group. (Younger youth may need help.)
- 5 When they have completed their **Activity Planning Sheets**, tell youth that they have just taken the next step to becoming leaders in their community. Let them know that the changes they seek will not happen overnight, but will be a process, and that it is important that they acknowledge each accomplishment along the way. Let them know that you will be there to support them through this process.

Notes for Group Leaders: If the project is going to have to be completed in 1 session, gather a variety of materials ahead of time. If the group will continue to meet, review the **Activity Planning Sheets** to determine what supplies will need to be purchased and what preparation is necessary.

Group Leader

Possible Community Projects

Buttons

- Youth in Washington, D.C., developed buttons with HIV prevention messages. They gave these buttons to their friends and acquaintances.
The buttons served as an informal medium for the youth to communicate about HIV and AIDS with their friends.

Bulletin Boards

- A school bulletin board located in a busy hallway can be covered with the latest HIV articles from newspapers and magazines.
Posters and HIV prevention messages can be posted on bulletin boards, including hotline numbers for additional information. Some of the most commonly asked questions about HIV and AIDS and the answers can also be posted.

Posters

- The group can design and draw prevention posters incorporating the latest youth language. The posters can be put up at schools, recreation centers or clubs, community bulletin boards, local record stores, fast-food restaurants, etc.

Assemblies

- The group can organize an assembly where a guest speaker (possibly a person with HIV, a recovered drug user or an ex-drug-dealer) can come speak to a group about his or her personal experiences.
- Youth shout-outs can be held, in which group members discuss why they feel it's important for their age group to think about HIV and avoid risk behaviors.
- The group can organize assemblies where videos about HIV or effective communication are shown and discussed. Assemblies can incorporate theater skits, raps or formal presentations by the group.

Writing

- Group members can write articles for school, community or city newspapers (including a *Focus on Youth with ImPACT* newsletter).
- The group can organize an essay contest on one of the subjects they have explored during the program.

Videos

- The group can put skits or vignettes on video for others to view.
- The group can make a short film about HIV/AIDS.

Performance

- The group can put on a play about HIV/AIDS.
- The group can set up an open-mic evening of poetry on the topic of HIV/AIDS and safer sex.

Sister Circle/Brother Circle

- Father and sons and mothers and daughters could put on performances about HIV/AIDS together for other families.

Worksheet

Activity Planning Sheet

Group members' names: _____

The goal of the activity is: _____

Describe the activity: _____

What is/are the main message(s) that will be conveyed? _____

What skills will the people you reach learn? _____

How many people will be reached? _____

When will the activity occur (date)? _____

Where will the activity occur? _____

What materials will you need? _____

(continued)

7. Wrap-Up and Closing Ritual

 Objective:	By the end of the session, group members will be able to summarize key points from the program.
 Time:	10 minutes
 Materials:	None

Procedure

- 1 Have the group sit in a circle.
- 2 Explain that you want some feedback from the youth. Ask the group the following questions:
 - What did they like?
 - What didn't they like?
 - What did they learn?
 - What did they think of the *Focus on Youth with ImPACT* program?
 - Are there other things they would like to see included in the program?
- 3 If you've planned a graduation ceremony, remind the group of the graduation date. Tell them to remind each other.
- 4 If your group has agreed to meet again in 6 months, let them know how and when you will get in touch with them to confirm the time and place.
- 5 Pass out the **Holla Back!** form and give the youth 5 minutes to complete it.
- 6 Thank the youth for their participation and have them perform their closing ritual.
- 7 Congratulate the group on a job well done!

Adapting Session Activities

Definition and Limits of Adaptation

Adaptation refers to the process of customizing a behavioral intervention such as *Focus on Youth with ImPACT* so that it has a “better fit” with a specific community. During the adaptation process, it’s essential that the core elements of the intervention remain intact. (See the Technical Assistance Guide for more discussion.) If these core elements are modified significantly, there’s a risk that the intervention will no longer be effective in achieving its stated prevention objectives.

This appendix provides you with tools to assist with adapting the following activities for GLBTQ (gay, lesbian, bisexual, transgender and questioning) youth:

- Session 1, Activity 5: The Family Tree
- Session 3, Activity 2: SODA Decision-Making Model—Step 2: Options
- Session 3, Activity 3: Resources—Finding Information for Good Decisions
- Session 5, Activity 5: Sex: A Decision for Two—Malik’s Story

Adapting Family Trees

The Family Tree is an important activity in *Focus on Youth with ImPACT*. The exercise gives group members an opportunity to think about the ways social environments, especially families, influence young people’s decisions. This awareness can enhance their ability to make positive decisions now and in the future.

The Family Tree activity is most effective when the group can relate to it. It needs to sound like their own family, or the families they know. The family situations and relationships should be believable. If group members can imagine and fill in the details of these characters’ lives and feelings, they can learn more about their own experiences and values in the process.

The 2 versions of the Family Tree included in this curriculum provide an example of the wide range of possible family trees. One of these designs may work well for your program. However, you are also *strongly* encouraged to work with a community advisory board to develop a family tree for your specific setting. There can be a fine line between credibility and stereotype. The input of

community members can help you develop a family tree that is realistic, believable and respectful of the youth participants.

Meet with the advisory board, explain the purpose and function of the Family Tree activity in *Focus on Youth with ImPACT* and ask the following or other questions. Based on their feedback, develop some sample family trees. Have the board review these and choose one they believe will be most effective with the young people participating.

Possible questions

- What are some of the strengths of families in this community?
- What are some of the challenges that face families here?
- What are the values that are most important to families here?
- Are there ways families in this community seem similar to, or different from, families in other communities?
- What are some of the influences in our families or community that can lead young people to make positive health choices?
- What are some of the influences that might lead young people to make negative health choices?

Session 1 : Alternate Activity 5—Family Tree: Story 2

Malik & Kenya

Note: Refer to the diagrams on page 248 as you tell the story.

Let me introduce you to Malik and Kenya, who are brother and sister about your age. Right now, Malik lives with his dad, James, and Kenya lives with their mother, Teresa, and their grandma, Juanita, whom they call Nichee. But let's start by going back a few years and learning more about Malik and Kenya's family.

Teresa, their mother, met James when she was in junior college. Soon after, they got married and Teresa got pregnant with Malik. A couple of years later, they had Kenya.

(Draw diagram 1 while you tell this part of the story.)

Before James and Teresa were married, James had been married to Donna. He and Donna had one child, Darrell. **(Add Donna and Darrel to the Family Tree. See diagram 2.)**

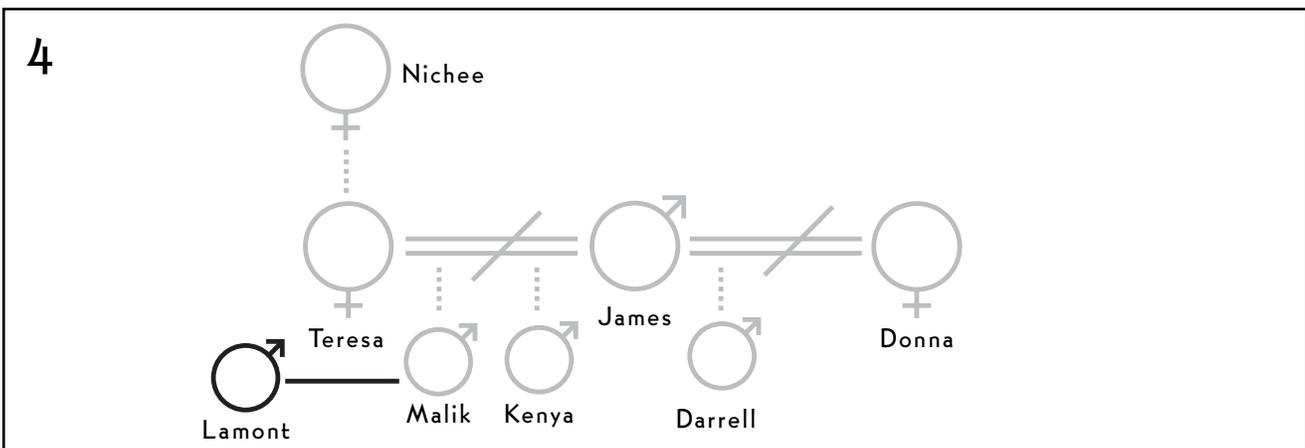
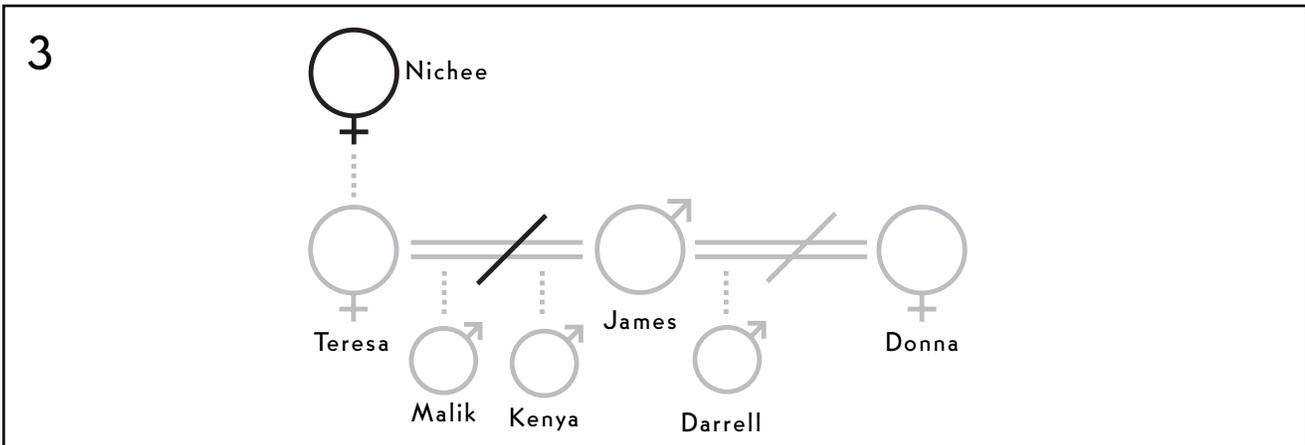
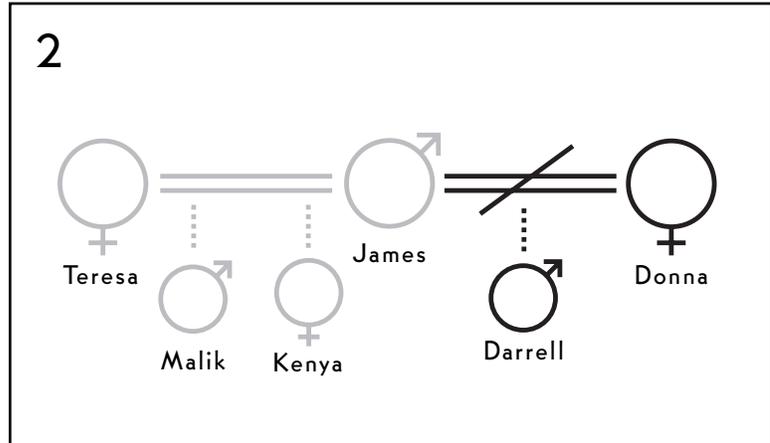
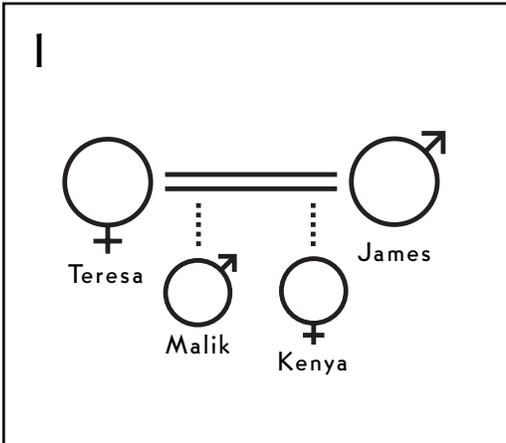
When Teresa and James separated, she moved in with her mother, Juanita. She took Kenya with her. Malik stayed in the old house and lives with his Dad.

After James tells Teresa he wants a divorce, Teresa doesn't let Kenya go spend the weekends with her Dad and Malik anymore. Malik starts to skip school and to come home late at night. **(Add Nichee and draw a line across the double lines joining Teresa and James to signify the end of their relationship. See diagram 3.)**

Kenya is worried about her brother. They don't talk like they used to. Malik is also starting to spend a lot of time playing ball with an older guy named Lamont. Finally, Malik tells Kenya that he thinks he likes Lamont, but he doesn't want her to tell his father, James. **(Add Lamont to the Family Tree. See diagram 4.)**

(continued)

Family Tree Diagrams Story 2



(Note: Final Family Tree Chart will look like diagram 4.)

Discussion Questions

Story 2

Tell the group that you want them to think about the teens in the story and imagine what their lives are like. Remind them that it's OK to make up and imagine details that are missing from the stories. Since Story 2 introduces the subject of same-gender attraction, take time to engage the group members in some discussion about this relationship.

Questions

- Think a little bit more about Malik:
 - Who do you think his friends are?
 - What does he do in his spare time?
 - How is he doing in school?
- What can you tell me about his sister Kenya?
 - Who do you think her friends are?
 - What does she do in her spare time?
 - How is she doing in school?
- What can you tell me about Malik's relationship with other relatives, both inside and outside the household? (Ask about a few specific individuals, such as his father, James, and his sister, Kenya.) Examples:
 - How does Malik feel about his father? Do you think his father is hard on him?
 - Does Malik know Kenya's worried about him?
 - Malik says he thinks he likes Lamont. What do you think that means?
- What pressures might Malik be feeling, if he has to hide his feelings for Lamont from his father?
- What do you think society's perceptions are of people who have same-gender attractions? What is the perception in your community of youth with same-gender attractions?
- When Malik has a problem, whom does he talk to? Why does he choose this person?

- What kinds of decisions does Malik have to make now? What kinds of decisions might he have to make in the future?
- Are the decisions Malik is making now going to allow him to do what he wants to do when he grows up?
- When Kenya has a problem, whom does she talk to? Why does she choose this person?
- What kinds of decisions does Kenya have to make now? What kinds of decisions might she have to make in the future?
- Are the decisions Kenya is making now going to allow her to do what she wants to do when she grows up?

Detailed Questions for Supplemental Character Information (if needed)

Note: These questions are intended to guide youth in building the story of Malik and Kenya and should be used only if the youth are having difficulties moving the story along.

Malik

- How old is Malik?
- Is Malik older or younger than his sister, Kenya? How much older or younger?
- What grade was Malik in when his parents separated?
- How did he take it and how did it affect his behavior at school and at home?
- Right now, is Malik close or not so close to his sister, Kenya? Was their relationship always like this?
- What does Malik do to get rid of his stress?
- How does Malik's dad feel about Malik's dreams? What does his dad want to see Malik do?
- What is Malik's relationship like with his dad?

James

- When did James meet Teresa? What was he doing with his life when he met her?
- Was James married before he met Teresa? If so, what was his wife's name? Did they have children? What is (are) their name(s)?
- If James has other children, what does supporting two families do to him?
- How long were he and Teresa together before they separated? Why did they separate?
- How does James feel about Malik? What does he wish for Malik? What does he want Malik to become?

Kenya

- How has Kenya's parents' separation affected her?
- How does she feel about her dad and brother not being around? How often does she see them?
- How does Kenya feel about living with Nichee, adjusting to new school and making new friends?
- Does Kenya know about how Malik deals with his stress? If she found out, how would she feel? Since they don't live together anymore, how do they talk to each other?
- How much freedom does Malik have now that he lives with his dad? What effect is that having on Malik? Does Kenya know about this? How does she feel about it?
- What does Kenya know about how her dad disciplines Malik? Does she agree with how Malik and their dad talk to each other?
- What does Kenya dream about? What kind of student is she? How much studying does she do? How does the amount of studying she does or doesn't do prepare or not prepare her for her dreams?

(continued)

Detailed Questions for Supplemental Character Information *(continued)*

Teresa

- When did Teresa meet James? What was she doing with her life when she met him?
- How long were Teresa and James together before they separated? Who left whom?
- Is there still love between Teresa and James? Why did their relationship fall apart?
- Even though they're separated, does either of them want a divorce?

Lamont

- How did Lamont and Malik meet?
- How do they hook up now? How often?
- How old was Lamont when he “came out”? How long ago was that?
- How many guys has Lamont been with? How comfortable is he with his sexuality?
- How does Lamont feel about Malik? Does that make him look forward to seeing Malik each time or not?

Adapting “SODA Decision-Making Model—Step 2: Options”

Session 3: Addition to Activity 2

For sexually diverse teens who are sexually active (Story 2):

Malik has never dated anyone seriously before and has never had sex. He started hanging out with Lamont 2 months ago. They play ball together every Friday and Malik always looks forward to seeing Lamont. He knows that Lamont has been with several other guys. Some of Malik’s friends have been teasing him about being a virgin and telling him to go “get some.”

One evening, Lamont invites Malik over to his house. Malik already has plans with his friend Erica and asks if he can invite her too. Lamont sounds disappointed, and says he wanted it to be just the two of them. Lamont says that the two of them can have some time alone.

- What is the decision? (*whether or not to go to Lamont’s house, whether or not to have sex*)
- How does Malik feel? How does Lamont feel? (*Possible answers: confused, scared, excited, upset, nervous*)
- What does Malik need to know before he makes his decision? (*Possible answers: What are the consequences of having sex? of not having sex? What are his parents’ rules and expectations about him having sex? How can he tell Lamont he isn’t ready? What kind of protection would he need if he was ready?*)
- What are Malik’s options? (*Possible answers: Go to Lamont’s house, but make sure they don’t have sex; tell Lamont he’s busy; invite Erica anyway; suggest an alternate activity—go to a movie, a bookstore or coffeeshop, a friend’s house.*)

Adapting “Resources: Finding Information for Good Decisions”

Session 3: Additions to Activity 3

3 Assign team tasks as follows:

Team 4: Use the phone book or Internet to find gay, lesbian, bisexual, transgender and questioning (GLBTQ) support services for teens that include HIV and STD testing and rape crisis.

Notes for Group Leaders: The Team 4 exercise can focus on identifying services for GLBTQ teens. Members of this team need to be advised to be sensitive to the issue of sexual diversity as previously discussed and be prepared to discuss any differences in getting information as a straight teen or as a GLBTQ youth. For example, was the information on the GLBTQ website significantly different from the info on a non-GLBTQ site?

GLBTQ Resources

You may want to add these additional resources to **Gettin’ the 411: Resource Guide for Teens**.

OutProud: National Coalition for Gay, Lesbian, Bisexual & Transgender Youth

www.outproud.org

Offers resources and information for GLBTQ youth, their friends and educators.

PFLAG: Parents, Families and Friends of Lesbians & Gays

www.pflag.org

National organization that supports gay, lesbian, bisexual and transgender (GLBT) people and advocates for equality, dignity and respect for all.

Adapting “Sex: A Decision for Two”

Session 5: Alternate Activity 5—Malik’s Story

Notes for Group Leaders: If you (or your agency) are unable to provide a rape crisis counselor to be present for this session, make sure that one of the facilitators is available during the activity to talk to any youth who may become upset. Have your local rape crisis center’s contact information available for youth, should they need it. Often, rape crisis centers will have informational brochures for youth who have been sexually assaulted. Check with your center to see what resources they can provide you.

Be sure to familiarize yourself with the story, discussion questions and suggested answers. In addition to helping the group understand how empowering assertive communication can be, the goal is to create a safe space so that youth feel comfortable talking about this topic and are able to have their questions answered, and to dispel common myths about rape that often blame the victim. It is important to use safe, validating language throughout this activity, and to give consistent, supportive messages.

(*Note:* Follow steps 1 through 3 of the procedure in Session 5, Activity 5.)

- 4** Read Malik’s Story.
- 5** After the story, ask for some initial reactions or thoughts about the story. Acknowledge that this is a serious subject and that the story they just heard presented a complicated situation.
- 6** When the group is ready, lead a discussion using the following questions:
 - What could have happened at the end of this story? (*Malik could have left. Lamont could have listened to Malik when he said no to having sex. Lamont could have forced Malik to have sex anyway.*)
 - If Lamont had managed to have sex with Malik, would that have been an instance of date rape? (*Yes. Even though Malik is attracted to Lamont and wanted to spend time with him, he did not give him permission to have sex. If Lamont had sex with Malik anyway, that would be rape.*)
 - What form of communication did Malik use to express that he was uncomfortable in the situation? (*When he initially tried to leave, his communication was passive. Toward the end, he became more assertive.*)

- What role did alcohol play in this situation? How did it affect Malik? How did it affect Lamont? *(It's harder to think clearly and evaluate a potentially dangerous situation when you've been drinking. If you've been drinking a lot, it can be harder to resist sexual advances, because your thinking is impaired and your reflexes are slower. Drinking makes some people act more aggressively. If you've been drinking, you may not be able to pick up on subtle communication or the other person's body language. Drinking too much causes blackouts and this can leave a person vulnerable to assault or rape.)*

7 Explain that some people have misunderstandings about what rape is or how it happens. Tell them you'd like to clarify any misunderstandings they may have by asking if certain statements are myth or fact.

Choose 4–7 of the statements below and ask youth to state whether they are myth or fact. Correct any misinformation.

- Men cannot be sexually assaulted. *(Myth. Men can be, and are, sexually assaulted every day. Any man can be sexually assaulted regardless of his size, strength, appearance, occupation, race or sexual orientation.)*
- If a male gets an erection during sexual assault, it means he “really wanted it” or consented to it. *(Myth. This is one of the things that can cause a lot of confusion and guilt for male rape survivors if they don't understand that an erection means only that the body responded how it is set up to do. It's a normal physical response that can have nothing to do with desire. This part of the body has nerve endings that respond to touch, and that “touch” can be wanted or not wanted, pleasurable or not pleasurable. It's the same as when the body responds to someone tickling you. You will probably laugh, even if the tickling is done by a person you don't want to tickle you or at a time you don't want to be tickled. The body will respond, but this doesn't mean you wanted to be tickled.)*
- A woman can't rape another woman. *(Myth. Although the majority of rapes are committed by men, women can and do rape. As with sexual assaults committed by men, the perpetrator may be a partner, an acquaintance, or a stranger, and it can happen to any woman, regardless of her sexual orientation.)*
- You can't be raped by someone you've already had consensual sex with. *(Myth. You have the right to say “no,” even if you've had sex with someone before. Each time you're asked to have sex, you have the right to say “no.”)*
- Rape is committed by strangers. *(Myth. Nearly two-thirds of all reported rapes are committed by a person known to the victim, and 93% of teen victims know their assailant.)*

- If you're forced to have sex by a boyfriend or girlfriend, even if you love each other, it's rape. *(Fact. Any nonconsensual sex is rape. More than 25% of victims are raped by an intimate partner.)*
- Rape most often occurs at gun or knife point and somewhere outdoors, such as in a dark alley. *(Myth. Most rapists do not use a weapon to force someone to have sex. Over half of all rapes occur in the home.)*
- Date rape is just as serious as being raped by someone you don't know. *(Fact. Rape is rape. Both forms of rape are equally illegal, and people can go to jail for "date rape.")*
- Rape is caused by the way a person dresses or acts. *(Myth. Rape is an act of violence. It is not about sex—it's about power or one person trying to control the other. No one has the right to have sex with anyone against his or her will, no matter what the situation.)*
- Rape only happens to girls. *(Myth. Rape happens to boys, girls, children, the elderly, men and women. In 2003, 1 out of 10 rape victims was male.)*
- Someone who is raped deserves it, especially if they have been drinking and/or making out. *(Myth. No one deserves to be raped. Drinking with someone or making out with him or her doesn't mean you are agreeing to have sex.)*
- Rape is common among teens. *(Fact. About 44% of rape victims are under age 18; 29% are between ages 12 and 17.)*
- It's better not to tell anyone if you're raped. *(Myth. Whether a person decides to report to the police or not, the services of a sexual assault center are available in most communities 24 hours a day. It's important for victims of rape to receive medical care and emotional support immediately. It also may help keep the rapist from finding another victim.)*
- Child sexual abuse is rare, happens out of the blue and is usually an extreme form of child abuse. *(Myth. This form of abuse develops gradually over a period of time and usually will be repeated until it is stopped. Although the forms of abuse may become more serious as time goes on, the majority are not the torture/murder types seen on TV.)*
- It is your own fault if you couldn't stop a rape. *(Myth. Rape is an act of violence. It's usually performed by someone who has found a way to overpower the victim either mentally through threats—to hurt you, to break up with you, to not like you—or by calling you a tease or saying you asked for it, or with physical violence. It is never your fault if you get raped.)*

(Note: Continue with steps 8 and 9 of the procedure in Session 5, Activity 5.)

Group Leader

Session 5

Malik's Story

“Come on man, drive to the hoop,” yelled Lamont.

Lamont, the college junior from State was yelling at Malik, a high school senior, to score during their weekly pick-up game. Lamont and Malik had been playing this weekly game for the past three months and they both looked forward to it every Friday after Malik got out of school. Although Lamont was bigger and taller, Malik was able to hold his own because he'd played for years with his taller friends.

As they scored the last points and beat their opponents, they both high-fived and “man-hugged” in victory. Malik learned a lot from playing with Lamont, but most of all he liked the sportsmanship. Secretly though, Malik was aware of his growing attraction to Lamont. He noticed that during the week he was thinking a lot about Lamont. He enjoyed the weekly pick-up game for the sport, but also because he was able to spend time with Lamont.

“Hey, you got anything planned? Want to head back to my place? I have some cold ones in the fridge,” Lamont asked Malik as they were gathering up their belongings.

“Yeah, I'm out of juice and I'm thirsty.” Malik knew that Lamont lived not far from the hoop court, near the college campus. They'd hung out at Lamont's place after games before. Malik was excited about the invitation even though Lamont had never given any indication that he was interested in Malik outside of basketball.

“Make yourself comfortable, I'll grab those drinks,” Lamont said, as Malik looked around the apartment. Lamont came back with two cold beers. “When you said cold ones, I thought you meant Gatorade,” Malik shot back at Lamont as he grabbed the beer and looked back for a response. “Yeah, Gatorade is great, but after a great game, there's nothing like a cold beer.” Lamont winked at Malik and took a big gulp from his bottle. Malik didn't really drink beer but he was thirsty, and he didn't want to seem uncool to Lamont, so he took a drink. They started to watch a game on TV.

When he finished his drink, Lamont asked Malik, “You want another one?” as he got up and headed to the kitchen. He didn't really want any more, but Malik responded “Yeah,” and sat back on the sofa watching the game. He was feeling a little nervous

(continued)

Group Leader

but happy to be hanging with Lamont, who was older, cooler and had a mad big-screen TV with surround sound.

When Lamont came back, he sat much closer to Malik on the sofa. This excited Malik. They talked about Lamont's major (business) and Malik's desire to go to college and study architecture. Eventually, Malik started feeling really buzzed from the beers and thought he should probably go. He was worried that his attraction to Lamont was going to show. He had never felt like this and he wanted some time to think more clearly about his feelings.

"I think I'd better get going," Malik said as he got up. As he did, he realized he was more buzzed than he thought and stumbled a little as he rose. Lamont caught him, and steadied him so he wouldn't fall. Malik got a little uncomfortable and tried to play it off by stepping away as he laughed at himself.

Lamont laughed, "Why don't you chill and finish watching the game?" and playfully pushed Malik back onto the sofa. They both laughed as Malik fell backward and collapsed on the sofa. Lamont got up and went into the kitchen for some more beer when his phone rang.

It was Larry inviting himself over. Lamont said to Larry, "No. It's not cool for you to come over today, Larry." When Lamont came back with more chips and beers Malik asked, "What's up with that?" "Nothing," Lamont responded. As Lamont set the beers and chips down, he sat on the sofa close to Malik. Lamont put his hand on Malik's thigh and said "I didn't think you would mind if he didn't come over. You seem to like things the way they are. Am I wrong?" Malik didn't know what to say. He knew he liked Lamont, and now he knew Lamont liked him too. But all that alcohol was getting to him and he wasn't feeling that well. Plus, with Lamont all up on him like this, he was nervous and confused. "Man, I think I need to leave," Malik finally said.

As he tried to stand to leave, Lamont held him down. "Come on, man, we can just kick it for a while. I know you want to," Lamont said as he moved closer. "No, I really better go. This is a lot for me right now," Malik said, trying again to get up. Lamont stopped him. "Man, don't act like a punk. You dig me, I know you do. I dig you too. Now come on, let's just relax." Convinced that Malik really wanted it, Lamont made his move, ignoring Malik when he muttered, "No, stop."

APPENDIX B

Optional All-Day Retreat for Session 6

Purpose

The all-day retreat includes the learning activities from Session 6 as well as a variety of recreational activities. The retreat offers an opportunity for boys' and girls' groups to work together, as well as hear a presentation by an outside speaker.

Sample Agenda

- (10:00–10:15) Introduction Game and Opening Ritual
- (10:15–10:20) Review of Session 5
- (10:20–10:35) Ways to Show You Care
- (10:35–10:55) “Ways to Show You Care” Roleplay
- (10:55–11:10) HIV Transmission Game
- (11:10–12:00) Recreational Activities (e.g., relays, tug-of-war, hikes, scavenger hunt, etc.)
- (12:00–12:45) Lunch
- (12:45–1:45) Outside Speaker
- (1:45–2:30) Safer Sex and Contraception
- (2:30–3:15) Recreational Activities
- (3:15–3:30) Wrap-Up and Closing Ritual

Pre-Session Activities

- Find a park or camp to use for the retreat. Be sure it has some sheltered areas in case of bad weather.
- Reserve the park for a date that works for the groups involved.
- Schedule appropriate transportation.
- Send out permission slips with group members at least 2 weeks prior to the retreat. Make sure permission slips cover legal considerations that your organization and the park require. It is also important to make sure you have health insurance information for youth and know the location of the nearest hospital.
- Arrange for lunch.
- Decide on the structured recreational activities: relays, tug-of-war, hikes, scavenger hunts, etc.

Materials

- first-aid kit
 - plenty of liquids
 - lunches, snacks
 - permission slips for all youth
 - recreational activity supplies
-

Notes for Group Leaders: To make the retreat successful, group leaders will need to prepare for Session 6 (see pages 171-204) as well as for the retreat as described here.

Information for Group Leaders

This section provides a wealth of information to increase skills in youth facilitation including: facilitation skills, background information on adolescent development, talking about sexuality, answering sensitive questions, responding to reports of abuse, working with HIV-positive speakers, criteria for video selection, and resources for group leaders. Agencies are encouraged to use this information in basic youth facilitation skills trainings designed to prepare youth facilitators to lead discussions in topics related to sexuality and HIV/STD prevention.

Facilitation Skills

What is facilitation?

Group facilitation is the art and science of managing group sessions and the group developmental process. It involves guiding a group of people through a series of phases—forming, storming, norming, performing and adjourning—while using a specific set of skills and tools, as identified by Bruce Tuckman in 1965.

What makes a good facilitator?

Good facilitators create an environment in which group members share ideas, opinions, experiences and expertise in order to achieve a common goal. Good facilitators possess a variety of qualities and skills. Some of the qualities spring from innate personality traits such as being able to recognize one's own biases while remaining neutral, enjoying interaction with diverse groups, and inspiring trust among group members. Although some people possess a natural talent for facilitation, most develop their skills through formalized training, hands-on experience with groups, and guidance from experienced facilitators.

What are good facilitation skills?

Listed below are some basic skills that many people use when they facilitate groups.

These are organized according to Tuckman's theory of group development, which describes the evolution of groups from their beginning to their ultimate

conclusion, and are based on the activities of successful group level interventions.

- 1** Establishing Group Orientation
 - Getting the Group Acquainted
 - Encouraging Group Participation
- 2** Developing Group Structure
 - Determining Group Interactions
 - Managing Group Conflict
- 3** Maintaining Group Agreements
 - Setting Group Norms
 - Building Group Cohesion
- 4** Accomplishing Group Tasks
 - Meeting Group Objectives
- 5** Providing Group Closure
 - Engaging Group Feedback and Next Steps
 - Acknowledging Group Work and Session Wrap-Up
- 6** Time Management
 - Maintaining Awareness of Time Allotted for Activities
 - Helping Participants Stay on Topic

Tips on Facilitating

- ▼ **Make sure you have a comfortable, private space** for the group to meet.
- ▼ **Stand where everyone can see you.** A semicircle works well.
- ▼ **Watch the time:**
 - Know how much time you want to devote to each activity.
 - If conversations get off track, help guide youth back on task.
 - Try to limit interruptions (phone calls, recreation center business, etc.).
- ▼ **Be aware of your audience.** Do they look bored? Do they need a break? Do they understand? Are they offended/scared/overwhelmed?
- ▼ **Be FIRED UP!!!!** Attitude is everything! Keep your voice exciting, use body language, walk around when you talk—keep them listening!

- ▼ **Get to know names** of the youth and use them.
- ▼ **Change names in activities if necessary.** If a roleplay character is named “Jermaine,” and you have a Jermaine in your group, change the character’s name.
- ▼ **Make sure everyone is participating.** Don’t call on the same people all the time. Try to help more reserved youth join in the discussions.
- ▼ **Integrate previous lessons** when applicable. (Example: What else might Malcolm want to think about while he makes his decision? How about his values? Remember when we talked about values last week? How would values be important when you are making a decision?)
- ▼ **Keep it interactive.** Don’t lecture too much. For example, when discussing invulnerability, do not define it right away, instead ask the group participants to define it.
- ▼ **When youth are in small groups** go around and check in with each group.
- ▼ **Use examples often** when explaining things.
- ▼ **Define words** (or have youth define them) as you go along.
- ▼ **Use open-ended questions** that encourage participants to provide more than “yes” or “no” answers. For example, questions that start with the words how, why, what, who, when or where can trigger a response to enrich a discussion.
- ▼ **Use statements that engage youth** and encourage them to take part in discussion. For example, you might say, “That sounds interesting, tell us more about it.”
- ▼ **Use positive and corrective feedback** that provides a safe environment for youth to participate freely in open discussion. Positive feedback can come in forms of affirmative nods, smiles or statements such as, “Thank you for sharing that experience with us.” Corrective feedback should be given as soon as incorrect information is given or an inappropriate behavior is shared with the group. The correct information or an alternative behavior or solution should be immediately offered.
- ▼ **Always figure out what’s really being asked.** Ask youth to clarify what they are saying when local phrases are being used.
- ▼ **Allow anonymity for questions.** By allowing youth to write down and submit questions anonymously, you encourage them to get answers that might be vital to their decisions about HIV prevention behaviors.

- ▼ **Be honest;** don't bluff. If you don't know an answer, say so. Commit to finding it and getting back to the youth who asked the question. If you make a mistake, admit it.
- ▼ **Create a "safe" climate** for group participation. Be careful not to patronize, condemn or trivialize the experiences and feelings of the youth. Don't preach, although a little personal testimony may enhance the learning.
- ▼ **Be open to suggestions** and recommendations. Allow the youth to freely share how the group discussions or activities can be enhanced. Don't quickly say, "We can only do it this way." As the youth learn from you, learn from them.
- ▼ **Remain flexible.** If you don't have time to finish a session, go overtime, add a session, or shorten some of the games. You don't need to be rigid.
- ▼ **Remember,** many of the above tips are easier to implement if you have 2 group leaders who are able to work well together.

Background Information on Adolescent Development

Adolescence is a time of change and transitions. Many things are happening at the same time, which may be confusing both to adolescents and the adults around them.

Biological Development

Adolescents go through many important transitions as their hormones begin to signal changes in their development. Hormonal changes trigger the development of secondary sex characteristics (changes in voice, hair growth, etc.). Hormones also are related to emotional changes, characterized by rapid mood swings or what may appear to be overly emotional reactions. These reactions may be confusing to teens themselves as well as to those around them.

Physical Development

Individual adolescents experience growth spurts at different times. While one 12-year-old boy may suddenly grow tall and muscular, his friend of the same age may still be short and slight in build. One girl may have begun her menstrual cycle and have developed a mature-looking body while her same-age friend may still look more like a little girl.

These changes become important to a young person's self-image, and to her or his status among peers. Adults need to be sensitive to these issues, since adolescents are sensitive to them and may react to them quite strongly.

Adults also need to keep in mind that physical growth and changes in the way youth think do not always keep pace with each other. It may be necessary to remember that the tall and muscular boy is not necessarily more mature or advanced cognitively and emotionally than his small friend. Expectations of what is age-appropriate behavior should not be guided by a teen's physical appearance.

Psychological Development

Cognitive skills. As young people go from preadolescence into adolescence, their ability to think about situations and concepts develops considerably. Preadolescents are more likely to think about things concretely, and need many examples before they can grasp the meaning of a concept. As adolescents mature, they gain the ability to think more abstractly. They begin to enjoy thinking and talking more about abstract concepts, and to consider possibilities and hypothetical situations.

This becomes an exciting time for them as they become more aware of their own mental abilities. If you can capture their imaginations, it will make the sessions much more interesting to them.

Identity. During the course of development, adolescents may fall on different points along the continuum from dependence to autonomy, as they try to negotiate their way toward becoming young adults. However, this is not a smooth process, and the same adolescent may be at either extreme of dependence or autonomy within a matter of moments.

Adults' task is to assist adolescents in negotiating this transition, while recognizing that they may sometimes need to take a few steps back before taking a full stride forward.

Interpersonal Development

Relationship with parents. Issues of power and control can be difficult for adolescents and may be a source of conflict with parents. Adolescents seem to develop best in situations where there are moderate levels of control (neither total freedom nor excessive control), with adults who communicate an atmosphere of emotional support and caring.

Relationships with peers. Relationships with peers are extremely important during adolescence as part of identity formation. Adolescents often look to friends for feedback, for example, about their looks, behaviors and choices.

Saving face is extremely important, especially since adolescents are easily embarrassed. It is important to recognize that one reason for misbehavior may be the need to save face or to maintain a favorable perception in friends' eyes.

Talking About Sexuality

It is natural to feel some awkwardness when talking about sexuality with young people. Like all skills, this one improves with practice and experience. Here are some guidelines that can help build your comfort and enhance your ability to reach young people effectively.

Most Important: A Positive Tone

The most important thing you can offer is a positive tone in your response to their questions. Let them know by your voice, gestures and facial expressions, as well as the things you say, that you welcome their questions and appreciate their curiosity and opinions.

General Guidelines

Practice the language ahead of time. If you're not used to speaking to groups about sexuality, practice saying the words ahead of time. Speak in front of a mirror, or have a conversation with family or friends about the program. Say the words *sexual intercourse*, *anal intercourse*, *semen*, *penis*, *vulva*, *erection*, etc. This will make it easier when you talk about these things with the group.

Expect some embarrassment. You or the group members may be embarrassed at times. As everyone becomes more accustomed to the conversations, the embarrassment will diminish or disappear.

Use respectful, appropriate language. Young people often use slang to refer to a sexual act or sexual anatomy. This may be the only language they know, or simply the language that is most comfortable for them, but it is helpful for them to learn standard terms as well. If they're seeking health care, writing an article for a newsletter, negotiating safer sex with a partner, or talking to a counselor or parent, they may be able to communicate better if they know standard terminology. Without being critical of the language they use, you can rephrase some of their questions. ("Ron asked a question about a 'boner.' A more standard term for this is 'erection.' And yes, it is normal for a man to wake up with an erection in the morning.")

Welcome their questions. Let the group know that you want to hear their questions, are interested in their thoughts and experiences, and are committed to helping them make the best possible choices in their lives.

Provide a prevention message. Frame information and discussions about sexuality within an overall prevention message. You might focus on the importance of assessing risks, the ways young people can give and get support from friends, or the benefits of making a choice to be abstinent or use condoms.

Focus on capabilities and positive norms. Young people hear a lot about teens who aren't doing things "right." A focus on young people who fail, make mistakes, or have suffered terrible consequences tends to make these problems sound like the norm. Instead, place the emphasis on young people who make healthy choices and want their peers to do the same. Whenever possible, give answers that emphasize norms that are positive, health-affirming and responsible.

Respect the group. Respect the gravity of the issues young people deal with, and the talents and capabilities they can bring to their concerns. This is one of the best ways to establish a positive alliance.

Talk about skills. Follow up answers with suggestions about choices group members can make and skills they can practice. For example, after a discussion about the risks of impulsive or unsafe sex, you might ask, "What are some things you could say or do if someone was pressuring you to have sex?"

Avoid using "you" in general answers. If you're talking about general issues, not personal ones, avoid language that makes risks seem expected. For example, say, "If a person has unprotected sex, he or she will be at risk for HIV," instead of "If you have unprotected sex, you'll be at risk for HIV."

Support Abstinence

Abstinence is a good choice for young people. Those who postpone sexual involvement are more likely to complete high school, less likely to become pregnant, and more likely to make better health choices in general. Support for abstinence is an expression of care for young people.

Leaders affirm this perspective through the activities and discussions in *Focus on Youth with ImPACT*. Most teens can see both the benefits of abstinence and the risks posed by sexual activity, but it is vital that this message be presented in an informed and balanced way, rather than being preachy, punitive or moralistic.

While emphasizing abstinence, leaders should not ignore the fact that some young people are choosing to be sexually active. Communicate the same quality of caring and concern when supporting group members to take steps to ensure safe and healthy sexual experiences and to make thoughtful, informed decisions about sexuality. They should use condoms and contraception. They need to pay attention to their emotions, and get help if they feel troubled in their relationships.

Keep Appropriate Boundaries

It is natural for group leaders to be drawn to certain group members, and even to develop special relationships with them. Sometimes, however, this can lead to problems. A leader who wants to be friends with a young person may miss some important opportunities to provide guidance, support and modeling.

When leaders stay in role, they maintain a hierarchical relationship with the group. They are adults, not peers. As adults, their expectations, suggestions, concern and involvement have a different kind of impact and meaning. This sort of support can be very helpful, especially for group members who don't have other strong, positive adult role models in their lives.

Good boundaries also help protect leaders—group members are less likely to misconstrue your interactions. Young people need leaders who can act as role models and mentors much more than they need another friend or “buddy.”

Enjoy the Adventure

It is impossible to predict what will come up when youth groups discuss sexuality and sexual health. There are always surprises. The curiosity, intensity and authenticity young people bring to this topic can be refreshing, inspiring and exciting. The group will learn from you, and you will certainly learn from them.

Answering Sensitive Questions

As you prepare to answer group members' questions about sensitive topics such as sexual behavior and sexual orientation, use the following guidelines to form answers that are accurate, appropriate and complete.

Questions may be grouped into five broad categories which, of course, overlap:

- Requests for information
- Values questions
- “Am I normal?” questions
- Permission-seeking questions
- Shock questions

Requests for Information

This type of question is generally posed when youth are genuinely seeking information regarding a particular subject to help increase their knowledge regarding it.

- If you know the answer, fine. If not, it is OK to say, “I don’t know,” and then refer the youth to an appropriate source.
- Are there some values issues within the context of the question? If yes, make sure various points of view are presented.
- Is the question, although informational, one which you consider inappropriate for classroom discussion? Problems can be avoided if you have established in the context of the group groundrules, an agreement such as: “All questions are valid. However, I will have to make the final decision about the appropriateness of each question for total class discussion. If you turn in a question anonymously which I choose not to answer, it is not because it is a bad question. I may feel that it is not of interest to everyone or that I’m not prepared to lead a class discussion around that issue. Please see me at the end of class if ever this happens so that I can try to answer your question privately.”

Values Questions

These questions are posed when youth are seeking clarity about facilitators’ values with the goal of potentially helping them define their own values. A great way to begin to answer this kind of question is to stress that “For some, _____ is true; for others, _____ is true, and, for me, _____ is true.”

If there are values issues involved in the question, for example, “Is it all right for teens to have sex?,” provide a synopsis of the different points of view regarding the issue. Refer participants to people in their lives who may help them resolve their questions about the issue.

Youth sometimes ask a question about the group leader’s values. Opinions about how or whether to respond to these questions differ. Some feel it is important to respond while others believe their role as group leader gives their response too much weight. If you share your opinion, emphasize that it is only one of many and recommend that youth ask their parents/guardians about family values and beliefs. Avoid sharing information about personal sexual practices.

“Am I Normal?” Questions

These questions generally focus on adolescent concerns about their bodies and the emotional and physical changes they’re experiencing.

- Validate their concerns, e.g., “Many young people worry that...” and provide information about what they can expect to happen during the adolescent years.

- Refer them to parents/guardians, clergy, family physician, community resources or a counselor for further discussion, if appropriate.

Permission-Seeking Questions

These come in two common forms—“Is it normal to ...?” or “Did you ... when you were growing up?” Youth may be asking your permission to participate or not participate in a particular behavior.

Avoid the use of the word *normal* when answering questions. What is “normal” for some is morally unconscionable for others. Present what is known medically, legally, etc. —the facts—and discuss the moral, religious and emotional implications, making sure all points of view are covered. Refer youth to parents/guardians, clergy or another trusted adult for discussion of moral/religious questions.

Establish, in the context of group groundrules, an agreement related to discussion of personal behavior, such as: “No discussion of personal behavior during class.” If and when you (the group leader) get a question about your personal behavior, you can remind youth of this groundrule and redirect the discussion to one of the pros and cons (religious, moral, medical, emotional, legal, interpersonal, etc.) of the particular behavior in question. Again, refer youth to parents/guardians and clergy for further discussion of moral/religious questions.

Shock Questions

Shock questions often catch a facilitator off guard due to the context or content of the language used in asking the question. Remind youth about the groundrules related to appropriate questions for classroom discussion.

Sometimes the shock comes not from the content of the question, but the vocabulary used. You can re-word the question to defuse it, especially if you have previously established a groundrule related to vocabulary, such as: “In this class, I want to teach the proper vocabulary for body parts and functions, and I also want to communicate with you. Sometimes you may not know the correct word for something you have a question about. Use whatever word you know to ask that question and I will answer using the correct (acceptable) word.”

It is important to understand and feel comfortable with the guidelines for answering sensitive questions. When you are presented with a sensitive question, stay calm and follow these 3 steps:

- 1 Listen to the question.** Determine what information/response the youth seems to be seeking. Pause for a moment or two if needed.
- 2 Paraphrase the question.** Change slang to correct terminology, convert “me” or “you” pronouns in questions to general terms such as “a young person” or “people.” Paraphrasing questions also helps check your understanding of the question.
- 3 Respond to the question based on the guidelines.** While answering the question, clear up any misinformation and provide an objective, fact-based response.

Responding to Reports of Abuse

Whenever young people are learning about sexuality, it is possible that reports of physical or sexual abuse will emerge. Group members may share rumors they have heard, express concern for a friend who is facing these problems, or ask directly for help themselves. They may exhibit signs or symptoms of abuse. They may describe a personal experience without realizing it constitutes abuse.

There are laws prohibiting the sexual and physical abuse of minors in every state. These laws require that abuse be reported immediately to the appropriate authorities. Your organization should have clear policies and procedures in place that describe how to respond to any allegations of abuse. Be sure you are familiar with these guidelines. Review the written policies and procedures manual, and know to whom you can turn at the agency for assistance if you are unsure about a situation or need guidance.

Here are some points to keep in mind:

- **Know state laws and your organization’s policies** on mandated reporting concerning suspected abuse, neglect, sexual abuse or statutory rape.
- **Discuss these requirements with the young people in your program** so they understand exactly what must happen if they describe a situation you are required to report.
- **Be clear about the limits of confidentiality.** Don’t negotiate with group members, promise not to tell or provide assurances you may not be able to keep. Sometimes a situation seems benign on first telling, but as a group member fills in details it becomes clear that a report is mandated.
- **If an activity causes youth to self-disclose,** the facilitator should carefully end the disclosure and talk to the youth by themselves after class.

Working with HIV-Positive Speakers

Meeting and hearing the personal story of a person with HIV often has a significant impact on young people. Speakers are likely to be most effective when they resemble the group members in some way—especially when they are young and have a clear understanding of the world teens in your community cope with every day.

When the speaker tells his or her personal story, group members can begin to identify with the speaker's appearance, feelings, values and how this person came to engage in risky behaviors. Speakers help to put a human face on HIV, touching young people at a personal and emotional level, and making the risks real to them.

Finding a Speaker

- Contact local HIV agencies for help in finding a speaker. Many areas have organized speakers' bureaus that provide single speakers or panel discussions for classrooms, youth programs and other groups.
- Most speakers are trained to reinforce basic information about HIV transmission and prevention, and to deal with lifestyle issues in a manner that does not advocate particular sexual attitudes or practices.
- Ask the speakers' bureau about their policies, training and experience to be sure they are a good match for your program.

Interview questions for prospective speakers:

1. Would you please share your experience in telling your personal story in a group setting?
2. Have you ever shared your story with a youth audience before?
3. Have you ever participated in a HIV-positive speaker's bureau before? If so:
 - What kind of training did you receive (e.g., certifications) in preparation?
 - How long have you worked with the speaker's bureau?
4. Is there someone you've worked with who can provide a reference? (Please provide his or her contact information.)
5. Could you please briefly share what you consider the top 3 factors that contributed to you contracting HIV?
6. What are 3 or 4 key messages you feel are important to convey to youth about your story as it pertains to HIV?

Preparing for the Speaker

- **Make arrangements in advance.** *Make arrangements for scheduling the guest speaker during the first 1–2 weeks of the intervention.* If choosing to use a speaker, his or her participation should be secured well before you present Session 7. Find out what application procedure is required for requesting a speaker and be sure you have enough time to follow through.
- **Review policies and procedures.** Be sure to review any policies your agency has that may limit the speaker's remarks or responses to student questions, and let the speaker know of any restrictions. Also, be sure to follow any required procedures for notifying parents/guardians about outside speakers and sensitive subjects.
- **Inform the speaker.** Let the speaker know what information the group has covered in the *Focus on Youth* sessions, and briefly discuss the proposed content and length of the presentation. You might suggest that the speaker plan to spend the first half of the time sharing his or her experience with HIV and leave the remaining time for questions.

What the Speaker will Talk About

Most speakers will address some or all of the following issues:

- **Life before the diagnosis.** By sharing information about life as a teen, speakers build rapport with the group and discuss the decisions, attitudes and behaviors that put them at risk for HIV.
- **Finding out they had HIV.** Speakers may share the events leading up to their diagnosis and their thoughts and feelings at learning they had HIV.
- **The impact of HIV on their lives.** Speakers can discuss the impact of HIV on their daily lives, including personal relationships, health, and long-term goals, and describe their treatment regimens.
- **Prevention messages.** Throughout their presentations, most trained speakers include prevention messages based on their personal stories. They may share what they would have done differently knowing there was a risk of getting HIV, and encourage the listeners to protect themselves.
- **Questions and answers.** Session 7 includes group discussion of the presentation after the speaker has left. But you may also include—and most speakers are prepared for—a question-and-answer session with the speaker. This allows the speaker to address specific issues or concerns about HIV.

Criteria for Video Selection

In the event that an HIV-positive guest speaker is not available for Session 7, you can show a video that communicates key messages about living with HIV as a replacement. Here are some criteria for selecting such a video.

Does the video:

- **Demonstrate cultural and contextual relevancy** to the youth population you are serving?
- **Use visual images** that resemble the youth in your group?
- **Relate accurate information** about HIV, including transmission, prevention, risk reduction, treatment and testing?
- **Communicate key messages** using age-appropriate content?
- **Incorporate skills** aimed at reducing risk for HIV infection and show youth demonstrating these skills?
- **Have at least a 5-year shelf life**, i.e., could be viewed for the next 5 years without becoming outdated?

Resources for Leaders

These websites offer further information about teen sexual health, HIV and STD risk, youth risk behaviors, or other matters related to adolescent health.

Youth Risks

Youth Risk Behavior Surveillance System

www.cdc.gov/nccdphp/dash/yrbs

Online analysis of Youth Risk Behavior Survey results.

Centers for Disease Control and Prevention (CDC)

www.cdc.gov

Federal agency whose mission includes protecting the health and safety of people at home and abroad by providing credible information to enhance health decisions and promote health. Check out the Division of Adolescent and School Health section (www.cdc.gov/HealthyYouth) and the Divisions of HIV and STD Prevention (www.cdc.gov/hiv/dhap.htm and www.cdc.gov/std).

Child Trends

www.childtrends.org

Nonprofit, nonpartisan research organization dedicated to conducting research and providing science-based information to improve decisions, programs and policies that affect children. Provides excellent research summaries and other useful materials.

Answers to Teens' Questions About Sexuality

Go Ask Alice!

www.goaskalice.columbia.edu

This website developed and maintained by Columbia University's Health Education Program uses a question-and-answer format to provide information on a broad range of issues concerning relationships, sexual behavior and sexual health. Explicit and frank.

Sex, Etc.

www.sexetc.org

Sponsored by Answer at Rutgers University, includes articles by and for teens on a variety of issues related to healthy sexuality.

Healthy Sexuality

Sexuality Information and Education Council of the U.S. (SIECUS)

www.siecus.org

National organization has been providing positive and accurate information about sexuality since 1964. Offers special websites for teachers and schools, teens and parents, and publishes reports, curriculum guidelines, bibliographies, a monthly newsletter and other valuable materials for sexuality educators.

The Guttmacher Institute

www.guttmacher.org

Nonprofit organization focuses on sexual and reproductive health research, policy analysis and public education. Publishes reliable surveys and reports on teen sexuality, many of which can be downloaded from the website.

The Kaiser Family Foundation

www.kff.org

The Henry J. Kaiser Family Foundation addresses a wide variety of health issues, including reproductive and sexual health. Publishes studies and surveys addressing sexuality education, and provides some of the most in-depth data to date on attitudes of teachers, students, administrators and parents.

Pregnancy Prevention

The National Campaign to Prevent Teen Pregnancy

www.teenpregnancy.org

National nonprofit whose mission is to improve the well-being of children, youth and families by reducing teen pregnancy. Offers many useful publications that can be downloaded from the website.

Resource Center for Adolescent Pregnancy Prevention (ReCAPP)

www.etr.org/recapp

Nonprofit website provides tools and information for teachers and health educators working with teens. Designed to act as a bridge between researchers and educators, ReCAPP provides up-to-date suggestions on responsible sexuality and teen pregnancy prevention.

Supporting Gay-Lesbian-Bisexual-Transgender-Questioning Youth

Gay, Lesbian and Straight Education Network (GLSEN)

www.glsen.org

National organization dedicated to the end of anti-gay harassment in K–12 schools provides teaching guides, hosts conferences, and advocates for appropriate school policies.

Parents, Families and Friends of Lesbians and Gays (PFLAG)

www.pflag.org

National group promotes the health and well-being of gay, lesbian, bisexual, transgendered and questioning (GLBTQ) persons, their families and friends. The “Safe Schools” program focuses on making schools safe for GLBTQ youth. Website describes the program, presents current issues, and provides updates on legislative actions on a state-by-state basis.

Gay & Lesbian Alliance Against Defamation (GLAAD)

www.glaad.org

Advocacy organization monitors portrayals of the GLBTQ community in the press and popular media, and lobbies for accurate and balanced presentations. Website includes both recent and archived press reports.

Note: CDC does not take any ownership of the content found on external non-federal Web sites that link back to the CDC. Information or services detailed on external sites are not endorsed, warranted or guaranteed and are not necessarily representative of the views of CDC or the U.S Department of Health and Human Services.

CDC Materials

Important Information for Users

This HIV/STD risk-reduction intervention is intended for use with persons who are at high risk for acquiring or transmitting HIV/STD and who are voluntarily participating in the intervention. The materials in this intervention package are not intended for general audiences.

The intervention package includes implementation manuals, training and technical assistance materials, and other items used in intervention delivery. Also included in the packages are (1) the Centers for Disease Control and Prevention (CDC) factsheet on male latex condoms, (2) the CDC Statement on Study Results of Product Containing Nonoxynol-9, (3) the *Morbidity and Mortality Weekly Report* (MMRW) article “Nonoxynol-9 Spermicide Contraception Use—United States, 1999,” (4) the ABCs of Smart Behavior, and (5) the CDC guidelines on the content of HIV educational materials prepared or purchased by CDC grantees (Content of AIDS-Related Written Materials, Pictorials, Audiovisuals, Questionnaires, Survey Instruments, and Educational Sessions in CDC Assistance Programs).

Before conducting this intervention in your community, all materials must be approved by your community HIV review panel for acceptability in your project area. Once approved, the intervention package materials are to be used by trained facilitators when implementing the intervention.



For more information:
CDC's National Prevention Information Network
(800) 458-5231 or www.cdcnpin.org

CDC National STD/HIV Hotline
(800) 227-8922 or (800) 342-2437
En Español (800) 344-7432
www.cdc.gov/std

Fact Sheet for Public Health Personnel:

Male Latex Condoms and Sexually Transmitted Diseases

In June 2000, the National Institutes of Health (NIH), in collaboration with the Centers for Disease Control and Prevention (CDC), the Food and Drug Administration (FDA), and the United States Agency for International Development (USAID), convened a workshop to evaluate the published evidence establishing the effectiveness of latex male condoms in preventing STDs, including HIV. A summary report from that workshop was completed in July 2001 (<http://www.niaid.nih.gov/dmid/stds/condomreport.pdf>). This fact sheet is based on the NIH workshop report and additional studies that were not reviewed in that report or were published subsequent to the workshop (see "Condom Effectiveness" for additional references). Most epidemiologic studies comparing rates of STD transmission between condom users and non-users focus on penile-vaginal intercourse.

Recommendations concerning the male latex condom and the prevention of sexually transmitted diseases (STDs), including human immunodeficiency virus (HIV), are based on information about how different STDs are transmitted, the physical properties of condoms, the anatomic coverage or protection that condoms provide, and epidemiologic studies of condom use and STD risk.

The surest way to avoid transmission of sexually transmitted diseases is to abstain from sexual intercourse, or to be in a long-term mutually monogamous relationship with a partner who has been tested and you know is uninfected.

For persons whose sexual behaviors place them at risk for STDs, correct and consistent use of the male latex condom can reduce the risk of STD transmission. However, no protective method is 100 percent effective, and condom use cannot guarantee absolute protection against any STD. Furthermore, condoms lubricated with spermicides are no more effective than other lubricated condoms in protecting against the transmission of HIV and other STDs. In order to achieve the protective effect of condoms, they must be used correctly and consistently. Incorrect use can lead to condom slippage or breakage, thus diminishing their protective effect. Inconsistent use, e.g., failure to use condoms with every act of

intercourse, can lead to STD transmission because transmission can occur with a single act of intercourse.

While condom use has been associated with a lower risk of cervical cancer, the use of condoms should not be a substitute for routine screening with Pap smears to detect and prevent cervical cancer.

Sexually Transmitted Diseases, Including HIV

Sexually transmitted diseases, including HIV

Latex condoms, when used consistently and correctly, are highly effective in preventing transmission of HIV, the virus that causes AIDS. In addition, correct and consistent use of latex condoms can reduce the risk of other sexually transmitted diseases (STDs), including discharge and genital ulcer diseases. While the effect of condoms in preventing human papillomavirus (HPV) infection is unknown, condom use has been associated with a lower rate of cervical cancer, an HPV-associated disease.

There are two primary ways that STDs can be transmitted. Human immunodeficiency virus (HIV), as well as gonorrhea, chlamydia, and trichomoniasis – the discharge diseases – are transmitted when infected semen or vaginal fluids contact mucosal surfaces (e.g., the male urethra, the vagina or cervix). In contrast, genital ulcer diseases – genital herpes, syphilis, and chancroid – and human papillomavirus are primarily transmitted through contact with infected skin or mucosal surfaces.

Laboratory studies have demonstrated that latex condoms provide an essentially impermeable barrier to particles the size of STD pathogens.

Theoretical basis for protection. Condoms can be expected to provide different levels of protection for various sexually transmitted diseases, depending on differences in how the diseases are transmitted. Because condoms block the discharge of semen or protect the male urethra against exposure to vaginal secretions, a greater level of protection is provided for the discharge diseases. A lesser degree of protection is provided for the genital ulcer diseases or HPV because these infections may be transmitted by exposure to areas, e.g., infected skin or mucosal surfaces, that are not covered or protected by the condom.

Epidemiologic studies seek to measure the protective effect of condoms by comparing rates of STDs between condom users and nonusers in real-life settings. Developing such measures of condom effectiveness is challenging. Because these studies involve private behaviors that investigators cannot observe directly, it is difficult to determine

accurately whether an individual is a condom user or whether condoms are used consistently and correctly. Likewise, it can be difficult to determine the level of exposure to STDs among study participants. These problems are often compounded in studies that employ a “retrospective” design, e.g., studies that measure behaviors and risks in the past.

As a result, observed measures of condom effectiveness may be inaccurate. Most epidemiologic studies of STDs, other than HIV, are characterized by these methodological limitations, and thus, the results across them vary widely--ranging from demonstrating no protection to demonstrating substantial protection associated with condom use. This inconclusiveness of epidemiologic data about condom effectiveness indicates that more research is needed--not that latex condoms do not work. For HIV infection, unlike other STDs, a number of carefully conducted studies, employing more rigorous methods and measures, have demonstrated that consistent condom use is a highly effective means of preventing HIV transmission.

Another type of epidemiologic study involves examination of STD rates in populations rather than individuals. Such studies have demonstrated that when condom use increases within population groups, rates of STDs decline in these groups. Other studies have examined the relationship between condom use and the complications of sexually transmitted infections. For example, condom use has been associated with a decreased risk of cervical cancer – an HPV associated disease.

The following includes specific information for HIV, discharge diseases, genital ulcer diseases and human papillomavirus, including information on laboratory studies, the theoretical basis for protection and epidemiologic studies.

HIV / AIDS

HIV, the virus that causes AIDS

Latex condoms, when used consistently and correctly, are highly effective in preventing the sexual transmission of HIV, the virus that causes AIDS.

AIDS is, by far, the most deadly sexually transmitted disease, and considerably more scientific evidence exists regarding condom effectiveness for prevention of HIV infection than for other STDs. The body of research on the effectiveness of latex condoms in preventing sexual transmission of HIV is both comprehensive and conclusive. In fact, the ability of latex condoms to prevent transmission of HIV has been scientifically established in “real-life” studies of sexually active couples as well as in laboratory studies.

Laboratory studies have demonstrated that latex condoms provide an essentially impermeable barrier to particles the size of STD pathogens.

Theoretical basis for protection. Latex condoms cover the penis and provide an effective barrier to exposure to secretions such as semen and vaginal fluids, blocking the pathway of sexual transmission of HIV infection.

Epidemiologic studies that are conducted in real-life settings, where one partner is infected with HIV and the other partner is not, demonstrate conclusively that the consistent use of latex condoms provides a high degree of protection.

Discharge Diseases, Including Gonorrhea, Chlamydia, and Trichomoniasis

Discharge diseases, other than HIV

Latex condoms, when used consistently and correctly, can reduce the risk of transmission of gonorrhea, chlamydia, and trichomoniasis.

Gonorrhea, chlamydia, and trichomoniasis are termed discharge diseases because they are sexually transmitted by genital secretions, such as semen or vaginal fluids. HIV is also transmitted by genital secretions.

Laboratory studies have demonstrated that latex condoms provide an essentially impermeable barrier to particles the size of STD pathogens.

Theoretical basis for protection. The physical properties of latex condoms protect against discharge diseases such as gonorrhea, chlamydia, and trichomoniasis, by providing a barrier to the genital secretions that transmit STD-causing organisms.

Epidemiologic studies that compare infection rates among condom users and nonusers provide evidence that latex condoms can protect against the transmission of chlamydia, gonorrhea and trichomoniasis. However, some other epidemiologic studies show little or no protection against these infections. Many of the available epidemiologic studies were not designed or conducted in ways that allow for accurate measurement of condom effectiveness against the discharge diseases. More research is needed to assess the degree of protection latex condoms provide for discharge diseases, other than HIV.

Genital Ulcer Diseases and Human Papillomavirus

Genital ulcer diseases and HPV infections

Genital ulcer diseases and HPV infections can occur in both male or female genital areas that are covered or protected by a latex condom, as well as in areas that are not covered. Correct and consistent use of latex condoms can reduce the risk of genital herpes, syphilis, and chancroid only when the infected area or site of potential exposure is protected. While the effect of condoms in preventing human papillomavirus infection is unknown, condom use has been associated with a lower rate of cervical cancer, an HPV-associated disease.

Genital ulcer diseases include genital herpes, syphilis, and chancroid. These diseases are transmitted primarily through “skin-to-skin” contact from sores/ulcers or infected skin that looks normal. HPV infections are transmitted through contact with infected genital skin or mucosal surfaces/fluids. Genital ulcer diseases and HPV infection can occur in male or female genital areas that are, or are not, covered (protected by the condom).

Laboratory studies have demonstrated that latex condoms provide an essentially impermeable barrier to particles the size of STD pathogens.

Theoretical basis for protection. Protection against genital ulcer diseases and HPV depends on the site of the sore/ulcer or infection. Latex condoms can only protect against transmission when the ulcers or infections are in genital areas that are covered or protected by the condom. Thus, consistent and correct use of latex condoms would be expected to protect against transmission of genital ulcer diseases and HPV in some, but not all, instances.

Epidemiologic studies that compare infection rates among condom users and nonusers provide evidence that latex condoms can protect against the transmission of syphilis and genital herpes. However, some other epidemiologic studies show little or no protection. Many of the available epidemiologic studies were not designed or conducted in ways that allow for accurate measurement of condom effectiveness against the genital ulcer diseases. No conclusive studies have specifically addressed the transmission of chancroid and condom use, although several studies have documented a reduced risk of genital ulcers in settings where chancroid is a leading cause of genital ulcers. More research is needed to assess the degree of protection latex condoms provide for the genital ulcer diseases.

While some epidemiologic studies have demonstrated lower rates of HPV infection among condom users, most have not. It is particularly difficult to study the relationship between condom use and HPV infection because HPV infection is often intermittently detectable and because it is difficult to assess the frequency of either existing or new

infections. Many of the available epidemiologic studies were not designed or conducted in ways that allow for accurate measurement of condom effectiveness against HPV infection.

A number of studies, however, do show an association between condom use and a reduced risk of HPV-associated diseases, including genital warts, cervical dysplasia and cervical cancer. The reason for lower rates of cervical cancer among condom users observed in some studies is unknown. HPV infection is believed to be required, but not by itself sufficient, for cervical cancer to occur. Co-infections with other STDs may be a factor in increasing the likelihood that HPV infection will lead to cervical cancer. More research is needed to assess the degree of protection latex condoms provide for both HPV infection and HPV-associated disease, such as cervical cancer.

Department of Health and Human Services

For additional information on condom effectiveness, contact
CDC's National Prevention Information Network
(800) 458-5231 or www.cdcnpin.org

CDC Statement on Study Results of Product Containing Nonoxynol-9

During the XIII International AIDS Conference held in Durban, South Africa, July 9–14, 2000, researchers from the Joint United Nations Program on AIDS (UNAIDS) presented results of a study of a product, COL-1492,* which contains nonoxynol-9 (N-9) (1). N-9 products are licensed for use in the United States as spermicides and are effective in preventing pregnancy, particularly when used with a diaphragm. The study examined the use of COL-1492 as a potential candidate microbicide, or topical compound to prevent the transmission of human immunodeficiency virus (HIV) and sexually transmitted diseases (STDs). The study found that N-9 did not protect against HIV infection and may have caused more transmission. The women who used N-9 gel became infected with HIV at approximately a 50% higher rate than women who used the placebo gel.

CDC has released a “Dear Colleague” letter that summarizes the findings and implications of the UNAIDS study. The letter is available on the World-Wide Web, <http://www.cdc.gov/hiv>; a hard copy is available from the National Prevention Information Network, telephone (800) 458-5231. Future consultations will be held to re-evaluate guidelines for HIV, STDs, and pregnancy prevention in populations at high risk for HIV infection. A detailed scientific report will be released on the Web when additional findings are available.

Reference

1. van Damme L. Advances in topical microbicides. Presented at the XIII International AIDS Conference, July 9–14, 2000, Durban, South Africa.

* Use of trade names and commercial sources is for identification only and does not constitute endorsement by CDC or the U.S. Department of Health and Human Services.

Nonoxynol-9 Spermicide Contraception Use— United States, 1999

From *Morbidity and Mortality Weekly Report* 51 (18): 389-392.

Most women in the United States with human immunodeficiency virus (HIV) become infected through sexual transmission, and a woman's choice of contraception can affect her risk for HIV transmission during sexual contact with an infected partner. Most contraceptives do not protect against transmission of HIV and other sexually transmitted diseases (STDs) (1), and the use of some contraceptives containing nonoxynol-9 (N-9) might increase the risk for HIV sexual transmission. Three randomized, controlled trials of the use of N-9 contraceptives by commercial sex workers (CSWs) in Africa failed to demonstrate any protection against HIV infection (2–4); one trial showed an increased risk (3). N-9 contraceptives also failed to protect against infection with *Neisseria gonorrhoeae* and *Chlamydia trachomatis* in two randomized trials (5,6), one among African CSWs and one among U.S. women recruited from an STD clinic. Because most women in the African studies had frequent sexual activity, had high-level exposure to N-9, and probably were exposed to a population of men with a high prevalence of HIV/STDs, the implications of these studies for U.S. women are uncertain. To determine the extent of N-9 contraceptive use among U.S. women, CDC assessed data provided by U.S. family planning clinics for 1999. This report summarizes the results of that assessment, which indicate that some U.S. women are using N-9 contraceptives. Sexually active women should consider their individual HIV/STD infection risk when choosing a method of contraception. Providers of family planning services should inform women at risk for HIV/STDs that N-9 contraceptives do not protect against these infections.

CDC collected information on types of N-9 contraceptives purchased and family planning program (FPP) guidelines for N-9 contraceptive use. The national FPP, authorized by Title X of the Public Health Service Act, serves approximately 4.5 million predominantly low-income women each year. Program data for 1999 were obtained from all 10 U.S. Department of Health and Human Services (HHS) regions on the number of female clients and the number of female clients who reported use of N-9 contraceptives or condoms as their primary method of contraception. CDC obtained limited purchase data for 1999 for specific N-9 contraceptives and program guidelines from eight state/territorial FPPs within six HHS regions. State health departments, family planning grantees, and family planning councils were contacted to request assistance in collecting data on purchasing patterns of the 91 Title X grantees; of the 12 FPPs that responded, eight provided sufficient data for analysis.

In 1999, a total of 7%–18% of women attending Title X clinics reported using condoms as their primary method of contraception. Data on the percentage of condoms lubricated with N-9 were not available. A total of 1%–5% of all women attending Title X clinics reported using N-9 contraceptives (other than condoms) as their primary method of contraception (Table 1). Among the eight FPPs that provided purchase data, most (87%) condoms were N-9—lubricated (Table 2). All eight FPPs purchased N-9 contraceptives (i.e., vaginal films and suppositories, jellies, creams, and foams) to be used either alone or in combination with diaphragms or other contraceptive products. Four of the eight clinics had protocols or program guidance stating that N-9—containing foam should be dispensed routinely with condoms; two additional programs reported that despite the absence of a clinic protocol, the practice was common. Data for the other two programs were not available.

Reported by: The Alan Guttmacher Institute, New York, New York. Office of Population Affairs, U.S. Dept of Health and Human Services, Bethesda, Maryland. A Duerr, MD, C Beck-Sague, MD, Div Reproductive Health, National Center Chronic Disease and Public Health Promotion; Div of HIV and AIDS Prevention, National Center HIV/AIDS, STDs, and TB Prevention; B Carlton-Tohill, EIS Officer, CDC.

Editorial Note:

The findings in this report indicate that in 1999, before the release of recent publications on N-9 and HIV/STDs (4,6,7), Title X family planning clinics in the U.S. purchased and distributed N-9 contraceptives. Among at least eight family planning clinics, most of the condoms purchased were N-9—lubricated; this is consistent with trends in condom purchases among the general public (8). The 2002 STD treatment guidelines state that condoms lubricated with spermicides are no more effective than other lubricated condoms in protecting against the transmission of HIV infection and other STDs (7). CDC recommends that previously purchased condoms lubricated with N-9 spermicide continue to be distributed provided the condoms have not passed their expiration date. The amount of N-9 on a spermicide-lubricated condom is small relative to the doses tested in the studies in Africa and the use of N-9—lubricated condoms is preferable to using no condom at all. In the future, purchase of condoms lubricated with N-9 is not recommended because of their increased cost, shorter shelf life, association with urinary tract infections in young women, and lack of apparent benefit compared with other lubricated condoms (7).

Spermicidal gel is used in conjunction with diaphragms (1); only diaphragms combined with the use of spermicide are approved as contraceptives. The respective contributions of the physical barrier (diaphragm) and chemical

barrier (spermicide) are unknown, but the combined use prevents approximately 460,000 pregnancies in the United States each year (1).

The findings in this report are subject to at least two limitations. First, data on specific products and patterns of contraceptive use were limited; CDC used a nonrepresentative sample of regions and states that voluntarily provided data, and specific use patterns of the contraceptives could not be extrapolated from these data. Second, data correlating use of N-9 contraceptives with individual HIV risk were not available.

Prevention of both unintended pregnancy and HIV/STD infection among U.S. women is needed. In 1994, a total of 49% of all pregnancies were unintended (9). Furthermore, 26% of women experience an unintended pregnancy during the first year of typical use of spermicide products (1). In 1999, a total of 10,780 AIDS cases, 537,003 chlamydia cases, and 179,534 gonorrhea cases were reported among U.S. women. Contraceptive options should provide both effective fertility control and protection from HIV/STDs; however, the optimal choice is probably not the same for every woman.

N-9 alone is not an effective means to prevent infection with HIV or cervical gonorrhea and chlamydia (2,7). Sexually active women and their health-care providers should consider risk for infection with HIV and other STDs and risk for unintended pregnancy when considering contraceptive options. Providers of family planning services should inform women at risk for HIV/STDs that N-9 contraceptives do not protect against these infections. In addition, women seeking a family planning method should be informed that latex condoms, when used consistently and correctly, are effective in preventing transmission of HIV and can reduce the risk for other STDs.

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TABLE 1. Number of women using male condoms or nonoxynol-9 (N-9) products as their primary method of contraception, by Title X Family Planning Region — United States, 1999

Region*	No. of women served	Male condoms		N-9 products†	
		No.	(%)	No.	(%)
I	179,705	27,726	(15)	1,251	(1)
II	404,325	73,069	(18)	21,515	(5)
III	487,502	73,088	(15)	4,807	(1)
IV	1,011,126	93,011	(9)	29,630	(3)
V	522,312	61,756	(12)	2,489	(1)
VI	478,533	40,520	(8)	11,212	(2)
VII	238,971	15,949	(7)	1,386	(1)
VIII	133,735	15,131	(11)	4,885	(4)
IX	672,362	109,678	(17)	14,547	(2)
X	186,469	17,320	(9)	1,275	(2)
Total	4,315,040	527,248	(12)	92,997	(2)

* Region I=Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont; Region II=New Jersey, New York, Puerto Rico, Virgin Islands; Region III=Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, West Virginia; Region IV=Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee; Region V=Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin; Region VI=Arkansas, Louisiana, New Mexico, Oklahoma, Texas; Region VII=Iowa, Kansas, Missouri, Nebraska; Region VIII=Colorado, Montana, North Dakota, South Dakota, Utah, Wyoming; Region IX=Arizona, California, Hawaii, Nevada, American Samoa, Guam, Mariana Islands, Marshall Islands, Micronesia, Palau; Region X=Alaska, Idaho, Oregon, Washington.

† Primary method of contraception reported by these women was one of the following: spermicidal foam, cream, jelly (with and without diaphragm), film, or suppositories.

TABLE 2. Number of nonoxynol-9 (N-9) contraceptives purchased by Title X Family Planning Programs in selected states/territories, 1999

State/territory	No. of clients served	Physical barrier method		N-9 chemical barrier methods				
		Condoms with N-9	Condoms without N-9	Gel	Vaginal			Foam
					Film	Insert	Jelly	
Puerto Rico	15,103	148,072	5,000	12,900	0	NA*	12,841	2,400
New York†	283,200	1,936,084	NA	0	73,788	NA	3,112	23,830
West Virginia	60,899	1,300,000	9,360	0	0	NA	1,200	9,900
Florida	193,784	3,920,000	560,000	0	468,720	NA	5,760	25,920
Tennessee	111,223	2,865,160§	717,088	0	94,500	12,528	756	2,758
Michigan	166,893	631,000	254,000	0	0	NA	1,000	1,200
Oklahoma	58,392	708,480	0	0	394,560	NA	1,200	0
Oregon	57,099	151,900	276,000	345	25,764	2,074	272	3,007

* Not available.

† 41 of 61 grantees responded.

§ Purchasing by family planning and sexually transmitted disease programs are combined and cannot be separated.



The ABCs of Smart Behavior

To avoid or reduce the risk for HIV

A stands for abstinence.

B stands for being faithful to a single sexual partner.

C stands for using condoms consistently and correctly.

Content of AIDS-Related Written Materials, Pictorials, Audiovisuals, Questionnaires, Survey Instruments, and Educational Sessions in Centers for Disease Control and Prevention (CDC) Assistance Programs

Interim Revisions June 1992

1. Basic Principles

Controlling the spread of HIV infection and AIDS requires the promotion of individual behaviors that eliminate or reduce the risk of acquiring and spreading the virus. Messages must be provided to the public that emphasize the ways by which individuals can fully protect themselves from acquiring the virus. These methods include abstinence from the illegal use of IV drugs and from sexual intercourse except in a mutually monogamous relationship with an uninfected partner. For those individuals who do not or cannot cease risky behavior, methods of reducing their risk of acquiring or spreading the virus must also be communicated. Such messages can be controversial. These principles are intended to provide guidance for the development and use of educational materials, and to require the establishment of Program Review Panels to consider the appropriateness of messages designed to communicate with various groups.

- a. Written materials (e.g., pamphlets, brochures, fliers), audio visual materials (e.g., motion pictures and video tapes), and pictorials (e.g., posters and similar educational materials using photographs, slides, drawings, or paintings) should use terms, descriptors, or displays necessary for the intended audience to understand dangerous behaviors and explain less risky practices concerning HIV transmission.
2. Written materials, audiovisual materials, and pictorials should be reviewed by Program Review Panels consistent with the provisions of Section 2500 (b), (c), and (d) of the Public Health Service Act, 42 U.S.C. Section 300ee(b), (c), and (d), as follows:

SEC. 2500. USE OF FUNDS.

(b) CONTENTS OF PROGRAMS. - All programs of education and information receiving funds under this title shall include information about the harmful effects of promiscuous sexual activity and intravenous substance abuse, and the benefits of abstaining from such activities.

(c) LIMITATION. - None of the funds appropriated to carry out this title may be used to provide education or information designed to promote or encourage, directly, homosexual or heterosexual sexual activity or intravenous substance abuse.

- (d) CONSTRUCTION. - Subsection (c) may not be construed to restrict the ability of an education program that includes the information required in subsection (b) to provide accurate information about various means to reduce an individual's risk of exposure to, or to transmission of, the etiologic agent for acquired immune deficiency syndrome, provided that any informational materials used are not obscene.“
 - c. Educational sessions should not include activities in which attendees participate in sexually suggestive physical contact or actual sexual practices.
 - d. Messages provided to young people in schools and in other settings should be guided by the principles contained in „Guidelines for Effective School Health Education to Prevent the Spread of AIDS“ (MMWR 1988;37 [suppl. no. S-2]).
2. Program Review Panel
- a. Each recipient will be required to establish or identify a Program Review Panel to review and approve all written materials, pictorials, audiovisuals, questionnaires or survey instruments, and proposed educational group session activities to be used under the project plan. This requirement applies regardless of whether the applicant plans to conduct the total program activities or plans to have part of them conducted through other organization(s) and whether program activities involve creating unique materials or using/distributing modified or intact materials already developed by others. Whenever feasible, CDC funded community-based organizations are encouraged to use a Program Review Panel established by a health department or another CDC-funded organization rather than establish their own panel. The Surgeon General's Report on Acquired Immune Deficiency Syndrome (October 1986) and CDC-developed materials do not need to be reviewed by the panel unless such review is deemed appropriate by the recipient. Members of a Program Review Panel should:
 - (1) Understand how HIV is and is not transmitted; and
 - (2) Understand the epidemiology and extent of the HIV/AIDS problem in the local population and the specific audiences for which materials are intended.
 - 2. The Program Review Panel will be guided by the CDC Basic Principles (in the previous section) in conducting such reviews. The panel is authorized to review materials only and is not empowered either to evaluate the proposal as a whole or to replace any other internal review panel or

procedure of the recipient organization or local governmental jurisdiction.

3. Applicants for CDC assistance will be required to include in their applications the following:
 - (1) Identification of a panel of no less than five persons which represent a reasonable cross-section of the general population. Since Program Review Panels review materials for many intended audiences, no single intended audience shall predominate the composition of the Program Review panel, except as provided in subsection (d) below. In addition:
 - (a) Panels which review materials intended for a specific audience should draw upon the expertise of individuals who can represent cultural sensitivities and language of the intended audience either through representation on the panels or as consultants to the panels.
 - (b) The composition of Program Review Panels, except for panels reviewing materials for school-based populations, must include an employee of a State or local health department with appropriate expertise in the area under consideration who is designated by the health department to represent the department on the panel. If such an employee is not available, an individual with appropriate expertise, designated by the health department to represent the agency in this matter, must serve as a member of the panel.
 - (c) Panels which review materials for use with school-based populations should include representatives of groups such as teachers, school administrators, parents, and students.
 - (d) Panels reviewing materials intended for racial and ethnic minority populations must comply with the terms of (a), (b), and (c), above. However, membership of the Program Review Panel may be drawn predominately from such racial and ethnic populations.
 - (2) A letter or memorandum from the proposed project director, countersigned by a responsible business official, which includes:
 - (a) Concurrence with this guidance and assurance that its provisions will be observed;
 - (b) The identity of proposed members of the Program Review Panel, including their names, occupations, and any organizational affiliations that were considered in their selection for the panel.
4. CDC-funded organizations that undertake program plans in other than school-based populations which are national, regional (multi state), or

statewide in scope, or that plan to distribute materials as described above to other organizations on a national, regional, or statewide basis, must establish a single Program Review

Panel to fulfill this requirement. Such national/regional/State panels must include as a member an employee of a State or local health department, or an appropriate designated representative of such department, consistent with the provisions of Section 2.c.(1). Materials reviewed by such a single (national, regional, or state) Program Review Panel do not need to be reviewed locally unless such review is deemed appropriate by the local organization planning to use or distribute the materials. Such national/regional/State organization must adopt a national/regional/statewide standard when applying Basic Principles 1.a. and 1.b.

5. When a cooperative agreement/grant is awarded, the recipient will:
 - (1) Convene the Program Review Panel and present for its assessment copies of written materials, pictorials, and audiovisuals proposed to be used;
 - (2) Provide for assessment by the Program Review Panel text, scripts, or detailed descriptions for written materials, pictorials, or audiovisuals which are under development;
 - (3) Prior to expenditure of funds related to the ultimate program use of these materials, assure that its project files contain a statement(s) signed by the Program Review Panel specifying the vote for approval or disapproval for each proposed item submitted to the panel; and
 - (4) Provide to CDC in regular progress reports signed statement(s) of the chairperson of the Program Review Panel specifying the vote for approval or disapproval for each proposed item that is subject to this guidance.

A Focus on Kids Intervention

FOCUS ON YOUTH WITH IMPACT



Protect High-Risk Youth

This community-based program gives youth the skills and knowledge they need to protect themselves from HIV and other STD.

- Written specifically for African-American youth
- Stories and discussion topics for and about African-American youth
- Gives youth real skills to deal with real, high-risk situations

Focus on Youth with IMPACT:

- Builds skills in decision making, communication, assertive refusal, advocacy and accessing resources.
- Empowers youth to resist pressures, clarify personal values, communicate and negotiate around risk behaviors, and learn to use a condom correctly.
- Includes a variety of interactive activities—games, roleplays, discussions and community projects.
- Makes use of naturally occurring “friendship groups” to strengthen peer support of alternatives to risky behaviors.
- Addresses HIV and other STD, abstinence and condom use.
- Offers a parent session to strengthen parental involvement and family support for avoiding risky behaviors.

Research Proves It Works!

Focus on Youth with IMPACT:

- Increased condom use and intention to use condoms among sexually active youth.
- Lowered rates of sex, sex without a condom, and alcohol and tobacco use among youth in the parental monitoring group.
- Has been successful in both school and community settings across cultures, throughout the United States and internationally.



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