

MEMO

To: Whom it May Concern

October 12, 2020

From: Kay Reed, Executive Director, The Dibble Institute

RE: Relationship Smarts Plus SRA Medical Accuracy

In 2018 the Family and Youth Services Bureau (FSBY) reviewed Relationship Smarts Plus SRA 4.0 for medical accuracy.

The reviewer indicated that Relationship Smarts Plus SRA 4.0 “meets the definition of medical accuracy with modifications.”

They detailed the requested modifications in a medical accuracy review report dated November 8, 2018. Dibble received this report from a FSBY grantee on June 11, 2019.

Requested modifications included:

- 1) Citing the most current Youth Risk Behavior Survey and Department of Health and Human Services statistics
- 2) Assuring that all statements in the program had a confirming citation
- 3) Changing language, statistics, guidance, and recommendations to reflect those of the Centers for Disease Control (CDC)
- 4) Omitting contraceptive brand names

All requests for modifications to the content were made to comply with the medical accuracy report by July 15, 2019. Based on the modifications made to Relationship Smarts Plus, The Dibble Institute attests that it is medically accurate.

Please let me know if you have any questions.



Attached - Medical Accuracy Review Form for Curricula and Educational Materials

**Medical Accuracy Review Form for Curricula and Educational Materials
Family and Youth Services Bureau (FYSB)
Adolescent Pregnancy Prevention (APP) Grantees**

Consolidated Review Report

Grantee Organization: XXXXX

Name – XXXXX

Email Address – XXXXX

Phone Number – XXXXX

Name of Curriculum/Material: Relationship Smarts PLUS SRA 4.0

Components (i.e., teacher manual, video, brochure): Facilitator manual: 374 pages,
Student workbook: 47 pages

For Use in: Title V State SRAE Competitive SRAE

Edition: NA

Author: Marline E. Pearson M.A.

Publisher: The Dibble Institute

Copyright Date: 2018

Target Audience (if specified): Teens

No. of pages/minutes (total and per component): Total: 421 pages; Facilitator manual:
374 pages, Student workbook: 47 pages

Description and Purpose of the Material: *“Relationship Smarts PLUS is lively, 13-lesson, evidence-based relationship skills curriculum for young teens. This curriculum embodies an innovative approach that addresses positive youth development, life skills, healthy relationships, dating violence, and pregnancy prevention. Relationship Smarts PLUS builds assets and strengthens protective factors. It appeals to teenagers’ aspirations, rather than merely emphasizing what they must avoid. It empowers youth with skills needed to form and maintain healthy relationships, make wise sexual choices, and work toward their goals.”*

**Medical Accuracy Review Form for Curricula and Educational Materials
Family and Youth Services Bureau (FYSB)
Adolescent Pregnancy Prevention (APP) Grantees**

Contains medical information: Yes No

If yes, Medical Topics Addressed:

- | | |
|--|--|
| <input type="checkbox"/> Biological Sex or Gender | <input checked="" type="checkbox"/> Sexually Transmitted Infections (STIs)/ Sexually Transmitted Diseases (STDs), including HIV/AIDS |
| <input checked="" type="checkbox"/> Conception or Pregnancy | <input checked="" type="checkbox"/> STI/STD/HIV Prevention |
| <input checked="" type="checkbox"/> Contraceptive Methods or Effectiveness Rates | <input type="checkbox"/> STI/STD/HIV Testing |
| <input type="checkbox"/> Reproductive Anatomy or Physiology | <input type="checkbox"/> STI/STD/HIV Treatment |
| | <input checked="" type="checkbox"/> Other: Abstinence |

DEFINITION OF MEDICAL ACCURACY

Medically accurate and complete programs are verified or supported by the weight of research conducted in compliance with accepted scientific methods and published in peer-reviewed journals, where applicable; or comprising information that leading professional organizations and agencies with relevant expertise in the field recognized as accurate, objective, and complete.

All materials used in APP programs must be medically accurate. Materials covering medical topics (e.g., STIs/STDs, including human immunodeficiency virus (HIV)/acquired immunodeficiency syndrome (AIDS), contraception) may not contain any inaccurate, outdated, poorly referenced, or confusing/misleading medical information.

REVIEWER RECOMMENDATION

- Meets the definition of medical accuracy as submitted. Grantee may proceed with implementation.
- Meets the definition of medical accuracy with modifications. (Recommended modifications are detailed in the medical accuracy review report; grantee must re-submit materials for review after modifications have been made.)
- Does not meet the definition of medical accuracy. Grantee may not proceed with using these materials and should contact APP Project Officer for further discussion.

**Medical Accuracy Review Form for Curricula and Educational Materials
Family and Youth Services Bureau (FYSB)
Adolescent Pregnancy Prevention (APP) Grantees**

MEDICAL ACCURACY REVIEW ISSUES

Facilitator Manual

Issue 1

- Page Numbers: 48, 197, 214, 228, and any other time mentioned in materials.
- Paragraph or Exhibit: 1st and 2nd bullet
- Medical Topic(s): Adolescent sexual activity
- Medical Accuracy Issue: Text states, “59% of high school teens have not ever had sexual intercourse.” According to the 2017 Youth Risk Behavior Survey (YRBS), 60.5% of high school students have never had sexual intercourse.
- Recommendation: Updated to reflect current YRBS statistics.
- Reference: <https://www.cdc.gov/healthyyouth/data/yrbs/pdf/2017/ss6708.pdf> (page 60)

Dibble Response: We implemented the recommendation.

Issue 2

- Page Number: 91
- Paragraph or Exhibit: First paragraph
- Medical Topic(s): Dating violence statistics
- Medical Accuracy Issue: Text states, “According to the CDC’s Youth Risk Behavior Survey (2015), 9.6% of high school students who had dated or gone with someone in the last 12 months reported being hit, slapped, or physically hurt on purpose by their boyfriend or girlfriend and 10.6% reported sexual dating violence.” These statistics are outdated. According to the 2017 YRBS report, 8.0% of the surveyed students that fit the criteria had been physically hurt on purpose during the 12 months before the survey by someone they were dating.
- Recommendation: Updated to reflect current YRBS statistics.
- Reference: <https://www.cdc.gov/healthyyouth/data/yrbs/pdf/2017/ss6708.pdf> (page 22-23)

Dibble Response: We implemented the recommendation.

Issue 3

- Page Number: 103
- Paragraph or Exhibit: 1st and 2nd bullet under “How common is dating violence?”
- Medical Topic(s): Dating violence statistics
- Medical Accuracy Issue: Text states, “9.6% reported they had been hit” and “10.6% reported they had been forced to do sexual things.” These statistics are outdated.
- Recommendation: Update to reflect current YRBS statistics.
- Reference: <https://www.cdc.gov/healthyyouth/data/yrbs/pdf/2017/ss6708.pdf> (page 23)

Dibble Response: We implemented the recommendation.

**Medical Accuracy Review Form for Curricula and Educational Materials
Family and Youth Services Bureau (FYSB)
Adolescent Pregnancy Prevention (APP) Grantees**

Issue 4

- Page Number: 203
- Paragraph or Exhibit: First bullet
- Medical Topic(s): Abstinence
- Medical Accuracy Issue: Text states, “The only 100% way to prevent STDs and an unplanned pregnancy is not to have sex.” The text does not give the definition of sexual abstinence. According to the Office of Population Affairs, "Sexual abstinence is defined as refraining from all forms of sexual activity and genital contact such as vaginal, oral, or anal sex."
- Recommendation: Update to reflect the Office of Population Affairs (OPA) information above.
- Reference: <https://www.hhs.gov/opa/pregnancy-prevention/birth-control-methods/abstinence/index.html>

Dibble Response: We implemented the recommendation by making a note of emphasis using that language in the PowerPoint notes that the instructor uses when teaching.

Issue 5

- Page Numbers: 215, 222, and throughout the manual
- Paragraph or Exhibit: #8
- Medical Topic(s): Contraception
- Medical Accuracy Issue: The text reads, “It is true that condoms significantly reduce the risks for contracting most, but not all, STDs.” This information is incomplete as the text does not say the type of condom that should be used. According to the CDC, "the consistent and correct use of latex (or polyurethane or polyisoprene if allergic to latex) condoms can reduce (though not eliminate) the risk of STD transmission." “Natural or lambskin condoms also help prevent pregnancy, but may not provide protection against STDs, including HIV.” Therefore, the CDC does not recommend the use of natural or lambskin condoms for STD/HIV prevention.
- Recommendation: Update to reflect CDC guidelines.
- Reference: <https://www.cdc.gov/actagainstaids/basics/prevention.html> (How well do condoms prevent STDs?) and <https://www.fda.gov/ForPatients/Illness/HIVAIDS/ucm126372.htm> (How do I choose the right kind of condoms to prevent disease?)

Dibble Response: We implemented the recommendation.

**Medical Accuracy Review Form for Curricula and Educational Materials
Family and Youth Services Bureau (FYSB)
Adolescent Pregnancy Prevention (APP) Grantees**

Issue 6

- Page Number: 217
- Paragraph or Exhibit: Family Planning-Pregnancy Prevention
- Medical Topic(s): Contraceptive Methods, Implant
- Medical Accuracy Issue: Text states that the implant “is inserted into the upper, inside arm by a healthcare professional.” According to the CDC, “The implant is inserted under the skin of a woman’s upper arm”
- Recommendation: Change the language to reflect CDC guidelines.
- Reference: <https://www.cdc.gov/reproductivehealth/contraception/index.htm>

Dibble Response: We implemented the recommendation.

Issue 7

- Page Number: 217-218
- Paragraph or Exhibit: Family Planning-Pregnancy Prevention
- Medical Topic(s): Contraceptive effectiveness rates
- Medical Accuracy Issue: All contraceptive rates are outdated.
- Recommendation: Update all contraceptive rates using the references below.
- References: <http://www.contraceptivetechnology.org/wp-content/uploads/2013/09/Contraceptive-Failure-Rates.pdf> and <https://www.cdc.gov/reproductivehealth/contraception/index.htm>

Dibble Response: We implemented the recommendation.

Issue 8

- Page Number: 218
- Paragraph or Exhibit: First paragraph after # 11
- Medical Topic(s): Contraception
- Medical Accuracy Issue: Text states, “Also, females over 200 pounds should consult with a healthcare provider on the best type of birth control, since hormonal types may be less effective for them.” Although there is a label consideration for the patch for women who over 198 pounds, the CDC no longer recommends routinely screening BMI when considering type of hormonal contraceptive for overweight or obese females. All hormonal methods either carry no restrictions, or the “advantages generally outweigh theoretical or proven risks.”
- Recommendation: Provide references for other methods or remove statement.
- References:
https://www.accessdata.fda.gov/drugsatfda_docs/label/2014/021180Orig1s046lbl.pdf,
<https://www.cdc.gov/reproductivehealth/contraception/mmwr/spr/appendixc.html>,
https://www.cdc.gov/reproductivehealth/unintendedpregnancy/pdf/legal_summary-chart_english_final_tag508.pdf, and
<https://www.cdc.gov/reproductivehealth/contraception/mmwr/mec/appendixd.html>

Dibble Response: We removed the language.

**Medical Accuracy Review Form for Curricula and Educational Materials
Family and Youth Services Bureau (FYSB)
Adolescent Pregnancy Prevention (APP) Grantees**

Issue 9

- Page Numbers: 219 and 232
- Paragraph or Exhibit: 2nd bullet under Option Two – Presentation
- Medical Topic(s): STI/STD/HIV Transmission
- Medical Accuracy Issue: Text reads, “Some <STDs and HIV> are spread through body fluids, such as pre-semen, semen, vaginal secretions, blood, and breast milk.” According to the CDC, “HIV can be spread through the following bodily fluids: semen (cum), blood, pre-seminal fluid (pre-cum), rectal fluids, vaginal fluids, and breast milk.”
- Recommendation: Update information to list rectal fluids as a bodily fluid that can transmit HIV.
- References: <https://www.cdc.gov/hiv/basics/transmission.html>, <https://www.fda.gov/forpatients/illness/hiv/aids/ucm126372.htm>, and <https://www.womenshealth.gov/a-z-topics/sexually-transmitted-infections>

Dibble Response: We implemented the recommendation.

Issue 10

- Page Number: 220
- Paragraph or Exhibit: Bullet 1
- Medical Topic(s): STDs
- Medical Accuracy Issue: Text states, “All kinds of sex—oral, vaginal, or anal—transmit STDs and HIV.” Text does not state that some STDs can be spread by skin-to-skin contact in areas not covered by a barrier. According to the CDC, “You still can get certain STDs, like herpes or HPV, from contact with your partner's skin even when using a condom.”
- Recommendation: Update to reflect CDC information.
- Reference: <https://www.cdc.gov/std/prevention/lowdown/lowdown-text-only.htm> (see Use Condoms)

Dibble Response: We implemented the recommendation.

Issue 11

- Page Number: 220
- Paragraph or Exhibit: 4th bullet
- Medical Topic(s): STDs
- Medical Accuracy Issue: Text states, “1 out of 4 sexually active teens has an STD.” According to the CDC, “one in four *sexually active* adolescent females has an STD, such as chlamydia or human papillomavirus (HPV).”
- Recommendation: Update to reflect current CDC information.
- Reference: <https://www.cdc.gov/std/stats17/default.htm>

Dibble Response: We implemented the recommendation.

**Medical Accuracy Review Form for Curricula and Educational Materials
Family and Youth Services Bureau (FYSB)
Adolescent Pregnancy Prevention (APP) Grantees**

Issue 12

- Page Number: 232
- Paragraph or Exhibit: 5th bullet under HIV/AIDS
- Medical Topic(s): HIV
- Medical Accuracy Issue: Text states, “Youth, ages 13-25, account for 22% of all new HIV diagnoses. Young gay or bisexual males account for 80% of those diagnoses. It is estimated that 44% of young people between ages 18-24 with HIV are unaware.” According to CDC, “Young people aged 13 to 24 accounted for 21% of all new HIV diagnoses. Young gay and bisexual men accounted for 83% of all new HIV diagnoses in people aged 13 to 24 in 2017.”
- Recommendation: Update to reflect current CDC information.
- Reference: <https://www.cdc.gov/actagainstaids/basics/statistics.html> (How does HIV affect different groups of people?, last paragraph), <https://www.cdc.gov/hiv/group/age/youth/index.html>, and <https://www.hiv.gov/hiv-basics/overview/data-and-trends/statistics>

Dibble Response: We implemented the recommendation.

Issue 13

- Page Number: 238
- Paragraph or Exhibit: First bullet under IUDs
- Medical Topic(s): Contraceptive Methods, IUD
- Medical Accuracy Issue: Text states, “Today, there are two kinds of IUDs available in the U.S. – Mirena and ParaGard.” This information is incomplete. Text lists Mirena® and ParaGard®, but does not mention Skyla®, Liletta®, or Kyleena®.
- Recommendation: Include information about Skyla®, Liletta®, Kyleena® or eliminate all brand names.
- References:
https://www.accessdata.fda.gov/drugsatfda_docs/label/2018/203159s010lbl.pdf,
https://www.accessdata.fda.gov/drugsatfda_docs/label/2018/206229s007lbl.pdf, and
https://www.accessdata.fda.gov/drugsatfda_docs/label/2018/208224s001lbl.pdf

Dibble Response: We eliminated all brand names.

Student Workbook

Issue 1

- Page Number: 7
- Paragraph or Exhibit: Bullet 2
- Medical Topic(s): Adolescent sexual activity

**Medical Accuracy Review Form for Curricula and Educational Materials
Family and Youth Services Bureau (FYSB)
Adolescent Pregnancy Prevention (APP) Grantees**

- Medical Accuracy Issue: Text states, “59% of high school teens have not ever had sexual intercourse.” According to the 2017 Youth Risk Behavior Survey (YRBS), 60.5% of high school students have never had sexual intercourse.
- Recommendation: Updated to reflect current YRBS statistics.
- Reference: <https://www.cdc.gov/healthyouth/data/yrbs/pdf/2017/ss6708.pdf> (page 60)

Dibble Response: We implemented the recommendation.

Issue 2

- Page Number: 14
- Paragraph or Exhibit: Draw the Line of Respect, 3rd paragraph, last sentence
- Medical Topic(s): Intimate Partner Violence
- Medical Accuracy Issue: Text states, “Around 2,000 people are killed a year by an intimate partner or ex.” No reference cited for the data provided.
- Recommendation: Provide the source for the data or reword the text according to how CDC reports intimate partner deaths: “About 1 in 6 of homicide victims are killed by an intimate partner.”
- Reference: <https://www.cdc.gov/violenceprevention/intimatepartnerviolence/consequences.html> (Consequences)

Dibble Response: We provided the reference in the manual.

Issue 3

- Page Number: 46
- Paragraph or Exhibit: Avoiding pregnancy and STDs
- Medical Topic(s): Abstinence
- Medical Accuracy Issue: Text reads, “The only 100% effective way to avoid pregnancy and STDs is not to have sex as a teen.” The text does not give the definition of sexual abstinence. According to the Office of Population Affairs, “Sexual abstinence is defined as refraining from all forms of sexual activity and genital contact such as vaginal, oral, or anal sex.”
- Recommendation: Update to reflect the Office of Population Affairs (OPA) information above.
- Reference: <https://www.hhs.gov/opa/pregnancy-prevention/birth-control-methods/abstinence/index.html>

Dibble Response: We implemented the recommendation by making a note of emphasis using that language in the PowerPoint notes that the instructor uses when teaching.

**Medical Accuracy Review Form for Curricula and Educational Materials
Family and Youth Services Bureau (FYSB)
Adolescent Pregnancy Prevention (APP) Grantees**

Issue 4

- Page Number: 46
- Paragraph or Exhibit: Avoid pregnancy and STDs
- Medical Topic(s): Adolescent sexual activity
- Medical Accuracy Issue: Text states, “59% of teens, ages 14-18, have not had sex.” According to the Youth Risk Behavior Survey (YRBS), 60.5% of high school students have never had sexual intercourse.
- Recommendation: Updated to reflect current YRBS statistics.
- Reference: <https://www.cdc.gov/healthyyouth/data/yrbs/pdf/2017/ss6708.pdf> (page 60)

Dibble Response: We implemented the recommendation.

**Medical Accuracy Review Form for Curricula and Educational Materials
Family and Youth Services Bureau (FYSB)
Adolescent Pregnancy Prevention (APP) Grantees**

GENERAL REVIEW COMMENTS

Issue 1

- Facilitator Manual, Several PowerPoints and videos are mentioned but were not provided for review.
- Pages vi and 252 of the manual state there is explicit language in some of the videos. Grantees should check with rules and policies where these videos will be viewed to make sure they are in compliance.
- Additionally, some of the scenes could potentially trigger a reaction and facilitators need training and references for students that experience a strong emotional response
- In a recent review of curricula from the same developer, the following was noted for a video that also appears to be in this manual. Page 209: Video titled, “Toothpaste Film” that contains the following:
 - *Cuss word (2:16)
 - *Shows teenagers purchasing condoms (6:06)

Issue 2

- Facilitator Manual, Lesson 10, page 205, the 2nd reference: TheNationalCampaign.org/wov/ link is inaccessible.

Dibble Response: We fixed the link.

Issue 3

- Facilitator Manual, pages 232-233, STDs and HIV Fact Sheet: Text lists accurate, but incomplete list of STDs. Trichomoniasis and hepatitis B are additional STDs that could be discussed.
- Recommendation: Add information for trichomoniasis and hepatitis B.
- Reference: <https://www.cdc.gov/std/default.htm>

Dibble Response: This is a 1 page handout that contains information on the most common STD’s. There is not enough room on the handout to include more STD’s.

Issue 4

- Student Workbook, page 7, bullet 1: Text states, “8 out of 10 first-time sexual relationships last six months or less, and 1 in 4 are one-time occurrences.” Reviewer unable to confirm statement.
- Recommendation: Provide a reference for the statistic.

Dibble Response: We have now included the reference in the workbook.

**Medical Accuracy Review Form for Curricula and Educational Materials
Family and Youth Services Bureau (FYSB)
Adolescent Pregnancy Prevention (APP) Grantees**

Issue 5

- Student Workbook, page 7, bullet 3: Text states, “The majority of sexually experienced teens say they wished they had waited. 67% of teen girls and 53% of teen boys wish they had waited.” Reviewer unable to confirm statement.
- Recommendation: Provide a reference for the statistic.

Dibble Response: We have now included the reference in the workbook.

Issue 6

- Student Workbook, page 19, note at the bottom of the page: Text states, “One in three sexually active teenage girls gets pregnant by age 20.” Reviewer unable to verify the statistic.
- Recommendation: Provide a reference for the statistic.

Dibble Response: We have removed that text from the workbook.

(PP) Point out when the “love chemicals” are surging it’s hard to know if this is someone who is a good match for you. And, more seriously, there might be some problem behaviors you’re not even seeing:

- No common interests
- Values out of sync
- Not really fun or interesting
- Can’t communicate
- Negative person/moody
- Uses people
- Not committed to school
- Dishonest
- Sees self as victim
- Always blaming others
- Changes just to please others
- Angry and controlling
- Abuses substances
- Cheats; can’t stay faithful
- In trouble with the law

What you may not be seeing

- No common interests
- Values out of sync
- Not really fun or interesting
- Can’t communicate
- Negative person/moody
- Uses people
- Not committed to school
- Dishonest
- Always blaming others
- Changes just to please others
- Angry & aggressive
- Abuses substances
- Cheats; not faithful
- In trouble with the law

Copyright 2018 by Marline E. Pearson. All rights reserved. Relationship Smarts #113

(PP) Let’s watch this quick science video on the love chemicals.

Offer the following tips for dealing with the chemistry of attraction: (PP)




www.youtube.com/watch?v=eDMwpVUhxAo

Copyright 2018 by Marline E. Pearson. All rights reserved. Relationship Smarts #113

- ❖ *Romantic feelings are normal, exciting, and confusing.*
- ❖ *Enjoy these fabulous feelings but take time to read their true meaning.*
- ❖ *These feelings could be the first step of love, but just as easily those feelings could quickly peter out and mean nothing.*
- ❖ *A person’s appearance, body language—his or her whole presentation—says things to us. We make associations and assumptions about the person that may or may not represent the reality of who the person really is.*

3-6-9 Month Tip



Enjoy the great feelings...but remember you won’t see clearly until those chemicals settle down a bit. Have fun, get to know each other. Be clear about your boundaries on physical affection.

Copyright 2018 by Marline E. Pearson. All rights reserved. Relationship Smarts #113

- ❖ *There are real benefits to going slow and getting to know someone—to see if the basic qualities important to you are even there. Hold up glitter bottle. Notice that the glitter has settled so you can see more clearly.*
- ❖ *Sex can truly fool a person into thinking there is more to a relationship than there really is.*

A tip: *Have fun, keep it light and get to know each other. Be clear and communicate about your boundaries on physical affection from the very start.*

- ❖ *And remember that being drunk or high not only clouds your judgment, but can cause you to do sexual things that you wouldn’t normally want to do.*
- ❖ *It most definitely can increase your risk for unintended pregnancy and STDs and for misreading a person’s intentions.*
- ❖ *Consent is not possible when drunk. It can lead to date rape.*

Announce that you have some important findings that all teens need to know. But, state that first you have an opinion question.

❖ *Do you agree or disagree with this statement: Most high school teens have had sex?*

Ask for a raise of hands for agree and then for disagree. Then proceed and ask for volunteers to read the points of information as you advance the PowerPoint slides. (PP)

Did You Know?

1. 60.5% of high school age teens report they have never had sexual intercourse. (The CDC collects data on thousands of high school teens every two years.)
2. 47.8% of high school teens report they have had no sexual contact whatsoever.
3. Surveys show that the majority of sexually experienced teens wished they'd waited.
- Almost 7 in 10 girls, and over 5 in 10 boys.
4. So, think about it. More than half of all teens have not had sexual intercourse, and of the 40% that have, most wish they had waited.
5. Some teens—especially boys because of social pressure—lie about having sex.
6. Surveys show both girls and boys respect teens who have decided to wait on sex and stay true to their intentions.
7. 8 out of 10 first-time sexual relationships last six months or less. 1 out of 4 are one-time occurrences.

Relationship Smarts PLUS

Information All Teens Should Know

- The Centers for Disease Control collects data on teens every two years about their sexual activity and other behaviors. 60.5% of high school teens have not ever had sexual intercourse.⁴
- The same study shows that 45.7% of high school teens have had no sexual contact whatsoever with anyone.
- Surveys of sexually experienced teens reveal that the majority (guys and girls) wished they had waited. 67% of teen girls and 53% of teen boys wish they had waited.³
- More than half of all teens have not had sexual intercourse and, of the 41% that have, most wish they had waited. Unfortunately, many teens who have not had sex think they are out of it because they believe everybody's doing it. But that is not so.
- Some teens—especially boys, because of social pressures—lie about having had sex. Even those who brag about how many people they have had sex with may not be having sex at all. We know this from teen surveys and interviews.
- We also know from surveys that both girls and boys show significant respect—though often unspoken—for teens who stick to their intentions to wait on sex.⁵
- A national survey found that 2/3's of young adults (66%) agree "if teenagers knew that less than half of all teens are sexually active, it would help them wait longer to have sex."
- Most first-time sexual relationships are romantic but short-lived. Eight out of ten first-time sexual relationships last six months or less. One-quarter are one-time occurrences.²

Notes:

- 1 For a quick study, see TedTalk by biological anthropologist, Helen Fisher at ted.com/talks/helen_fisher_studies_the_brain_in_love.html. For a more scholarly treatment see Fisher, Helen. (2004) *Why We Love: The Nature and Chemistry of Romantic Love*, Henry Holt Publishers.
- 2 ChildTrends. See Research Brief, "First Time: Characteristics of Teens' First Sexual Relationships," 2003. ChildTrends.org
- 3 See annual surveys conducted by The National Campaign to Prevent Teen and Unplanned Pregnancy. *In One Voice 2012*. TheNationalCampaign.org/wov/
- 4 Centers for Disease Control Youth Risk Behavior Survey 2017. <https://www.cdc.gov/healthyyouth/data/yrbs/pdf/2017/ss6708.pdf>
- 5 From *This Is My Reality: The Price of Sex*, a report on the attitudes of low-income African American youth on sex and relationships. Summary report available from TheNationalCampaign.org or full report from meeproductions.org.
- 6 With One Voice 2012, national survey conducted by The National Campaign to Prevent Teen and Unplanned Pregnancy.

RESOURCE 3a

Test Your Love Smarts

TRUE FALSE

- 1. There is probably only one person meant for you.
- 2. Breaking up should be done slowly so you don't hurt the other person too much.
- 3. If you feel the chemistry, (i.e., intense attraction) it's probably love.
- 4. If you find the right person, you will be happy.
- 5. Opposites attract.
- 6. Happy couples have fewer differences and argue less than unhappy couples.
- 7. On average, people have one serious romance before they find someone they want to marry/commit to.



Breaking Up and Dating Violence

Overview

This lesson starts with the topic of breaking up. It follows naturally after the previous lesson on healthy and unhealthy relationships. Topics include how to know when it is time, how to do it, and how to move forward after a breakup. The lesson then moves on to address dating violence. According to the CDC's Youth Risk Behavior Survey (2017), 8% of high school students who had dated or gone with someone in the last 12 months report being hit, slapped, or physically hurt on purpose by their boyfriend or girlfriend and 6.9% reported sexual dating violence.¹ Some young people do not realize they are in relationships that are abusive—verbally, emotionally, physically, or sexually. Many are unclear about what respect and normal boundaries in relationships look like. This lesson will educate young people about the continuum of unhealthy relationships, from the serious problem of disrespectful behavior to the most dangerous patterns of dating violence. The goal of this session is to raise awareness of, prevent, and take action against dating violence. The lesson will also address sexual dating violence, sexual assault, and issues of consent and coercion.

The *Red Flags Competition* activity and the *It Depends* discussion use descriptive, real-life scenarios that are LGBTQ inclusive to help young people recognize unhealthy patterns and early warning signs, as well as actual abusive behaviors. Participants will learn about the kinds of abuse seen most frequently in youthful relationships and the signs of greatest danger at any age in relationships, teen or adult. Several short and engaging YouTube clips are hyperlinked inside the PowerPoint slides. *A Call to Men*, an inspiring TED Talk by Tony Porter, is used to engage youth, especially young males.

This lesson also raises awareness about how intimate partner violence harms children.

Drawing the line of respect early in relationships with partners or friends will be stressed. Practicing assertiveness skills to respond to disrespectful comments and behaviors, especially when these patterns **first emerge**, will be highlighted. The goal is to motivate teens to set high standards, recognize warning signs, and take action.

Youth will become familiar with important websites on dating violence and sexual assault. *Love Is Respect* (LoveIsRespect.org) is filled with interactive pages and quizzes (*Am I a Good Boyfriend/Girlfriend*, *Healthy LGBTQ*; *Help a Friend*, *Healthy Relationship Quiz*, *Communicate Better*). There is a live chat line via text (text "loveis" to 22522) or phone (The National Teen Dating Abuse Helpline 1-866-331-9474). RAINN.org (Rape, Abuse, and Incest National Network) is the largest anti-sexual violence organization with over 1,000 local service providers. The site is filled with information and where and how to get help. RAINN also has a chatline and helpline 24/7.

Important note: Some youth feel they don't have to pay attention to dating violence prevention education because they are in a same-sex relationship. But, the data from the CDC Youth Risk Behavior Survey (2015) finds that sexual and physical dating violence is higher among LGB youth. It is important for everyone to have awareness and to develop skills to protect themselves and help their friends.

Goals

- Improve decision-making around the issues of breaking up: knowing when it's time, learning better and worse ways to break up, and knowing how to move forward.
- Deepen awareness of abusive behaviors and warning signs of dating violence.
- Raise awareness of issues of consent and sexual assault.
- Provide practice in setting boundaries and applying them at the first signs of disrespectful behavior.
- Increase motivation to learn communication and conflict management skills to manage arguments and frustrations.
- Raise awareness of types of partner violence and signs of greatest danger.
- Explain the risks to children in homes with intimate partner violence.
- Become familiar with teen dating violence and sexual assault websites and the importance of reaching out for help from parents and caring adults.

Lesson at a Glance

6.1 Breaking Up (10 minutes)

Activities: *Stay Together or Break Up?*; *Better and Worse Ways to Break Up*; *Surviving a Breakup*

6.2 Early Warnings and Red Flags (15–20 minutes)

Activities: *Red Flags Competition*; Discussion, *It Depends*; Video clip: *Respect the Line*

6.3 Types of Intimate Partner Violence and Warning Signs (10 minutes)

Activities: *Types of Partner Violence*; *Warning Signs*; Video clip: *Know the Signs*; *Getting Help*

6.4 Sexual Assault (10 minutes)

Activities: *Tea and Consent* video clip; TED Talk: *A Call to Men*

6.5 Harm to Children (3 minutes)

6.6 Draw the Line of Respect (10 minutes)

Activities: Discussion: *What's a Healthy Relationship*; *Draw the Line of Respect*; *Helping Friends*

Parent-Teen Connection

- ❖ *In one recent study, 30% of teen respondents said they received texts 10, 20, or 30 times an hour from their partner demanding to know where they are, who they are with, and what they are doing.² This behavior is a big red flag.*
- ❖ *People can be coerced and bullied with digital technology.*

How common is dating violence? (PP)

- ❖ *Among the roughly 69% of students nationwide who had dated or went out with someone in the past 12 months:*
 - *9.1% of girls and 6.5% of boys reported they had been hit, slammed into something, or injured on purpose by someone they were dating or going with.*
 - *10.7% of girls and 2.8% of boys reported they had been forced to do sexual things they did not want to do (counting kissing, touching, and being physically forced to have sexual intercourse) by someone they were dating or going out with.*
- ❖ *The survey finds that LGBQ teens experience dating violence at high levels. 17.2% of gay, lesbian, or bisexual and 14.1% of not-sure students reported physical dating violence. 15.8% of gay, lesbian, or bisexual and 14.1% of not-sure students reported sexual dating violence.³*
- ❖ *It is important for everyone to have an awareness and develop skills to protect themselves.*

Among teens who dated or went out with someone in the past 12 months:


- 9.1% of girls & 6.5% of boys reported **Physical Dating Violence** meaning hurt on purpose by someone they were dating or going with (hit, slammed into something or injured by an object or weapon).
- 10.7% of girls and 2.8% of boys reported **Sexual Dating Violence** meaning forced to do sexual things they didn't want to do (from kissing, touching to being physically forced to have sexual intercourse) with someone they were dating or going with.
- LGBQ teens experience physical and sexual violence at high levels:
 - 17.2% of gay, lesbian or bisexual students and 14% of not-sure students reported physical dating violence
 - 15.8% of gay, lesbian or bisexual students and 14% of not-sure students reported sexual dating violence
- It's an issue for everyone

Copyright 2018 by DBM&L Institute, all rights reserved. Relationship Smarts PLUS

Many teens do not report it:

- ❖ *Many teens do not report violence. They may be afraid or embarrassed to tell friends or family. (PP)*
- ❖ *In addition, sexual minority youth may feel stigma, discrimination, family disapproval, or social rejection.*
- ❖ *Reaching out for help to get to safety and to begin a process of healing is important for anyone experiencing any form of abuse. In a few minutes, we'll explore a couple of websites and discuss who a person could reach out to for help.*
- ❖ *But first, we'll look at different forms of physical dating violence.*

Getting Help



- Many teens do not report violence. They may be afraid or embarrassed to tell family or friends.
- In addition, sexual minority youth may feel stigma, discrimination, family disapproval or social rejection.

Copyright 2018 by DBM&L Institute, all rights reserved. Relationship Smarts PLUS

6.3 Types of Intimate Partner Violence and Warning Signs

- Videos (embedded in PowerPoint slides or on YouTube):
 - *A Call to Men*
 - *Know the Signs*

10 minutes

This section starts with a discussion of teen physical dating violence and then moves into a deeper discussion of types of intimate partner violence (IPV). It underscores that all types and levels of abuse should be taken seriously by both females and males—all types are unhealthy and dangerous, even potentially lethal.³ Teens will learn about the signs of greatest danger. Videos have been chosen to emotionally engage and inspire. The links to these videos are found in the lesson and on the PowerPoint slides.

ACTIVITY



Types Of Partner Violence

Introduce with these points: (PP)

- ❖ *When it comes to relationship violence, people often have different ideas about what's dangerous, who is most at risk of injury, what causes it, and whether females and males do the violence equally. What do you think? Pause for responses.*
- ❖ *Well, it is a little complicated. What the research shows is that when it comes to teen relationships, girls are just as likely to be physically violent in their dating relationships as boys.*
- ❖ *Sometimes girls are violent to defend themselves or fight back against a violent boyfriend. But sometimes girls initiate the violence.*
- ❖ *It is common for teen dating violence to be mutual, meaning that both the guy and the girl use violence in their relationship.*
- ❖ *In a heterosexual relationship, a girl has greater risk of being seriously injured. But it is still important for us to understand that this is not just a guys' issue.*
- ❖ *And, it's also not just a heterosexual issue. Dating violence can happen in all types of relationships, regardless of sexual orientation or gender.*

Dating Violence

- Both guys and girls get into arguments in their relationships.
- Some don't know how to deal with conflict in safe and healthy ways.
- Take it seriously – work to change.

Relationship Smarts #115

the help of supportive adults. Review the websites and offer contact information for support and resources in the school and community. State your willingness to help anyone find support.

Parent-Teen Connection

(PP) Pass out *Breakup Tips* (Resource 6a, pg. 114) and *Surviving a Breakup* (Resource 6b, pg. 115). Have teens ask a parent or trusted adult to read through them and ask if they have any further wisdom or stories to offer. Or, use *Worried About a Friend?* (Resource 6e, pg. 118) to discuss with a parent or trusted adult. As a bonus, have teens ask a parent or trusted adult to browse the LoveIsRespect website.

Parent-Teen Connection

- Choose either *Breaking Up* or *Worried About a Friend?* handouts.
- Ask your parent or trusted adult to read and discuss with you.

Relationship Smarts PLUS

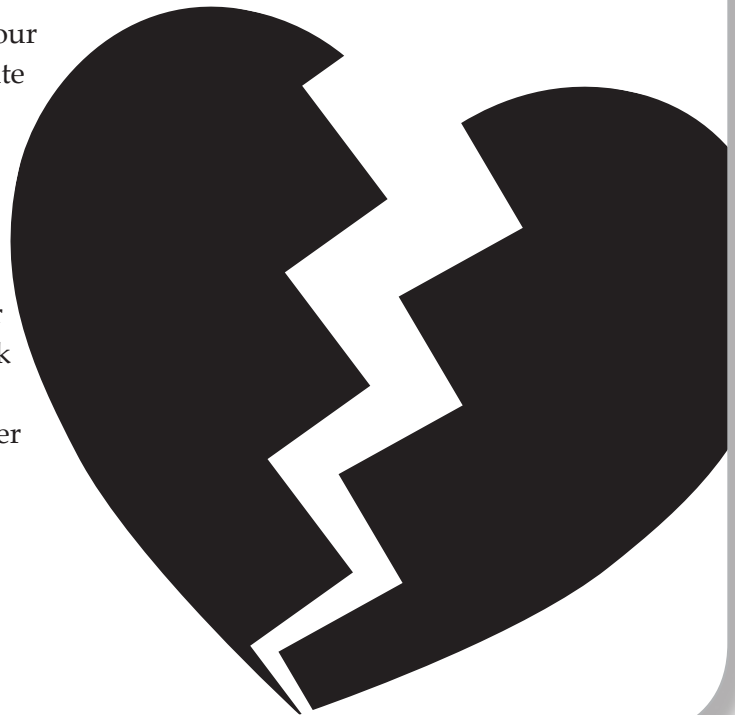
Notes

- 1 Centers for Disease Control, 2017 Youth Risk Behavior Survey.
- 2 Reported in March 1, 2007 E-gram from *The National Campaign to Prevent Teen and Unplanned Pregnancy*.
- 3 Centers for Disease Control and Prevention MMWR. June 15, 2017 <https://www.cdc.gov/healthyyouth/data/yrbs/pdf/2017/ss6708.pdf>
- 4 Johnson, M.P. & Leone, J.M. (2005). The differential effects of intimate terrorism and situational couple violence: Findings from the National Violence Against Women Survey, *Journal of Family Issues*, 26, 322-349. Johnson, M.P. (1995). Patriarchal terrorism and common couple violence: Two forms of violence against women. *Journal of Marriage and the Family*, 57(2): 283-294.
- 5 Johnson, Michael, P., (2008). *A Typology of Domestic Violence: Intimate Terrorism, Violent Resistance and Situation Couple Violence* (Boston: Northeastern University Press)
- 6 Appel, A.E., & Holden, G.W. (1998). The co-occurrence of spouse and physical child abuse: A review and appraisal. *Journal of Family Psychology*, 12, 578-599; Edleson, J.L. (1999). The overlap between child maltreatment and woman battering. *Violence Against Women*, 5(2), 134-154.
- 7 Ibid.

RESOURCE 6a

Breakup Tips

- 1. Talk to an adult you trust.** Go over the reasons it isn't working. If you talk to a trusted friend, make sure it is someone who will keep your conversation private and not encourage drama. If there are any concerns **about your safety** and how he or she will react, ask a trusted adult to assist you.
- 2. Pick a time and place.** Pick a private place. You don't want to do it around his or her friends. The person is likely to become emotional—perhaps cry, be angry, or may want to talk. Give them the respect that privacy provides. Don't tell the person right before a big event, such as an exam, an event where she or he is performing, a birthday party, the start of the school day, or when she or he is just about to leave on vacation. A good time is on a Friday after school or on a Saturday. You will both have time to start getting over it and talk to supportive friends and adults before school begins again. And, be sure to tell the person yourself. (**Note:** if you think the person may become violent, break up in a place where you can maintain your safety, where a caring adult can be present with you. More on this in the next section.)
- 3. Make a clean break.** Spell it out clearly. Don't waste time and make empty promises. Be honest and direct, but not cruel. Do not send a mixed message. Say: "I want to break up. This relationship is over." Or, "I do not have the same feelings anymore. I do not love/like you like a girlfriend/boyfriend."
- 4. A method to avoid cruelty:** Include in your conversation what you like and appreciate about them. Point out their strengths or what you appreciated about the relationship. But don't give false hopes or mixed messages about your decision.
 - **Caution:** If a person threatens to harm or even to kill himself or herself if you break up, you must reach out to parents, his or her parents, a school counselor, or another caring adult.



10.3 Understanding Sexual Regrets

- Workbook: *Intimacy—It’s Not Just a Physical Thing* (pg. 32)
- Workbook: *The Connections that Build Intimacy* (pg. 33)

8 minutes

Begin by saying you want to read aloud some quotes from real teens. Read aloud Miguel and Amber’s statements on pg. 32 in the workbook.

- ❖ *We often hear of guys pressuring girls, but it seems like Miguel was pressured by a girl. That happens. And what if Miguel was gay or questioning? Guys pressure other guys too, just as girls can pressure girls.*
- ❖ *As was mentioned earlier, 60.5% of teens have not had intercourse. (CDC, YRBS 2017)*
- ❖ *And surveys show most teens who have had sex wish they had waited.*
- ❖ *Many say that sex didn’t turn out as they had imagined or hoped for.*
- ❖ *For others, sexual involvement simply made things complicated.*
- ❖ *Another interesting finding is that 8 out of 10 first-time teen, sexual relationships last 6 months or less, and one-quarter are one-time affairs.³*

Point out that although young people hear a lot about the risks of STDs and pregnancy, hardly anyone talks about some of the emotional and social risks of sex-too-soon for teens of any gender, identity, or orientation. Present four of them as food for thought. **(PP)**

Some Emotional Risks of Sex-Too-Soon

Some Emotional Risks of Sex-too-Soon

1. There can be hurt from unmatched expectations.
2. Sex can change a relationship or keep it from growing.
3. Sex can take over a relationship.
4. Sex can keep a bad relationship going that should have ended.

Relationship Smarts PLUS

1. ***The hurt from unmatched expectations.*** Sex always carries expectations. One person may expect or assume that sex means something, like tender and mutual feelings for each other, a relationship, or love. For another, it merely may mean we did it and we’ll do it again. It can hurt to find out you were not on the same page whatsoever. How many people have a deep discussion about their sexual values?
2. ***Sex can change a relationship or keep it from growing.*** Because of unmatched expectations over the meaning of sex, there is less honesty and less talking about true feelings, which leads, in turn, to more wondering about the real feelings and intentions of the other person. Then comes the tension. One pressures for more sex; the other pressures for a relationship. The result? Instead of honesty, openness, and meaningful conversations that build a bond of friendship, trust, and intimacy, there is more questioning, dishonesty, avoidance, second-guessing, or pressuring.
3. ***Sex can take over a relationship.*** Sex can become the major focus. It means that it’s mainly planning opportunities for sex instead of doing fun things together and enjoying each other’s company.

4. *Sex can keep a bad relationship going that should end or never should have started. Sexual involvement can get a person emotionally connected and make it harder to see what is really there. It can keep people in a relationship that should end much sooner. It can get complicated even for those who think it's just "friends with benefits," no strings attached.*

(PP) Now read aloud Mariah's quote on pg. 32 in the workbook. Ask the group about her experience—how sexual involvement kept her in the relationship longer than she should have been. Ask teens what else they learned from her story. Discuss her point about how it dominated her life and kept her from doing other things. (Note: Riley can be male or female)

- Have the group turn to workbook pg. 33 and review the five connections that build intimacy before doing a quick *Think, Pair, Share* activity.



ACTIVITY

Think/Pair/Share

- Read aloud Ebony's quote on pg. 33 of the workbook.
- Then ask teens to pair up and discuss what each person thinks about Ebony's decision and the points she makes. Did she do the right thing?
- Then ask for their responses.

Note: An important point here is that while Ebony describes a healthy relationship with AJ, she still decided to hold off on sex. She is happy with her decision and has no regrets. She seems to realize the risks of sexual involvement as a young teen and the freedoms she gains by sticking to her boundaries.

10.4 Risky Situations for Sex

- *Toothpaste* (a Scenarios USA short film)
- Resource 10b: *Cristina & Bobby—Let's Analyze* (pg. 205)

20 minutes

This section examines risky situations for sex and offers strategies for avoiding them. This information will be reinforced with an engaging, short film with which teens will practice their critical thinking and communication skills.

- ❖ *How does your line fit with your values—the meaning you would want for any level of physical intimacy? Consider under what conditions, when, and with whom you would ever move your boundary line.*
- ❖ *Answer the questions on the benefits of setting the line above the bolded line. Be as specific as possible about emotional, health, and social benefits.*
- ❖ *Then answer the question on the risks of going below the bolded line. Challenge yourself to be specific and to consider all areas: health risks, risks for your future, emotional risks, risks to friendships, freedom to explore and meet new people, etc.*
- ❖ *Being clear about your line can help you stick to your intentions.*

Allow 4 minutes (or assign as homework). When finished, say:

- ❖ *Remember, once you move from just friends to romantic interests, it's important to start talking. The more you are clear in your own head, the more you'll be able to assert what you want to a partner and not be pressured. (Note: Teens will complete *My Personal Plan*, workbook pgs. 35–36, in Lesson 11.)*

Parent-Teen Connection

(PP) Pass out *Parent-Teen Connection—Intimacy and Sexual Decisions*, Resource 10c (pg. 206). Teens are to ask their parent or trusted adult to read the 5 connections that build intimacy on pg. 33 of their workbook, as well as the story of Mariah on pg. 32 and the story of Ebony on pg. 33.

- ❖ *Together, discuss the 5 dimensions of intimacy and compare the decisions of Mariah and Ebony.*
- ❖ *Ask your parent or trusted adult what he or she feels the benefits are in deciding to leave sex out of teen relationships.*
- ❖ *Ask him or her to sign and return for credit.*

Parent-Teen Connection

- Show parents or trusted adult pages 32 and 33 in the workbook.
- Discuss together the 5 dimensions of intimacy and compare the stories of Mariah and Ebony.
- Ask your parent or trusted adult to say what they feel the benefits are in deciding to leave sex out of teen relationships.
- Pass out Resource 10c for signature.

Copyright 2018 by Corinne Community All rights reserved. Relationship Smarts #105

Notes

- 1 With One Voice 2012. A survey by the National Campaign to Prevent Teen and Unplanned Pregnancy. August 2012.
- 2 See surveys conducted by the National Campaign to Prevent Teen and Unwanted Pregnancy, *With One Voice 2012*. https://success1st.org/uploads/3/4/5/1/34510348/wov_2012.pdf
- 3 *Child Trends*. (2003). See research brief, "First Time: Characteristics of Teens' First Sexual Relationships" (ChildTrends.org)

RESOURCE 10a

Chart a Relationship

Using the six-part intimacy framework, ask teens to place an “X” somewhere between 0% (signifying “no connection”) to 100% (“very connected and on the same page”) as you read about each one.

0%50% 100%

Physical	
Verbal	
Emotional	
Social	
Spiritual	
Commitment (a line for each person)	<hr style="border-top: 1px dashed black;"/>

Pregnancy, STIs and HIV

Overview

As a nation, we have made great strides in preventing teen pregnancy. From 1991 to 2017, teen birth rates fell 70%, from 61.8 to 20.3 per 1,000 live births. Yet the U.S. persists in having one of the highest teen birth rates in the developed world; and strikingly disproportionate teen birth rates continue for some groups, particularly Latinos, African Americans, and American Indians/Alaska Natives. Work remains to reach more youth, and particularly disconnected and vulnerable youth, including LGBTQ youth. Compelling reasons, that will stick beyond the teen years, to avoid pregnancy before attaining adulthood and marriage are important, given the steady and significant rise of non-marital births to young adults that impact child well-being.¹

STDs are at an unprecedented high in the U.S., according to the CDC. 2017 was the fourth year in a row in which STD increases were seen for chlamydia, gonorrhea, and syphilis.² Many cases go undiagnosed and unreported and data on several additional STDs are not routinely reported to the CDC. As a result, the CDC surveillance report captures only a fraction of the true burden of STDs in America. The CDC estimates that 20 million new sexually transmitted infections occur every year in this country, half among young people ages 15–24. Young people, females and gay or bisexual males, continue to face the greatest risks.

Young people need good information and they need compelling reasons—social, emotional, and health—for sexual delay and sexual risk avoidance. The lessons up to now on healthy relationships, and Lesson 10 on sexual decision-making, have engaged youth in deeper reflection on sexual values and context and timing for sex.

As much health information is conveyed in this lesson, it will be communicated clearly that the only form of protection from pregnancy and STDs that is 100% effective for teens is to refrain from sex—any type of sex.

Lesson 11 begins with an activity to engage, correct faulty information, and dispel common myths about sex, pregnancy, and STDs and HIV. The second section delves more deeply into STDs and HIV. There is an engaging video clip and discussion on HIV. There will be a short section with information on condoms and contraception, framed within a family-planning context for married couples.

Role-plays, with diverse pressure situations that are inclusive, will offer assertiveness and refusal skill practice. The lesson ends with teens designing their own detailed, personal plans for their sexual choices. This exercise will ask them to use what they have learned to make a very detailed, personal plan for themselves to help them stay true to their intentions.

This lesson will reinforce the wisdom of sexual delay until adulthood and marriage, does not normalize teen sexual activity, and offer teens medically accurate information on these subjects.

Note that this lesson will use the term STD, even as STI is increasingly used. Some people think the newer term helps minimize embarrassment about these illnesses. Youth are sometimes confused by the term STI. Many think STI means curable and STD incurable; or that one has symptoms while the other does not. This program will use the term STD, as the CDC does in most of its publications. It is important, however, to point out to youth that STI and STD are often used interchangeably but they refer to any infection transmitted through sexual contact.

This lesson is inclusive of LGBTQ youth, who are often ignored in pregnancy prevention. Recent studies and the 2017 CDC Youth Risk Behavior Survey show that sexual minority youth have higher pregnancy and sexual risk behavioral rates than heterosexual youth.³ Not all LGBTQ-identified teens have sex. Those that do may have sex with a same-sex partner, with an opposite-sex partner, or both. In understanding pregnancy rates, it's important to know that LGBTQ teens may have sex with a person of the opposite sex for any number of different reasons. Teens may be exploring or questioning. Some are exploited by others.

LGBTQ teens can face stigma, family disapproval, or fear of social rejection. Also, LGBTQ students report experiencing substantially higher levels of bullying and physical and sexual violence, including being forced to have sexual intercourse. LGBTQ have higher rates of homelessness, putting them at risk for abuse on the streets, being forced to exchange sex for shelter, being exploited by sex traffickers, and using and/or abusing drugs and alcohol, which makes using a condom to reduce risks less likely.

Goals

- Gain accurate information to dispel faulty assumptions about pregnancy, STDs, and HIV.
- Examine how alcohol and drugs increase risks for sexual assault, pregnancy, STIs, and regrets.
- Practice communication and assertiveness through role-plays for pressure situations.
- Explore practical strategies for changing course—resetting one's boundaries.
- Develop a personal plan for sexual delay and risk avoidance.

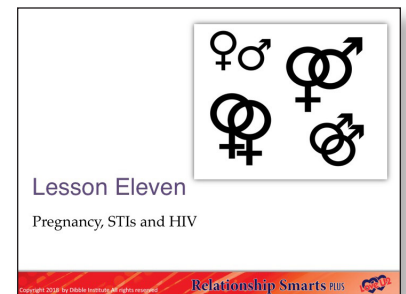
11.1 Test Your Knowledge about Sex, Pregnancy, and STIs/HIV

- Lesson 11 PowerPoint slideshow
- Resource 11a: *Test Your Sex, Pregnancy, and STD Smarts* (pgs. 226–228)

15–20 minutes

Introduce this lesson:

- ❖ **(PP)** *In the last session we focused on clarifying values and making decisions about sex.*
- ❖ *In today's session, we are going to focus on sexual health issues.*
- ❖ *We'll start with an activity to test your current knowledge about sex, pregnancy, and STDs and HIV before viewing a short film.*
- ❖ *Then, through a series of role-plays, you will put your health knowledge together with the work you did on clarifying your intention and practice assertiveness in a number of scenarios.*
- ❖ *Finally, you will create your own personal policy and plan.*



The centerpiece of this section is an activity that corrects faulty information and dispels common myths. Utilizing a True/False quiz, teens will move back and forth to opposite sides of the room while engaging in discussion on the presentation of information. These statements represent some of the most common, but faulty, beliefs held by teens.

ACTIVITY

Test Your Knowledge

Place a True sign on one side of the room and a False sign on the other. Announce to the group that you have a series of statements. If they believe a statement is True, they are to physically move to that side of the room; and if they believe it is False, they are to go to other side. They must choose one or the other, even if they are not sure.

Before elaborating with accurate information (utilizing Resource 11a, pgs. 226–228), ask for a volunteer to state why they chose True or False. Ask if there are further questions after you relay correct information. Then go on to the next question.

Instructor note: The information below is important for all teens, regardless of sexual orientation. LGBTQ youth have often been ignored in pregnancy prevention. But LGBTQ youth are actually more

likely to engage in behaviors that may result in unintended pregnancy.⁴ Lesbian and bisexual youth experience a higher risk of unintended pregnancy than their heterosexual peers. Lesbian or bisexual girls' teen pregnancy rate is 12 percent higher than their heterosexual peers'. LGBTQ youth, at a rate of almost 60 percent, reported having four or more sexual partners during their lifetimes, compared with 11 percent among their heterosexual peers.⁵ Background information for the instructor is found via links in the final PowerPoint slide.

(PP) Advance by clicking for each statement in the PowerPoint slides.

1. *It seems almost everyone in high school is having sex.*

False. 60.5% have not had sexual intercourse and 47.8% have had no sexual contact whatsoever with another person. And the majority of sexually experienced teens say they wish they had waited longer.

2. *You can't get pregnant the first time you have sex.*

False. A female can become pregnant the first time she has sex and a guy can get a female pregnant the first time he has sex. Anytime a female has vaginal sex with a guy, she is at risk for becoming pregnant.

3. *A female can't get pregnant if she has sex during her period.*

False. Even though it is less likely, anytime a female has sex, there's a chance. Many women have irregular period cycles or unpredictable ovulation. And it's especially common for teens to have irregular cycles, so it's hard to know exactly when ovulation is happening.

4. *Sperm can live up to five days inside a woman's reproductive tract.*

True. This is why there are many more days than just one a month that a woman can get pregnant, even though she ovulates—that is, releases an egg—once a month (typically) and the egg is only viable for 12–24 hours for fertilization. Most women do not know the exact day they ovulate.

5. *If the guy pulls out, a girl can still get pregnant.*

True. The pull-out method is one of the least effective methods to prevent pregnancy and there is zero protection from STDs. Withdrawal is difficult to get exactly right, especially consistently, since it requires a lot of self-control. And that control is especially hard for younger guys.

Even if he pulls out before he ejaculates, there is still a chance she can get pregnant. And if he pulls out and ejaculates near enough to her vagina that the semen is able to come into contact with her vulva, she can get pregnant.

The image shows a PowerPoint slide with the title "Test Your Sex, Pregnancy, & STD Smarts!". It contains a list of 13 statements for a quiz. A small inset image shows a woman in a blue top holding a pregnancy test. At the bottom right, there is a red octagonal sign that says "SEXUALLY TRANSMITTED DISEASE". The footer of the slide reads "Copyright 2018 by Delta Institute of Health Sciences" and "Relationship Smarts PLUS".

Test Your Sex, Pregnancy, & STD Smarts!

1. It seems like everyone in high school is having sex.
2. You can't get pregnant the first time you have sex.
3. A female can't get pregnant if she has sex during her period.
4. Sperm can live up to five days inside a woman's reproductive tract.
5. If the guy pulls out, a girl can still get pregnant.
6. Just because a person has an STD doesn't mean they look healthy.
7. Gay and lesbian teenagers who have sex don't get pregnant.
8. Condoms offer the best protection against pregnancy.
9. A person with an STD, and especially HIV, typically has symptoms or doesn't look healthy. A person would know if a sex partner had something.
10. All STDs stick with you forever.
11. You can't get STDs from oral sex. Besides it's not really sex.
12. You don't have to "go all the way" to get an STD.
13. If a female is on birth control she's protected from STDs.

SEXUALLY TRANSMITTED DISEASE

Copyright 2018 by Delta Institute of Health Sciences
Relationship Smarts PLUS

6. ***Jumping up and down, rinsing out the vagina (douching), or peeing after sex will prevent pregnancy.***

False. None of these things after intercourse will get rid of the sperm. In fact, douching can actually increase the chance for pregnancy, since it can push sperm further up. Jumping does nothing for 200–500 million sperm vigorously swimming upstream and which live for up to 5 days inside the woman’s body. Urine comes out of the urethra, a totally different opening than the vagina. **Not having sex is the 100%, sure way not to get pregnant.**

7. ***Gay and lesbian teenagers who have sex don’t get pregnant.***

False. LGBT teens that have sex with members of the opposite sex are significantly less likely to use birth control, which results in a much higher pregnancy rate. Lesbian, gay, and bisexual teens that are sexually active have pregnancy rates that are actually higher than those of heterosexual teens who have had sex. Not all LGBTQ-identified teens have sex. Those that do may have sex with a same-sex partner, with an opposite-sex partner, or both.

Every teenager, regardless of gender, identity, or sexual orientation needs the skills to build healthy relationships and healthy selves. All teens need to think about the quality, the timing, and meaning of sex. And all teens need to know the facts on STDs and pregnancy. All teens need to make clear decisions about sex and plans to stay true to their intentions.

8. ***Condoms offer the best protection against pregnancy.***

False. Not having sex is the only 100% effective way to avoid pregnancy and STDs. Condoms can reduce the risk of pregnancy. The hitch: Most people do not use condoms perfectly, correctly, and consistently. With typical use, condoms are only 82% effective at preventing pregnancies. It is true that condoms significantly reduce the risks for contracting most, but not all, STDs and that is why anyone having sex must always use a condom. However, only latex condoms (polyurethane or polyisoprene if allergic to latex) are proven to reduce—though not eliminate—the risk of acquiring STDs, while other types (such as lambskin) do not and are therefore not recommended.

9. ***A person with an STD, and especially HIV, typically has symptoms or doesn’t look healthy. A person would know if a sex partner had something.***

False. Most people with STDs, including HIV, have no symptoms. Most STDs are transmitted when people are unaware. Any untreated/uncured or viral STD that a partner’s former partner(s) may have had can be passed to you. It really means that when a person has sex, he or she is potentially exposed to every person their partner has ever had sex with and who had an untreated/uncured or viral STD.

This is why any couple, including those getting married, must get tested beforehand. If a partner is unwilling to be tested before any sexual contact, it is a sign the relationship is not ready for sex.

10. All STDs stick with you forever.

False. Some STDs are bacterial and can be treated and cured with antibiotics. For example, chlamydia, gonorrhea, and syphilis can be cured. But, the problem is many do not know that they have it. Many do not have symptoms or they don't recognize the symptoms as an STD.

Herpes and HIV are **viral** and cannot be cured. Symptoms may be managed. In most cases, HPV goes away on its own and does not cause any health problems. But when HPV does not go away, it can cause health problems, like genital warts and cancer. **Viral or bacterial**, many can go undetected and do serious and permanent damage to the body. We'll examine this in greater detail in a moment.

11. You can't get STDs from oral sex. Besides, it's not really sex.

False. Oral sex is sex. There are three main types of sex: vaginal, oral, and anal. You can get any STD from any form of sex. Herpes, syphilis, chlamydia, gonorrhea, HPV, and HIV can all be acquired from oral sex. The person giving oral sex to a guy who ejaculates is at higher risk, although any gender with any partner can transmit and receive STDs through oral sex. Even if no ejaculation, the person is still at risk for getting HIV and other STDs.

12. You don't have to go "all the way" to get an STD.

True. That is, if by "all the way" you mean vaginal intercourse. You already know that oral sex can transmit any and all STDs. Some bacterial and viral STDs are found in bodily fluids, like semen (cum), pre-seminal fluid (pre-cum), vaginal fluids, rectal fluids, blood, and breast milk; but others, like herpes, HPV, and syphilis, are spread by skin-to-skin contact. Sometimes those infections are on other places on the body.

13. If a female is on birth control, she's protected from STDs.

False. Hormonal birth control (pill, patch, implant, IUD, the Depo shot, ring) or copper IUDs give zero protection against STDs. However, **correct** use of condoms (latex, or polyurethane or polyisoprene if allergic to latex) each and every time can significantly reduce one's chances for getting most, but not all, STDs.

Planning a Family

Point out that many married couples want to plan when or if to start a family. To do so, couples have a number of methods available for preventing pregnancy.

Instructor note: The options will be listed in the order of effectiveness with typical use (i.e., not perfect) according to the CDC. Put up the PowerPoint slide as you describe each one. (PP)



1. The **implant** is a hormonal contraceptive that is a tiny rod the size of a matchstick. It is inserted under the skin of a woman's upper arm by a healthcare professional. It lasts for up to 3 years and is 99.99% effective.
2. The **IUD** (intrauterine device) is inserted through the cervix by a healthcare professional and can be removed at any time. Depending on the type, it can last for 3, 5, or 10 years. It is 99.2% to 99.99% effective.
3. Female or male **sterilization** (vasectomy) is 99.5% to 99.85% effective and not reversible. Some couples, after they are done having children, opt for this.
4. **Depo-Provera** is a hormonal shot that must be taken every 3 months on schedule. It is 96% effective.
5. The **birth control pill**, which must be taken every day, is 93% effective. If days are missed, effectiveness is compromised.
6. The **patch** is a thin, square, plastic patch with hormones that is placed on the belly, arm, upper torso, or buttocks. A new patch is put on once a week for 3 weeks; no patch is worn for the fourth week. It is 93% effective.
7. The **ring** is about a two-inch ring that a woman inserts into her vagina up to the cervix. It is left in for 3 weeks, taken out, and then a week later a new one is inserted. It is 93% effective.
8. The **diaphragm** and the **cervical cap** are both flexible cups (used with spermicide) that are inserted into the vagina, up close to the cervix, each time before sex. A healthcare professional needs to determine the size. The diaphragm is 83% effective.
9. The **male condom** is 87% effective with typical use. The **female condom** is 79% effective.
10. The foam **sponge** is small and donut shaped and contains a spermicide. It is inserted up into the vagina to the cervix. It is 86% effective for women who have never had a baby and 73% for women who have had a baby.
11. **Fertility Awareness Based Methods** (rhythm) involves daily tracking of a woman's cycle to determine when she is fertile. It is 77% to 98% effective.

Point out that certain antibiotics can reduce the effectiveness of some hormonal contraceptives.

Ask if there are questions or invite students to write questions for the question box. Pass out slips of paper and ask **all** teens to write a question or "no questions."

11.2 STIs and HIV Are for Real

In this section, teens will view a YouTube video, *Who Do You Know?* It addresses common myths about STDs and HIV. Discussion will follow the viewing. Next, teens will review STD/HIV facts.

- Lesson 11 PowerPoint slideshow (video embedded in PowerPoint slide)
- Resource 11b: *STDs and HIV Fact Sheet* (pgs. 229–230)
- Optional: Prepared flip chart paper for activity

30 minutes or more

MEDIA OPPORTUNITY

Who Do You Know?

Play the film. (If you are short on time, an 11-minute, condensed version can be found at the end of the PowerPoint slideshow.) (PP)

After the film, discuss the characters and ask the group what myths about HIV they heard. Listen to what they picked up before adding, if needed:

- ❖ *People with STDs or HIV don't have to look sick.*
- ❖ *People you know could have an STD or be HIV positive.*
- ❖ *Not wanting to know, not wanting to be tested, is a risk for others.*
- ❖ *If one doesn't know, one will pass it on to others.*
- ❖ *If one doesn't know, one cannot get treated.*



Find the Facts

In this activity, youth find and present the information. Alternately, but less engaging, the instructor can present.

Activity: Find the Facts (PP)

Have 3 large flip chart papers on the wall titled:

1. Which can be cured? Which are incurable? (Draw a vertical line down the middle.)
2. Which ones have the most serious consequences? Describe.
3. Which ones show symptoms? Which do not show clearly recognized symptoms?

Activity: Find the Facts!

Each team is to look for key facts for one of the questions below using the handout. Post your findings on the wall.

1. Which can be cured—which cannot be cured, but only have symptoms managed?
2. Which three have the most serious consequences? Identify and describe.
3. Which show symptoms? Which do not clearly show symptoms? Identify and describe.

Or, create a rap, poster, social media *Instagram*, *Twitter*, *Snapchat*, etc. message or image to get out an urgent message about STDs (or focus on one STD) to other youth.

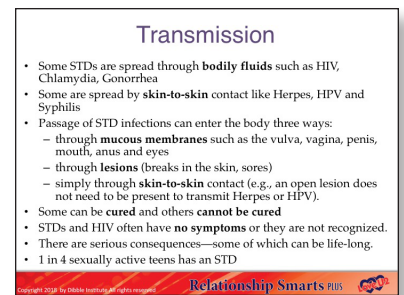
Relationship Smarts PLUS

Pass out *STDs and HIV Fact Sheet* (Resource 11b, pgs. 229–230). Assign each group one of the questions. Allow 5 minutes to read the handout and write their findings on the wall. As they present, correct or elaborate as needed using the information below.

Other possibilities or extra credit: Challenge groups or individuals to make a poster, create a rap, use some sort of social media (*Instagram, Twitter, Snapchat*, or any creative medium they can think of) to get out an urgent message on one or more of the STDs to other youth.

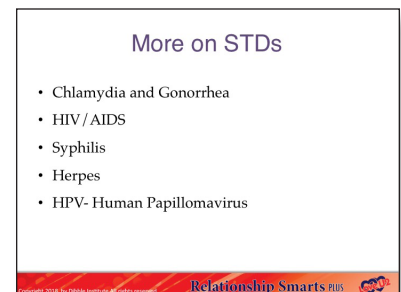
Be sure to weave in the following points:

- ❖ *STDs and HIV can affect different areas of your body, like your throat, vagina, penis, anus, and skin. They are spread in three ways:*
 - **(PP)** *Some are spread through **body fluids**, such as semen (cum), pre-seminal fluid (pre-cum), vaginal fluids, rectal fluids, blood, and breast milk. The mucous membrane of certain areas of the body, like the vulva, vagina, penis, mouth, anus, and eyes, allow fluids to enter the bloodstream. So, passage of the infected bodily fluid is through these mucous membranes or through a lesion (broken skin or sore).*
 - *Others are spread by **skin-to-skin** contact, such as Herpes, HPV, trichomoniasis, pubic lice and scabies. An open lesion does not need to be present.*
 - *Another way STDs can be spread is through **mucous membranes** or through a lesion (broken skin or sore) on the other person, which can be in places on the body not covered by a condom.*
- ❖ *Some can be cured—bacterial ones. Some are viruses and cannot be cured but can be treated to manage symptoms.*
- ❖ *STDs and HIV often have no symptoms, or the symptoms are not recognized as an STD or HIV.*
- ❖ *A person with an STD is more susceptible to getting HIV. This is because any broken skin or sore from an STD is a way for the HIV virus to enter the bloodstream.*



More on STDs (PP)

- ❖ *Some STDs, like **chlamydia** and **gonorrhea** (symptoms often not recognized), left untreated, can develop scar tissue that blocks the fallopian tubes and makes a woman infertile (unable to have a child) or to have an ectopic pregnancy, which can be life threatening. Untreated gonorrhea and chlamydia cause infertility in 20,000 women each year.⁶ Antibiotic-resistant gonorrhea is increasing.*
- ❖ *HIV cannot be cured. If left untreated, it progresses to AIDS, which damages the immune system severely. Without treatment, people with AIDS survive three years. The sooner HIV is detected through testing and treated, the better the chances of prolonging life with medicines (and not having it develop into AIDS). Treating HIV can reduce transmission to others and help a person live a healthier life.*



- ❖ ***Syphilis** is on the rise. Without the right treatment, it can move to the latent and 3rd stage that leads to paralysis, blindness, dementia, and damage to organs and death. Most people don't know they have syphilis because the painless sore in the first stage, that goes away, can be mistaken for a pimple or small bump. The second stage is a rash that also goes away. You can get syphilis by direct contact with a syphilis sore during vaginal, anal, or oral sex. Sores can be found on the penis, vagina, anus, in the rectum, or on the lips and in the mouth.*
- ❖ ***Herpes** cannot be cured. Periodic outbreaks of painful sores can be managed with medicine. Most people spread herpes when they are unaware.*
- ❖ ***HPV** (Human Papillomavirus/Genital Warts) is the most common and easily transmitted STD. There are many types and most go away on their own. HPV cannot be cured, only treated. Some strains cause cervical cancer in women and throat and anal cancers in both men and women. Other strains cause genital warts (small or large). The HPV vaccine, taken before first-time sex, can protect females and males from most, but not all, HPV-caused cancers. Even if you have already had sex, you should still talk with your healthcare provider about your options with the HPV vaccine.*

Question Box: Hold up question box and ask teens to jot down any questions they have. For privacy, ask everyone to put a slip of paper into the box, even if to say, “no questions.” Make a point of responding to them in a later session. Announce that they will get an *STDs and HIV Fact Sheet* (Resource 11b, pgs. 229–230) to take home to their parents for the *Parent-Teen Connection* activity.


Facts on Risk Avoidance

- ❖ ***(PP)** Remember, over half of the 20 million reported STDs each year are among young people ages 15–24.*
- ❖ *1 out of 4 sexually active females, aged 14–19, has an STD.⁷ And many, if not most, teens that are sexually active do not even know they have an STD or HIV.*
- ❖ *The only 100% effective way to eliminate the risk of getting STDs and HIV and pregnancy is not to have sex — any kind.*
- ❖ *Leaving sex out gives you the freedom to enjoy and experience your relationships as a teenager without worries, doubts, complications, or regrets. No one regrets waiting.*
- ❖ *Relationships may be a lot more genuine without sex clouding what you really see in each other. No one regrets waiting.*
- ❖ *And besides, better sex tends to happen in mature, loving, and committed relationships (like marriage) and most people don't find those kinds of relationships until their twenties, as they gain a better sense of who they are, what they want, and the confidence to assert it.*
- ❖ *Couples who plan to marry are wise to be tested for STDs. Knowing both partners are STD free and only having sex with each other (monogamous and staying faithful) is the other way to avoid contracting STDs.*


The only 100% way to prevent pregnancy, STDs and HIV as a teen:

Is not to have sex

- Effective
- Safe, Simple
- Free
- Never wears out
- No health risks
- No side effects
- More freedom



Half of the STDs reported each year are among ages 15-24.
1 in 4 sexually active teens has an STD & most are unaware.

Copyright 2018 by Debbie Lanning, All rights reserved. Relationship Smarts PLUS 

Point out a few factors associated with greater risks for STDs/HIV: (PP)

- ❖ *The earlier one starts having sex, the more likely one is to have more lifetime partners.*
- ❖ *The number of partners you or your partner have had. Every time a person has sex, they are exposed to all uncured STDs—not only those of their partner, but all of those of his or her past partners as well.*
- ❖ *A large age difference between partners. The younger one is less likely to assert themselves, use refusal skills, or insist on condoms. There is a power imbalance.*
- ❖ *Drinking or being high makes it far more likely to do sexual things you might not want to do normally. Consent is not possible when someone is drunk or high.*

Factors linked to greater risk

1. The earlier one starts having sex
2. The number of partners either person has had
3. Going with someone much older
4. Drinking or being high



Relationship Smarts PLUS

Factual Information on Condoms

Point out that using condoms consistently and correctly can significantly reduce a person's risk of getting an STD or HIV. Absolutely. They are a must for anyone who is sexually active. However, only latex condoms (polyurethane or polyisoprene if allergic to latex) are proven to reduce—though not eliminate—the risk of acquiring STDs, while other types (such as lambskin) do not and are therefore not recommended.

- ❖ *But, many people use them incorrectly and inconsistently.*

(PP) These are the most common mistakes people make with condoms:

1. *Late application. Putting a condom on after intercourse has already started. Semen can be in pre-ejaculate fluid.*
2. *Unrolling it before putting it on, rather than unrolling the condom on the penis.*
3. *Failing to leave room at the tip for the semen to collect and not pinching the air out of the tip.*
4. *Tries to put on upside down and then flip it over, potentially exposing their partner to bodily fluids.*
5. *Opening condom package with sharp object, teeth, nails and damaging the condom.*
6. *No lubrication or wrong lubrication (oil-based like Vaseline, baby oil, etc.). Both can cause condoms to break.*
7. *Incorrect withdrawal. Failing to promptly and properly withdraw after ejaculation.*
8. *Not looking for expiration date.*
9. *Keeping it in a warm place (wallet, glove compartment) for a period of time.*
10. *Reusing a condom.*
11. *Using two condoms (double bagging).*

Most Common Condom Mistakes

1. Late application
2. Unrolling it before putting on
3. Failing to leave room at the tip and pinching the air out of the tip
4. Start rolling inside out and then flip over
5. Damaging condom
6. No lubrication or wrong lubrication
7. Incorrect withdrawal
8. Not looking for expiration date
9. Keeping it in a warm place (wallet, glove compartment) for a period of time
10. Reusing a condom
11. Using two condoms (double bagging)



Relationship Smarts PLUS

11.3 Alcohol and Drugs— Increasing the Risks

5 minutes

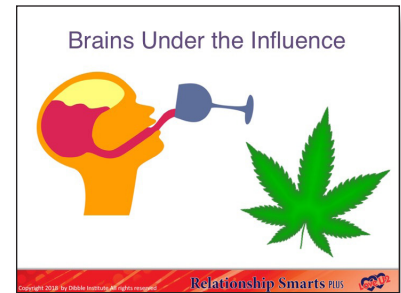
(PP) Announce that before they move into role-play practice with real-life situations, they are going to review important information on the role of alcohol and other substances, like marijuana.

Your Brain When Drunk or High

- ❖ *We know that alcohol and marijuana are linked to a greater risk of sexual assault, STIs, pregnancy, and emotional regret about sex.*
- ❖ *Under the influence, people often do things they normally would not do. These substances lower one's normal inhibitions. People feel braver.*
- ❖ *Substances may block your normal safety stops or filters in your brain. This is why drunken people sometimes think it's okay to drive.*
- ❖ *Your brain under the influence can't tell the difference between a good decision and a bad decision.*
- ❖ *For example, when a person drinks, the brain releases dopamine; it initially can make a person feel good. But lots of it blocks negative emotions, fear, and insecurities. Alcohol dulls the sense of danger, makes it difficult to recognize a risky situation.*
- ❖ *Many teens who drink or do other substances and have sex get pregnant or contract an STI because they aren't thinking about what happens tomorrow; they aren't thinking about or able to use protection at the time.*
- ❖ *Many teens—male and female—lose their virginity while drunk.*
- ❖ *Most sexual assaults involve alcohol and other substances. Consent is impossible when drunk or high.*

Ask everyone to think about how difficult or awkward it feels to first bring up a conversation with someone you like about your sexual values, your sexual boundaries and intentions. Listen. (Most don't find it easy.)

- ❖ *It's hard enough to have this kind of conversation. Just think about how hard it might be to talk about your boundaries—or birth control or protection before sex—when drunk or high.*



Parent-Teen Connection

(PP) Ask teens to ask their parent or trusted adult to read the handout *STDs and HIV Facts* (Resource 11b, pgs. 229–230).

- ❖ *Discuss the information with your parent/trusted adult and talk about the benefits of making the decision to enjoy teen relationships without adding sex and the drama and risks that can come with it.*

Parent-Teen Connection

- Take *STDs and HIV Facts* handout home.
- Ask your parent or trusted adult to read it and discuss the information together.
- Talk together about the benefits (emotional and physical health) for a teen who decides to enjoy their teen relationships without adding sex.

Relationship Smarts #115

Notes

- 1 Office of Adolescent Health (May 2019). Trends in Teen Pregnancy and Childbearing. Retrieved from <https://www.hhs.gov/ash/oah/adolescent-development/reproductive-health-and-teen-pregnancy/teen-pregnancy-and-childbearing/trends/index.html>
- 2 New CDC Analysis Shows Steep and Sustained Increases in STDs in Recent Years, August, 2018, <https://www.cdc.gov/nchhstp/newsroom/2018/press-release-2018-std-prevention-conference.html>
- 3 See “Health Risks Among Sexual Minority Youth,” Centers for Disease Control and Prevention (August 2016), www.cdc.gov/healthyouth/disparities/smy.htm; CDC Morbidity and Mortality Weekly Report, “Sexual Identity, Sex of Sexual Contacts, Health-related Behaviors Among Students Grades 9-12 2015. www.cdc.gov/mmwr/volumes/65/ss/ss6509a1.htm
- 4 Ibid.
- 5 LGB Youth: Challenges, Risks and Protective Factors. A Tip Sheet from the Office of Adolescents Healthy and the Family and Youth Services Bureau, DHHS. http://www.hhs.gov/ash/oah/oah-initiatives/teen_pregnancy/training/tip_sheets/lgb-youth-508.pdf
- 6 Centers for Disease Control and Prevention (September 2018). Reported STDs in the United States, 2017. Retrieved from <https://www.cdc.gov/nchhstp/newsroom/docs/factsheets/std-trends-508.pdf>
- 7 Centers for Disease Control and Prevention (July 2018). STDs in Adolescents and Young Adults. Retrieved from <https://www.cdc.gov/std/stats17/adolescents.htm>

RESOURCE 11a

Test Your Sex, Pregnancy, and STD Smarts— True or False?

1. It seems almost everyone in high school is having sex.

False. 60.5% have not had sexual intercourse and 47.8% have had no sexual contact whatsoever with another person. And the majority of sexually experienced teens say they wish they had waited longer.

2. You can't get pregnant the first time you have sex.

False. A female can become pregnant the first time she has sex and a guy can get a female pregnant the first time he has sex. Anytime a female has vaginal sex with a guy, she is at risk for becoming pregnant.

3. A female can't get pregnant if she has sex during her period.

False. Even though it is less likely, anytime a female has sex, there's a chance. Many women have irregular period cycles or unpredictable ovulation. And it's especially common for teens to have irregular cycles, so it's hard to know exactly when ovulation is happening.

4. Sperm can live up to five days inside a woman's reproductive tract.

True. This is why there are many more days than just one a month that a woman can get pregnant, even though she ovulates—that is, releases an egg—once a month (typically) and the egg is only viable for 12–24 hours for fertilization. Most women do not know the exact day they ovulate.

5. If the guy pulls out, a girl can still get pregnant.

True. The pull-out method is one of the least effective methods to prevent pregnancy and there is zero protection from STDs. Withdrawal is difficult to get exactly right, especially consistently, since it requires a lot of self-control. And that control is especially hard for younger guys.

Even if he pulls out before he ejaculates, there is still a chance she can get pregnant. And if he pulls out and ejaculates near enough to her vagina that the semen is able to come into contact with her vulva, she can get pregnant.

6. Jumping up and down, rinsing out the vagina (douching), or peeing after sex will prevent pregnancy.

False. None of these things after intercourse will get rid of the sperm. In fact, douching can actually increase the chance for pregnancy, since it can push sperm further up. Jumping does nothing for 200–500 million sperm vigorously swimming upstream and which live for up to 5 days inside the woman’s body. Urine comes out of the urethra, a totally different opening than the vagina. Not having sex is the 100%, sure way not to get pregnant.

7. Gay and lesbian teenagers who have sex don’t get pregnant.

False. LGBT teens that have sex with members of the opposite sex are significantly less likely to use birth control, which results in a much higher pregnancy rate. Lesbian, gay, and bisexual teens that are sexually active have pregnancy rates that are actually higher than those of heterosexual teens who have had sex. Not all LGBTQ-identified teens have sex. Those that do may have sex with a same-sex partner, with an opposite-sex partner, or both.

Every teenager, regardless of gender, identity, or sexual orientation needs the skills to build healthy relationships and healthy selves. All teens need to think about the quality, the timing, and meaning of sex. And all teens need to know the facts on STDs and pregnancy. All teens need to make clear decisions about sex and plans to stay true to their intentions.

8. Condoms offer the best protection against pregnancy.

False. Not having sex is the only 100% effective way to avoid pregnancy and STDs. Condoms can reduce the risk of pregnancy. The hitch: Most people do not use condoms perfectly, correctly, and consistently. With typical use, condoms are only 82% effective at preventing pregnancies. It is true that condoms significantly reduce the risks for contracting most, but not all, STDs and that is why anyone having sex must always use a condom. However, only latex condoms (polyurethane or polyisoprene if allergic to latex) are proven to reduce—though not eliminate—the risk of acquiring STDs, while other types (such as lambskin) do not and are therefore not recommended.

9. A person with an STD, and especially HIV, typically has symptoms or doesn’t look healthy. A person would know if a sex partner had something.

False. Most people with STDs, including HIV, have no symptoms. Most STDs are transmitted when people are unaware. Any untreated/uncured or viral STD that a partner’s former partner(s) may have had can be passed to you. It really means that when a person has sex, he or she is potentially exposed to every person their partner has ever had sex with and who had an untreated/uncured or viral STD.

This is why any couple, including those getting married, must get tested beforehand. If a partner is unwilling to be tested before any sexual contact, it is a sign the relationship is not ready for sex.

10. All STDs stick with you forever.

False. Some STDs are bacterial and can be treated and cured with antibiotics. For example, chlamydia, gonorrhea, and syphilis can be cured. But, the problem is many do not know that they have it. Many do not have symptoms or they don't recognize the symptoms as an STD.

Herpes and HIV are **viral** and cannot be cured. Symptoms may be managed. In most cases, HPV goes away on its own and does not cause any health problems. But when HPV does not go away, it can cause health problems, like genital warts and cancer. **Viral** or **bacterial**, many can go undetected and do serious and permanent damage to the body. We'll examine this in greater detail in a moment.

11. You can't get STDs from oral sex. Besides, it's not really sex.

False. Oral sex is sex. There are three main types of sex: vaginal, oral, and anal. You can get any STD from any form of sex. Herpes, syphilis, chlamydia, gonorrhea, HPV, and HIV can all be acquired from oral sex. The person giving oral sex to a guy who ejaculates is at higher risk, although any gender with any partner can transmit and receive STDs through oral sex. Even if no ejaculation, the person is still at risk for getting HIV and other STDs.

12. You don't have to go "all the way" to get an STD.

True. That is, if by "all the way" you mean vaginal intercourse. You already know that oral sex can transmit any and all STDs. Some bacterial and viral STDs are found in bodily fluids, like semen (cum), pre-seminal fluid (pre-cum), vaginal fluids, rectal fluids, blood, and breast milk; but others, like herpes, HPV, and syphilis, are spread by skin-to-skin contact. Sometimes those infections are on other places on the body.

13. If a female is on birth control, she's protected from STDs.

False. Hormonal birth control (pill, patch, implant, IUD, the Depo shot, ring) or copper IUDs give zero protection against STDs. However, **correct** use of condoms (latex, or polyurethane or polyisoprene if allergic to latex) each and every time can significantly reduce one's chances for getting most, but not all, STDs.

RESOURCE 11b

STDs and HIV Fact Sheet

2017 was the fourth year in a row for increases in chlamydia, gonorrhea, and syphilis according to the CDC. Over half of the 20 million reported STDs each year are among young people ages 15–24. Young people, females and gay or bisexual males, face the greatest risks. 1 in 4 sexually active females, aged 14–19, has an STD.

Gonorrhea

- **Symptoms:** Most women and some men have no symptoms. Others may have discharge, pain during urination, frequent urination.
- **Transmission:** through vaginal, oral, or anal sex with someone who has gonorrhea. A pregnant woman with gonorrhea can give the infection to her baby during childbirth.
- **Consequences:** Left untreated, it can develop scar tissue that blocks the fallopian tubes and makes a woman infertile (unable to have a child), or to have an ectopic pregnancy which can be life threatening. Untreated gonorrhea causes infertility in thousands of women each year. In men, it can cause a condition in the tubes attached to the testicles, causing sterility in rare cases. Can spread to blood or joints.
- **Treatment:** Gonorrhea, a bacterial infection, if detected, can be treated with the right medication to stop the infection. It will not undo any permanent damage already caused. Drug-resistant strains of gonorrhea are increasing. Untreated, it increases chances of HIV.

Chlamydia

- **Symptoms:** Most people have no symptoms; possible discharge from vagina or penis; burning or pain with urination.
- **Transmission:** via vaginal fluids, semen (cum), pre-seminal fluids (pre-cum), or rectal fluids during any type of sex—oral, vaginal, or anal. A pregnant woman can pass it to her baby during delivery.
- **Consequences:** Untreated in women, it can cause a serious infection, pelvic inflammatory disease (PID) that can lead to sterility (unable to have a child) or a life-threatening ectopic pregnancy. Untreated chlamydia causes infertility in thousands of women each year.
- **Treatment:** Chlamydia, a bacterial infection, can be cured with the right medication if detected. However, repeat chlamydia is common. Untreated, it increases chances of HIV.

HIV/AIDS (Viral)

- **Transmission:** HIV is transmitted through body fluids such as blood, semen (cum), pre-seminal fluid (pre-cum), vaginal fluids, rectal fluids, or breast milk. It can enter the body through the mucous membrane of the vagina, anus, opening to the penis, mouth that has sores or bleeding gums, cuts and sores, and through using needles.
 - **Symptoms:** Symptoms can show up shortly after being infected but dismissed as the flu. Then, there are usually no symptoms for years in the 2nd stage latent period. For people not aware and not taking medicine to treat HIV, this period can last a decade or longer, but some progress faster to stage 3. Later symptoms are weakness, weight loss, shortness of breath, diarrhea, and other flu-like symptoms that don't go away.
 - **Consequences:** Untreated, HIV advances to stage 3 Acquired Immune Deficiency Syndrome, or AIDS. Untreated, it damages the immune system so badly it results in increasingly severe illnesses and death.
 - **Treatment:** HIV, a viral infection, cannot be cured. Treatment can slow or prevent progression from one stage to the next. People who are taking medicine to treat HIV the right way, every day, may be in this stage for several decades. Taking the medicines can also dramatically reduce the chance of transmitting HIV to someone else and living a longer, healthier life.
 - **Youth, ages 13–24,** account for 21% of all new HIV diagnoses. Young gay or bisexual males account for 81% of those diagnoses. It is estimated that 51% of young people between ages 13–24 with HIV are unaware. This is why TESTING is so vitally important.
-

Syphilis

- **Transmission:** You can get syphilis by direct contact with a syphilis sore during oral, vaginal, or anal sex. Because syphilis sores can be hidden in the mouth, lips, vagina, rectum, or under the foreskin of the penis, it may not be obvious. An infected mother can transmit it to her unborn baby.
- **Symptoms:** 1st stage: A painless sore that is often unnoticed or confused with a small bump or ingrown hair and which goes away. 2nd stage: sores in the mouth, vagina, or anus and/or non-itchy rashes that can show up on the palms of hands or soles of feet, all over one's body, or just in a few places. The symptoms go away whether treated or not.
- **Consequences:** Without the right treatment, the infection can move to the late stage of syphilis. Syphilis can be in the body for years without symptoms. Late stage syphilis can lead to paralysis, numbness, blindness, dementia, damage of organs, and death.
- **Treatment:** Syphilis, a bacterial infection, can be cured with the right antibiotics but will not undo damage already done.

Herpes

- **Transmission:** through contact with herpes sores, mucous surfaces, genital secretions or oral secretions, and shedding skin that looks normal. Transmission most commonly occurs during sexual contact with an infected partner **who does not have** visible sores and does not know they are infected. The virus can be released through skin that looks normal.
- **Symptoms:** Most people with herpes do not have symptoms or have mild symptoms. 87% of those infected are unaware. When symptoms do occur, they are most commonly painful sores around the genitals, rectum, or mouth that take about 2–4 weeks to heal. This is called an outbreak.
- **Treatment:** There is no cure for herpes, a viral infection; but, medicines can manage symptoms, shorten the outbreak and duration.
- **Consequences:** There can be lifetime recurrences of herpes sores. An outbreak is dangerous for newborns at delivery. Herpes increases the risk of transmission of HIV.

HPV—Human Papillomavirus/Genital Warts

- **Transmission:** HPV (viral) is the most common and easily sexually transmitted infection in the U.S. HPV is transmitted through any type of sex, as well as skin-to-skin touching during sexual activity.
- **Symptoms:** There are many different types of HPV and most go away on their own and do not cause symptoms or health problems. But when HPV does not go away, it can cause genital warts and cancer. Genital warts usually appear as a small bump or group of bumps in the genital area. They can be small or large.
- **Consequences:** Some strains of HPV can cause cervical cancer or other cancers including cancer of the vulva, vagina, penis, or anus. It can also cause cancer in the back of the throat. Cancer often takes years, even decades, to develop after a person gets HPV. The types of HPV that cause genital warts are not the same as those that can cause cancer. If genital warts are left untreated, they may go away, stay the same, or grown in size and number.
- **Treatment:** Genital warts can be treated. There is an HPV vaccine that can protect males and females against some, but not all, HPV-caused diseases (including cancers). It is recommended and most effective when given before the onset of first sexual activity. But, the vaccine should still be given even if sexual activity has occurred because there may still be a benefit.

Parent or Trusted Adult: Please read and discuss with your teen. Share your thoughts on the benefits (emotional and health) for a teen who decides to leave sex out of their youthful relationships.

Signature _____

RESOURCE 11i
Supplemental Resource for Instructor Use Only

THE FOG ZONE

How Misperceptions, Magical Thinking and Ambivalence Put Young Adults at Risk for Unplanned Pregnancy

Contraception and Pregnancy: The True and the False Answers

CONDOMS

- **It is okay to use the same condom more than once: FALSE**

Each condom provides protection against pregnancy for one act of intercourse. Even if the man doesn't ejaculate, condoms should not be used again because they might be weakened from the first act of intercourse, and they could be more likely to break.

- **Condoms have an expiration date: TRUE**

Condoms are made of latex and latex breaks down over time. A condom that is past its expiration date is weaker and more likely to break; it provides much less effective protection. Heat and friction can also weaken the condom, so it is not a good idea to store condoms in a place where they will be exposed to your body heat for more than a short period of time.

- **When putting on a condom, it is important to leave a space at the tip: TRUE**

If there is no space at the tip, the condom may break when the man ejaculates, because there is nowhere for the ejaculate ("cum") to go. Most condoms have a small area at the tip of the condom, called the "reservoir tip," which is built in to make room for the man to ejaculate without breaking the condom. If you are using a condom without this special tip, just make sure to pinch a small area at the tip of the condom and hold it as you roll the condom down the length of the penis.

- **It is okay to use petroleum jelly or Vaseline as a lubricant when using latex condoms: FALSE**

Vaseline (petroleum jelly) can break down the latex in condoms, making it more likely that they will break and put you at risk of getting pregnant. You can buy condoms that are already lubricated, or you can purchase special lubricants like K-Y Jelly that are meant to be used with condoms.

- **When using a condom, it is important for the man to pull out right after ejaculation: TRUE**

After a man ejaculates ("comes") he begins to lose his erection. When this happens, the condom is no longer tightly fitted to the penis, and sperm can leak out. This can put a couple at risk of getting pregnant. After a man ejaculates, he should hold the condom on to the base of his penis with his hand while he pulls out.

- **Wearing two latex condoms will provide extra protection: FALSE**

It may seem like a good idea but wearing two condoms at once will actually raise your risk of getting pregnant. When the two condoms rub against each other during sex, the friction can create little rips in the latex, and the condom is more likely to break. One condom, used correctly, will provide 98% effective protection against pregnancy. So there's no need to double up! With typical use, condoms are only 82% effective.

BIRTH CONTROL PILLS

- **Birth control pills are effective even if a woman misses taking them for two or three days in a row: FALSE**

Birth control pills are designed to keep a steady level of hormones in the woman's body, and this is how they prevent pregnancy. When pills are missed, that level can drop too low and the pill no longer provides effective pregnancy protection. For instructions on what to do when you miss a pill, ask your health care provider or read the insert in your pill package.

- **Women should "take a break" from the pill every couple of years: FALSE**

There is no medical reason why women need to take a break from the pill. Women may safely use pills for 5, 10, or 20 years without ever taking a "break."



- **If a woman is having side effects with one kind of pill, switching to another type or brand might help: TRUE**

Different brands of birth control pills have different combinations of hormones, and different dosages too. Some women may react badly to one brand but have no negative reaction to another. Talk to your health care provider about the best options for you.

- **After a woman stops taking birth control pills, she is unable to get pregnant for at least two months: FALSE**

After a woman stops the pill, her fertility typically returns to normal and she can get pregnant if she doesn't use another method.

- **In order to get the birth control pill, a woman must have a pelvic exam: FALSE**

It is a good idea for all women to have regular gynecological check-ups that include a pap test and pelvic exam, but this is no longer considered necessary for initiation or use of hormonal contraception. Many providers will now offer hormonal contraception without conducting a pelvic exam; by taking a woman's blood pressure and medical history, a clinician will be able to determine if hormonal methods are safe for her.

IUDs

- **All IUDs are banned from use in the United States: FALSE**

IUDs are safe and available throughout the United States. In the 1970s, there was a different kind of IUD on the market that was linked to serious infections in some women. That IUD was banned from sale in the U.S. more than 30 years ago. Today, there are two kinds of IUDs available in the U.S.—hormonal and non-hormonal. Both are safe and do not cause the serious side effects linked to the earlier IUD.

- **A woman can use an IUD, even if she has never had a child: TRUE**

A woman can use an IUD, even if she has never given birth. It is now clear that the IUD does not affect your ability to get pregnant in the future and can be safely used by women who have never been pregnant or had a baby. After the IUD is removed, most women are able to become pregnant as quickly as women who have never used an IUD.

- **Women who use IUDs cannot use tampons: FALSE**

The IUD does not interfere with tampon use. The IUD sits in the uterus, while tampons are placed in the vagina.

- **To obtain an IUD, a woman must undergo a surgical operation: FALSE**

Women do not need a surgical operation to obtain an IUD. A woman who is getting an IUD must go to her health care provider's office, and a clinician will insert the IUD into the uterus through the vaginal canal. The procedure can cause temporary discomfort and cramping, but it does not involve surgery or anesthesia.

- **An IUD cannot be felt by a woman's partner during sex: TRUE**

It is very unlikely that a woman's partner will feel an IUD. The actual IUD stays inside the woman's uterus, and there are two very fine thin strings that descend into the vaginal canal. Women using an IUD periodically should check that these strings are in place, but it is rare that her partner would feel them during sex, and impossible to feel the IUD itself.

- **IUDs can move around in a woman's body: FALSE**

The IUD is placed in the uterus, and it does not move around. Very rarely, a woman may expel the IUD from the uterus, in which case it would just come out of the vagina.

OTHER HORMONAL METHODS

- **Women using the birth control shot, Depo Provera, must get an injection every 3 months: TRUE**

The birth control shot provides 3 months (12 weeks) of protection against pregnancy. This means that women who use the shot must return to their health care provider every 3 months to repeat the injection.

- **Even if a woman is late getting her birth control shot, she is still protected from pregnancy for at least 3 more months: FALSE**

The birth control shot provides 3 months (12 weeks) of protection against pregnancy. Once those three months have gone by, the shot's effectiveness wears off. Women who use the shot must receive their injection every three months to maintain pregnancy protection.

- **Negative effects that a woman has from Depo Provera can last for the rest of her life: FALSE**

Some women do experience side effects from Depo Provera, including changes in their menstrual bleeding patterns, changes in sex drive, changes in appetite or weight, headaches, mood swings, sore breasts, nausea and rashes. When a woman stops



The National Campaign
to Prevent Teen and Unplanned Pregnancy

www.TheNationalCampaign.org
blog.TheNationalCampaign.org

www.SexReally.org
www.StayTeen.org

December 2009
(202) 478-8500

using the shot, these side effects will also stop, though it may take several months for the hormones to completely leave her body.

- **Women using the vaginal ring, NuvaRing, must have it inserted by a doctor or health care provider every month: FALSE**

Women must visit their health care provider to get their first NuvaRing prescription, but the clinician does not insert the ring. The NuvaRing is inserted by the woman using it, just like a tampon, and it is changed once per month.

- **Long-acting methods like the implant or IUD cannot be removed early, even if a woman changes her mind about wanting to get pregnant: FALSE**

Long acting methods can be removed at any time, and fertility will return to its normal level.

PREGNANCY

- **After giving birth, a woman can get pregnant even before she has her first period: TRUE**

It is possible for a woman to get pregnant after giving birth, even if she has not yet had a period. Most women will ovulate before having a period, and if a woman has sex around the time of ovulation, it is very possible for her to get pregnant.

- **Douching (washing the vagina) after sex can prevent pregnancy: FALSE**

Douching or washing the vagina after sex does NOT prevent pregnancy. The sperm cannot be washed out, and douching can even push them farther up into the vagina, increasing the risk of pregnancy. Douching can also leave a woman more vulnerable to sexually transmitted infections, because it can irritate the walls of the vagina, and infections can be passed on more easily through broken or irritated skin.

- **A woman who is still breast feeding cannot get pregnant: FALSE**

Breastfeeding does provide some protection against pregnancy, but only among women who are exclusively breastfeeding. This means that a woman feeds her baby at least 6 times a day with both breasts, does not substitute other foods for breast milk, and feeds her baby every 4 hours during the day and every 6 hours at night. According to the CDC, exclusive breastfeeding in conjunction with amenorrhea and being less than 6 months postpartum can provide some protection against pregnancy.

- **Pregnancy is much less likely to occur if a couple has sex standing up: FALSE**

Pregnancy can occur if a couple is standing up, sitting down, lying sideways, or in any other position you can think of. There is no sex position that provides protection against pregnancy.

- **The only way to completely prevent pregnancy is by not having sex: TRUE**

Abstaining from sex is the only 100% effective way to prevent pregnancy. However, many birth control methods are safe, effective, and available at a relatively low cost.

- **During a woman's monthly cycle, are there certain days when she is more likely to become pregnant if she has sex? YES**

For most women, the time when she is more likely to get pregnant is...

- just before her period begins;
- during her period;
- right after her period has ended; or
- halfway between two periods.

The correct answer is **(d), halfway between two periods**. This is the time when ovulation is most likely to occur.



12.2 What about Fathers?

- Workbook: *Being a Good Father Means...* (pg. 38)
- Music video, *Dance with My Father*

10 minutes

This section offers positive ways to address the role of males in family formation. The activities are upbeat and encourage young people to identify the qualities of positive fathering. The first activity is a short free-write on what it means to be a good father. The second activity asks participants to brainstorm the unique contributions good fathers provide for their sons and daughters.

Special note: This curriculum is aimed at sexual delay and sexual risk avoidance and, this lesson in particular, teen pregnancy prevention. According to the 2017 CDC Youth Risk Behavior Survey, LGB youth have higher pregnancy and sexual risk behavior rates than heterosexual youth. While LGBT adult couples deliberately choose to have children through adoption, in vitro fertilization, surrogacy, or other options, teens of all sexual orientations who experience a pregnancy do so as a result of an encounter between a male and female. LGBTQ teens may have sex with a person of the opposite sex for any number of different reasons. Teens may be exploring or questioning and some are exploited.

Thus, this curriculum speaks to the point that teenage boys may end up being fathers, even if that was not the plan. This thread ties back to the notion that, in today's society, most children want to know who their parents are, even if the people who are raising them are not their biological parents. And many mothers will invite the father of their children to participate in the life of their child. Whether a teen is LGBTQ or hetero, they may have issues related to father absence or abandonment.

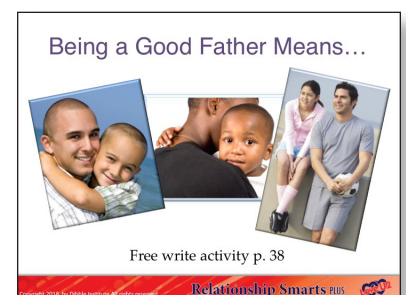
So, this section helps youth—both boys who may become fathers and girls who may have not thought through the role that a father can play in the life of a child, besides financially—to think about the role of fathers from the perspective of a child who may wonder about their father. Again, qualitative and quantitative research finds that children want loving adults to provide certain things for them. Most will identify fathers as people they want in their lives.

ACTIVITY

Being a Good Father Means

Announce that we're now going to turn some attention to fathers. Many parenting resources are focused on mothers. But children want their fathers to be a great parent too.

Have teens turn to the workbook, pg. 38, *Being a Good Father Means....* Ask them to think for a moment how they would finish that statement. **(PP)**



Directions:

- ❖ *Think about what it truly means to be a good father. You may want to consider your own father, if he has been a positive force in your life—or someone that has served as a father figure or male role model.*
- ❖ *If you did not have a father in your life—or a positive father presence—think about what a good father should be like.*
- ❖ *Take a couple of minutes to jot down anything that comes to mind and then we'll pool our ideas.*

Processing activity: Ask volunteers to share items from their list.

The questions below encourage youth to reflect on the contributions positive fathers can make to their children. Even if your group is all the same gender, ask them to respond to both questions.


- ❖ **(PP)** Ask the girls: *Is there something special that a girl gets (or should get) from her father? What advantages might a good father give a girl? What disadvantages might a girl who doesn't have a positive father figure face?*
- ❖ **(PP)** Ask the boys: *Is there something special that a boy gets from a father? What advantages might a good father give a boy? What disadvantages might a boy face with a negative father figure?*

Listen to their responses. Draw on the points below, to add if needed:

- ❖ **A girl's self-esteem and expectations for a partner:** *A girl who has a loving and positively involved figure may gain the experience of being valued and treated well by a male who is closely involved in her life. This treatment may serve as a powerful imprint for her expectations as she later ventures out into the world of romantic relationships. She may expect to be treated well and valued by friends and partners. Through being loved and cared for by a father, she may learn that she is love worthy. Also, her father can provide a model for nonsexual relationships with males; in other words, being valued for things other than just looks or her sexuality. If her father or father figure has a healthy marriage, she can see a model for how a person treats a partner. This is important for any sexual orientation.*
- ❖ **Impact of negative fathering for a girl:** *What is a girl learning about herself if she has an abusive father, a father who devalues her, or a father who has abandoned her and/or treats her mother badly? She might be more at risk to get involved with an abusive partner (whatever her orientation) and may generally expect to be put down and treated poorly by partners. Research shows that children who witness and experience domestic violence are at greater risk of experiencing abuse in their own intimate relationships and at greater risk for a teen pregnancy (boys and girls). (Remember: Risk is not Destiny.)*

Contributions of Fathers


- Is there something special a GIRL gets from a good dad?
- What advantages does a good father/father figure give a girl?
- Are there disadvantages for a girl without a positive father/father figure?



Copyright 2018 by Debra Jennings, All rights reserved. Relationship Smarts PLUS

Contributions of Fathers

- Is there something special a BOY gets from a good dad?
- What advantages does a good father/father figure give a boy?
- Are there disadvantages for a boy without a positive father/father figure?



Copyright 2018 by Debra Jennings, All rights reserved. Relationship Smarts PLUS

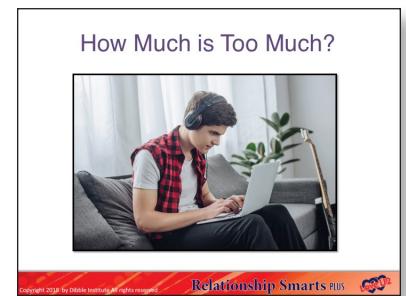
- ❖ *The number of teens reporting feeling lonely and left out has grown to an all-time high.*
- ❖ *This is especially true for girls who consume social media more than boys. In 2015, 48% more girls said they often felt left out than did those in 2010.*

Aside from depression, anxiety among teens is up. While there are many reasons for this, social media may be contributing, as a teen anxiously awaits the “likes” and affirmation of comments on his/her posts or ponders why there was no response to his/her text.

- ❖ *Also, Snapchat and Instagram are very image-focused and may be contributing to feelings of inadequacy and anxiety. The images can easily make a teen feel their bodies, looks, pose, and/or what they do isn’t good enough.*
- ❖ *Snapstreaks show how many days in a row you’ve Snapchatted with someone. Snapchat scores aren’t hidden from “friends.”*

Boys and Gaming: (PP)

- ❖ *There’s a big increase in gaming, especially among boys. Clearly, gaming can be fun, stimulate the mind, and even improve eyesight or help dyslexics learn to read.*
- ❖ *But just as with social media, lots of time spent gaming (over 2 hours a day) is associated with less happiness and more problems with hyperactivity, attention, and relating to peers.*
- ❖ *Video game addiction is very real. The most popular games are wholly immersive. Vast, digital landscapes unfold in eye-popping detail and characters evolve from one level to the next.*
- ❖ *Today’s games are deliberately designed with the help of psychologists to make players want to keep playing.*
- ❖ *It’s estimated that 8.5% of youth ages 8–16 are addicted to video games.⁹ And it’s been said that addiction to screens can be even more difficult to overcome than addiction to alcohol or nicotine.*



Some things to think about:

- ❖ *Does heavy use of social media make us more distracted, less able to concentrate, and less sensitive to the emotions of others?*
- ❖ *Think about being with friends. Do you sometimes feel a friend is distracted and always on their phone, checking apps, or taking pictures of what they’re doing?*
- ❖ *Are some people so preoccupied with taking and posting photos and messages to show they’re having fun that they aren’t really living and experiencing fun?*

- ❖ *What might you gain from putting your device away and having a true experience or adventure without tweeting or snapping about it every minute? What about savoring your experience and then communicating later about it? Do all those little bites of Snaps, Instagrams, texts, etc. really add up to a big gulp of true connection?*

Final comments:

- ❖ *As with any tool or technology, there are decisions to make about how to use it—when, where, and how much.*
- ❖ **(PP)** *What do you think of these recommendations that come from the Young Health Movement in England? What do you think of these three ideas? Would they help teens?*

- **A pop-up "heavy usage warning" on social media**—7 in 10 young people surveyed supported the idea of getting an alert if they exceed a set level of usage on a site.¹⁶
- **Spotting troubled users**—4 out of 5 supported social media platforms identify users who could be suffering from mental health problems by their posts and discretely signpost ways for them to get support.¹⁷
- **Pointing out photo manipulations**—more than two-thirds of the young people surveyed believe social media platforms should highlight when photos of people have been digitally manipulated.¹⁸

Would these help?

- **A pop-up "heavy usage warning" on social media**
 - 7 in 10 young people surveyed supported the idea of getting an alert if they exceed a set level of usage on a site.
- **Spotting troubled users**
 - 4 out of 5 supported social media platforms identifying users who could be suffering from mental health problems by their posts, and discretely signposting ways for them to get support.
- **Pointing out photo manipulations**
 - Over two-thirds of the young people surveyed believe social media platforms should highlight when photos of people have been digitally manipulated.

Copyright 2018 by Marline E. Pearson. Relationship Smarts #103

13.3 Romantic Relationships and Social Media

- Video clip: *Face Time* (embedded in PowerPoint slide)

10 minutes

This section begins with viewing a short video, followed by a brief discussion. It then moves into a mini-presentation on intimacy, relationships, and social media.

MEDIA OPPORTUNITY Face Time

Announce that we're going to examine how social media might affect romantic relationships. Before viewing the clip, ask this:

- ❖ *There are questions that pertain to your education and employment goals and questions that pertain to your love life.*
- ❖ *Success requires navigating all of these smartly.*
- ❖ *The clearer you are about your goals, intentions, and the steps you must take, the more likely you will be to reach your goals.*

Workbook Application

Ask participants to locate *My Success Plans* (workbook, pgs. 44–48). Announce this is their opportunity to lay out personal success plans for navigating school, work, relationships, love, and parenting responsibilities (if they have a child). Ask them to notice the headings. They are:

- My education and career plans
- My relationship vision
- Making relationship decisions
- Sex—decide, don't slide
- Avoiding pregnancy and STDs
- The Success Sequence & My future life

Before beginning the activity, ask teens to review their workbook to remind themselves of all they have learned. State that reflecting back will aid them in answering the *My Success Plans* questions.

Announce the due date for completion.

Wrap Up

(PP) To wrap up, consider playing a positive relationship or love song. We suggest *Perfect*, by Ed Sheeran and Beyoncé. Choose any positive relationship or love song to end the program.

Afterwards, ask participants to go around (if they choose) and say what they feel they will remember most from this program.

Notes

- 1 Pew Research Center Report (Internet & Technology Project), *Teens, Social Media and Technology* 2018. May 31, 2018. <http://www.pewinternet.org/2018/05/31/teens-social-media-technology-2018/>
- 2 Twenge, J.M. (2017). *iGen: Why Today's Super-Connected Kids Are Growing Up Less Rebellious, More Tolerant, Less Happy--and Completely Unprepared for Adulthood--and What That Means for the Rest of Us*. (Simon & Schuster; NY)

- 3 #*Status of Mind*, a report by the Royal Society for Public Health. 2017. Researchers surveyed 1,500 teens and young people aged 14 to 24 from across the United Kingdom to score how each of the social media platforms they use impacts 14 factors related to their health and well-being. Snapchat and Instagram were found to have the most negative effects and YouTube and Twitter the most positive.
- 4 Turkle, Sherry (2015) *Reclaiming Conversation: The Power of Talk in the Digital Age* (2015). Penuin Press: New York. Same author, (2011) *Alone Together: Why We Expect More from Technology and Less from Each Other*. Basic Books.
- 5 See scholarly research by James Heckman, Nobel-prize winning University of Chicago economist on the role of social and emotional learning. See also Paul Tough (2012) *How Children Succeed*; David Brooks, *Social Animal* (2011); and Daniel Goleman, *Social Intelligence* (2006) and *Emotional Intelligence* (2005).
- 6 Twenge, J. M.
- 7 *Monitoring the Future* survey. Funded by the National Institute on Drug Abuse. Asks 12th graders more than 1,000 questions every year since 1975 and has queried 8th and 10th graders since 1991. The survey, among other questions, asks teens how happy they are and how they spend their leisure time.
- 8 Mojtabai, R., Olfson, M., Hans, B. "National Trends in the Prevalence and Treatment of Depression in Adolescents and Young Adults." *Pediatrics*, Nov. 2016
- 9 Study by Douglas Gentile, Director of Media Research Lab at Iowa State University.
- 10 Madigan S, Ly A, Rash CL, Van Ouytsel J, Temple JR. *Prevalence of Multiple Forms of Sexting Behavior Among Youth: A Systematic Review and Meta-analysis*. *JAMA Pediatrics*. 2018. 172(4): 327–335. doi:10.1001/jamapediatrics.2017.5314
- 11 Ibid.
- 12 Jones, Maggie. 2018. "What Teenagers are Learning from Online Porn." *New York Times Magazine*, February 11, 2018.
- 13 Voon, V., Mole, T. B., Banca, P., Porter, L., Morris, L., Mitchell, S., ... & Irvine, M. (2014). Neural correlates of sexual cue reactivity in individuals with and without compulsive sexual behaviours. *PloS one*, 9(7), e102419.

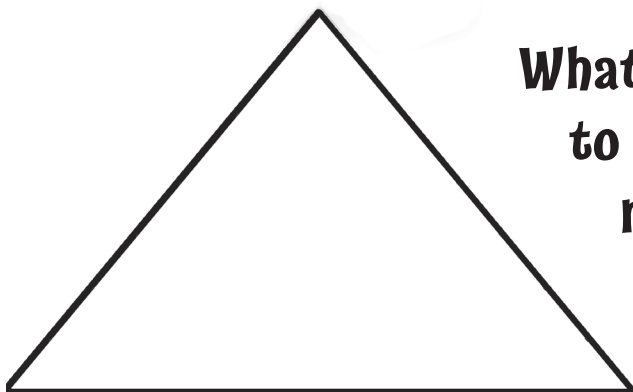
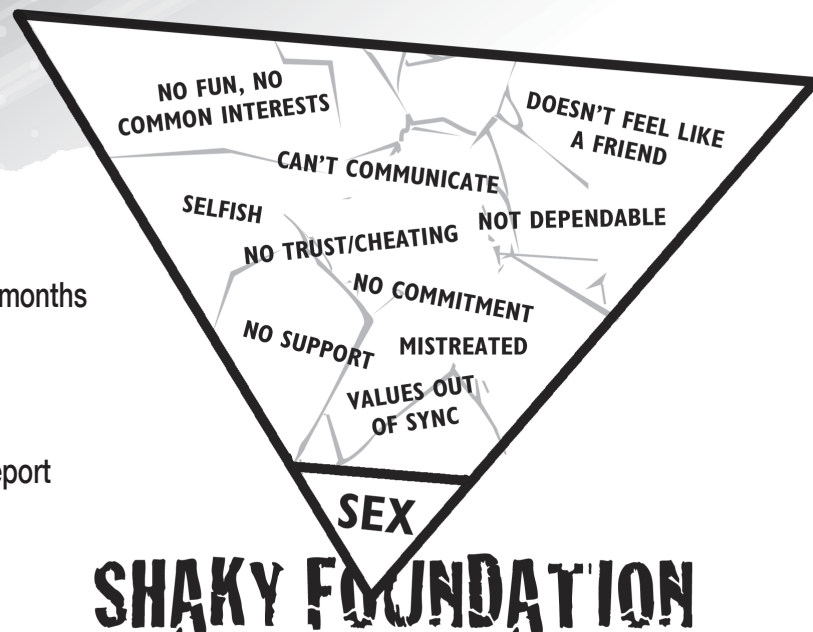
Park, B. Y., Wilson, G., Berger, J., Christman, M., Reina, B., Bishop, F., ... & Doan, A. P. (2016). Is Internet pornography causing sexual dysfunctions? A review with clinical reports. *Behavioral Sciences*, 6(3), 17.
- 14 Ibid.
- 15 Centers for Disease Control and Prevention MMWR. August 12, 2016. "Sexual Identity, Sex of Sexual Contacts and Health Related Behaviors Among Students in Grades 9-12." <https://www.cdc.gov/mmwr/volumes/65/ss/ss6509a1.htm>
- 16 Royal Society for Public Health. (2017). #StatusOfMind. Retrieved from <https://www.rsph.org.uk/uploads/assets/uploaded/62be270a-a55f-4719-ad668c2ec7a74c2a.pdf>
- 17 Ibid.
- 18 Ibid.

Did You Know?

- 8 out of 10 first-time sexual relationships last six months or less, and 1 in 4 are one-time occurrences.¹
- 60.5% of high school age teens have never had sexual intercourse. 45.7% of high school teens report they have had no sexual contact ever.
- The majority of sexually experienced teens say they wished they had waited. 67% of teen girls and 53% of teen boys wish they had waited.²
- So, more than half of all teens have not had sexual intercourse and of the 41% who have, most wish they had waited.
- Sometimes, those who have not had sexual intercourse think they are out of it because they believe “everybody’s doing it.” In reality, it turns out that not everyone is doing it.
- Some teens—especially boys, because of social pressures—lie about having had sex.
- Many teens, when surveyed, say they respect teens who have decided to wait on sex and stick to their intentions.

¹ *Child Trends*. Research brief: “First Time: Characteristics of Teens’ First Sexual Relationships.” 2003. Childtrends.org

² The National Campaign to Prevent Teen and Unplanned Pregnancy. (August 2012). With one voice 2012. Retrieved from https://success1st.org/uploads/3/4/5/1/34510348/wov_2012.pdf



What qualities are important to you for a healthy relationship? Jot them down inside the pyramid.

Draw the Line of Respect



The image above conveys a reality about intimate partner violence: emotional or physical harm—even murder—doesn’t pop out of nowhere one day. It can be traced back to earlier behaviors of disrespect.



It is important to expect and insist on being treated with respect from the start of any relationship, whether female or male, and whatever one’s sexual orientation. And, it is never too late for a person to raise the bar.

Awareness of disrespectful and abusive behaviors reduces the risks of getting attached to an abuser. Some abusers will do anything—to the point of threats, injury and even murder to keep a partner from leaving. Data from U.S. crime reports suggest that 16% (about 1 in 6) of homicide victims are killed by an intimate partner. (2017 had around 17,000 homicides, which makes that roughly 2,800).*

Knowing as a teenager what a healthy relationship is, expecting respect in all relationships, and assertively drawing the line at any sign of disrespect is important.

And remember, the love chemicals can keep a person from seeing clearly early on in a relationship. A go-slow and get-to-know, “deciding” approach to relationships is a safer way to go.

* See CDC’s Preventing Intimate Partner Violence (2019): <https://www.cdc.gov/violenceprevention/intimatepartnerviolence/fastfact.html> and the U.S. Dept of Justice FBI Uniform Crime Report 2017.

RED FLAGS

List examples of disrespect and early warning signs of abuse.

- 1..... 3.....
- 2..... 4.....

SAFE RESPONSES

Choose one example from the list above and describe what a person could safely say or do in such a situation to draw the line of respect and move away from the situation toward safety and respect.

Example:.....

.....

.....

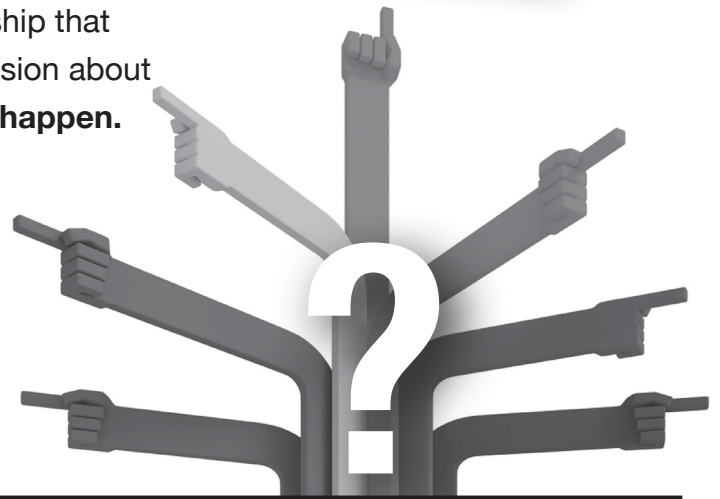
.....

Making Decisions



Below is a list of steps in a romantic relationship that people could actually make a conscious decision about rather than just sliding through and **letting it happen**.

In thinking about your life now, or in the future, which steps do you feel are important for you to make a decision about and not just slide into?



Check the ones you think are important:

- | | |
|--|---|
| 1. Take it from just friends to a romantic level. | 10. Talk about your level of commitment; find out if you're on the same page. |
| 2. Ask someone out on a date, just the two of you or in a group. | 11. Wishing you'd waited; wanting to leave sex out of future relationships. |
| 3. Kiss. | 12. Get engaged; Get married. |
| 4. Be known as "in a relationship." | 13. Engage in greater physical intimacy. |
| 5. Bring up a discussion of your sexual values and boundaries. | 14. Plan for how you will reduce your risks for STDs and/or pregnancy. |
| 6. Be exclusive. | 15. Live together. |
| 7. Together make a plan to stick to your intentions on sex. | 16. Have sex. |
| 8. Make out; become more physically affectionate. | 17. Have a baby; start a family. |
| 9. Say, "I like you" or "I love you." | |

Choose three (3) that you checked and transfer them to the next pages. Answer the questions about each one that would help you make that decision.

Note: Abstinence is the only 100% foolproof way to prevent pregnancy and STDs. Discuss your boundaries and how you want to pace the relationship. Agree to a plan and discuss how an unplanned pregnancy would affect your lives as well as the life of a child.



Sex—decide, don't slide

60.5% of teens 15–19 have not had sex. The majority of sexually experienced teens wish they had waited. Many teenagers say they would like to enjoy a relationship without having it mean sex or such seriousness at this stage in their life.

The more you define your sexual values and boundaries and the more you plan for your choices, the likelier you are to stick to your intentions.

Where I draw my line: On a scale of physical intimacy, where do you draw your line? Or where do you want to draw it if you want to do things differently? (Be specific: *When, with whom, and under what conditions would you move your boundary line? How does it fit with your values?*)

.....
.....
.....
.....
.....
.....

Timing of sex: Postponing sex will help me accomplish my goals and offer me benefits in the following ways: (For example: *I can avoid a lot of drama; I'll be free to meet new people and have new experiences after high school; I won't have to worry about getting someone pregnant.*)

.....
.....
.....
.....
.....
.....

Bringing up the topic of sex? When in a relationship will you bring up the topic of sex? How will you explain your sexual values and boundaries to a partner? Be real and be specific about positive benefits for you, as well as the risks to avoid.

.....
.....
.....
.....
.....
.....