

ABSTINENCE • CONDOM USE • DIVERSITY
PREGNANCY OPTIONS • SAFER SEX • SEXUAL
BEHAVIOR • SEXUAL IDENTITY AND
ORIENTATION • SEXUALITY AND SOCIETY
• ABSTINENCE • CONDOM USE • DIVERSITY

FILLING THE GAPS

Hard to Teach Topics in Sexuality Education

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SIECUS

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WHY THIS MANUAL

Some sexuality education subjects are easy to teach. Some cause little controversy. Some require only minimal training on the part of the facilitator.

And some are just the opposite. In working with educators around the country and conducting research on sexuality education, SIECUS has found that certain subjects are consistently ignored, taught poorly, or become the center of controversies.

This manual, *Filling the Gaps: Hard to Teach Topics in Sexuality Education*, is designed to address eight of these subjects. It provides (1) a rationale for teaching them, (2) messages that children at different ages need to know, (3) suggested lesson plans, worksheets, and fact sheets for leaders and the community. THIS IS NOT A CURRICULUM OR PROGRAM PLAN. It is only to be used as a supplement for existing programs.

The manual covers eight “hard to teach” topics. Here’s what they are and why they were selected:

ABSTINENCE

Although every state that has a sexuality education curriculum covers abstinence, lessons often do little more than exhort young people to “just say no.” It is not enough to preach abstinence; young people need the opportunity to develop the skills to identify and resist media, partner, and peer pressure.

CONDOMS

Only five state HIV/AIDS education programs provide practical information about condom use. Educators report that they have received little guidance on how to encourage sexually active youth to use condoms. These lessons will provide young people with the skills they need, either now or in the future, to protect their health.

DIVERSITY

In order to be effective, education programs must be culturally competent and culturally specific. Sexuality issues are influenced by cultural factors, and young people need opportunities to acknowledge the variety of opinions and cultural perspectives that exist in our society.

PREGNANCY OPTIONS

Teenage pregnancy is one of the country’s most vexing social problems. School programs need to help young people achieve a pregnancy-free adolescence. They also need to provide assistance to young people who are pregnant. Programs often overlook prenatal care and abortion.

SAFER SEX

Only 11 state HIV/AIDS education curricula provide a balance between abstinence and safer sex. Teachers report that they do not know how to encourage sexually involved young people to practice only safe behaviors. Young people need to know how to negotiate safe behaviors, to set sexual limits, to assess their level of sexual risk, and to avoid alcohol and drug use.

SEXUAL BEHAVIOR

Almost three quarters of teenagers have engaged in sexual intercourse by the time they are seniors in high school. And almost all teens have participated in some sexual behaviors. Few programs discuss any sexual behavior except abstinence. Young people need accurate information and an opportunity to develop good decision-making skills.

SEXUAL IDENTITY AND ORIENTATION

Sexual orientation is an essential human quality. Only 13 state curricula ever mention sexual orientation issues, and many teachers are uncomfortable addressing such issues because of potential controversy. Nevertheless, young people have questions about this subject and need the opportunity to discuss them with trained adults, their peers, and their parents.

SEXUALITY AND SOCIETY

Sexuality is influenced by cultural messages. Young people are bombarded with sexually exploitative messages and gender role expectations. These lessons will help young people explore the impact that society has on their own decision-making.

SEXUALITY EDUCATION

Sexuality education is a lifelong process of acquiring information and forming attitudes, beliefs, and values about identity, relationships, and intimacy. Sexuality education is more than teaching young people about anatomy and the physiology of reproduction. It encompasses sexual development, reproductive health, interpersonal relationships, affection, intimacy, body image, and gender roles. Parents, peers, schools, religion, the media, friends, and partners all influence learning about sexuality for people.

SIECUS believes that young people need a broad base of knowledge about sexuality to establish healthy life-long behaviors. Sexuality education seeks to assist them in developing a positive view of sexuality by providing information and skills about taking care of their sexual health now and in the future. These programs should address the biological, sociocultural, psychological, and spiritual dimensions of sexuality from the cognitive, affective, and behavioral domain.

In 1990, SIECUS convened the National Guidelines Task Force—a group of experts in the fields of medicine, education, child and adolescent development and sexual health—to develop the first national consensus of which topics should be addressed in a comprehensive sexuality education program.

The Task Force agreed that the goal of comprehensive sexuality education was to help young people develop into sexually healthy adults. To achieve this, comprehensive sexuality education programs need to:

- provide accurate information about a wide range of topics relating to human sexuality.
- provide an opportunity for young people to explore and assess their sexual attitudes and feelings in order to understand their family's values, develop their own values, increase self-esteem, and understand their obligations and responsibilities to their families and others.
- help young people develop interpersonal skills including communication, decision-making, assertiveness, peer refusal skills, and the ability to create satisfying relationships.
- help young people exercise responsibility in their sexual relationships by promoting abstinence and how to resist pressures to become prematurely involved in sexual intercourse, as well as encouraging the use of protective sexual health measures.

The *Guidelines for Comprehensive Sexuality Education Kindergarten – 12th Grade*, originally published in 1991 and updated in 1996, outline the 36 topics that should be covered as part of a comprehensive sexuality education program. The *Guidelines* include important content appropriate for different age groups. These developmental messages are defined at the level when they should first be discussed.

The *Guidelines* are not a comprehensive sexuality education curriculum—they include no lesson plans or teaching activities. Instead, they are intended to assist educators when developing new programs or evaluate existing ones. They are a starting point; the characteristics of the local situation will determine the content of the curriculum.

SCOPE OF THE MANUAL

Filling the Gaps: Hard to Teach Topics in Sexuality Education IS NOT A CURRICULUM. A comprehensive sexuality education curriculum is a carefully planned, scoped, and sequenced course of study that covers a wide range of sexuality topics. This manual is not comprehensive. In fact, it includes information on only eight of the 36 recommended topics in a comprehensive sexuality education curriculum. These lessons are not a program plan. This manual is intended to provide educators with supplemental teaching activities in topic areas that are considered controversial and/or “hard-to-teach.” The activities are easily integrated into existing programs and provide creative ways of teaching.

The supplemental activities in this manual cover eight topics: *abstinence, condom use, diversity, pregnancy options, safer sex, sexual behavior, sexual identity and orientation, and sexuality and society*. These activities provide sample lessons for instructing young people and ideas for incorporating the information into an already existing program. For school districts, community-based organizations, or religious institutions looking for a comprehensive curriculum, a number of possibilities are listed in the *Resources Section* on page 166.

HOW THIS MANUAL WAS DEVELOPED

Filling the Gaps: Hard to Teach Topics in Sexuality Education was developed with the support of the Henry J. Kaiser Family Foundation. It was created in consultation with a task force of professionals in the

fields of education, health, and sexuality education, including representatives from the American Medical Association, the National School Boards Association, and the National Education Association. A complete list of members is on the inside cover.

Some of the activities in this manual were developed by curriculum editors Eva S. Goldfarb and Elizabeth M. Casparian with input from the task force. Others came from a variety of talented sexuality education professionals and were formatted for this manual. Still others were adapted and reprinted from previously published curricula or journals. All are designed to focus on developing interpersonal and decision-making skills.

Lessons were pilot-tested by educators in California, Colorado, Connecticut, Florida, Idaho, Iowa, Michigan, Nebraska, New Jersey, New York, Oklahoma, Pennsylvania, Texas, and Washington.

The lessons in this manual are for high-school aged young people. Some of the lessons are appropriate for junior-high/middle-school aged students in some communities. Educators need to consider their target audience's developmental level as well as prevailing community norms when determining which lessons to incorporate into programs.

HOW THIS MANUAL IS ORGANIZED

Each of the topic areas contains:

- The rationale for teaching this subject;
- Developmental messages from SIECUS' *Guidelines for Comprehensive Sexuality Education Kindergarten–12th Grade*. These messages should be given during the course of a program on this topic. Elementary school messages are given because these basic messages should be reinforced in middle and high school;
- A fact sheet providing background information for educators.
- Four teaching activities for young people; and
- One parental involvement activity.

The resource section includes materials for professionals.

and beliefs represented in the community, are appropriate to the age and developmental level of the students, and are consistent with district/agency policy and have the support of the administration, school board, and parents/guardians.

Few people will use all of the activities included in this manual. SIECUS recommends that educators read the entire manual, especially the rationale section, to help them select the activities that are most relevant to the young people with whom they work and that are consistent with school district and community norms. Most of the activities are intended for a 45-minute class period. Many will fill a longer class period when more time is allowed for discussion or role plays. Lesson plans and activities can be modified to fit the needs of a specific group of young people, and role plays and scenarios can be adapted to reflect local characteristics.

INVOLVING PARENTS

Parents are the primary sexuality educators of their children. It is their responsibility to pass on their values and beliefs to their children. The vast majority of parents report they want substantial help from schools, community-based organizations, and religious institutions in providing their children with the tools they will need to become sexually healthy adults. In national, state, and local polls, parents show overwhelming support for sexuality education that covers a broad array of topics. Unfortunately, despite this support, many communities have significant gaps in their programming that leave young people vulnerable and unprepared to negotiate sexual situations.

While school or community-based educational programs can provide young people with information about sexuality as well as the opportunity to explore attitudes and develop interpersonal skills, it is the parents'/guardians' responsibility and right to communicate family values and morals.

Young people inevitably have questions about sexuality. Educators can answer those questions while also encouraging young people to talk with their parents/guardians. Parents/guardians are best equipped to talk when they are prepared.

SIECUS suggests that educators ensure that parents/guardians are fully aware of the curriculum content and process. They can accomplish this by sending an informative letter home with students before the program starts or by sponsoring a parent preview ses-

HOW TO USE THIS MANUAL

This manual is *not* a curriculum. These activities are designed to supplement existing programs. SIECUS recommends that school and community-based education programs respect the diversity of the values

sion to introduce the program, make materials available for parental review, and answer any questions or address any concerns.

Good sexuality education programs provide parents/guardians with ample opportunity to review the curriculum, provide input about the program, and become involved in their child's learning.

Parents/guardians who feel uncomfortable with their child's participation in any or all planned activities should always have the right to opt their child out of those parts of the program.

This manual contains eight parental involvement activities (one for each topic) that provide young people *and* their parents/guardians with the opportunity to discuss sexuality issues at home. Educators are encouraged to use these activities to encourage broader health or sexuality education programs.

Educators can use each parental involvement activity in two ways: to introduce the topic to students and parents/guardians, thus giving them the opportunity to discuss information prior to class discussion; or to close a unit, thus giving parents/guardians the chance to reinforce information that young people have learned in class.

There are some young people who may feel uncomfortable discussing issues of sexuality with their parents/guardians. If it is clear that they are reluctant, educators should encourage them to talk with another trusted adult such as an aunt, uncle, sports coach, or clergy.

EDUCATOR PREPARATION

Sexuality education, like math, English, or social studies, is a distinct discipline that requires training and preparation. Professionals responsible for sexuality education should receive specialized training in human sexuality, including the philosophy and methodology of sexuality education. Teachers should ideally complete academic courses or programs in schools of higher education that provide them with the most time-intensive and rich training. At a minimum, they should participate in extensive in-service courses, continuing education classes, or intensive seminars.

The effective implementation of the activities in this manual rely on a facilitator who feels comfortable discussing these topics and is trained in their delivery. In addition, the facilitator should have experience in working with young people, training in group dynamics and facilitation, and a background in sexuality education, including values clarification. Some of the activities in this manual are easily implemented by peer

educators or relatively inexperienced educators. Others, however, require more experience.

These are some helpful principles to remember:

- *Rehearse activities before presenting them to a group.* Educators' familiarity with an activity's goal, format, and procedure will add to their comfort level and to the success of the activity.
- *Assure that participants feel comfortable and safe discussing issues of sexuality.* This includes establishing rules about respect, confidentiality, and questions.
- *Encourage the discussion of a broad range of viewpoints.* Educators must first understand their own opinions and beliefs. They should never criticize or discourage different viewpoints. They must also bring up viewpoints not expressed in the discussion in order to give students the opportunity to consider other opinions.
- *Don't shy away from controversial issues.* Controversy is an inherent part of life in a pluralistic society. Exposing young people to a range of varying and/or conflicting views, attitudes, and beliefs will help them learn how to deal with controversy. Following such discussions, educators should encourage young people to discuss these subjects with their parents/guardians, religious advisors, and other trusted adults.
- *Model comfort with the subject matter.* Activities are most effective when participants feel comfortable talking honestly and asking questions openly. Educators who appear uncomfortable or anxious will discourage participation.
- *Take advantage of unanticipated learning opportunities.* Discussions of sexuality often cause related issues or unexpected comments to surface. This provides an important opportunity for additional learning. Educators should not focus on format or procedures to the extent that they will overlook these unanticipated learning opportunities.
- *Be flexible.* Activities sometimes don't run as planned. This does not mean that they won't be important learning opportunities for both participants and educators.
- *Never guess.* A question will occasionally surface that educators cannot answer. It is always better for educators to tell participants that they will find the answer rather than risk giving misinformation.

MAKING EDUCATION MORE INCLUSIVE

Any group will have people with different knowledge, attitudes, beliefs, experiences, and cultural norms about sexuality. An educator must possess sensitivity, openness, and a willingness to discuss these differences. The following tips, from *A Youth Leader's Guide to Building Cultural Competence* (Advocates for Youth), will help educators provide programs that speak to young people's cultural experiences:

- Include program leaders, guest speakers, or volunteers who share the same cultural background as participants. Include both women and men.
- Incorporate cultural beliefs and practices that reinforce the attitudes the program seeks to build.
- Assume there are a wide range of views about sexuality issues among participants.
- Remember that participants are individuals, not representatives of their ethnic or racial group, and that even the best understanding of a particular ethnic, racial, or cultural group is not a substitute for getting to know an individual.
- Encourage family involvement.
- Make certain that activities, discussions, videos, written materials, and guest speakers reflect the cultural and ethnic diversity of participants, the community, and society.
- If your group has diverse cultures and backgrounds, help build alliances across groups by using structured and purposeful activities. Create teams and partnerships and have them work together to reach a common goal.

- Recognize the cultural roots of some participants' behaviors.
- Support young people's exploration of their ethnic and racial identity.
- Engage young people in open and ongoing dialogues about stereotypes and the limits they impose.
- Seek multi-cultural training opportunities and continue the process of building cultural competence in all ways available.

While only one section of this manual deals specifically with issues of sexual identity and orientation, educators should teach all activities in this manual in a manner that is inclusive of all participants.

USING THIS MANUAL WITH ADULTS

Adults also need to develop the skills and comfort to discuss sexuality issues—whether for themselves or for their children, students, or clients. While the activities in this manual were originally developed for young people, many are easily adapted for adults, including professional training for teachers, counselors, social workers, and other youth-service personnel, or personal education for parents.

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• SEXUALITY AND SOCIETY • ABSTINENCE
CONDOM USE • DIVERSITY • PREGNANCY
OPTIONS • SAFER SEX

ABSTINENCE

Today's young people live in a society that gives conflicting messages about what is expected of adolescent sexual activity. On the one hand, they are told to abstain, to "just say no," without knowing why, for how long, or exactly how to go about it. On the other hand, they see sexual relationships as extremely desirable—music, videos, movies, television, magazines, and advertisements present sexuality in a way that glorifies and normalizes sexual behavior to young people. At the same time, they may face pressure from their romantic partner, friends, and other peers to participate in sexual activity.

Educators should present information about abstinence in an accurate, balanced manner that supports and encourages those young people who choose it, but does not denigrate those who do not. Sexuality education reinforces abstinence as a viable option for everyone—whether or not they have ever had intercourse. Young people need support from parents/guardians, schools, community-based organizations, faith communities, and other sectors of society in exploring their own feelings, beliefs, and values about abstinence. In addition, they must have opportunities to practice the communication skills necessary to support their decision about abstinence.

The activities in this section are intended to help young people explore the reasons why they choose abstinence, think about what makes abstinence work, and practice refusal and negotiation skills.

WHAT THE GUIDELINES SAY ABOUT ABSTINENCE

Subconcept

Abstinence from sexual intercourse is the most effective method of preventing pregnancies and STD/HIV.

Upper Elementary School

- Intercourse is a pleasurable activity for most adults.
- Children are not ready for sexual intercourse.

Middle School/Junior High School

- Young teenagers are not mature enough for a sexual relationship that includes intercourse.
- Abstinence from sexual intercourse is the best method to prevent pregnancy and STD/HIV.
- Teenagers who date need to discuss sexual limits with their dating partner.
- People need to respect the sexual limits set by their partners.
- Teenagers in romantic relationships can express their feelings without engaging in sexual intercourse.
- There are many ways to give and receive sexual pleasure and not have intercourse.
- Most religions teach that sexual intercourse should only occur in marriage.
- Abstinence from intercourse has benefits for teenagers.
- Teenagers who have had sexual intercourse can choose to be abstinent.

High School

- Many American teenagers have had sexual intercourse and many have not.
- Sexual intercourse is not a way to achieve adulthood.
- Teenagers in romantic relationships can express their sexual feelings without engaging in sexual intercourse.
- Many adults experience periods of abstinence.

ADOLESCENCE AND ABSTINENCE FACT SHEET

STATISTICS

- More than half of teenagers are virgins until they are at least 17 years of age.¹
- By the time they reach the age of 20, 20 percent of boys and 24 percent of girls have not had sexual intercourse.²
- The largest study of adult sexual behavior found that only 6.9 percent of men and 21.1 percent of women 18 to 59 years old had their first intercourse on their wedding night.³

COMPREHENSIVE EDUCATION

- Helping adolescents to postpone sexual intercourse until they are ready for mature relationships is a key goal of comprehensive sexuality education.⁴ Sexuality education programs have always included information about abstinence.⁵

Effective curricula share nine characteristics:

- They focus clearly on reducing one or more sexual behaviors that lead to unintended pregnancy or HIV/STD infection.
- Behavioral goals, teaching methods, and materials are appropriate to the age, sexual experience, and culture of the students.
- They are based upon theoretical approaches that have been demonstrated to be effective in influencing other health-related risky behaviors.
- They last a sufficient length of time to complete important activities adequately.
- They employ a variety of teaching methods designed to involve the participants and have them personalize the information.
- They provide basic, accurate information about the risks of unprotected intercourse and methods of avoiding unprotected intercourse.
- They include activities that address social pressures on sexual behaviors.
- They provide modeling and practice of communication, negotiation, and refusal skills.

- They select teachers or peers who believe in the program they are implementing and then provide training for those individuals.⁶
- In a 1993 study, SIECUS found that abstinence was among the topics most often covered in state curricula and guidelines, along with families, decision-making, sexually transmitted diseases and HIV. The topics least covered included sexual identity and orientation, shared sexual behavior, sexual response, masturbation, and abortion.⁷
- Sexuality education does not encourage teens to start having sexual intercourse, increase the frequency of intercourse, or increase the number of sexual partners.⁸
- Teenagers who are sexually active are more likely to use contraception following a sexuality education program than those who have not participated in a program.⁹

ABSTINENCE-ONLY EDUCATION

- To date, six studies of abstinence-only programs have been published. None have found consistent and significant program effects on delaying the onset of intercourse; and at least one provided strong evidence that the program did not delay the onset of intercourse. The weight of evidence indicates these abstinence-only programs do not delay the onset of intercourse.¹⁰
- A study of 7,326 seventh and eighth graders in California who participated in an abstinence-only program found that the program did not have an impact on sexual behavior.¹¹
- Nearly two-thirds of teenagers feel teaching them to “Just Say No” is an ineffective deterrent to teenage sexual activity.¹²
- The National Institutes of Health’s Consensus Panel on AIDS said in February 1997 that the abstinence-only approach to sexuality education “places policy in direct conflict with science and ignores overwhelming evidence that other programs (are) effective.”¹³

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REASONS WHY TEENS HAVE OR DO NOT HAVE SEXUAL INTERCOURSE

Adapted by Evelyn Rosskamm Shalom, M.A.

RATIONALE

This activity will help participants identify reasons that both males and females decide to have—or not to have—sexual intercourse. It will also encourage them to think about their own motivations for participating in sexual behaviors.

AUDIENCE

Junior and senior high school

TIME

One class period

GOALS

To help participants:

- Explore the reasons why teens have—and do not have—sexual intercourse
- Think about their own decision-making
- Acknowledge important reasons for teens not to have sexual intercourse

MATERIALS

- Large pieces of newsprint labeled ahead of time with the following:

Reasons Why Teen Boys Have Sexual Intercourse

Reasons Why Teen Girls Have Sexual Intercourse

Reasons Why Teen Boys Do Not Have Sexual Intercourse

Reasons Why Teen Girls Do Not Have Sexual Intercourse

- Markers

- Masking tape

PROCEDURE

1 Introduce the activity by stating that the decision to have—or not to have—sexual intercourse is complicated and often involves many factors even though many people do not always consciously consider those factors.

2 Divide the participants into four groups. If the group size is larger, add two more groups. They will discuss “Reasons Adults Think Boys Should Be Abstinent,” and “Reasons Adults Think Girls Should Be Abstinent.”

3 Give each group newsprint with one of the titles written on it. Provide each group with a marker. Have each group select a recorder. Make certain that the recorder understands she or he must write whatever is said by a group member, no editorial privileges. Tell the group it does not have to agree on all suggestions, and that brainstorming permits all ideas. Allow the groups to brainstorm as many reasons as possible. Have the recorder write them down on newsprint as the group says them. (*15–20 minutes*)

4 Bring the groups back together. Ask each group to tape newsprint to the wall. Ask one person from each group (preferably not the recorder) to read his or her group’s list aloud to the class. After each list is read aloud, allow participants to ask questions for clarification. Delay general discussion until all lists are read.

5 Proceed with the following questions:

- What reasons on the list surprise you?
- What do the lists have in common?
- How are the lists different?
- What types of comments are only on the female lists? Male lists?
- Is sexual pleasure on both lists of reasons that teens have sexual intercourse? Why or why not?
- Is fear of disease on both lists of reasons that teens do not have sexual intercourse? Why or why not?
- Is fear of pregnancy on both lists of reasons that teens do not have sexual intercourse? Why or why not?
- What reasons from these lists are in the best interests of health?
- What reasons might put someone at risk for pregnancy, sexually transmitted diseases, or emotional stress?
- Which of these reasons would young people think about before having sexual intercourse?
- Which reasons would young people consider to be more or less important?
- What reasons are most important to *you*?
- How would *you* share your reasons with a person you are dating?

SO WHAT'S AN ABSTINENCE ANYWAY?

By Fran Basche and Anne Terrell

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RATIONALE

This activity helps participants think about what it takes to make abstinence work—and what they would need to do if they were going to choose abstinence as the way to protect themselves from unwanted consequences of sexual intercourse.

AUDIENCE

Junior and senior high school

TIME

One class period

GOALS

To help participants:

- Define abstinence
- Identify what makes abstinence work and identify the factors that can cause abstinence “user failures”
- Identify how the decision to be abstinent can be affected by changes in behavior or attitude

MATERIALS

- A clear, hard, plastic ball or heart that can be opened. These are often used for ornaments and are commonly found in craft stores during the holiday season.
- Slips of brightly colored paper (approximately three-quarters of an inch wide and three inches long)
- Newsprint and markers, or chalkboard and chalk

PROCEDURE

- 1** Introduce the term *abstinence*. Ask participants: “What is the best method to use to make sure you don’t get pregnant/cause a pregnancy or get an STD?” Participants will probably answer, “Abstinence.” Make certain someone in the group says that abstinence is 100 percent effective. Otherwise, say it yourself.

- 2** Discuss the meaning of sexual abstinence. Include the following points and questions:

- Abstinence is a conscious decision to avoid certain activities or behaviors.
- What kinds of things do people usually abstain from? (sweets, alcohol, voting, sexual contact, and drugs)
- Why do people abstain? (to make a point, to protect their health, because of religious values, to avoid negative consequences, because they are not interested in the activity)
- Different people have different definitions of sexual abstinence. For some, it may mean no sexual contact. For others, it may mean no penetration or only “lower-risk” behaviors.
- Explain that, for the purpose of this exercise, you’d like to define *abstinence* as not having any type of intercourse: vaginal, anal, or oral.

- 3** Ask the group about the effectiveness of abstinence in preventing pregnancy. Explain contraceptive effectiveness rates. Discuss “typical” and “perfect” user rates. Tell participants abstinence is 100 percent effective if used perfectly every time. Ask what happens if it’s not used perfectly every time. Explain that all methods have failure rates that are usually based on “human error.” People forget to take pills, don’t use a spermicide with a condom, or use a condom incorrectly, causing it to break. Vows of abstinence can also “break” if not used consistently.

Tell participants that they must know what contraceptives are and how they work if they are going to learn how to use them effectively. Many people have seen a condom or a pack of pills. Ask participants:

- Has anyone seen an “abstinence?”
- What does it look like?
- How does it work?

- 4** Show the empty abstinence ball or heart. Say, “I have an abstinence here” or “It’s hard to talk about something that you can’t see, so I brought one.” (If your

abstinence is heart-shaped, remind the group that abstinence doesn't have to mean lack of love, intimacy, romance, sensuality, or eroticism.)

Say, "As you can see, this abstinence is empty. An *empty* abstinence is like any empty promise. It doesn't work very well."

5 What makes sexual abstinence work? Have participants think of things that make abstinence work. Ask each to give one idea that makes abstinence work. Then ask each to go to the front of the room and write her or his idea on a colored slip of paper, and put it into the ball. Ask the participants to say what they wrote as you write the items on the chalk board or newsprint. Talk about each item and how it contributes to effectiveness.

Concepts may include:

- talking to each other
- commitment
- partner cooperation
- information
- assertiveness
- a positive vision for the future
- self-esteem
- alternatives
- self-control
- ability to identify sexual situations
- knowledge of consequences
- belief that pregnancy and/or infection is possible
- awareness of personal values
- shared values

6 Have a volunteer come to the front of the room and remove one slip from the ball. Have them read it aloud. Ask what would happen if you had all the other items except that one. Do the same for a few of the other items. You may discuss such subjects as: "Suppose you couldn't identify possible sexual situations?" "Suppose you didn't have information you needed?" "Suppose you didn't think you could get infected?" "Suppose you and your partner have different definitions of abstinence?"

Discuss other factors that might cause abstinence to fail. These might include alcohol/drug use, peer pressure, threat, or force. Explain that deciding to use "an abstinence" is similar to deciding to use any contraceptive or safer sex method. Questions to consider include:

- How comfortable would you feel using it?
- How would your partner (or future partner) feel about using it?
- What are the possible side effects?

- Will you use it every time you need it?

- What are some alternatives?

7 Ask for ways to make abstinence work. Ask participants: "If you choose abstinence as your contraceptive or safer sex method, how can you make sure it works?" Stress the following:

- Don't leave your abstinence at home, or in your health class, or in your church, synagogue, or mosque. Keep it with you at all times. Pills won't prevent a pregnancy if you forget to take them every day; condoms can't protect you from an STD if you don't have them with you or you don't use them. Abstinence won't work if you don't use it.
- Take out your "abstinence" every once in a while and think about it to reaffirm your commitment. Review your reasons for choosing abstinence. How well is it working? What are the strong points? The weak points?
- Decide when and under what circumstance you will cease to abstain. This could include when you reach a certain age or when you are in a long-term committed relationship or marriage.
- If you decide abstinence is no longer the right choice for you, you need to choose another method to protect yourself from unwanted pregnancy and STDs.

DISCUSSION QUESTIONS

- In what ways was this activity useful to you?
- What did you learn from our discussion?
- How confident do you feel about your own skills for practicing abstinence?
- How is abstinence a skill that people might practice at different points in the life cycle?

OTHER OPTIONS

Educators can use this activity with parents/guardians to show how parents/guardians can talk to their teenagers about postponing sexual involvement.

They can use a similar activity to talk about other abstract ideas such as self-esteem or love. They should have participants write all the things that a person needs in order to have self-esteem or a good relationship. They should discuss how missing items might affect the concept.

THERESA AND SAM: A TRUE STORY

By Monica Rodriguez

RATIONALE

This activity provides an opportunity for participants to discuss making choices and sticking with them, and to practice the skills needed for abstinence or avoiding unwanted sexual behavior.

AUDIENCE

Senior high school

TIME

One class period

GOALS

To help participants:

- Explore some of the reasons why a person might decide to abstain
- List practical actions that young people can take to postpone sexual involvement
- Practice the skills necessary to negotiate abstinence and avoid unwanted sexual behavior

MATERIALS

- *Theresa and Sam Worksheet*
 - *Love in the Afternoon Role Play*
-

PROCEDURE

1 Introduce this activity by explaining to participants that they will discuss some of the reasons why people choose not to engage in sexual intercourse, think of things that a person can do to make sure they stick to their decision, and practice saying no in role-play situations where one partner is pressuring the other.

2 Distribute copies of the *Theresa and Sam Worksheet* to participants. Have one participant read the story aloud while the rest follow. Instruct participants to pay particular attention to the reasons why Theresa and Sam choose not to have intercourse, the reasons why they think they might have intercourse, and what each of them can do to make sure they don't have intercourse.

3 After reading the story, allow time for participants to answer the questions on the worksheet. Have participants share their answers and discuss responses as needed. Write participants' responses to worksheet questions 3 and 5 on the board. Encourage participants to think of more things a person can say or do to delay intercourse.

4 Explain that they will role-play for the rest of the session on how to respond to pressure to have intercourse.

5 Divide participants into pairs and distribute copies of the *Love in the Afternoon Role Play*. Explain that Partner #1 will say the line and that Partner #2 will respond by saying no in a creative and respectful way. Both words and body language should clearly convey the message. Instruct participants to alternate between Partner #1 (saying the line) and Partner #2 (responding to the line). Move from pair to pair to facilitate the role-plays as needed.

6 Process using the following questions:

- How convincing were the responses? What would you say or do differently to make sure that you were understood?
- How would you feel saying things to a partner in real life?
- What suggestions would you give to someone who was trying to stand by their decision not to have intercourse?

THERESA AND SAM WORKSHEET

Directions: After reading Theresa and Sam's story, answer the following questions.

Theresa and Sam are juniors who have been dating for just over six months. They spend a lot of their free time together and think they have a special relationship. They are best friends. They trust each other. They tell each other everything.

When they first started dating, Theresa and Sam decided that they were not ready to have intercourse. They talked about the fact that Sam was taught he should wait until he was married to have intercourse. He loves Theresa a lot, and he worries that their relationship would change if they have intercourse. Theresa knows and respects Sam's feelings.

While Theresa and Sam haven't actually had intercourse, they have kissed and touched each other a lot and have come pretty close to "going all the way." Lately, Theresa has felt a little bit jealous of her friends because some of them say they've had intercourse. She worries that she is "falling behind" and that she will always be a virgin. Theresa has started putting some pressure on Sam to have intercourse.

Theresa and Sam are both feeling confused and have decided that they need to talk. Sam thought

Theresa understood his feelings and isn't sure why she is starting to pressure him. Theresa respects Sam's feelings and doesn't want to push him into doing something he doesn't want to do. But she feels that as long as they're in love they shouldn't have to wait until marriage. They are arguing a lot more. They are also starting to spend less time with each other and more time with other people.

Sam is worried that he is losing Theresa. He decided to talk to one of his friends about it. His friend said, "I don't know why you're making such a big deal out of this. Intercourse is great! That's why everybody does it!" Sam doesn't really believe his friend, but sometimes he feels as if he's the only one who isn't doing it. He wishes he could talk to his Dad about it, but he doesn't know how. Sam is feeling pretty lost and doesn't know what to do.

Sam and Theresa are trying to work things out. They decide to go on a date to the movies. Later, they go back to Sam's home to talk. When they get there, they find out that Sam's Dad got called in to work and won't be back for a few hours. Sam and Theresa find themselves home alone.

1. Describe one reason that Sam might not want to have intercourse.

a. _____

2. What are some other reasons why a person might not want to have intercourse? _____

3. Describe two things Sam can say or do to make sure that he waits until he is ready to have intercourse.

a. _____

b. _____

4. Why should Theresa wait until Sam is ready? _____

5. What are two things Theresa can do to help herself wait until Sam is ready?

a. _____

b. _____

LOVE IN THE AFTERNOON ROLE PLAY

You and your partner are hanging out after school, watching TV. You decide to lie down on the couch together and you start to get close. This is exactly what happened the last time you went further than you wanted to sexually. You have decided that you don't want to go as far with your partner as you did before.

Person 1: I love you.

Person 2:

Person 1: Don't worry. It'll be okay.

Person 2:

Person 1: Just let me try this for a little bit.

Person 2:

Person 1: What's the big deal? We've done this before.

Person 2:

Person 1: Well, I just don't want to stop. It's too much fun.

Person 2:

Person 1: Okay. I promise we'll stop after this.

Person 2:

Person 1: Other people have let me.

Person 2:

SETTING SEXUAL LIMITS

by Frank Fanelli, Debra Haffner, and Monica Rodriguez

RATIONALE

This activity provides participants with the opportunity to practice the skills necessary to communicate about sexual behavior and set sexual limits.

AUDIENCE

Junior and senior high school

TIME

One class period

GOALS

To help participants:

- Practice the communication skills needed to negotiate sexual limits

MATERIALS

- Chalkboard and chalk, or newsprint and markers
- Pictures of teen couples from magazines
(Make certain you have a diverse representation.)
- Small paper lunch bags or plastic sandwich bags
- *Conversation Starters*
- *Setting Sexual Limits Worksheet*

Preparation: Before the session, prepare the Conversation Starters bags. Cut each of the sentences into strips with only one “line” per strip. Put all of the strips into a small paper lunch bag or plastic sandwich bag. Make certain you have a complete set of “lines” for each small group. Add one picture of a teen couple in each bag.

PROCEDURE

1 Introduce the activity by explaining that while it is sometimes difficult to talk about sexual limits and sexual behavior, it is an important topic. As a large group, brainstorm the reasons why it’s difficult to talk about sexual limit setting and sexual behavior. (For example: It’s embarrassing. It makes you vulnerable. There are no models in the media or elsewhere.) Encourage participants to develop an exhaustive list. Next, brainstorm why it is important to communicate about sexual limit

setting and sexual behavior. (For example: You should set limits. You can’t mind read. So you don’t go further than you want to. You avoid miscommunication.) Again, encourage participants to come up with as long a list as possible. Tell them they will have the opportunity to practice the communication skills needed to talk about sexuality and to set sexual limits.

2 Divide participants into groups of four or five. Explain to the groups that one of the most difficult aspects of talking about these issues is knowing how to start a conversation. As a small group, they should come up with a list of lines needed to open a conversation about sexual limit setting and sexual behavior (For example, “I think we need to talk about how far we are going to go.”). After the groups have had sufficient time to think of opening lines, bring participants together and ask one representative from each small group to present their list.

3 Divide participants into new, mixed gender groups of four or five. Each group should receive one set of *Conversation Starters* (already cut-up and in a small bag), a picture of a teen couple, and a *Setting Sexual Limits Worksheet*. Explain that they will use the strips of paper in the bag to create a conversation between the couple in the picture. Explain that the couple has dated for a few months and really like each other. So far, they’ve gone as far as kissing. While they haven’t talked about it yet, one of them is wondering if they are going to go further. The other’s limit is kissing. To begin their conversation, each group should pick one opening line from the list the groups brainstormed in Step 2. They should then use the lines on the strips of paper in their bags to create a conversation about sexual limit setting. The conversation must end satisfactorily for both partners and the couple can’t break up.

4 After participants have finished, ask two volunteers from each group to model their conversation for the entire class. Lead all participants in being supportive for each scenario and drawing out the positive aspects. After each small group has presented its scenario, ask for two volunteers to role play in front of the entire class.

Develop another scenario for the volunteers to role play. The same rules apply—the conversation must end satisfactorily for both partners and the couple can't break up. This time, however, the actors will use their own words. Repeat with different volunteers as time allows.

5 Discussion:

- Will it be easier to have this kind of conversation now that you have suggested words? Why or why not?
- What would make this harder in real life?
- Whose job is it to set sexual limits?
- Why is it important to discuss sexual limits?

CONVERSATION STARTERS

Directions: Cut each of the sentences into strips so there is only one “line” per strip. Put all of the strips into a small paper lunch bag or plastic sandwich bag and use with the *Setting Sexual Limits Worksheet* to create a conversation about setting sexual limits.

I really like you.

I really like being with you.

I'm so glad that we're going out.

I really like kissing you.

I feel really special when you are kissing me.

I really liked what we did last night.

Me, too.

You're a great kisser.

I feel really close to you, too.

I think I'd like us to do more.

I think we should go further.

You can trust me.

I'm not comfortable doing more than kissing.

I'm scared we'll want to go further.

I'm scared we won't be able to stop.

But we've been going together for awhile.

But everyone else is doing this.

But I'm tired of stopping myself.

Please don't put pressure on me.

I'm really serious—I just want to make out.

Don't you like kissing me? I really enjoy it when we make out.

Okay... Let's stop talking and get started.

I do really like you... We won't go further until you're ready.

Sure...if that's what you want. But I don't promise not to ask again.

SETTING SEXUAL LIMITS WORKSHEET

Directions: Create a conversation about setting sexual limits between the couple in the picture. To begin the conversation, pick one of the opening lines from the list the class brainstormed. Next, create the conversation using only “lines” you have picked from those in the bag you were given. The conversation must come out okay for both partners, and they can’t break up.

OPENING LINE:

PERSON 1:

PERSON 2:

TIMES HAVE CHANGED: A LESSON WITH PARENTS

By Eva S. Goldfarb, Ph.D., and Elizabeth M. Casparian, Ph.D.

RATIONALE

Teens face many pressures to participate in sexual activity in today's sophisticated, fast-paced society. Things are different from the time when their parents or guardians were young. Many parents and guardians want their children to remain sexually abstinent during their adolescence, but they are unfamiliar with the pressures they face. Parents and guardians can help their children delay sexual involvement by communicating with them in understanding ways.

AUDIENCE

Junior and senior high school/parents/guardians

TIME REQUIRED

- Two 20-minute class segments
- 30 minutes or more at home

GOALS

To help participants:

- Talk to their parents/guardians about the pressures faced by adolescents today
- Develop strategies to find support for a decision to abstain from sexual intercourse

MATERIALS

- Parent Interview Sheets
- Index cards
- Declaration of Completion

PROCEDURE

1 Introduce the activity by explaining that some teens think their parents/guardians may not know what it is like to be a teenager today. This activity is designed to help you talk with your parents/guardians.

2 Ask participants to brainstorm a list of the pressures they face to participate in sexual activity. Ask: "What are

the pressures you face?" "Are there different pressures for males and females?"

3 Review the list as a group. Have each participant copy the list onto a sheet of paper. If you have time, type the list for each participant to take home.

4 Hand out the *Parent Interview Sheets* and explain that participants have three nights to complete the assignment. Explain that they will not turn in their completed worksheets but that they do need to turn in the *Declaration of Completion* form signed by an adult.

Note: Some young people may be unable to complete this assignment with their parent(s) or guardian(s). Allow young people the opportunity to complete this assignment with another trusted adult such as an aunt, uncle, sports coach, or a member of the clergy.

5 When participants return to class with the completed sheet, collect the *Declaration* and ask the following questions:

- What was it like to do this activity? How did it feel?
- What did you learn about the similarities and differences between the pressures your parents/guardians faced as adolescents and the pressures you face?
- How did the pressures differ for males and females in your parent's/guardian's experience?
- What kinds of responses did your parents/guardians have when they saw your list?

6 Hand out index cards and have each participant select one of their parent's/guardian's most useful suggestions on how to help a teen remain abstinent and write it anonymously on the index card. Have participants pass in the cards. Shuffle and redistribute them. Have each person read her or his card to the group. Ask these questions:

- How did it feel to talk to your parents/guardians about these issues?
- What will make it easier to talk to them next time?

PARENT INTERVIEW SHEET

Instructions

Use this worksheet to guide a discussion with your parents, caregivers, guardians, or other trusted adult. Write down any points that you find particularly interesting.

Ask your parent(s)/guardian(s) to describe the sexual pressures they experienced when they were adolescents. How did they differ for males and females?

Ask your parent(s)/guardian(s) to name the most risqué thing in a movie or book that was popular during their adolescence. Were there any books, movies, magazines that *their* parents/guardians did not want them to see that they saw anyway?

Ask your parent(s)/guardian(s) to describe some of the pressures they think adolescents face today.

Show them the list generated by the class. Explain anything they may not understand. Ask them what they think about the list.

Ask your parent(s)/guardian(s) to make three suggestions that might help an adolescent maintain a decision to abstain from sexual intercourse.

1. _____
2. _____
3. _____

DECLARATION OF COMPLETION

We, the undersigned, completed the
Times Have Changed: A Lesson with Parents
homework assignment.

Signed:

Participant

Parent/Guardian

Parent/Guardian

Date

ABSTINENCE • CONDOM USE • DIVERSITY
PREGNANCY OPTIONS • SAFER SEX • SEXUAL
BEHAVIOR • SEXUAL IDENTITY AND ORIENTATION
• SEXUALITY AND SOCIETY • CONDOMS
CONDOM USE • DIVERSITY • PREGNANCY
OPTIONS • SAFER SEX • SEXUAL BEHAVIOR
SEXUAL IDENTITY AND ORIENTATION • SEXUALITY
AND SOCIETY • ABSTINENCE • CONDOM USE
DIVERSITY • PREGNANCY OPTIONS • SAFER SEX
• SEXUAL BEHAVIOR • SEXUAL IDENTITY AND
ORIENTATION • SEXUALITY AND SOCIETY
ABSTINENCE • CONDOM USE • DIVERSITY
PREGNANCY OPTIONS • SAFER SEX • SEXUAL
BEHAVIOR • SEXUAL IDENTITY AND ORIENTATION
• SEXUALITY AND SOCIETY • ABSTINENCE
CONDOM USE • DIVERSITY • PREGNANCY
OPTIONS • SAFER SEX

CONDOMS

Latex condoms remain the best available protection against sexually transmitted diseases for individuals who engage in sexual intercourse. They are also a very reliable method of contraception when used consistently and correctly. While the AIDS pandemic has led to increased attention to, and discussion about condoms, there is still much misinformation about them and some resistance to their use. In fact, publicity about using condoms for STD/HIV protection has made some people feel that the suggestion of using a condom indicates the partner or the person him-/herself is infected.

Because latex condoms are the only contraceptive that provide disease protection, it is important for young people to spend time learning about them. Some young people need this information now; others will need it in adulthood. All can help educate their peers.

Young people need accurate, factual information to counter widespread myths and misinformation about condom effectiveness. They also need information that will help them become consistent and effective condom users, including how to use them as well as how and where to buy them. Perhaps most important, young people need to learn the skills to discuss condom use with a potential partner and to insist on their consistent and correct use. This involves knowing decision-making, negotiation, and sometimes, refusal skills.

The activities in this section are designed to reduce young people's anxiety about the issues surrounding condom use and enhance their perceptions of the condom as a reliable method of disease and pregnancy prevention. They provide opportunities for young people to demystify condoms and learn about their correct use; become confident as consumers should they ever decide to use condoms; respond to common reasons people give for not using condoms; and role-play the negotiation of condom use.

WHAT THE GUIDELINES SAY ABOUT CONDOMS

Middle School/Junior High School

- There are several different methods of contraception.
- Young people can buy some contraceptives in a drug store, grocery market, or convenience store without a doctor's prescription.

- Nonprescription methods include condoms, foam, gels, and suppositories.
- Each contraceptive method has advantages and disadvantages.
- Young people who are considering sexual intercourse should talk to a parent or another adult about their decision and contraception.
- Talking to one's partner about using contraception is important.
- Some contraceptive methods can also help prevent the transmission of STD/HIV.
- Proper use of latex, lubricated condoms with a tip, along with a spermicide, can greatly reduce, but not eliminate, the chance of getting STD/HIV.
- Methods of contraception that prevent pregnancy best, such as the Pill, Norplant, and Depo-Provera, do NOT help prevent the transmission of STD/HIV.
- Couples who want to avoid both pregnancy and STD/HIV need to use a male or female condom along with another effective contraceptive method.

High School

- A person whose religious teachings prohibit contraception may have to decide between those teachings, the risk of unwanted pregnancy or STD/HIV, and their decision to have intercourse.
- When choosing a contraceptive method, people must weigh its advantages and disadvantages against the risk of pregnancy and/or STD/HIV.
- People should choose a method that they will use effectively and consistently.
- People can find creative and sensual ways of integrating contraception into their sexual relationship.
- Women whose contraceptives fail or who do not use one mid-cycle can consult with a health care provider for emergency contraception.

CONDOM COMFORT

By Carolyn Cooperman

Adapted with permission from Peggy Brick, et al, *Teaching Safer Sex*, Planned Parenthood of Greater Northern New Jersey. For information about this and other related materials, call 201/489-1265.

RATIONALE

This lesson utilizes student participation to reduce anxiety about and cultural reluctance to issues around condom use and helps students see that condoms are a reliable method of contraception and disease prevention.

AUDIENCE

Senior high school

TIME

One class period

GOALS

To help participants:

- Explore factors that influence effective condom use
- Increase comfort discussing condom use
- Increase acceptance of condoms as a reliable method of birth control and disease protection

MATERIALS

- *How to Use a Condom Worksheet*
- 16 pieces of cardboard (approximately 8½" x 11")
- Markers
- Condoms

PROCEDURE

1 Introduce the lesson by stating that condoms have been used successfully by millions of men for more than a century. Even today, condoms are the preferred method of contraception in many parts of the world (e.g. Japan). Write the following heading on the board: "Reasons Why People Choose Condoms." Brainstorm ideas, making certain to include concepts such as widespread availability, male control over fertility, no hazardous side effects, and excellent protection for unanticipated intercourse. Make certain to acknowledge that there are cultural differences in condom use; some cultures are accepting of the practice while others are not.

2 Describe the condom as a sheath worn over the penis to prevent pregnancy and the spread of STDs. Explain to the students that some people like to practice using condoms before intercourse so that they know how to use them and how they feel. Just as a person might need time to adjust to wearing a new hat or glove, they might need time getting used to a condom.

3 Write each of the following terms on a separate piece of cardboard in bold letters:

- **Loss of erection**
- **Roll condom on**
- **Orgasm/ejaculation**
- **Leave room at the tip; squeeze out any air**
- **Sexual arousal**
- **Intercourse**
- **Erection**
- **Loss of erection** (to demonstrate that loss of erection can occur anytime during intercourse)
- **Withdraw the penis**
- **Relaxation**
- **Hold onto the rim**
- **Dab lubricant on penis**
- **Dab lubricant on inside tip of condom**
- **Decision to use**
- **Open package**
- **Obtain condom**

Have 16 volunteers come to the front of the room (preferably eight males and eight females). Distribute one card to each student. Allow a few minutes for them to arrange the cards in the sequence that illustrates effective condom use from start to finish. The rest of the class should observe how the group completes this task and should review the final sequence. When the sequence is correct, post cards in front of room. (The correct order is: decisions to use, obtain condom, sexual

arousal, erection, open package, dab lubricant on inside tip of condom, dab lubricant on penis, leave room at the tip, roll condom on, intercourse, orgasm/ejaculation, hold onto rim, withdraw the penis, loss of erection, relaxation, and, anywhere, the second “loss of erection.”)

- 4** Ask a volunteer to describe each step in condom use. Condom use can be demonstrated by using a model of a penis, rolling it down over the index and middle fingers, or by using a banana, cucumber, or test tube.

DISCUSSION QUESTIONS

- How did the group work to complete this activity? Did people talk to each other or line up without saying much?
- Which part(s) of this process involve males only? Females only?
- If a man lost his erection after putting on a condom and before intercourse, what could the couple decide to do? (Emphasize that this will probably happen to most males at some point in their lives.)

• It is often said that the condom lessens sexual pleasure. Which part in the process feels the same whether or not a condom is used? Which part might feel different?

- How did you first learn about condoms? How old were you? Was this early introduction positive or negative?

5 Explain that condoms come in many varieties: ribbed, colored, flavored, and lubricated. They also come in different sizes. Although people need accurate information to use condoms effectively, they can buy them without directions. Divide the class into small groups, with two or three students in each group. Distribute the *How to Use a Condom Worksheet* and have the groups create original instruction sheets.

- 6** Reconvene as a class and review the instruction sheets for accuracy and creativity.

HOW TO USE A CONDOM WORKSHEET

Design an instruction sheet that clearly informs a person about condom use. Provide simple directions and clear diagrams. Place one instruction in each box.

CONDOM MATCH GAME

By Elizabeth M. Casparian, Ph.D., and Eva S. Goldfarb, Ph.D.

RATIONALE

While many adolescents know how to use condoms and know they need to use them, they frequently express concern over how to overcome their partners' resistance. This activity is designed to help participants respond to arguments that are frequently raised.

AUDIENCE

Senior high school

TIME REQUIRED

One class period

GOALS

To help participants:

- Identify why it might be hard to convince a partner to use a condom
- Develop strategies to overcome difficulties in convincing a partner to use condoms

MATERIALS

- *Common Condom Refusals* (one refusal per sheet)
 - *Condom-Friendly Responses Worksheet* (one for each person)
 - Newsprint and markers, or chalkboard and chalk
-

PROCEDURE

1 Introduce the activity by saying that most sexually active young people know they should use condoms to protect themselves from pregnancy and STDs, but many find it hard to convince a partner. Ask participants to brainstorm reasons why it might be hard to convince a partner. Make a list on newsprint or the chalkboard. Acknowledge that many students are not sexually involved but that this information may be useful to them later or to share with their friends.

2 Have participants look at the list they generated and discuss ways of overcoming these barriers.

3 Tell participants that today's lesson will focus on helping them, now or in the future, find ways to deal

with common reasons people give for not wanting to use a condom. The following activity is designed to help them develop strategies to insist on condom use without ending a relationship.

4 Divide the class into groups of three to four participants. Give each group one of the refusals from the *Common Condom Refusal Worksheet*. (If you have a large number of participants, you may give the same refusal to more than one group. If you have a small class, you may give each group two refusals. If necessary, you can ask participants to generate an additional list of refusals.)

Also give each participant a *Condom-Friendly Responses Worksheet*. Instruct each group to generate three responses to the refusal printed on the sheet you gave them. Two of their responses can come from the *Condom-Friendly Responses Worksheet*. One of their responses must be an original effort from the small group. Give them about ten minutes.

5 Bring the entire group together, and ask each small group to read its refusal and its three responses. Ask the large group to give feedback to the small groups using these questions:

- What did you think of the responses the group selected for this refusal?
- What do you like about the response they wrote for themselves?
- How would you feel saying this to a partner?
- Would it be convincing?
- What should a person do if he or she uses all of the responses and their partner still refuses to use a condom?
- What are some of the ways that a person can bring up condom use with their partner?

6 Summarize by saying that insistence on condom use is a very important skill that takes practice. Remind young people that keeping healthy and safe is important. If they are sexually involved, they must insist on condom use. If a partner insists on not using a condom, a person can choose to abstain from intercourse or engage in other sexual behaviors.

COMMON CONDOM REFUSALS WORKSHEET

INSTRUCTIONS FOR THE FACILITATOR

Cut out each refusal. Paste it on an index card or copy it onto a blank sheet of paper. Give each small group one or more refusals. Small groups may use the *Condom-Friendly Responses Worksheet*. They should, however, make up at least one response on their own.

Refusal

“Don’t worry I’ll pull out before I come.”

1. _____
2. _____
3. _____

Refusal

“It will feel better if we don’t use a condom.”

1. _____
2. _____
3. _____

Refusal

“It will interrupt the mood if we have to stop and put on a condom.”

1. _____
2. _____
3. _____

Refusal

“I don’t have a condom with me and I want to have intercourse now.”

1. _____
2. _____
3. _____

Refusal

“I don’t want anything between us.”

1. _____
2. _____
3. _____

CONDOM-FRIENDLY RESPONSES WORKSHEET

- A.** “Let’s go get some together.”
- B.** “I care about us too much to put either one of us at risk.”
- C.** “There are lots of ways to make each other feel good without having to use a condom.”
- D.** “You are important to me and I want us to be safe.”
- E.** “If we use the condom we don’t have to worry about it at all.”
- F.** “If we use the condom I’ll be more relaxed and I’ll enjoy myself more.”
- G.** “When we’re dressed and I hug you, it feels special. So how can a little piece of latex or polyurethane ruin it.”
- H.** “The condom can make you last longer”
- I.** “I can’t enjoy intercourse unless we use a condom.”
- J.** “Let’s not have intercourse. We can do other things to be close.”

CONDOM ROLE PLAYS

By Eva S. Goldfarb, Ph.D., and Elizabeth M. Casparian, Ph.D.

RATIONALE

This activity is designed to help participants begin practicing conversations about using condoms. This practice will help them develop both the comfort and skills to negotiate condom use with a potential sexual partner.

AUDIENCE

Senior high school

TIME

One class period

GOALS

To help participants:

- Identify barriers to condom use
- Become more comfortable discussing condom use
- Learn how to counter arguments against condom use
- Practice the skills necessary to negotiate condom use with a partner

MATERIALS

- Newsprint and markers
- Tape
- Role-play situations

PROCEDURE

1 Begin the activity by stating that condom use involves more than just knowing how to put one on correctly. An important step to correct condom use is being able to convince a reluctant partner to use one and to refuse to have intercourse if one's partner will not agree to use a condom every time. This activity will help us practice saying what needs to be said to assure that condoms are used.

2 Ask participants to brainstorm a list of common excuses for not using condoms. Write the list on newsprint.

3 Ask participants to pick the three most difficult barriers from the list and then divide the class into three small groups. Give each group a sheet of newsprint and assign one of the three most difficult barriers to each group. Ask the participants to generate at least three ways to overcome the barrier assigned to them.

4 After each group has written their responses, ask them to present what they have written to the rest of the group. After each group has presented their responses ask, "How easy or difficult do you think it would be to do or say what the group suggested?"

5 Explain that the rest of the time will be spent role-playing how to discuss condom use with a reluctant partner.

6 Ask the class to divide into groups of three. For the first role play, each trio must decide on Player One, Player Two, and the Observer (everyone will eventually switch roles). Explain that each trio will role-play the same situation simultaneously. The Observer for each group should watch how the Players interact and should keep the Players on task.

7 The leader should read Situation A to the class. Give the trios about five minutes to role-play the situation. Stop the action and have the Observer report what happened. Ask each role player to describe how they felt in their role.

8 Have the members of the trio switch roles and repeat the process with Situation B. After they have role-played Situation B and processed it as above, have them switch roles again and act out Situation C. Process as above.

9 Use the following questions to discuss the activity as a whole:

- What was most difficult about this activity? What was easiest?
- What would be different about having these conversations with real sexual partners?
- What can you do to make it easier to have intimate conversations with a sexual partner?

(A list might include: Use “I” statements. Begin statements you make with “I feel, think, believe” so that you are truly expressing your own opinion and not *assuming* that anyone else shares them. Discuss the issues before you are in the middle of the act. Be honest. Take care of yourself and be caring of your partner. Don’t back down to pressure. Be willing to walk away from the situation if your partner refuses to use condoms.)

ROLE-PLAY SITUATIONS

Instructions for the Facilitator:

You may use these or create your own based on the barriers generated by the group during the brainstorm activity in the beginning of this lesson.

Situation A

Role Player One

You think stopping the action to put on a condom will spoil the mood, you think things should just flow, tell this to your partner.

Role Player Two

You think taking care of each other is part of the mood and you won't flow into sexual intercourse without a condom.

Situation B

Role Player One

You think that using a condom will feel too clinical and impersonal, and that intercourse will somehow feel unnatural. Express this to your partner.

Role Player Two

Convince your partner that intercourse will feel wonderful and that a tiny piece of latex will hardly make a difference.

Situation C

Role Player One

You think that your partner wants to use condoms because he/she thinks you may be having intercourse with someone else. You are annoyed that he/she doesn't trust you. Express this to your partner.

Role Player Two

You don't think that you can trust anyone 100 percent, so you don't want to risk something as important as your life. You know that you will both be a lot better protected, and feel more secure if you use condoms.

CHOOSING CONDOMS

Adapted with permission from Peggy Brick, et al, *Teaching Safer Sex*, Planned Parenthood of Greater Northern New Jersey.
For information about this and other related materials, call 201/489-1265.

RATIONALE

Students will confront the issue of talking with a partner about condom use and will reflect on the impact attitudes may have on couples' ability to protect themselves. Students overcome the aversion to touching condoms; learn there are many different types of condoms (if one is not satisfactory, another can be tried); and become confident as consumers if they use condoms now or in the future for protection against disease or pregnancy.

AUDIENCE

Senior high school

TIME REQUIRED

One class period

GOALS

To help participants:

- Examine their own feelings and attitudes about the implications of using condoms
- Become familiar with the wide variety of condoms available on the market
- Evaluate different brands and types of condoms by conducting a "Condom Report"

MATERIALS

- *Condom Reports Worksheet*
- *In Search of Condoms Worksheet*
- Variety of different types of condoms in their boxes
- 3" x 5" file cards

PROCEDURE

- 1 Ask students to assess how attitudes about the condom have changed during the last few years. (For example, they may refer to increased media coverage and to the association of condoms with AIDS.)
- 2 Distribute 3" x 5" cards to each student. Note that in spite of increased discussion about condoms, people still have many different feelings about using them. Ask students to write on the card how they feel about condoms. Acknowledge that many students are not sexually involved and may have no experience with condoms. Tell them they may still have opinions or they can write "no opinion." Explain that their responses are anonymous but that they should put "M" for male or "F" for female on the top of their card.

- 3 Collect the cards and read them out loud, stating whether male or female each time.

DISCUSSION QUESTIONS

- Nationwide studies indicate that both males and females felt the initiation of condom use by a partner demonstrated caring and that they liked the person better for it. Ask students if their own responses were similar or different.
- Note that many family planning clinics are advising women who use the pill and the diaphragm to also use condoms. Why? (Answer: Because oral contraceptives do not protect against STDs and the diaphragm protects very little. It is, therefore, recommended that women use a condom for STD protection.)
- In an age of AIDS and other STDs, who does not need to use condoms? (Answer: Only those people who abstain, those who are trying to become pregnant, or those who are in a monogamous relationship with a person who is not HIV/STD infected.) Remind students that one partner often doesn't know if the other partner is monogamous or infected with HIV/STD.)

4 Distribute the *Condom Reports Worksheet*. Review the directions with the entire class. Divide students into small groups (five or less is best) and give each group at least three condoms (in their boxes) to evaluate. Make certain you include different brands, types, sizes, and colors.

5 Conclude the lesson by asking each group to indicate which condom received the highest rating in their group and why.

FOLLOW-UP ACTIVITY

Distribute the *In Search of Condoms Worksheet* and ask students, in pairs, to complete the assignment during the next week. Tell them to write one to two paragraphs about what it was like to complete the assignment.

CONDOM REPORTS

DIRECTIONS

Put a check next to descriptions that apply to the condom. If the group cannot agree, put a question mark next to the description.

Name of Condom _____

A. Condom package (box) is:

- 1. eye-catching
- 2. embarrassing
- 3. nonthreatening
- 4. appealing to young people
- 5. male-oriented
- 6. female-oriented
- 7. other _____

B. Condom wrapping is:

- 1. plastic wrap _____
- 2. paper wrap _____
- 3. foil wrap _____
- 4. capsule _____
- 5. easy to open _____
- 6. difficult _____
- 7. other _____

C. Condom features are:

- 1. lubricated
- 2. non-lubricated
- 3. spermicide
- 4. contoured
- 5. textured
- 6. colored
- 7. reservoir tip
- 8. latex
- 9. natural skin
- 10. polyurethane
- 11. male condom
- 12. female condom
- 13. other _____

D. Consumer information:

- 1. Expiration date is: _____
- 2. Is the expiration date on the box or on the condom wrapper? _____
- 3. Condom price is: _____
- 4. Number of condoms per package: _____

E. Other comments: _____

F. Overall condom rating (circle one).

5

4

3

2

1

Great! _____ So So _____ Terrible!

G. Why? _____

IN SEARCH OF CONDOMS

Find a place that sells condoms. Answer these questions about your search.

1. Where can you buy condoms?

Name of Store, Clinic, Physician, or Other _____

Street _____

Town/City _____

Brief description of where this place is located: _____

2. Where were the condoms displayed?

not on display behind the counter on the shelves other _____

3. If they were in a store, were they easy to find?

Yes No

Why/Why not? _____

4. What were the brand names of available condoms?

List the brand names of the available condoms (be specific) Price Quantity

1. _____ _____ _____

2. _____ _____ _____

3. _____ _____ _____

4. _____ _____ _____

5. _____ _____ _____

5. Did you have to ask someone to find the condoms? _____

If yes, how did the person react? _____

6. How would you feel purchasing condoms from this place?

Put a check next to the words that describe how you would feel.

- | | | | |
|--------------------------------------|---------------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> embarrassed | <input type="checkbox"/> secretive | <input type="checkbox"/> relaxed | <input type="checkbox"/> comfortable |
| <input type="checkbox"/> guilty | <input type="checkbox"/> self-assured | <input type="checkbox"/> independent | <input type="checkbox"/> relieved |
| <input type="checkbox"/> anxious | <input type="checkbox"/> mature | <input type="checkbox"/> ashamed | <input type="checkbox"/> confused |
| <input type="checkbox"/> worried | <input type="checkbox"/> tense | <input type="checkbox"/> happy | |

7. If you or a friend needed a condom, where else could you go to get one?

CONDOM VALUES: A LESSON WITH PARENTS

By Elizabeth M. Casparian, Ph.D., and Eva S. Goldfarb, Ph.D.

RATIONALE

The purpose of this activity is to encourage communication between participants and their parents/guardians about condoms. Teens are better prepared to make important decisions about their sexual behavior and their health with guidance from their parents/guardians and with a better understanding of their parents'/guardians' values.

AUDIENCE

Junior and senior high school

TIME

- 20 to 30 minutes of class time to process
- 30 to 40 minutes of homework

GOALS

To help participants:

- Discuss condoms with their parents/guardians
- Understand how their beliefs and values about condoms and condom use are similar and how they are different from those of their parents/guardians
- Discuss in the classroom how their parents'/guardians' values are different and/or similar to their own and how they can work with their parents/guardians to increase communication and respect for each other

MATERIALS

- *Condom Values: An Interview with Your Parents Worksheet*
- *Declaration of Completion*

PROCEDURE

1 Two or three days before class, introduce the activity to the participants by saying that most people believe they know their parents'/guardians' beliefs, and most parents/guardians believe that their teenage children know their beliefs—even when they have not formally discussed sexuality related topics. Most people are influenced, at least in part, by what their parents/guardians or caretakers believe or value on the subject of sexuality. Often, however, the messages that parents/guardians *think* they are sending to their children are not the messages their children are getting. This activity is designed to help young people understand what their parents/guardians believe and how they feel about the issue of condoms and condom use among teenagers.

2 Hand out the worksheet and ask participants to take it home and complete it with one or both parents or guardians. Explain that the assignment is for them to get responses from their parents/guardians on different issues related to condoms and condom use. Encourage them to attempt to share their own responses to the questions their parents/guardians are answering.

Note: Some young people may be unable to complete this assignment with their parent(s) or guardian(s). Allow them the opportunity to complete the assignment with another trusted adult such as an aunt, uncle, sports coach, or member of the clergy.

3 A few days after the assignment, ask the participants to bring in their sheets and read their interviews silently to themselves. Collect the *Declaration of Completion*. Discuss the interview sheets by asking these questions:

- What was it like to conduct this interview?
- Was anyone nervous? Were you more (or less) nervous than your parent(s)/guardian(s)?

- Did any of you choose not to interview one parent/guardian even if he/she was available? Why?
- If you interviewed both parents/guardians, which was easier to interview?
- If you interviewed both parents/guardians, did they disagree on any of the questions?
- Was anyone surprised by the answers of their parents/guardians? What was surprising?
- Did you find that your own beliefs and values were more liberal, more conservative, or similar to your parents'/guardians'?
- What are some ways that teens and their parent(s)/guardian(s) can respect each others' beliefs and values when they are different?

4 Use the last question to generate a list of what participants can do to maintain respect for both their parents'/guardians' and their own values and beliefs.

5 Most parents/guardians want what they believe is in their children's best health interest. They can accomplish this by sitting down and talking about what is important. This will build an understanding of values and beliefs and will improve mutual respect and appreciation for differing positions on sometimes controversial issues.

CONDOM VALUES: AN INTERVIEW WITH YOUR PARENTS

INSTRUCTIONS

Using these questions as a guide, interview one or both parents/guardians about their beliefs and values about condoms and condom use. Write their answers below. You will not have to hand in this assignment, or share it with the class. You will, however, discuss aspects of the interview process in class. You will find it helpful to have the answers available during class discussion.

"This is a homework assignment from _____ class. The topics will remain confidential. They will not be reported in class. You must, however, sign a declaration stating that we completed the assignment together."

- 1.** When you were growing up, what messages did you receive about condoms?

- 2.** Were your values different from (similar to) your parents'/guardians'? How?

- 3.** There are no age restrictions for buying condoms. Do you think this is a good idea?
At what age do you think people should be allowed to purchase condoms?

- 4.** What is your opinion about teenagers learning in school how to use a condom?

- 5.** Do you think schools should make condoms available free upon request to students?

- 6.** What do you think a parent should do if they found a condom in their teenager's pocket while doing the laundry?

- 7.** Would you answer differently if the teenager were 13? 15? 19? If the teenager was male? Female?

DECLARATION OF COMPLETION

We, the undersigned, completed the
Condom Values: An Interview with Your Parents Worksheet
homework assignment.

Signed:

Participant

Parent/Guardian

Parent/Guardian

Date

ABSTINENCE • CONDOM USE • DIVERSITY
PREGNANCY OPTIONS • SAFER SEX • SEXUAL
BEHAVIOR • SEXUAL IDENTITY AND ORIENTATION
• SEXUALITY AND SOCIETY • ABSTINENCE
CONDOM USE • DIVE [REDACTED] DIVERSITY
OPTIONS • SAFER SEX

SEXUAL IDENTITY AND ORIENTATION • SEXUALITY
AND SOCIETY • ABSTINENCE • CONDOM USE
DIVERSITY • PREGNANCY OPTIONS • SAFER SEX
• SEXUAL BEHAVIOR • SEXUAL IDENTITY AND
ORIENTATION • SEXUALITY AND SOCIETY
ABSTINENCE • CONDOM USE • DIVERSITY
PREGNANCY OPTIONS • SAFER SEX • SEXUAL
BEHAVIOR • SEXUAL IDENTITY AND ORIENTATION
• SEXUALITY AND SOCIETY • ABSTINENCE
CONDOM USE • DIVERSITY • PREGNANCY
OPTIONS • SAFER SEX

DIVERSITY

Young people in the United States live in a richly diverse culture. While not everyone has direct exposure to all aspects of this diversity, most will meet people who look, think, act, or live differently than they do at some point in their lives. People are sometimes discriminated against because of their differences and are, therefore, not able to express themselves fully as human beings.

Acknowledging and discussing similarities and differences helps young people understand each other better. Everyone benefits from acknowledging that most people have biases; from having the opportunity to explore stereotypes in a nonthreatening atmosphere; and learning how these stereotypes and biases affect individuals. This is particularly important for adolescents, many of whom are going through a time in their lives when other people's opinions of them are of critical importance. Providing opportunities to discuss conformity and individuality and to affirm their uniqueness as individuals are particularly helpful.

The activities in this section explore discrimination, stereotyping, conformity, and the rights of all people to make responsible sexual choices.

WHAT THE GUIDELINES SAY ABOUT DIVERSITY

Subconcept

Our society has a diversity of sexual attitudes and behaviors; some people are unfairly discriminated against because of the way they express their sexuality.

Elementary School

- Individuals differ in the way they think, act, look, and live.
- Talking about differences helps people to improve their understanding of each other.
- A stereotype generalizes the behavior of all members of a group.
- Stereotypes hurt people.
- All people should receive fair and equal treatment.
- People who are different are often treated negatively or unequally.

Upper Elementary School

- People are sometimes discriminated against because of race, culture, ethnicity, language, socioeconomic class, and disability.
- People are sometimes discriminated against because of sexuality factors such as gender, appearance, sexual orientation, family and living arrangements.
- Discrimination can lead to lower self-esteem, unequal opportunities, and physical and emotional problems.
- Discrimination limits a society's ability to use the full capabilities of its members.
- Discrimination has negative consequences for the individual, family, group, and society.

Middle School/Junior High School

- People have the right to speak up when they encounter discrimination and when they see others being discriminated against.
- Laws, policies, and procedures can help someone fight discrimination.
- People's lives are enriched when they understand and celebrate diversity.

High School

- Examining one's views about diversity occurs throughout life.
- Workplaces benefit from having employees from diverse backgrounds.
- Confronting one's own biases and prejudices can be difficult.

SEXUALITY AND UNDERSERVED YOUTH IN COMMUNITIES OF COLOR FACT SHEET

SEXUAL INTERCOURSE

- Among unmarried males 15 to 19 years old, 81 percent of African-Americans, 60 percent of Latinos, and 57 percent of Caucasians have had sexual intercourse. Among unmarried females 15 to 19 years old, 59 percent of African-Americans, 45 percent of Latinas, and 48 percent of Caucasians have had sexual intercourse.¹
- 65 percent of male Native-Americans males and 56.8 percent of female Native-Americans females have had sexual intercourse by the twelfth grade.²

HIV/AIDS AND OTHER STD'S

- African-American teenagers 15 to 19 years old have the highest rates of gonorrhea infection in the United States. In 1995, African-American women in this age group had 4,432.6 cases per 100,000 population and African-American teenage men had 3,267.3 cases per 100,000 population. These rates are 27 times higher than those of Caucasian adolescents.³
- Youth of color 13 to 19 years old account for 65.2 percent of teenage AIDS cases and 70.2 percent of HIV-infected teenagers in the United States.⁴
- AIDS is the fourth leading cause of death in African-American females 15 to 24 years old. It is the fifth leading cause of death among their male peers.⁵
- Latino adolescents comprise 18.3 percent of reported AIDS cases among youth 13 to 19 years old; 15.6 percent of adolescents with AIDS are Latina females and 20 percent are Latino males.⁶

PREGNANCY

- 54.1 percent of African-American young women 15 to 19 years old and 53.9 percent of Latinas 15 to 19 years old use contraception at first intercourse compared to 69 percent of Caucasian young women.⁷
- The 1995 Youth Risk Behavior Surveillance reported that 45.6 percent of sexually active teenagers in grades nine through 12 had not used condoms during their

latest sexual intercourse. The report found that 66.1 percent of African-American teenagers reported condom usage compared to 52.5 percent of Caucasian teenagers and 44.4 percent of Latino teenagers.⁸

- In 1994, the teen birthrate dropped slightly among African-Americans, stayed the same among Caucasian teens, and rose slightly for Latinas. The birthrate for Latina and African-American teens is 108 per thousand females 15 to 19 years old compared to 40 births per thousand for Caucasian females 15 to 19 years old.⁹
- One in five African-American teenagers and one in six Latina teenagers become pregnant each year.¹⁰
- Native-American adolescents have major concerns about pregnancy. Among sexually active teenagers, 25.4 percent of males and 41.6 percent of females report that they are very worried about getting pregnant. Among sexually active teenagers, 37.7 of males who already got someone pregnant and 43.9 percent of females who have been pregnant worry a great deal.¹¹
- There is a direct relation between poverty level, education of parents, and pregnancy rates in communities of color. Young people who live in extreme poverty with parents who have low levels of education have higher rates of pregnancy than youths who live in better socioeconomic conditions.¹²
- Women who bear children at an early age tend to earn less money than women who wait until adulthood to become mothers. Children living with teenage mothers are more likely to live in extreme poverty. Early child-bearing among Latino teens is strongly related to perceived notions of limited options.¹³

SEXUAL ORIENTATION

- Lesbian, gay, and bisexual adolescents of color cope with additional stresses when coming out. The values and norms of their racial or ethnic culture, the lesbian and gay community, and broader societal culture often conflict.¹⁴

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DIVERSITY: EXPLORING STEREOTYPES: LABELS ACTIVITY

Reproduced and adapted with permission, McGraw-Hill Companies, Jerrold Greenberg, *Health Education Learner-Centered Instructional Strategies*, 3rd edition. Special thanks to Andy Walters for adaptation suggestions.

RATIONALE

It is often useful to provide participants with an opportunity to express their biases and to explore stereotypes in a nonthreatening atmosphere. This activity allows participants to explore their own stereotypes about different types of people while learning how these stereotypes and biases affect both the person with the biased ideas, and as well, the person about whom people have stereotypes.

AUDIENCE

Junior and senior high school

TIME

One class period

GOALS

To help participants:

- Explore their own stereotypes about different types of people
- Think about the negative effects that stereotyping has on all of us
- Demonstrate understanding that stereotypes and biases can interfere with one's abilities to get to know another person

MATERIALS

- Strips of masking tape upon which the following words are written, one per tape:

I am sexy
I am a jock
I am a genius
I am masculine
I am feminine
I am unattractive
I am gay
I have AIDS

Provide one strip of tape for each participant. Create

other identities to create discussion about issues particular to the group (such as race, religion, etc.).

PROCEDURE

1 Divide the class into small groups of six members each. Choose six of the roles for each group. (The facilitator may choose to have all groups assigned the same six roles or may choose to have some different roles in each group.) Place the strips of masking tape, upon which roles have been written, on the forehead of each person without that person seeing what role he or she is to play. Make certain you protect participants who are frequently picked on in their daily lives by selecting identities for them that are not too threatening. Emphasize that this is a role-playing activity and remind participants that their roles are temporary. Group members should be able to see the roles assigned to others since the roles are written on the labels stuck to their foreheads but will not be able to see their own role.

2 Ask the group a question. It can be a question related to recent classroom discussion or an unrelated topic about a current issue. (For example, the group could discuss the media's job in educating the public about HIV/AIDS.) As each group talks, each group member is instructed to treat the other group members as though they were the type of people identified on their labels. For example, if Susan is wearing a label that says "I am a jock," the group is supposed to react to whatever Susan says or does as though she really were a jock.

3 Instruct participants that, as the conversation goes on, they are to write down their own role when they think they know it. After about 15 minutes, ask those who have not guessed their role to do so. Then have participants remove the labels from their foreheads to determine if their guesses were accurate.

- 4** Bring the groups together into a large discussion group. (If the group is too large, keep participants in their small groups.) Ask:
- How did it feel to participate in this activity?
 - Did people notice patterns in the way certain people were treated?
 - What were some of the stereotypes that became apparent in the groups?
 - Did anyone find themselves treating some people a certain way because other people in the group were treating them that way?
 - Did anyone find that the way they related to others in the group was affected by the way they were being treated by the other members?
 - Did the treatment people received from other group members have any effect on the way they felt about being in that group?
 - How does the way we are treated affect how we feel about ourselves?
 - How do our predetermined ideas about someone else effect the way we treat them and know them? Can anyone give the group an example from real life?

Discuss why the “sexy” person was greeted with smiles while the “unattractive” person was treated with disdain or ignored.

- 5** Conclude by saying that the way a person is treated often becomes a self-fulfilling prophecy. If a person is treated as though she or he is worthless, she/he will begin to behave worthlessly. If a person is treated as though she or he is important, she/he will tend to behave importantly. Similarly, if females are treated as sex objects, they will behave as sex objects, and if males are treated as aggressive and competitive, they will behave aggressively and competitively. Emphasize that escaping from our pigeonholes requires that we perceive each other as individuals and attempt, as best we can, to ignore stereotypes. This will result in our feeling free to behave in ways that are comfortable and feeling good about who we are.

EXPLORING TRENDS

By Monica Rodriguez, Eva S. Goldfarb, Ph.D., and Elizabeth M. Casparian, Ph.D.

RATIONALE

Many adolescents need to fit in with group standards and norms, especially regarding dress and behavior. This activity encourages young people to examine why people go along with trends and discuss conformity and individuality.

AUDIENCE

Junior high school

TIME

One class period

GOALS

To help participants:

- Understand the concepts of conformity and individuality
- Explore the positive and negative aspects of each trait in their lives

MATERIALS

- *Trends Worksheet*
- Sheets of newsprint labeled with the following (one per sheet):
 - In what situation is it helpful or advantageous for a person to conform to a group?
 - In what situation is it harmful or disadvantageous for a person to conform to a group?
 - In what situation is it helpful or advantageous for a person to keep his/her individuality?
 - In what situation is it harmful or disadvantageous for a person to keep his/her individuality?
- Markers

PROCEDURE

- 1 Introduce the activity by explaining that in today's lesson the group will be discussing conformity (going along with the group) and individuality. Ask participants to define a trend (a fad or passing fashion; something that interests a lot of people for a short period of time).

Explain that in the next activity, they will talk about trends of the past and why people go along with trends.

2 Divide participants into groups of three to four and distribute the *Trends Worksheets*. Each small group should list all of the trends that they can think of. They can be recent trends or trends that were popular in the past. These might reflect fashion, music, or behavior.

3 Bring the entire group back together and review some of the trends that the small groups thought of. Fill in as necessary. Process using the following questions:

- Why do trends develop?
- Why do people go along with trends?
- In what ways do people your age conform to each other?
- How do people your age like to show their individuality?

4 Divide students into small groups with no more than five per group. Give each small group a piece of newsprint with one of the following questions written at the top:

- In what situation is it helpful or advantageous for a person to conform to a group?
- In what situation is it harmful or disadvantageous for a person to conform to a group?
- In what situation is it helpful or advantageous for a person to keep his/her individuality?
- In what situation is it harmful or disadvantageous for a person to keep his/her individuality?

Ask participants to brainstorm answers to the question written on the top of their piece of newsprint.

5 Have each small group attach their lists to the wall and take turns reading what they wrote. Note that conformity is good when it makes a person feel like he/she belongs to a group and fits in. It is a disadvantage if other people are doing something about which another person disapproves or believes is harmful and yet decides to go along with the group. Individuality is good because it makes a person feel good about

her/himself and that which makes them special. It can be hurtful when other people put a person down for being an individual.

There are times in life when conforming to expectations, rules, and laws is important and necessary. There are also times in life when expressing one's individuality is important and encouraged. Individuality creates diversity among people and allows us to experience life from many different perspectives.

TRENDS WORKSHEET

Directions

Write down all of the passing trends that you can think of. These might be things that people wear, say, do, or listen to. They can be things that are popular now or that were popular in the past. Some examples are given to stir your memory.

Examples: Disco music; poodle skirts; the “grunge” look; designer jeans; platform shoes; Cabbage Patch Kids.

DEFINING DISCRIMINATION

By Eva S. Goldfarb, Ph.D., and Elizabeth M. Casparyan, Ph.D.

RATIONALE

Young people frequently hear about discrimination and sometimes conceive of it as only dealing with race. However, people are discriminated against on the basis of many things including: race, gender, appearance, religion, disability, social class, sexual orientation, and ethnicity. While discrimination is often thought of in terms of job opportunities, it can take many forms. When young people understand that discrimination, in all of its forms, affects people's lives, they are in a better position to discriminate less themselves, and be less willing to tolerate discrimination from others.

AUDIENCE

Junior and senior high school

TIME

One class period

GOALS

To help participants:

- Develop a definition of discrimination
- Develop an understanding of what discrimination is and the impact it has on people in their daily lives
- Develop strategies for preventing and coping with discrimination

MATERIALS

- Blank paper and pencils
- Newsprint and markers

PROCEDURE

1 Introduce the activity by asking participants to define discrimination (individually) on a sheet of paper. Elaborate on the question by saying, "What does it mean to discriminate against someone?" When they are finished, ask them to share their definitions. Combine their individual definitions to develop a group definition.

2 Divide participants into small groups of three to four. Have each small group brainstorm a list, on newsprint, of all the ways discrimination affects people. Give them five minutes. Have one representative from each group read the list aloud. After all of the groups have had their turn, ask if there are any other additions to the lists.

Make certain the lists include the concepts of limiting one's ability to receive equal opportunities and fair treatment concerning jobs, goods and services, legal representation, salaries, grades or other evaluations, and personal respect and safety.

3 As a large group, brainstorm things about which people discriminate. Generate an exhaustive list. Examples of race and gender will certainly surface. Prompt participants to come up with more examples by using these questions:

- Are people discriminated against because of how they look? In what ways?
- Do we discriminate against people who cannot walk or see or hear? In what other ways do we discriminate against people's abilities?
- Do we discriminate against people who are different from us? What examples can you give?

4 Ask participants to look at the list and discuss why discrimination is problematic. Ask them to determine if they have ever known anyone close to them who was discriminated against in any of the ways listed on the board. Ask for volunteers to share the stories and how the experiences made the person feel or what happened as a result of the discrimination.

5 Which of the listed discriminations are illegal? The majority of discriminations are not illegal. Most are personal. People are not protected from having their feelings and self-esteem damaged.

6 Ask participants to think about jokes they have found personally offensive. Ask them to share how they felt when they heard the jokes. Remind participants that sometimes we tell jokes about people who are members of invisible groups. In other words, we are careful not to tell jokes about African-American or overweight people, while we laugh and tell jokes about people such as certain ethnic groups, gay, lesbian, or bisexual people, or the physically or emotionally disabled.

7 Divide participants into groups of three and ask them to think of a time when they felt uncomfortable because someone said something that was prejudiced, offensive, or derogatory toward an individual or a group. Give the group a brief period of time to share their examples, and then ask them to pick one of the situations to answer the following questions:

- Who was present when this happened? How did the other people react?
- What do you think you *would* have done if you had been there? Or, if you were there, what did you do?
- What do you think you *should* do when you find yourself in a situation like this?
- Brainstorm a list of things that someone can say when they are offended by something that another person said.
- Why do people sometimes find it difficult to speak up when another person says something offensive?

9 Summarize this activity by saying that discrimination takes both obvious and not-so-obvious forms and that it hurts people. Sometimes discrimination makes people feel sad and unloved, sometimes it prevents people from getting an apartment/house or a job. Most people have been on both ends of discrimination at some time in their lives. Often they are not sure of what they can do about it. Use the following questions to discuss some ways to deal with discrimination:

- What can you do if you are a victim of discrimination?
- What can you do if you hear or see someone discriminating against another person?
- What can you do if you unintentionally discriminate against someone?
- Name one thing *you* can do to make a difference.

SEXUALITY AND DISABILITY

By Eva S. Goldfarb, Ph.D., and Elizabeth M. Casparian, Ph.D.

RATIONALE

The purpose of this activity is to address the discomfort many of us feel in interactions with a person with some kind of disability. It is also intended to reinforce the notion that all people are sexual and have sexual needs and desires. Finally, it is designed to raise awareness of people with disabilities by having participants imagine what their own lives might be like if they were disabled in some way.

AUDIENCE

Senior high school

TIME

One class period

GOALS

To help participants:

- Experience the limitations one may face as a person with a disability
- See people with disabilities as individuals with the right to pursue sexually healthy lives
- Increase understanding of some of the barriers a person with a disability faces in his/her day-to-day interactions with other people

MATERIALS

- *Living with a Disability: A Guided Imagery*
- Index cards, with one type of disability written on it. Each disability should appear on three or four cards.

Suggestions:

Physically disabled, in a wheelchair

Blind

Severe speech impediment. It is difficult for people to understand what you are saying.

Mildly, but noticeably, developmentally disabled

Severe facial disfigurement from burns sustained in a fire

Deaf

Note: Depending on the number of participants in your group, pick from the following list or choose your own. The following were chosen to represent a wide range of possible disabilities. Make certain, however, that there are three or four cards for each disability so that participants can divide into groups of three or four that have the same card.

PROCEDURE

1 Introduce the activity by saying that today the group is going to imagine what it is like living as a person with a disability (or a different disability than our own). Explain to participants that often, when we think of people with disabilities, we do not consider that they have sexual needs and desires. Due to a lack of understanding about the nature of various disabilities, many of us become uncomfortable. (Ask: When you see a person in a wheelchair, do you consciously avert your eyes? What about a person who is blind? Do you avoid him/her? Do you speak more loudly?) Today's exercise will give us a chance to think about the types of social interactions a person with a disability might experience.

2 Hand out index cards randomly to the group. Ask participants to find the other people who have the same disability assigned to them and get together in a small group.

Note: If you are aware of a participant in your group with a particular disability, you may want to give him/her a card with a disability different from his/her own.

3 Invite the students to relax, close their eyes, and listen. Read *Living with a Disability: A Guided Imagery* aloud. It contains many questions for participants to ponder. Read it slowly, allowing time between questions for participants to think about their experiences.

4 After reading the guided imagery, allow participants to sit for a minute to think about what they have experienced. Ask them to share one word that describes how they feel. In small groups, ask them to discuss these questions:

- What was it like imagining living your life as a person with your particular disability?
- What was the most difficult part of doing this activity?
- What would have made your experience as a person with a disability easier?
- What would have made it more difficult?

5 Ask each group to take one minute to summarize its discussion.

6 Bring participants together into a large group. Process with the group by asking the following questions:

- Does anyone know someone with a physical or mental disability?
- How do you think the experience of being attracted to someone and becoming acquainted with him/her is for a person with a disability?
- Do people here consider that one day, if they live long enough, they are likely to have some sort of disability? Thinking about that, how would they like to be treated when it comes to sexuality?
- What are some good strategies for handling discomfort around a person with a disability?

LIVING WITH A DISABILITY: A GUIDED IMAGERY

Note: This guided imagery contains many questions for participants to ponder. Read the situation slowly. Allow time between questions for participants to think about their experiences.

“Imagine, if you can, that you are the same person you are now, today. You have the same family, live in the same house, go to the same school. You are the same in every way but one. You have a disability. It is the disability that was written on your card. I want you to take a minute and try to imagine yourself with this disability. How does it change who you are? How are you the same as you are now?

Imagine it is a school day. What time do you need to get up in order to get to school on time? How does your routine change? What is different? Waking up? Getting out of bed? Going to the bathroom? Brushing your teeth? Fixing your hair? Picking out your clothes? Getting dressed? What is the same?

It is time to go to school. How do you get there? Imagine that you are running late. You have two minutes to get to your classroom or you will have to serve detention. The hallways are crowded with people running to class. How do you handle this?

Think about your day at school. Do you have to sit in a special spot in the classroom? Is it easy or difficult to get your teacher’s attention when you want to ask a question? Are there any classroom activities in which your disability keeps you from participating? How do your fellow classmates treat you?

During lunch time, you are eating in the cafeteria with some friends. They are discussing the spring dance coming in two weeks. They are all discussing who they would like to go with. Do your friends include you in the conversation or do they assume you won’t be going? What are you thinking during this conversation? Do you plan to go? Will your disability interfere with your plans to go with the person you want for your date?

After school, you run into the person you really like and dream about taking to the school formal. What do you say to her/him? How do you let this person know you are interested in her/him as more than just a friend? How does she/he respond? Are you able to make a date? Does your friend accept? If she/he says no, what are you thinking? Does your disability affect where you will go on your date and what you will do?

Now, think about all of the experiences you had today. How are they different from your experiences without this disability? What might have made it easier for you? What might have made it more difficult for you?

When you are ready, you may open your eyes.”

IN OUR FAMILY...: A LESSON WITH PARENTS

By Elizabeth M. Casparian, Ph.D., and Eva S. Goldfarb, Ph.D.

RATIONALE

This activity is designed to give participants the opportunity to investigate how their family deals with a wide variety of sexual issues. This will open avenues between parents/guardians and children to discuss their own family values as well as sexual issues in a nonthreatening way.

AUDIENCE

Junior and senior high school

TIME

- One hour as homework
- One class period to process

GOALS

To help participants:

- Identify the views held by their religion, ethnic group, culture, or family on a wide range of sexual issues
- Begin developing communication skills with their parents/guardians about sexual topics, if not already part of their normal routine
- Increase their level of comfort discussing sexual issues with their parents/guardians (or other family members)

MATERIALS

- Parent Interview Worksheet
- Declaration of Completion

PROCESS

1 Introduce the homework activity by explaining that most people learn about sexuality from their families. Even if people do not learn a great deal of factual information, most people learn their early sexual values from their families. One's race, religion, ethnicity, and community also influence how one's family treats sexual issues. Our heritage and our history help shape who we are, and we can only develop a full sense of ourselves if we truly understand the impact these family influences have on us.

2 Hand out the homework interview sheet and explain it to the participants. This sheet has questions on it about how your family deals with certain sexual issues. By discussing these questions with your parent/guardian, you can develop a fuller sense of the components which make you who you are. Take this interview sheet home and over the next week, find time to discuss the questions with a parent/guardian or other relative. With your parent's/guardian's help, develop a short (5-minute) presentation about one of the topics covered in the worksheet (for example, share with the class what your religion teaches you about marriage). Bring the completed sheet back in one week.

Note: Some young people may be unable to complete this assignment with their parent(s) or guardian(s). Allow young people the opportunity to complete the assignment with another trusted adult such as an aunt, uncle, sports coach, or member of the clergy.

3 When the participants return with their completed assignments, collect the *Declaration of Completion*. If time permits, have all students make their presentations, otherwise ask for volunteers. Use these questions to process their experiences.

- What was this interview process like for you?
- Which questions were easiest to ask? Hardest?
- What response did your parent(s)/guardian(s) seem to have to discussing these issues?
- Did you learn anything that surprised you?
- Do you feel more or less connected to your family, religion, race, or ethnicity than before, or just the same? How did the differences, if any, come about?
- Do you feel more or less comfortable discussing sexual issues with your parent(s)/guardian(s), or just the same?
- Do you think your parent(s)/guardian(s) was comfortable discussing these issues with you?
- Would you want to interview them again on other sexual issues? Why or why not?

PARENT INTERVIEW WORKSHEET

Instructions: Find a quiet time (or several short quiet times) to sit with a parent/guardian and discuss the following questions. If both parents/guardians want to participate, you may interview them separately or together. Grandparents, aunts or uncles, and community elders are also appropriate people to interview.

In what ways is your family influenced by our a) religion? b) race? c) ethnicity? d) community? Which of these is the most powerful? _____

For the following topics listed below, explain how your family feels about these issues and try to describe how our religion, race, ethnicity and/or community influence those feelings:

Courtship (What are dating practices? Who may date whom? What age may people date? What are acceptable date activities? When are chaperones necessary?) _____

Marriage (At what age? Who is an appropriate marriage partner? What does marriage mean in terms of religion, spirituality, the law, and economics?) _____

Sex (When and between whom is sexual expression allowed or acceptable? Is sex viewed as positive or negative?) _____

Contraception (Is birth control considered appropriate? What kind(s)? Whose responsibility is it?) _____

DECLARATION OF COMPLETION

We, the undersigned, completed the
In Our Family... :A Lesson with Parents
homework assignment.

Signed:

Participant

Parent/Guardian

Parent/Guardian

Date

ABSTINENCE • CONDOM USE • DIVERSITY
PREGNANCY OPTIONS • SAFER SEX • SEXUAL
BEHAVIOR • SEXUAL IDENTITY AND ORIENTATION
• SEXUALITY AND SOCIETY • ABSTINENCE
CONDOM USE • DIVERSITY • PREGNANCY
OPTIONS • SAFER SEX • SEXUAL BEHAVIOR
SEXUAL IDENTITY AND ORIENTATION • PREGNANCY
OPTIONS
AND SOCIETY • ABSTINENCE • CONDOM USE
DIVERSITY • PREGNANCY OPTIONS • SAFER SEX
• SEXUAL BEHAVIOR • SEXUAL IDENTITY AND
ORIENTATION • SEXUALITY AND SOCIETY
ABSTINENCE • CONDOM USE • DIVERSITY
PREGNANCY OPTIONS • SAFER SEX • SEXUAL
BEHAVIOR • SEXUAL IDENTITY AND ORIENTATION
• SEXUALITY AND SOCIETY • ABSTINENCE
CONDOM USE • DIVERSITY • PREGNANCY
OPTIONS • SAFER SEX

PREGNANCY OPTIONS

Teenage pregnancies have declined in recent years, but teenage pregnancy remains an endemic public health issue. There is no question that these pregnancies have a tremendous impact on both society and the young people involved. While pregnancy prevention efforts are a central part of many sexuality education programs, education often ignores young people who become pregnant. Everyone needs to work together toward realistic solutions.

Some young people have idealized images of the benefits of becoming a teenage parent. Confronting the realities can help young people develop the motivation to avoid pregnancy.

Some sexuality education programs, committed to the prevention of pregnancy, fail to address the reality that many teens do actually become pregnant and do need to know about the importance of prenatal care. Unfortunately, young women often do not get adequate help with their pregnancies. Young people need to know the importance of early and consistent prenatal care to the health of the mother and the fetus.

Although the political debate about pregnancy and abortion is controversial and politically charged, young people need to know and understand all sides. This will help them think about their own values and beliefs on this controversial topic and ultimately reach their own values.

The activities in this section cover a range of issues concerning pregnancy. They include talking with teen parents; discussing the importance of early prenatal care; accessing appropriate community resources; and exploring the legal issues surrounding abortion.

WHAT THE GUIDELINES SAY ABOUT PREGNANCY OPTIONS

Reproductive Health Subconcept

Men and women must care for their reproductive health to assure their future children's health and development.

Elementary School

- Girls and boys need to care for their bodies during childhood and adolescence.
- Like other body parts, the genitals need care.

- A pregnant woman must take extra care of her health with exercise, healthy foods, and frequent visits to her health practitioner.
- Most babies are born healthy.
- Smoking, drinking alcohol, and using other drugs can hurt a fetus before it is born.
- Medical care during pregnancy helps women have healthy babies.

Upper Elementary School

- Birth defects may cause lifetime health or developmental problems.
- A girl should keep her genitals clean, healthy, and free from injury.
- A boy should keep his genitals clean, healthy, and free from injury.

Middle School/Junior High School

- After a girl's breasts have developed, she needs to examine them each month using the correct breast self-examination procedure.
- After a boy's genitals begin growing, he needs to begin to examine them each month using the correct testicular self-examination procedure.
- Drug use during adolescence can be especially dangerous to a boy or girl's future reproductive capability and the health of a fetus.
- STD/HIV during pregnancy can result in infant damage or death.
- Men and women should be examined for STD/HIV prior to conception.
- When a woman decides to try to become pregnant or becomes pregnant, she should begin routine prenatal care, follow nutrition guidelines, avoid all drugs, and consider being tested for STD/HIV.
- If a woman suspects she is pregnant, she should consult a health practitioner.
- Whether a woman decides to terminate the pregnancy or carry it to term, early discussion and medical care are important.
- Childbirth is a natural process that is usually safe for the mother and the baby.

- The father can help during labor and delivery.
- Pregnant teenagers need special medical care and support.
- Regardless of the mother's or father's age, health status, diet, or genetic background, some babies are born with medical problems or die in infancy.
- Parents whose baby dies can get special counseling to help them manage their grief.
- Some genetic disorders can cause birth defects.
- Young men and women should find out if there are genetic disorders in their family.
- Some genetic disorders are so serious that men and women who are carrying them often decide to adopt a child instead of risking having a baby with the disorder.
- Most major medical centers have genetic counselors who can help people with family genetic disorders make decisions about having children.

High School

- Some women with serious diseases may decide not to continue a pregnancy because of the risk to the fetus or to themselves.
- Couples with genetic disorders or infertility problems who desire to have children have several medical options.
- Pregnant women and their partners can consider many options for delivering a baby.
- Women and men in the workplace should be informed regarding any environmental hazards that could harm their reproductive systems and the precautions necessary to avoid the hazards.
- Miscarriages may result from a maternal infection but most often occur because of genetic abnormalities in the fetus.
- Women and couples who unsuccessfully attempt to become pregnant can seek infertility counseling, diagnosis, and treatment.

Raising Children Subconcept

Raising children can be one of life's most rewarding responsibilities.

Elementary School

- People who have or adopt children are responsible for loving and taking care of them.
- Most people want to be parents.
- Raising children is an adult role.
- Raising children can be a wonderful experience.
- Raising children requires great effort.
- Parents who adopt children love their children as much as biological parents.

Upper Elementary School

- Adults become parents in several ways.
- People who have children need to provide for them.
- Sometimes other family members raise children instead of the mother and father.
- Children need a home, food, clothing, love, support, time, education, and adults to help them grow and develop.
- Men and women have important parental responsibilities.
- People need information and skills in order to be good parents.
- People have different ideas about what makes a good parent.
- Parents sometimes may not be able to do a good job of raising children because they are having difficulties in their own lives.
- Some couples do not have children.
- Adults can have happy lives without raising children.

Middle School/Junior High School

- Balancing job and parenting responsibilities can be difficult.
- Raising a child can be rewarding.
- Children of different ages require different types of parenting.
- Methods of raising children vary among cultures, but all parents must provide for their children's development.
- Family members and community agencies can help parents to be better parents or deal with problems.
- Being a teenage parent can be extremely difficult.
- For a teenager, parenting responsibilities can interrupt schooling, employment plans, social, and family life.

- The children of teenage parents often have more problems than the children of adults.
- Teenagers can manage better with the support of their families and community services.

High School

- Deciding not to be a parent may be difficult because of societal and cultural pressure to have and raise children.
- Infants and children are dependent on their families for their well-being and growth.
- As children grow, the nature of the family/child relationship changes.
- Raising a child with special needs can be especially rewarding and challenging.

Abortion Subconcept

When a woman becomes pregnant and chooses not to have a child, she has the option of having a legal abortion.

Elementary School

- Sometimes women become pregnant when they do not want to be or are unable to care for a child.

Upper Elementary School

- A woman faced with an unintended pregnancy can carry the pregnancy to term and raise the baby, place the baby for adoption, or have an abortion to end the pregnancy.
- Abortion is legal in the United States.
- Abortion must be performed by a physician or other licensed health provider.
- A legal abortion is very safe.
- A pregnant woman who does not want a child or an abortion can place her baby for adoption when it is born.
- Some people believe abortion is morally wrong, whereas others believe a woman has a right to choose abortion.

Middle School/Junior High School

- An early abortion can be done in a clinic, doctor's office, or hospital.
- Most women report no problems after having an abortion.
- People's beliefs about abortion are based on their reli-

gious, cultural, and family values.

- Some religions support the right to an abortion.
- Some religions oppose abortion.
- Deciding whether or not to have an abortion is difficult.
- The right of a woman to have a legal abortion is guaranteed by the Supreme Court, although there are restrictions in some states.
- Having an abortion rarely interferes with a woman's ability to become pregnant or give birth in the future.
- No one can force a woman to have an abortion against her will.
- Abortions are safest when performed in the first 12 weeks of pregnancy.
- After 24 weeks of pregnancy, an abortion is done only when the mother's life is in danger or the fetus has extreme medical problems.
- State laws vary on teenagers' rights to an abortion.
- Some states require teenagers to obtain parental consent or to have a waiting period before the abortion.
- The law regarding teenagers and abortion in this state is _____
- Teenagers with an unplanned pregnancy can talk with their parents, other family members, religious leaders, health providers, or other trusted adults.

High School

- Abortion is not a method of contraception.
- The right of a woman to have a legal abortion is being challenged in the United States courts.
- Men who are the sexual partners of women considering an abortion can express their feelings and desires.
- Women have the legal right to make the final decision about whether or not to have an abortion.
- New procedures are being developed as an alternative to surgical abortion.

TEENAGE PREGNANCY FACT SHEET

PREGNANCY RATES

- Teen pregnancy rates are much higher in the United States than in many other developed countries—twice as high as in England and Wales or Canada, and nine times as high as in the Netherlands or Japan.¹
- One in every 15 men fathers a child while he is a teenager.²
- The 1995 *Youth Risk Behavior Surveillance* reported that nationwide, 6.9 percent of students reported that they had been pregnant or gotten someone pregnant.³
- Half of all initial adolescent pregnancies occur within the first six months following first intercourse, and more than 20 percent occur within the first month.⁴
- Estimates available for the early 1990s suggest that the pregnancy rate peaked in 1990 and 1991 at 115 pregnancies per 1,000 females 15 to 19 years old.⁵
- In 1992, 112 pregnancies occurred per 1,000 U.S. women 15 to 19 years old. Of these
 - 61 ended in births
 - 36 in abortions
 - 15 in miscarriages.⁶

UNINTENDED PREGNANCY

- 85 percent of pregnancies among teenagers are unintended, accounting for one-quarter of all unintended pregnancies annually.⁷
- In 1990, 46 percent of teens 15 to 17 years old with incomes below the poverty level were at risk of unintended pregnancy, compared with about one third of teens with family incomes 2.5 times the poverty level or above.⁸

BIRTH RATES

- Birth rates for all teenagers declined 6 to 7 percent during the 1990s.⁹

- The birth rate for teenagers 15 to 19 years old was 56.8 per 1,000 in 1995. This rate declined steadily from its recent high in 1991 (62.1) and earlier high in 1970 (68.3).¹⁰
- In 1995, the birth rate for teenagers 15 to 17 years old declined 4 percent, while the rate for teenagers 18 to 19 years old declined 3 percent.¹¹
- From 1994 to 1995, birth rates for second births for teenagers declined 9 percent for mothers 15 to 17 years old and 4 percent for mothers 18 to 19 years old.¹²

ABORTION

- The abortion rate, which remained in the low 40s per 1,000 females 15 to 19 years old throughout the 1980s, also declined in the early 1990s, from 40 abortions per 1,000 females 15 to 19 years old in 1990, to 38 in 1991 and to 36 in 1992.¹³
- 35 percent of all pregnancies among women 19 years old and younger end in abortion.¹⁴
- Teenagers who have abortions most often cite their young age and low income as the reason why they decide to end their pregnancies.¹⁵
- 11 percent of all abortions are obtained after 12 weeks of pregnancy; these later abortions are disproportionately obtained by adolescents. Among young women under 15 years old, 22 percent of all abortions are done in the second trimester compared to 9 percent to women over age 20.¹⁶

PREGNANCY RISKS AND OUTCOMES

- 94 percent of teens believe that if they were involved in a pregnancy they would stay in school; in actuality, 70 percent complete high school.¹⁷
- 51 percent of teens believe that if they were involved in a pregnancy they would marry the mother/father; in actuality, 81 percent of teenage births are to unmarried teens.¹⁸

- 26 percent of teens believe that they would need welfare to support a child; in actuality, 56 percent receive public assistance to cover the cost of delivery and 25 percent receive public assistance by their early twenties.¹⁹
- 32 percent of teens say they would consider an abortion; in actuality, 50 percent of pregnancies to unmarried teens end in abortion.²⁰

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DIFFICULT DECISIONS: OPTIONS FOR PREGNANT TEENS

Reprinted and adapted with permission from *Peer Education...A Little Help from Your Friends*,
Kim Healy, Jan Lunquist, and Maureen Murphy, Planned Parenthood Centers of West Michigan.
For information about this and other related materials, call 616/774-7005.

RATIONALE

This activity provides participants with the opportunity to meet, talk with, and ask questions of people who have had unintended pregnancies. It will allow participants to learn about the choices that each of these young people made, as well as the consequences of their choices.

AUDIENCE

Senior high school

TIME

Two to three class periods

GOALS

To help participants:

- Avoid unintended pregnancy
- Explore the options available to a pregnant teen and her partner
- Learn about different pregnancy options
- Demonstrate the ability to locate health services in their community

MATERIALS

- Guest Speakers
- Newsprint and markers
- Local phone books

PROCEDURE

PART I

- 1** Tell the group that one of the possible consequences of unprotected sexual intercourse is unintended pregnancy. While there are options available to a young person or couple facing an unintended pregnancy, all of them can prove difficult for the person, the couple, and

their families and friends. The choices of abortion, adoption, and single or married teen parenting all have advantages and disadvantages. This activity will look at the reasons someone might decide to take one of these options.

2 Divide participants into four small groups and assign one option to each group (adoption, abortion, single parenting, marriage and parenting). Give each group newsprint and a marker and tell them they are to list the reasons why a teen couple facing pregnancy might decide to take that option and reasons why a teen couple facing pregnancy might decide *not* to take that option.

3 After 10 to 15 minutes, bring the groups together to report to the large group. After each group has read its list, ask the other participants for ideas they want to add.

4 Have a large group discussion with these questions:

- Who, besides the teen couple, should help decide what to do about a teen pregnancy?
- What are some of the feelings a teen couple might have about making this decision?
- What are the pressures a teen couple might face while making this decision?

5 Tell the group that deciding how to manage a teen pregnancy involves strong feelings, many people, and a lot of facts and resources. Tell them they will meet some people in the next session who faced such a decision in their teens. These people will share with the group their decisions as well as why they made them and how their lives have changed as a result. Ask the class to brainstorm questions for the panelists.

PART II

Invite young men and women who had experienced a pregnancy and had made different choices. Bring in

young people in their twenties from the community who were pregnant as teens. Invite someone who chose to have an abortion; a person (or couple) who put their baby up for adoption; and someone who decided to keep and raise the baby (alone, as a single parent, or as a couple). Your local Planned Parenthood or other social service agencies may provide you with some guest speakers.

Note: Using a panel or guest speakers is risky unless the guests/panelists are carefully screened and given specific questions in advance. Use only guests that you have personally seen or those recommended by a trusted source.

For those unable to bring guest speakers into the classroom, consider assigning homework where participants interview individuals prescreened by the facilitator. This will allow them to hear the personal stories of young men and women who have experienced a pregnancy. Videos can also accomplish this goal.

6 Set up a panel consisting of people who have made varying decisions about unintended pregnancies. Tell participants that each panel member will take a few minutes to talk about his or her experience before answering questions. (If a third class period is available for this activity, bring in two guest speakers one day and two the next. This will allow them more time to tell their stories and to answer questions.) Introduce the panel. Ask them to talk about their decisions, the factors that led them to those decisions, and how their lives were affected by the choices they made. Would they make the same decision today?

7 After each panel member has spoken, ask the group if they have any questions they would like the speakers to answer. While panelists should come ready to talk openly, they may want to refuse to answer questions they deem too personal or irrelevant. You should remind them of this prior to class.

8 After the panelists have answered all questions, thank them for sharing their experiences with the group.

9 As a follow-up activity, have participants brainstorm the kinds of questions someone involved in a pregnancy is likely to have. What kinds of services or help would that person need? Divide participants into small groups of three to four people. Hand each small group a phone book and have them look for resources where a person involved in a pregnancy could get help. Have each group identify at least one resource for each of the questions/services identified in the brainstorm. (Make certain you include adoption, abortion, and prenatal care services.)

PARENTING DILEMMAS

By Elizabeth M. Casparian, Ph.D., and Eva S. Goldfarb, Ph.D.

RATIONALE

This activity provides young people with a realistic view of what teen parenting is like. It will also help young people to understand some of the problems and dilemmas that teen parents face.

AUDIENCE

Junior and senior high school

TIME

One class period

GOALS

To help participants:

- Understand a wide variety of teen parenting problems
- Practice problem-solving skills by dealing with mock parenting dilemmas
- Choose a pregnancy-free adolescence

MATERIALS

- Parenting dilemma cards that use the scenarios provided. (Write, type, or cut and paste each scenario onto an index card.)
- Problem solving poster. Use newsprint and markers to create a large poster or enlarge the sample.

PROCEDURE

1 Explain that a life goal of many people is to become parents. This is an important dream, but, like anything else in life, it requires some preparation. This activity is designed to give participants the opportunity to use their problem-solving skills to generate solutions to some common parenting problems.

2 Post the problem solving poster and review each step. (10 minutes)

3 After explaining the problem-solving poster, divide participants into small groups of four to five participants

each. Give each group a parenting dilemma card and instruct them to read the card, and, as a group, review the problem-solving steps to generate a solution. Inform them that they will present their problem to the rest of the class in 15 minutes.

4 While participants are working in their small groups, prepare to provide the additional information in the “Gather More Information” step. The facilitator may make up information for each scenario based on the sophistication of the group.

5 After the groups have solved their dilemmas, ask them to present their dilemma and their problem-solving process to the rest of the class (about five minutes each).

6 After all the groups have presented their dilemmas, use these questions to process the activity:

- What did you think about the problem-solving steps? Were they easy (hard) to use? Useful? Not useful?
- Did you assume that the parent was male or female?
- Were there differences in the ways the males and females in your group solved the problems?
- In what ways might the solutions have been different if the parents were older and/or had more financial resources?
- What did you learn about parenting?
- Did the problems seem realistic to you? If not, what seemed unrealistic?
- Do you now feel more (less) prepared to be a parent today? In the future?

7 Summarize the lesson by saying that becoming a parent is something for which there is very little formal preparation and which has many challenges and dilemmas. Being a teen parent is difficult. It involves responsibilities that can interrupt school and employment as well as social and family life.

PROBLEM SOLVING STEPS

Define the problem(s).

Gather more information.

Weigh the alternatives.

Ask for help.

Choose the best option.

Evaluate your choice.

PARENTING SCENARIOS

1. You have a two-year-old son whom your parent(s) cares for during the day so that you can go to school. On the morning of your SATs, your parent(s) calls to tell you that they cannot care for your son because they have to care for an aging relative who lives in a nursing home where children are not allowed. What should you do?

2. On the night of your senior prom, you have arranged to leave your 18-month-old daughter at your sister's house overnight. Your sister has two kids and you've shared baby-sitting a great deal. This is the first time you have really gone out someplace special since the baby was born, and you really like your date. Just before your date is due to arrive, you realize that your baby is sick. She's running a high fever and is very cranky and fussy and could have a contagious illness. What should you do?

3. You are the mother of a small infant whom you are breast-feeding. You want to provide the best nutrition for your baby, so you plan to nurse as long as you can. You have an interview today for a job that starts two months from now. You must travel an hour in each direction to get to the interview. The interview itself could take an hour or more. Since your baby needs to nurse every two to three hours, what should you do?

4. You have a newborn baby who has colic. She cries constantly for three or four hours every evening, and she needs to be held, rocked, and walked. You feel as though you are going to lose your mind. You just want her to stop. You are exhausted and feel like a terrible parent because you cannot stop her crying. You are frantic and panicked. What should you do?

5. You have worked every day after school to help pay for your six-month-old baby's food, diapers, clothes, and child care. You live at home, and your parents help you care for him, but they don't have much time or money to give to you and your son. Yesterday you accidentally spilled bleach all over your work uniform, and you have to buy a new one. If you don't wear a proper uniform, you will get fired. You don't have enough money to buy both the uniform and everything you need for the baby. What should you do?

POSITIVELY PREGNANT: PRENATAL CARE —THE DIFFERENCE IT MAKES

By Louise Yohalem

Adapted with permission from Peggy Brick and colleagues, *The New Positive Images*, Planned Parenthood of Greater Northern New Jersey. For information about this and other related materials, call 201/489-1265.

RATIONALE

This lesson seeks to empower young women and men, whether now or in their future, to identify a possible pregnancy, to get help from people they trust in making decisions about a pregnancy, and to access appropriate community resources.

AUDIENCE

Senior high school

TIME

One class period

GOALS

To help participants:

- Review the importance of early prenatal care for the health of both the mother and the baby
- Know the early signs of pregnancy
- Understand that there are many places a young woman can turn to get help regarding a pregnancy

MATERIALS

- Large cards, each with a “Step to Healthy Pregnancy”:

Talk to partner.

Talk to good friend.

Talk to mother/father/other trusted adult.

Get a pregnancy test.

Make a decision regarding abortion, adoption, marriage, single parenting.

Begin regular prenatal care with a private doctor, midwife or family planning clinic.

Stop smoking.

Stop drinking any alcohol, including wine and beer.

Eat healthy food including milk, fruit, vegetables and grains.

- *Pregnancy: A Case Study Worksheet*

- *The Difference It Makes: The Importance of Prenatal Care Worksheet*

PROCEDURE

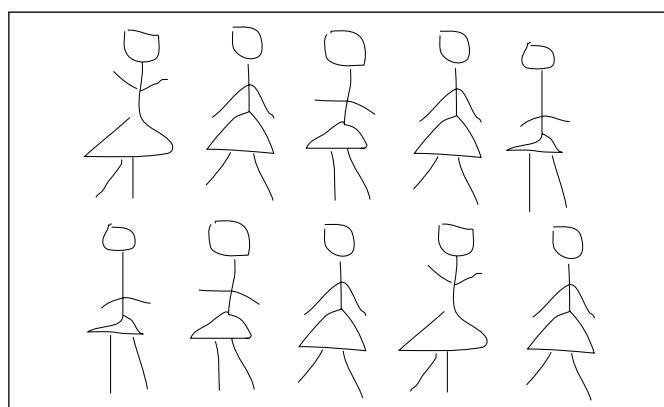
1 Ask participants to brainstorm all the benefits for a woman who identifies her pregnancy early and knows where and how to get help. List ideas on the board.

2 Stress the importance of getting help, telling someone she trusts. Ask participants why, with all the advantages noted on the board, some girls do not get this help.

3 Note that one reason why young women do not get help with a pregnancy is that they are not sure whether or not they are pregnant or they may be denying the pregnancy. Put on the board:

PREGNANCY RISK

Note that anyone who has unprotected vaginal intercourse is at risk. Put 10 stick figures on the board.



Ask: If these figures represent women who have intercourse without using any protection for a year, how many would get pregnant? Put guesses on the board. Note that nine out of 10 would. Circle nine of the figures.

4 Ask for signs of pregnancy and list them on the board: tender breasts; missed menstrual period or a light/different period; general feeling of tiredness; changing hunger patterns.

5 Ask for nine volunteers to come to the front; give each one a “Step to a Healthy Pregnancy” card. Ask them to imagine they are a young woman who thinks she may be pregnant. Line up with the cards in the best order for steps to assure a healthy pregnancy.

DISCUSSION QUESTIONS

- Which step(s) are the hardest?
- Why is it important for a woman to get support as soon as she thinks she may be pregnant?
- If, after talking with people she trusts, a woman decides to continue her pregnancy, what help does she need to make certain her baby is born as healthy as possible?

6 Explain that participants are going to have a chance to think about all the people who may be responsible for helping ensure a healthy pregnancy. Hand out the *Pregnancy: A Case Study Worksheet*. Tell participants that you will read the story out loud. As you read, participants should rank the people from *most* to *least* responsible. After you finish reading, repeat the directions and give all participants a minute to rank the individuals. Then, divide participants into groups of five or six and ask them to reach consensus (agreement) on the ranking by trying to convince each other of the reasons for their ranking.

7 After seven or eight minutes, bring the whole group back together for more discussion.

DISCUSSION QUESTIONS

- Did the group reach consensus? If not, why? What did you disagree about?
- What advice would you like to give Sheila? Kevin? Any other character?
- Where could a couple go if they wanted to determine if they were pregnant?
- How could a couple find an adoption referral agency? An abortion provider?

8 Distribute *The Difference It Makes: The Importance of Prenatal Care Worksheet*. Ask participants to quickly take the test in pairs. *After five minutes, tell them that ALL the answers are TRUE!*

9 Summary

Put on board—“*The most important thing to remember about this lesson is...*”

Let five or six participants finish the sentence orally.

PREGNANCY: A CASE STUDY

In October, Sheila missed her period. Since she was only 15 and had missed her period before, Sheila didn't think much about it.

In November, Sheila missed her period again. She told her girlfriend, Sandy, who said, "That happens to all girls our age. Don't worry." Sheila felt relieved. "Missing your period is perfectly normal," she repeated to herself.

By early December, Sheila had trouble sleeping. She wondered, "What if I'm pregnant? Maybe I should buy one of those home pregnancy tests at the drug store? But someone might see me. Who can I talk to? I've got to talk to my mom. She'll kill me. What am I thinking? I've got to talk to her." The next night Sheila tried to talk to her mom. She said that she knew a girl at school who thought she might be pregnant. Her mom said, "I don't know what's wrong with kids today. I'm glad I raised you properly so I don't have to worry about that sort of thing with you." Sheila didn't say anything else.

In January, Sheila began her health class. She was wearing baggy sweaters and sweatpants instead of her usual jeans. Sheila was glad they would be learning about pregnancy and birth control. She thought she might even speak with Ms. Jones, her health teacher. Ms. Jones began her lecture on teen pregnancy by saying, "Getting pregnant as a teenager is a very stupid thing to do! Teens are having sex before they're ready." Sheila's heart sank. She heard nothing for the rest of the period and left as soon as the bell rang.

In mid-February, Sheila mustered enough courage to call Kevin, her former boyfriend. "I think I might be pregnant," she whispered. Kevin swallowed hard. "Sheila, uh, you and me, uh, that was a long time ago. What makes you think I'm the father?" Sheila began to cry. Kevin, trying to stop her tears, came up with a plan. "Listen, I'm not sure about what you're saying, but I'll pick you up at 4 P.M. behind the cafeteria tomorrow to go to the family planning clinic, and we'll see what they say." With shaking hands, Kevin hung up the phone. "Pregnant? Me, a father? I can't be." The next day at 4 P.M., Kevin was playing basketball at the school gym. He remembered he was supposed to meet Sheila, but he kept playing. He would call her next week, or some other time, he thought. Sheila waited for Kevin for two hours and then went home and cried herself to sleep.

In March, Sheila woke up one morning with some pain on her lower right side. It hurt every time she urinated—which she had to do often. She had no idea what could be causing her so much pain. So she ignored it.

In mid-April, the pains became more general and very severe. Not knowing what else to do, Sheila went to the hospital emergency room where they discovered that she was in labor, her cervix fully dilated. She gave birth to a very premature baby (28 weeks) that was put on a respirator. The doctors are unsure whether the baby will ever walk or have a normal life. Sheila was treated for a urinary tract infection, a known cause of premature labor.

Each person, in his or her own way, has affected the outcome of this pregnancy. Rank them below on a scale of 1 to 5, with 1 being the person you believe has acted in the MOST responsible way (not to blame for the negative outcome) to 5 being the person you believe has acted in the LEAST responsible way.

Sheila

Health Teacher

Mom

Sandy

Kevin

THE DIFFERENCE IT MAKES: THE IMPORTANCE OF PRENATAL CARE

Put a T (True) or F (False) in front of each statement.

- 1. A medical checkup *before* pregnancy may benefit the woman and the baby she later conceives.
- 2. Alcohol consumption is the number one cause of *preventable* developmental disabilities.
- 3. Prenatal exposure to alcohol can lead to miscarriage, newborn death, and a group of abnormalities called Fetal Alcohol Syndrome.
- 4. An untreated sexually transmitted infection in a pregnant woman can cause mental retardation and physical defects in her child.
- 5. Babies born to women who smoke are more likely to have a low birth weight and lung problems.
- 6. Pregnant teens can get prenatal care without parent/guardian approval.
- 7. Early prenatal care is important for the health of the mother and may prevent miscarriage and birth defects.
- 8. Babies weighing under 5 ½ pounds at birth and premature babies (born before 36 weeks) are more likely to die as infants or have future health problems.
- 9. Pregnant women need to gain 25 to 30 pounds so that they and their babies will have enough vitamins and other important food elements to be healthy.
- 10. Alcohol, tobacco, and drugs are more dangerous to the fetus than to the mother.
- 11. The sooner the mother-to-be stops using drugs or alcohol during her pregnancy, the greater the chance of having a healthy baby.
- 12. A woman is more likely to have a healthy baby if she begins healthy eating and exercise, and decreases smoking, drinking, and drug use *before* she gets pregnant.

ABORTION: TEACHING ALL SIDES WITHOUT TAKING SIDES

Adapted with permission from Mary Krueger, Ph.D., Emory University

RATIONALE

This activity asks young people to think about all of the abortion issues with which they are familiar and to take a position and defend it. By having to defend a position with which they might not agree, participants will become aware of the reasoning and beliefs of other people and, hopefully, gain some understanding of positions different from their own. This exercise will also help participants think about their own values and beliefs on this controversial topic and to reaffirm them or think about altering them.

AUDIENCE

Senior high school

TIME

One class period

GOALS

To help participants:

- Recognize and understand the various positions on abortion
- Clarify their own values about abortion
- Learn to take and defend a position on a controversial topic

MATERIALS

- Prizes for the winning “state” (candy, gum)
- Newsprint and markers

PROCEDURE

Note: The lesson is more powerful when students are asked to defend positions counter to their own.

1 Ask participants to brainstorm a list of issues they have heard discussed in the media or elsewhere about abortion and the law.

2 After mentioning all issues (the facilitator may add some that the group missed), the participants will put

them into categories. Some examples of categories might include:

- *Questions of age.*
Should minors have access to abortion services?
- *Questions of consent.*
Should minors need parental consent to have access to abortion services? Should women need their partner's consent to have access to abortion services?
- *Questions of rights.*
Do women have the right to control their reproductive lives? Do fetuses have a right to life?
- *Questions about when life begins.*
Should abortions be outlawed after the first trimester? Second? Should all abortions be outlawed at conception?

3 Explain to the group that they will explore sides of the legal debate on abortion by role-playing citizens of states with different laws regarding abortion and abortion services.

4 Divide the participants into four groups. Each group goes to a corner of the room.

5 Inform the participants that each corner represents a state with different abortion laws.

The laws are as follows:

- **State A**

All first-trimester abortion is legal on request from a pregnant woman, regardless of age.

- **State B**

Pregnant women under the age of 18 need the signed permission of one or both parents in order to have an abortion.

• **State C**

Pregnant women, regardless of age, need the signed permission of the father of the pregnancy before having an abortion.

• **State D**

Abortion is illegal under any circumstances. (*Explain that although abortion is presently legal in all states, an assumption that State D exists will be made for the sake of the activity.*)

Note: Other “laws” could be designed to reflect issues identified or salient in class discussion.

6 Each group is given 10 minutes to create a three-to-five-sentence statement defending the abortion laws of their state. All members of each state must participate in writing the statement. Inform students that the state with the most convincing argument will win a prize.

7 The facilitator should stand in the middle of the room. Tell participants that each state will have the opportunity to present its argument without interruption, with all members of the state participating in the presentation.

8 At the conclusion of all four presentations, allow each state to rebut any or all of the other states. Whenever a particularly convincing rebuttal or defense

statement is made, the facilitator should take one step in the direction of that state. (Doing this usually encourages other states to scramble to refine their own arguments.)

9 When all points in the debate have been offered for rebuttal and defense, declare the “winning” state. (Allowing more than one state—or all states—to win is usually a good way to end this activity.)

10 Process the activity with some questions for the whole group:

- What was it like to defend a point of view counter to your own?
- Did this exercise challenge or reinforce your own view? If so, how?
- What did you learn from this experience regarding how and on what basis people form their opinions on controversial issues such as abortion?

11 Summarize by stating that the abortion issue will probably always be very controversial but that understanding all sides will help people be more tolerant of views different from their own, as well as more respectful of others who hold those beliefs.

12 Discuss how citizens make their views known on controversial issues such as voting, writing legislators, and calling talk shows.

HANDLING UNPLANNED PREGNANCY: A LESSON WITH PARENTS

By Eva S. Goldfarb, Ph.D., and Elizabeth M. Casparian, Ph.D.

RATIONALE

This activity is designed to help young people begin a dialogue with their parents/guardians about unplanned pregnancy. Participants will discuss how unplanned pregnancy was discussed when their parents/guardians were teens and how it is discussed today.

AUDIENCE

Senior high school

TIME

- 30 minutes at home
- 30 minutes class time

GOALS

To help participants:

- Begin to develop an understanding of how parents/guardians feel about unplanned pregnancy by discussing how it was addressed during their youth
- Discuss with their parents/guardians how the options available for dealing with unplanned pregnancy had an impact on the people involved
- Identify how dealing with unplanned pregnancy has changed over the past 30 years

MATERIALS

- *Handling Unplanned Pregnancy Interview Sheet*
- *Declaration of Completion*

PROCEDURE

1 Explain to participants that they will interview their parents/guardians about the issue of unplanned pregnancy. The point of the interview is to learn how unplanned pregnancy was discussed during their parents'/guardians' adolescence and begin to understand the extent to which those experiences have influenced their feelings about the issue today.

2 Distribute the interview sheets. Explain that they will have three nights to complete the sheet.

Note: Some young people may be unable to complete this assignment with their parent(s) or guardian(s). Allow them the opportunity to complete the assignment with another trusted adult such as an aunt, uncle, sports coach, or member of the clergy.

3 After participants have had a few days to complete the assignment, ask them to bring their sheets to class and read them silently to themselves. Collect the *Declaration of Completion*. Use these questions to discuss the interview sheets.

- Was unplanned pregnancy common when your parents/guardians were teens?
- How did people view unplanned pregnancy during your parent's/guardian's youth? How does this differ from today?
- What are some of the ways young people handled unplanned pregnancy during your parent's/guardian's youth?
- What did you learn from your parents/guardians? How did you feel about it?

4 Discuss the fact that the teen birth rate was highest in the United States during the 1950s and that it has steadily declined between 1991 and 1996. Ask participants to think of reasons why people think teen pregnancy is a bigger issue today.

UNPLANNED PREGNANCY INTERVIEW SHEET

Instructions

To find out how unplanned pregnancy was discussed and how people felt about it in the past, interview your parents/guardians by asking the following questions. Do not write your name or your parent's/guardian's names on the worksheet. You will not hand in this assignment or share it with the class. You will share in class what it was like to conduct this interview.

- 1.** When you were my age, was unplanned teen pregnancy a big issue? Did it happen often? Were you aware of it? _____

- 2.** How did people feel about unplanned pregnancy among teenagers/young adults? What usually happened when a couple experienced an unplanned pregnancy? _____

- 3.** What options were available to people who became pregnant? What were the consequences of the options? What option do you think most people chose? Why? _____

- 4.** Were people expected to be abstinent until marriage? Was this true for both men and women? What happened when people discovered someone was not a virgin? _____

- 5.** In what ways has unplanned teen pregnancy changed? What do you think about these changes? _____

DECLARATION OF COMPLETION

We, the undersigned, completed the
Handling Unplanned Pregnancy: A Lesson with Parents
homework assignment.

Signed:

Participant

Parent/Guardian

Parent/Guardian

Date

ABSTINENCE • CONDOM USE • DIVERSITY
PREGNANCY OPTIONS • SAFER SEX • SEXUAL
BEHAVIOR • SEXUAL IDENTITY AND ORIENTATION
• SEXUALITY AND SOCIETY • ABSTINENCE
CONDOM USE • DIVERSITY • PREGNANCY
OPTIONS • SAFER SEX • SEXUAL BEHAVIOR
SEXUAL IDENTITY AND ORIENTATION • SEXUALITY
AND SOCIETY • ABSTINENCE • CONDOM USE
DIVERSITY • PREGNANCY



SAFER SEX

• SEXUAL BEHAVIOR • SEXUAL IDENTITY AND
ORIENTATION • SEXUALITY AND SOCIETY
ABSTINENCE • CONDOM USE • DIVERSITY
PREGNANCY OPTIONS • SAFER SEX • SEXUAL
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• SEXUALITY AND SOCIETY • ABSTINENCE
CONDOM USE • DIVERSITY • PREGNANCY
OPTIONS • SAFER SEX

SAFER SEX

While concern about STD/HIV transmission has led to increased discussion and emphasis on safer sexual behaviors, this information does not always reach adolescents. In the United States, one in five teenagers becomes infected with a sexually transmitted disease every year and adolescents represent one of the populations whose HIV-infection rates are rapidly increasing. Compounding this lack of information is the misinformation that exists about STD/HIV transmission as well as safer sexual behaviors. As a result, many young people are unaware of their level of risk for STD/HIV infection as well as what they need to do to protect themselves.

Young people need accurate information to make informed decisions about their sexual health, whether now or in the future. Education about safer sex is more than talk about condoms. It includes information about sexually transmitted diseases; HIV infection; risk assessment; risk reduction; sexual limits; alcohol and drugs; and communication skills. Whether an individual chooses abstinence, risk reduction, or less risky behaviors, he or she must develop a strong sense of self worth, confidence, and good communication skills in order to negotiate safer sex practices.

The activities in this section are designed to challenge some of the assumptions people make when deciding if a partner is “safe;” to help young people understand how alcohol and other drug use can affect decisions to practice safer sex; and to help them practice communication and negotiation skills, including setting sexual limits.

WHAT THE GUIDELINES SAY ABOUT SAFER SEX:

Contraception Subconcept

Contraception enables people to have sexual intercourse and avoid an unintended pregnancy.

Elementary School

- All children should be wanted.
- Some people have children others do not.
- Each family can decide how many children to have, if any.

Upper Elementary School

- When a man and a woman want to have vaginal intercourse without having a child, they can use contraception to prevent pregnancy.
- Some religions teach that contraception is acceptable, whereas some religions do not approve of the use of contraception.
- Decisions about having children are based on personal wishes, cultural traditions, income, and other factors.

Middle School/Junior High School

- There are several different methods of contraception.
- Young people can buy some contraceptives in a drug store, grocery market, or convenience store without a doctor’s prescription.
- Nonprescription methods include condoms, foam, gels, and suppositories.
- Some contraceptives require a visit to a health provider and a prescription.
- Prescription methods include implants, Depo-Provera, IUDs, the birth control pill, diaphragm, and cervical cap.
- Sterilization is a permanent method of contraception.
- Abstinence, withdrawal, and natural family planning are reversible methods of contraception that are always available and free.
- Each contraceptive method has advantages and disadvantages.
- Young people who are considering sexual intercourse should talk to a parent or another adult about their decision and contraception.
- Talking to one’s partner about using contraception is important.
- There are ways a sexual partner can help with each method of contraception.
- Some contraceptive methods can also help prevent the transmission of STD/HIV.
- Methods of contraception that prevent pregnancy best, such as the Pill, Norplant, and Depo-Provera, do NOT help prevent the transmission of STD/HIV.
- Couples who want to avoid both pregnancy and STD/HIV need to use a male or female condom along with another effective contraception method.

High School

- A person whose religious teachings prohibit contraception may have to decide between those teachings and the risk of unwanted pregnancy or STD/HIV and their decision to have intercourse.
- When choosing a contraceptive method, people must weigh its advantages and disadvantages against the risk of pregnancy and/or STD/HIV.
- People should choose a method that they will use effectively and consistently.
- People can find creative and sensual ways of integrating contraception into their sexual relationship.

ASSESSING PHYSICAL RISK

By Elizabeth M. Casparian, Ph.D., and Eva S. Goldfarb, Ph.D.

RATIONALE

This activity challenges some of the assumptions people make when deciding if a partner is a “safe” person with whom to have sexual intercourse. It suggests that a person can **never** be certain about the status of another, and it leads participants to the conclusion that abstinence or safer sex precautions are always necessary. It encourages participants to think about the process they can use to make decisions about sexual activity, now or in the future.

AUDIENCE

Senior high school

TIME

One class period

GOALS

To help participants:

- Critically assess their decision-making process when deciding to have sexual intercourse with another person
- Challenge some of the assumptions people make about determining what or who is “safe”
- Explore their options regarding the decision to have sexual intercourse with another person

MATERIALS

- Cards with descriptions of three potential sexual partners

PROCEDURE

1 Explain to the group that the concept of safer sex is tricky. Making appropriate decisions about risk is crucial to staying healthy.

2 Ask for three volunteers to come to the front of the room and sit in chairs facing the group. Say to the group: “Pretend that you are a single adult living in our town years from now. I am going to tell you a little bit about each of the people you see seated in front of you.

After you hear about each person, I want you to decide which sexual partner someone would choose if they were looking for someone with a low HIV risk.”

Remind participants this is “pretend.” You are not suggesting that they would find themselves in this situation.

3 Stand behind Partner 1 and say: “This person is a single, heterosexual who has had intercourse with only one person in his life—someone he met two years ago at a bar here in town.”

4 Stand behind Partner 2 and say: “This person has had sexual intercourse with only one person in his life—a woman from Bismarck whom he met at summer camp two years ago. His relationship with this woman (who goes to school with his best friend) is ‘still good’ after two years. Whenever he gets the chance he travels to Bismarck to spend time with her.”

5 Stand behind Partner 3 and say: “This person is a heterosexual who has had intercourse with six women during the last 10 years. Each of those women was a fellow employee at the plant where he works and each relationship lasted for a year or more.”

6 Ask participants to raise their hands as you move to the three potential partners to indicate who they would choose as a sexual partner if they were looking for a person with a low HIV risk. Go to Partner 1. Ask who would choose him. Ask them to give their reasons. Repeat the process for Partners 2 and 3.

7 After participants have made choices and given reasons, tell the group: “Now let me tell you a little more about each man you see here.” Reread the Partner 1 description and say; “Partner 1 had never seen this woman before he met her in the bar. That’s because she is a prostitute from New York heading for sunny California. She has had intercourse with thousands of men and a pimp who used intravenous drugs.”

8 Reread the first paragraph about Partner 2 and then continue: “Partner 2 thinks he’s in love with the summer camp friend from Bismarck. That is why he has

remained faithful to her for the last two years. *If only the feeling were mutual.* His friend is sexually active between his visits to Bismarck. She has had intercourse with a dozen men during the last two years, including at least one bisexual man.”

9 Reread the first paragraph about Partner 3 and then continue: “Partner 3 had intercourse with more women than the others, but there is a difference. Each one was a virgin when he had intercourse with her for the first time. In fact, that is what made them attractive to him.”

10 Process:

- Would anyone change his/her choice? Why? Why not?
- What was surprising about this exercise?
- How did you feel about the additional information? Did it confirm your decision? Make you want to change your mind?
- What did you learn from this exercise?

- Is asking a person if he or she is a virgin before you decide to have intercourse with him or her a good way to protect yourself?
- Do you know for sure that all of the virgins with whom Partner 3 had intercourse were telling the truth about their virginity?
- Can you think of a reason that a person might not tell the truth about his or her sexual past?
- How can you tell if someone is telling the truth?

IS BARBIE DRUNK? ALCOHOL AND SAFER SEX

Adapted by Andy Walters, University of California.

Despite an extensive search, we cannot locate the original author of this lesson. If you know, please contact us.

RATIONALE

The purpose of this activity is to use an analogy to show how alcohol impedes fine motor performance (including putting on a condom). Because alcohol is not specifically discussed, many more facilitators will be able to use it in discussing safer sex. Participants should easily see the relationship to alcohol.

AUDIENCE

Junior and senior high school

TIME

One class period

GOALS

To help participants:

- Understand how alcohol consumption can lower the likelihood that a couple will practice safer sex
- Learn how alcohol consumption can impede the fine motor skills necessary to put on a condom
- Experience an attempt at performing a manual task with increasing physical impairments

MATERIALS

- 1 Barbie doll (in a bathing suit) with evening gown and shoes
- 2 pair of durable plastic gloves (not surgical thin ones)
- 2 pair of goggles (gray-colored, if possible)
- 2 Zip-lock bags (in case one rips)
- Petroleum jelly (Vaseline)
- Place Barbie (dressed in a bathing suit), along with her evening gown and shoes in the Zip-lock bag and seal the bag.

PROCEDURE

- 1 Tell the group that you are going to simulate the effects of alcohol on fine motor skills. Putting on a condom requires such motor skills. While you are not going to ask them to put on a condom, the following demonstration shows how impaired motor skills caused by alcohol consumption can affect the ability to practice safer sex.
- 2 Ask for three pairs of volunteers. Each will be a couple. Explain to the first couple that they have had one alcoholic drink. They must take Barbie, her dress, and her shoes out of the Zip-lock bag and dress her in 60 seconds. They are allowed to communicate with each other while they are doing this.
- 3 After 60 seconds, ask the rest of the group whether the couple successfully completed the task.
- 4 Undress Barbie again (leave the bathing suit on), and place her and her clothes and shoes back into the Zip-lock bag. Explain to the second couple that they must also dress Barbie in 60 seconds, but that they have had two to three alcoholic drinks. Therefore, each must each wear **one** glove (that is, they are both *involved* but the alcohol has impeded their skills) and goggles. They may communicate with each other while performing the task.
- 5 After 60 seconds, ask the rest of the group whether the couple successfully completed the task.
- 6 Again, place Barbie and her clothes in the Zip-lock bag. The third couple, like the previous couples, must get Barbie and her clothes out of the bag and dress her in 60 seconds. This couple, however, is drunk. They **are not allowed** to talk to each other since people who are drunk are not known for the clarity of their communication. Each must wear two gloves as well as goggles frosted with Vaseline, to indicate impaired vision.

7 After 60 seconds, ask the rest of the group whether the couple successfully completed the task.

8 Process:

- Ask each couple how they felt trying to dress Barbie in 60 seconds.
- What difficulties were caused by having to wear one glove? Two gloves? Goggles?
- How did lack of ability to communicate affect couple number 3's ability to successfully dress Barbie?

- How might participants relate this to putting on and using condoms?

- As they increase their consumption of alcohol, will people likely search for a condom, put on a condom, and communicate their difficulties?

- Discuss the extent to which alcohol not only impairs people's ability to perform fine motor skills (like putting on a condom), but also their motivation to make good decisions to protect themselves. When people are drunk, it is very easy for them to stop caring about protection.

NEGOTIATING RISK REDUCTION

Adapted and reprinted with permission from Carol Hunter-Geboy, Life Planning Education, Advocates for Youth.
For information about this and other related materials, call 202/347-5700.

RATIONALE

The purpose of this activity is to practice communicating comfortably and effectively about risk reduction.

AUDIENCE

Senior high school

TIME

One class period

GOALS

To help participants:

- Practice communicating about risk reduction

MATERIALS

- One index card for each participant. Write *abstinence* on a third of the cards, *condom* on another third, and *condom and another form of contraception* on the remaining third.
- Make packets of cards containing one of each, to distribute to small groups in Step 2.

PROCEDURE

1 Tell participants that while knowing about the risks of unprotected sexual intercourse is important, the essential thing is to be able to do what is necessary to avoid those risks when with a sexual partner. Explain that this activity will help them practice the important skill of communicating with their partner, the first step in negotiating risk reduction.

2 Divide participants into groups of three and distribute the packets of index cards. Ask each participant to take one index card. Then, go over the following instructions:

- Create three role-play presentations, one for each word on your index cards. In each, one person will bring up the subject of sexual risks with another group member and say she or he wants to use the method listed on the card. The goal of this role play is

for one actor to convince the other actor to agree to practice the assigned method of risk reduction.

- While two group members act as characters, the third member should act as “coach.” The coach will make suggestions to help the actors role-play and comment on whether the approach they are using is convincing. Take turns being the coach.
- Once the group has finished their role play, they should pick the most convincing presentation to perform for the entire group.

3 Tell participants they have 30 minutes to work together and create three role-play presentations. Give lots of encouragement and assist with the coaching if needed.

4 After 30 minutes, ask a group to volunteer to present first. After leading the group in a round of applause, ask the audience to provide feedback on the role play, using the following questions:

- How realistic was this role play? Why?
- Which character was more convincing? Why?
- What other approaches would have been effective?

5 Continue with additional role plays in the same fashion. Challenge teens to redo any role play they feel they could make stronger after the group provides feedback on it.

6 When every group has had an opportunity to present, conclude the activity using the following questions:

- How did it feel to try and convince someone else to go along with your assigned method of risk reduction? How did it feel to have someone else try to convince you? Do you think these feelings are pretty common for teenagers dealing with these issues?
- What are effective ways for a couple to discuss abstinence? The use of condoms? The use of condoms and another method of contraception?
- What should a person do if their partner will not agree to their chosen method of risk reduction?

WHAT IF WE GET TO FIRST BASE AND ...? DATING AND COURTSHIP SKILLS

Adapted with permission from Steve Brown, *Streetwise to Sex-wise: Sexuality Education for High Risk Youth*, Planned Parenthood of Greater Northern New Jersey. For information about this and other related materials, call 201/489-1265.

RATIONALE

Few adolescents ever explicitly learn how to start a romantic relationship. Most pick up what they can from hearing friends talk, watching TV and the movies, or through experimentation. This is often a source of great anxiety. This lesson models a healthy adolescent relationship. It allows youth to discuss this relationship by analyzing the stories of two fictional characters.

AUDIENCE

- Junior high school (Dana and JT's story)
- Senior high school (Diane and Jack's story)

TIME

One class period

GOALS

To help participants:

- Learn effective ways to initiate and maintain a good relationship
- Think about appropriate ways of communicating within a relationship
- Learn how to answer the question "How do I know if someone really likes me?"
- Discover ways to set comfortable, mutual limits on sexual behavior
- Discuss ways of being sexual that do not involve sexual intercourse

MATERIALS

- *Dana's Story Worksheet*
- *JT's Story Worksheet*
- *Diane's Story Worksheet*
- *Jack's Story Worksheet*
- Pens/pencils

PROCEDURE

Note: Follow the same procedure for junior and senior high school students. JT's story and Dana's story are for junior and senior high school students, Jack's story and Diane's story are for senior high school students and older. Use your judgment in determining which lesson to use.

1 Explain that very few young people are taught how to start romantic relationships or "how to make the moves" in a romantic relationship. They pick up what they can from friends, TV and the movies. But many secretly worry: "How do I tell if someone likes me?" "What should I say?" "What does that person expect of me?" "How do I tell if someone wants to go further sexually?" "What do I do if I'm not sure what the person wants?" This lesson will deal with those questions.

2 Explain that you are going to read two stories about a relationship between JT and Dana (or Jack and Diane). One story tells what Dana is thinking. The other tells what JT is thinking. JT and Dana are obviously a boy and a girl. But, sometimes there are couples where both people are male or both are female. These couples have most of the same questions.

Hand out Dana's story worksheet to each participant. Read the text aloud. Allow participants time to write answers to the questions. Then discuss their answers.

3 Hand out JT's story worksheet to each participant. Follow same procedure as above.

4 Process using the following questions:

- What were some of the issues that Dana was dealing with in her relationship with JT?
- What were some of the issues that JT was dealing with in his relationship with Dana?
- How are dating expectations different for boys and girls? How are they the same?

DANA'S STORY WORKSHEET

Dana is standing outside of class talking with a group of her friends when she notices JT walking out of the classroom. When he looks at her and smiles, she quickly looks away. Dana thinks JT is really cute and so do her girlfriends.

Dana wants to meet and talk to JT but isn't sure she is ready for a boyfriend. Dana feels confused. She notices that she is having a lot more romantic and sexual feelings about boys these days. It's strange because just last year she thought, "Everybody else is really in love with a boy. What's wrong with me?"

How did Dana feel last year when she heard everyone else talking a lot about boys? _____

Dana feels better when she learned in class that people begin to get crushes and sexual feelings at different times. Now she is beginning to understand what her friends are talking about.

Dana thinks and daydreams about JT a lot. The few times they talk she feels nervous and excited at the same time. She is sure she likes JT but isn't sure he likes her.

What are two ways Dana can find out if JT likes her? _____

I. _____
2. _____

Dana finds out that JT likes her. She is thrilled but also nervous because she doesn't know what all this means. What is she supposed to do? What does JT expect?

How can Dana find out what JT expects of her? _____

Dana and JT start meeting at lunchtime. They talk and joke around with their friends. Sometimes, when they walk home together after school, they hold hands. This makes Dana feel special and kind of grown up.

One time they are watching TV after school at Dana's house. They are holding hands. Dana feels happy and wonders if JT will kiss her. She really wants to kiss him but she doesn't know what JT wants.

What are two things Dana can do? _____

I. _____
2. _____

One day her friend, Liz, calls complaining that Dana doesn't hang out with her friends anymore. Dana feels bad and mixed up. She thinks that she should spend more time with her girlfriends, but she also enjoys being with JT.

The next day after school, a group of her friends decide to go shopping and ask Dana if she wants to come along. Dana wants to go, but she knows JT is expecting her to walk home with him.

What should Dana do? _____

Later, Dana and JT are at JT's home. They are kissing. Dana really likes kissing JT. She has thought about doing other things with JT and when he starts to french kiss her, she is surprised and excited. She jumps and he stops. She doesn't know what to do.

What are two things Dana can do?

1. _____
2. _____

Dana is embarrassed and confused. She realizes that she likes french kissing but she's been told to "not let boys do that because they'll want to go further."

Should the girl be the one who decides how far to go and when to stop? _____

Why or why not? _____

Should the boy be the one who decides how far to go and when to stop? _____

Why or why not? _____

How can Dana set limits without hurting JT's feelings? _____

How can Dana let JT know that she likes the way he touches her and wants him to do it again? _____

JT'S STORY WORKSHEET

JT walks out of class and notices a bunch of girls talking and laughing. When he looks over at them, he sees Dana looking at him. When she sees him, Dana quickly looks down. JT has had his eye on Dana—she dresses nicely and she has a really nice smile, too.

JT thinks it would be nice to get to know Dana, but he isn't sure if he wants to get serious. JT notices that he is having a lot more romantic and sexual feelings about girls than he ever had before. It's strange because just last year he thought, "All these guys are talking about this girl and that girl. What's wrong with me?"

How did JT feel when he heard everyone else always talking about girls? _____

He remembers he felt better when Ms. Thomas said in health class that everybody begins to get crushes and sexual feelings at different times. She said guys don't need to worry if they feel different from the kids around them. Now he is beginning to understand what his friends are talking about.

JT finds that he is thinking and daydreaming about Dana all the time. The few times they talk he is nervous and excited. He is sure he likes her but he isn't sure whether Dana likes him.

What are two ways JT can find out if Dana likes him?

1. _____
2. _____

JT finds out that Dana likes him too. JT is thrilled but he is also nervous because he doesn't know what all this means. What is he supposed to do? What does Dana expect?

How can JT find out more about what Dana expects of him? _____

They start meeting to have lunch together every day. They talk and joke around with their friends. Sometimes, when they walk home together after school, they hold hands. He feels pretty cool.

One time when they are watching TV at Dana's house, they are holding hands and JT really wants to kiss Dana but he isn't sure if she wants to.

What are two things JT can do?

1. _____
2. _____

One day at school JT is hanging out with his friends. Some of the guys are talking about "doin' it" with girls. He is pretty sure they are bragging. But what are they doing with girls? Are they kissing, or deep kissing, or touching, or having sexual intercourse? The guys start kidding him about Dana. "How's it going with Dana?" "Did you get some yet or are you scared?" JT isn't sure what to say. He doesn't want the guys to think he is a "wimp."

What are two things JT can do when his friends give him a hard time?

1. _____
2. _____

Another time, JT and Dana are at JT's home and they are on the couch kissing. JT really likes kissing Dana and wonders what it would be like to french kiss her. He isn't sure how she'll react but she seems to like everything else they've done, so he starts french kissing her. She jumps and pulls away, so he stops. He hopes she isn't mad. Maybe she is just a "tease" like his friends talk about. He doesn't know what to think.

What are two things JT can do in this situation?

1. _____
2. _____

DIANE'S STORY WORKSHEET

As Diane walks to the party with Karen and Lisa, she wonders who is going to be there. They walk in and Diane looks around. She sees her cousin and his girlfriend and then she sees that guy, Jack, who lives near the bus stop. She notices him there and thinks he is cute but figures he is older so he probably won't be interested in her. She really wants to meet him but doesn't know how.

What are two ways Diane might meet Jack?

1. _____
2. _____

Diane leaves her friends and walks by Jack hoping to meet him, but gets real nervous and doesn't say anything. Later that night she decides that she will go up to him and say something. **She plans to say—**

“ _____ ”

What are two ways Diane might know that Jack is interested in her?

1. _____
2. _____

What are two ways Diane might know that Jack is not interested in her?

1. _____
2. _____

A few times the next week, Jack and Diane talk at the bus stop. Diane hopes that Jack will ask her out. But, when he doesn't, she wonders if she should ask him out. She knows that some guys don't like it when a girl is “forward.” **What can she do?**

How could she ask Jack out? _____

The first time Diane and Jack go on a date, she is nervous. She wonders if Jack thinks she is boring or immature. After all, she is younger. But it seems like he is having a good time. On the way home, Diane thinks she really likes Jack and hopes he'll kiss her. She wonders what he would think if she leaned over and kissed him.

What are two ways Diane can deal with this situation?

1. _____
2. _____

Diane and Jack start spending a lot of time together. She likes to be with him. He doesn't act like some of the other guys she has dated. He talks about real things like his relationships with his family. He listens when she speaks—like she has something important to say.

One night on the way home from a movie, Diane is thinking how nice it is to kiss Jack. When they get back to her home, they kiss on the couch. Diane is really enjoying kissing and feels tingling all over her body. Jack tries to go further, but Diane isn't sure she wants to move beyond kissing.

What are two things Diane can do in this situation?

1. _____
2. _____

What are two ways that Diane might show Jack that it would be Okay for them to go further?

1. _____
2. _____

What are two ways that Diane might show Jack that it would not be Okay for them to go further?

1. _____
2. _____

Afterward, Diane thinks that she needs to decide ahead of time just how far she and Jack should go. She thinks, "Girls are supposed to set limits because boys always want sex."

How do you feel about this attitude? _____

One day, Jack comes over to Diane's home and seems a little down. Diane has been thinking about Jack all day and can't wait to be close to him. When Jack starts to talk about an argument he just had with his Mom, she doesn't feel like listening. She says, "Shhh," and starts to kiss him on the neck, lips, and face. Jack lets her for a few minutes then says, "Diane, I'm just not in the mood!" She feels hurt and embarrassed.

What are two things Diane could do in this situation?

1. _____
2. _____

Diane is thinking a lot about intercourse. She has daydreamed about what it would be like. Diane feels torn. She really wants to, but she's also scared. Suppose it hurts. Suppose Jack breaks up with her. Suppose she gets pregnant.

What can Diane do in this situation? _____

Diane decides that she will talk to Jack about intercourse. She is nervous because she doesn't know how he will react.

How can Diane start a conversation with Jack about having intercourse? _____

When Diane brings it up, Jack seems surprised, but says, "I've wanted to talk with you about this, too." He says it seems like she is not sure she is ready, and he doesn't want to push her. They both agree that they will wait until they know each other better. Diane thinks about how much she likes being with Jack and wonders about other ways they can be close sexually.

What are two ways Diane could be sexual with Jack without having intercourse?

1. _____
2. _____

One afternoon, Diane and Jack are back at his home. They are kissing in his room. Jack seems to be very turned on. Jack moves his hand to unbutton and remove Diane's blouse like he has done before. Diane doesn't feel like taking her shirt off with Jack right now, so she whispers "no" and pushes his hand away. Jack looks confused and angry. Diane feels guilty because they have done this before, but she doesn't feel like it right now.

What are two things Diane can do in this situation?

1. _____
2. _____

One summer evening, Jack's parents are away. Jack says, "We're both so turned on. Let's do it." Diane says, "I want to, but let's make sure we're careful."

What are two things Diane and Jack might want to talk about before having intercourse?

1. _____
2. _____

JACK'S STORY WORKSHEET

Jack is thinking to himself “this party is dead” when his friends Ray and Steven arrive. As they talk, Jack looks up and sees three girls walk in the door. Jack recognizes one—that really cute girl he sees at the bus stop in front of his home. Someone told him her name is Diane. Jack smiles to himself, “Yes, finally a chance to meet her.” Then he freezes, thinking, “But how am I going to do it without looking stupid?”

Think of two ways Jack might meet Diane.

1. _____
2. _____

Jack sees Diane walk over by herself to get some soda. All of a sudden, he feels nervous and his stomach tenses up. He almost goes up to her but chickens out. Later he sees her standing by herself. This time he takes a deep breath, walks up to her, and says,

“ _____ ”

What are two ways that Jack might know that Diane is interested in him?

1. _____
2. _____

What are two ways that Jack might know that Diane is NOT interested in him?

1. _____
2. _____

The next week, Jack stops to talk with Diane at the bus stop. Jack thinks how great it would be to ask Diane out, but he isn’t sure if she likes him. He asks some friends if she is going out with anyone. They say she isn’t.

Finally, Jack decides to ask Diane out. One day Jack sees Diane and tells her about a picnic his neighbors are having. He feels a knot in his stomach but asks, “Do you wanna go?” Diane says “Sure, that would be great.”

At the picnic, Jack is nervous. They have a lot to talk about, but sometimes there are long silences. Jack thinks, “I’m not sure if she’s just shy or bored or doesn’t like me.” But she seems to be having a good time. As they walk home, Jack thinks how much he likes Diane and how great it would be to kiss her. But he isn’t sure how she would react.

What are two signs that might show Jack that Diane was ready to kiss him?

1. _____
2. _____

What are two signs that might show Jack that Diane was not ready to kiss him?

1. _____
2. _____

Jack and Diane start spending a lot more time together. He likes it that he can just be himself with her. She is the first girl he can talk to about real stuff—like his problems with his Dad and how he feels about his brother's death last year.

One night Jack and Diane go to a movie and he remembers how great it is to kiss Diane. After the movie, Jack and Diane are kissing on the couch at Diane's home. Jack feels himself get aroused. He tries to go further, but Diane tells him no.

What are two things Jack can do in this situation?

1. _____
2. _____

What are two signs that might show that Diane wants Jack to go further?

1. _____
2. _____

One time after work, Jack has a huge fight with his Mom. He is really upset and decides to go over to Diane's home. As he tells her about the fight, she starts touching him and kissing him. Jack isn't in the mood to be sexual but doesn't know what to do. He doesn't want Diane to think he doesn't like her, and he worries, "Boys are supposed to always want it."

What are two things Jack can do in this situation?

1. _____
2. _____

Jack's friend, Keith, is always talking about how many girls he's had. Jack wonders what Keith would say if he knew he and Diane have not had intercourse. He thinks a lot about intercourse with Diane, but doesn't want to pressure her. Maybe she isn't ready. Or maybe she is and he isn't. He wonders if he can talk to her about it.

What can Jack do in this situation?

1. _____
2. _____

How can Jack start a conversation with Diane about having intercourse? _____

When Jack brings it up, Diane seems surprised, but she says she is glad he said something because she had been thinking about it too. She says that she doesn't want to rush into it because they haven't known each other very long. Jack is disappointed but starts thinking of other ways they can be close sexually.

What are two ways Jack and Diane can be sexual without having intercourse?

1. _____
2. _____

One afternoon, Jack and Diane are at his home, kissing in his room. Jack is very turned on and moves his hand to unbutton and remove Diane's blouse like he has done before. Diane mumbles "no" and pushes his hand away. Jack feels confused and angry. He wonders, "What's the problem. We've done this before. Why is she saying 'no' now?"

What are two things Jack can do in this situation?

1. _____
2. _____

When Jack makes a move, and Diane tells him to stop, he feels rejected. He is tired of always being the one that makes the move and wishes Diane would sometimes take the lead.

How can Jack let Diane know his feelings? _____

A few weeks later, Jack's parents are away. Jack says, "I'm so turned on. Let's do it." Diane says she thinks she wants to, but isn't sure.

What are two things Jack and Diane need to talk about before deciding to have intercourse?

1. _____
2. _____

TALKING ABOUT SAFER SEX: A LESSON WITH PARENTS

by Monica Rodriguez

RATIONALE

This activity provides an opportunity for participants to discuss ideas about sexual activity and protection with their parents/guardians.

AUDIENCE

Senior high school

TIME REQUIRED

- 10-minute classroom activity
- 15-minute process after homework is completed

GOALS

To help participants:

- Explore ideas about sexual activity and protection
- Encourage communication between children and their parents/guardians

MATERIALS

- *Talking About Safer Sex Worksheet*
- *Declaration of Completion*

PROCEDURE

- 1 Introduce the activity by explaining to participants that we can never really be sure exactly how our parents/guardians feel about different issues until we discuss them. It might surprise us to know that what we thought they believed was actually different from what they actually believed. This activity gives participants the opportunity to compare their thoughts with reality.

Note: Some young people may be unable to complete this assignment with their parent(s) or guardian(s). Allow young people the opportunity to complete the assignment with another trusted adult such as an aunt, uncle, sports coach, or a member of the clergy.

- 2 Have participants complete the first part of each question in class, filling in what they *think* their parents/guardians believe about each question.

- 3 As homework, have participants finish the worksheet, filling in what their parents/guardians really think about the questions. Participants should take the opportunity to ask their parents/guardians each question and discuss their responses. Assure participants that their interview is completely confidential and they will not be required to turn in their homework, only a sheet verifying that they completed the assignment.

- 4 When participants return with their completed assignment, remind them that the point is not to share their parents'/guardians' responses with the class, but to talk in general terms about what they learned from this activity. Collect the *Declaration of Completion*. Process using the following questions:

- How did it feel to talk with your parents/guardians about these issues?
- Did your parents/guardians answer the way you thought they would?
- How were your responses to the questions and those of your parents/guardians similar or different?
- How did participating in this activity affect how you will talk to your parents/guardians about sexuality issues in the future?

TALKING ABOUT SAFER SEX WORKSHEET

DIRECTIONS

Answer how you think your parents/guardians will respond to each question. Then talk to them to see how close you are to their actual answers. Write their answers in the provided space.

1. How can a teenager let a romantic partner know that he/she cares about them?

What I think my parents/guardians think _____

What my parents/guardians actually think _____

2. What can a teenager do to show affection to someone he/she loves?

What I think my parents/guardians think _____

What my parents/guardians actually think _____

3. Is it Okay for a teenager to have sexual intercourse with someone they love?

What I think my parents/guardians think _____

What my parents/guardians actually think _____

4. What can parents/guardians do to help their children avoid pregnancy or infection with a sexually transmitted disease, including HIV?

What I think my parents/guardians think _____

What my parents/guardians actually think _____

5. How should young people who have intercourse protect themselves?

What I think my parents/guardians think _____

What my parents/guardians actually think _____

DECLARATION OF COMPLETION

We, the undersigned, completed the
Talking About Safer Sex: A Lesson with Parents
homework assignment.

Signed:

Participant

Parent/Guardian

Parent/Guardian

Date

ABSTINENCE • CONDOM USE • DIVERSITY
PREGNANCY OPTIONS • SAFER SEX • SEXUAL
BEHAVIOR • SEXUAL IDENTITY AND ORIENTATION
• SEXUALITY AND SOCIETY • ABSTINENCE
CONDOM USE • DIVERSITY • PREGNANCY
OPTIONS • SAFER SEX • SEXUAL BEHAVIOR
SEXUAL IDENTITY AND ORIENTATION • SEXUALITY
AND SOCIETY • ABSTINENCE • CONDOM USE
DIVERSITY • PREGNANCY OPTIONS • SAFER SEX
• SEXUAL BEHAVIOR • **SEXUAL BEHAVIOR**
ORIENTATION • SEXUAL
ABSTINENCE • CONDOM USE • DIVERSITY
PREGNANCY OPTIONS • SAFER SEX • SEXUAL
BEHAVIOR • SEXUAL IDENTITY AND ORIENTATION
• SEXUALITY AND SOCIETY • ABSTINENCE
CONDOM USE • DIVERSITY • PREGNANCY
OPTIONS • SAFER SEX

SEXUAL BEHAVIOR

Sexual feelings are fundamental to life. Almost all American adolescents engage in some type of sexual behavior during their teenage years. Although debates about adolescent sexual behavior tends to focus on sexual intercourse and its negative consequences, young people explore dating, relationships, and intimacy from a much wider framework. Discussing sexual behaviors helps young people understand they can enjoy sexual feelings without acting on them.

School and community-based educational programs can reinforce to young people that they have the choice and the ability to control the kinds of behaviors they choose to engage in. They can also support education that helps them delay sexual behaviors until they are physically, cognitively, and emotionally ready for mature sexual relationships and their consequences. This support should include education about intimacy; sexual limits; social, media, peer, and partner pressure; abstinence; and pregnancy and STD protection (see “Abstinence,” p. 3) as well as skills development to evaluate readiness for mature sexual relationships that are consensual, nonexploitative, honest, pleasurable, and protected against unintended pregnancies and STDs, if intercourse occurs.

The activities in this section are designed to enhance the comfort level of young people in talking about sexuality, to encourage a broad view of sexual behavior, and to help them practice decision-making and problem-solving skills. The activities cover such subjects as sexual decision-making; sexual behaviors (including masturbation); and sexual problem-solving and decision-making skills.

WHAT THE GUIDELINES SAY ABOUT SEXUAL BEHAVIOR:

Sexuality is central to being human and individuals express their sexuality in a variety of ways.

Sexuality Throughout Life Subconcept

Sexuality is a natural and healthy part of life.

Elementary School

- Bodies can feel good when touched.
- Most children are curious about their bodies.

Upper Elementary School

- All people are sexual beings.
- Children become more curious about their sexuality as they become older.
- Talking to parents and other trusted adults about sexuality can be helpful.
- Exploring feelings about sexuality is common.

Middle School/Junior High School

- Sexual feelings, fantasies, and desires are natural, and they do not need to be acted upon.
- Sexual feelings, fantasies, and desires occur throughout life.
- Sexuality is more rewarding and positive when expressed in a sharing, enhancing, and non-exploitative way.

High School

- Healthy sexuality enhances total well-being.
- Sexuality is one component of total well-being to be expressed in harmony with other life needs.
- Sexuality is multifaced, having biological, social, psychological, spiritual, ethical, and cultural dimensions.
- Sexuality is an integral, joyful, and natural part of being human.
- American society tends to equate sexual functioning with reproductive ability, especially for women, and sexual prowess for men.
- The traditional gender roles about sexuality in our society are becoming more flexible.
- Middle age may result in some changes in physiological sexual responses, but most men and women still desire sexual contact and remain orgasmic.
- People who are sexually active in middle age have less decline in sexual expression as they age.
- Elderly people can be sexually active and have intimate relationships.
- Barriers to sexual fulfillment in later life are often psychosocial.

Masturbation Subconcept

Masturbation is one way human beings express their sexuality.

Elementary School

- Touching and rubbing one's own genitals to feel good is called masturbation.
- Some boys and girls masturbate and others do not.
- Masturbation should be done in a private place.

Upper Elementary School

- Masturbation is often the first way a person experiences sexual pleasure.
- Many boys and girls begin to masturbate for sexual pleasure during puberty.
- Some boys and girls never masturbate.
- Masturbation does not cause physical or mental harm.
- Some families and religions oppose masturbation.

Middle School/Junior High School

- How often a person masturbates varies for every individual.
- A person worried about masturbation might talk to a trusted adult.
- Most people have masturbated at some time in their lives.
- Masturbation, either alone or with a partner, is one way a person can enjoy and express their sexuality without risking pregnancy or an STD/HIV.
- Many negative myths exist about masturbation.

High School

- People who are single, married, or in committed relationships may masturbate. Masturbation may be an important part of a couple's sexual relationship.

Shared Sexual Behavior Subconcept

Individuals express their sexuality with a partner in diverse ways.

Elementary School

- Adults often kiss, hug, touch and engage in other sexual behavior with one another to show caring and to share sexual pleasure.

Upper Elementary School

- Couples have different ways to share sexual pleasure with each other.
- Being sexual with another person usually involves more than sexual intercourse.

Middle School/Junior High School

- When two people express their sexual feeling together, they usually give and receive pleasure.
- Sexual relationships are enhanced when a couple communicates with one another about what forms of sexual behavior they like or dislike.
- Sexual relationships can be more fulfilling in a loving relationship.
- Being sexual with another person involves different sexual behaviors.
- A person has the right to refuse any sexual behavior.
- Some sexual expressions are prohibited by law and disapproved of by certain religions and families.
- People with disabilities have sexual feelings and the same need as all people for love, affection, and physical intimacy.

High School

- For most people, sharing a sexual experience with a partner is a satisfying way to express sexuality.
- Couples and individuals need to decide how to express their sexual feelings.
- Some sexual behaviors shared by partners include kissing, touching, talking, caressing, massage, sharing erotic literature or art, bathing/showering together, and oral, vaginal, or anal intercourse.
- Many sexual behaviors that are pleasurable do not put an individual at risk of an unintended pregnancy or STD/HIV.
- Individuals are responsible for their own sexual pleasure.

ADOLESCENT SEXUAL BEHAVIOR FACT SHEET

TEENAGERS BETWEEN THE AGES OF 15 AND 19 ENGAGE IN A WIDE RANGE OF SEXUAL BEHAVIORS

- 79 percent of all high school students report they have engaged in “deep kissing.”¹
- 72 percent report they have “touched above the waist.”²
- 54 percent report they have “touched below the waist.”³
- Many virgins are sexually involved. In one study of urban students in the ninth through the twelfth grades, 47 percent were virgins. More than a third of virgin male and female adolescents had engaged in some form of heterosexual genital sexual activity in the past year:
 - 29 percent of virgins had engaged in masturbation of a partner of the opposite gender.
 - 31 percent had been masturbated by a partner of the opposite gender.
 - 9 percent had engaged in fellatio with ejaculation with a partner of the opposite gender.
 - 10 percent had engaged in cunnilingus with a partner of the opposite gender.
 - 1 percent had engaged in anal intercourse with a partner of the opposite gender.⁴

SEXUAL INTERCOURSE

- Unmarried teenagers have intercourse less frequently than older single people.⁵
- Most adolescents begin having intercourse in their mid-to-late teens, about 8 years before they marry.⁶
- Nationwide, more than half (53.1 percent) of all high school students,⁷ and 71.9 percent of high school seniors have had sexual intercourse.⁸
- The 1995 National Survey of Family Growth found that about 50 percent of female teenagers 15 to 19 years old reported in 1995 that they had ever had sexual intercourse, compared with 55 percent in 1990, 53 percent in 1988, and 47 percent in 1982.⁹

- Additional research sponsored by Department of Health and Human Services’ National Institute of Child Health and Human Development indicates a similar trend for teenage males. The percentage of never-married males 15 to 19 years old who had ever had sexual intercourse declined from 60 percent in 1988 to 55 percent in 1995, reversing an upward trend since 1979.¹⁰
- Teen girls who grow up with both of their biological parents during their entire time at home are less likely to have sexual intercourse than are teens who grow up under any other family structure.¹¹

FIRST INTERCOURSE

- The average age at first intercourse for males in the United States is 16.6 years old.¹²
- The average age at first intercourse for females is 17.4 years old.¹³
- 9 percent of students nationwide initiate sexual intercourse before 13 years of age.¹⁴
- Overall, male students (12.7 percent) were significantly more likely than female students (4.9 percent) to have initiated sexual intercourse before 13 years of age.¹⁵

MOST TEENAGE SEXUAL BEHAVIOR IS IN THE CONTEXT OF A RELATIONSHIP

- The majority of teenagers who have sexual intercourse do so with someone whom they love or seriously date.¹⁶
- 87 percent of American teenagers have had a boyfriend or girlfriend.¹⁷
- 56 percent of teens report being in love with their last sexual partner.¹⁸
- 87 percent of teenage virgins want to wait until they are in a committed relationship before initiating sexual intercourse.¹⁹

SEXUAL PARTNERS

- 37 percent of sexually active teenagers have had sexual intercourse with one partner.²⁰
- 17.8 percent of students nationwide have had sexual intercourse with four or more partners.²¹
- Overall, male students (20.9 percent) were significantly more likely than female students (14.4 percent) to have had four or more sex partners during their lifetime.²²
- 43 percent of the first sexual partners of teenage girls are males that are a year or two older.²³

MOST TEENAGERS ARE RESPONSIBLE ABOUT SEXUAL INTERCOURSE

- Adolescents who use contraception have lower rates of unintended pregnancy than unmarried women in their early twenties who use contraception.²⁴
- 76 percent of women 15 to 44 years old who initiated intercourse in the 1990s used contraception at first intercourse, up from 64 percent of those who initiated in the late 1980s.²⁵
- The increase in contraception at first intercourse was a result of marked increases in condom use for women 15 to 44 years old: from 18.3 percent before 1980 to 36.4 percent in the late 1980s to 54.3 percent in the 1990s.²⁶
- The closer in age teen girls and their partners are, the more likely they are to use contraception at first sexual intercourse.²⁷
- The older a teenager is at first intercourse, the more likely she or he is to use a contraceptive.²⁸

TEENAGERS' ATTITUDES TOWARD SEXUAL BEHAVIOR

- Most teenagers feel that 18 is approximately the right age for first intercourse.²⁹
- 41 percent of sexually active teens report that they were "about the right age" when they first had sexual intercourse.³⁰
- 54 percent of teens say that they "should have waited until they were older" to have intercourse.³¹
- 62 percent of girls said that they "should have waited" compared with 48 percent of boys.³²

- 46 percent of girls report that they "really feel good about their sexual experiences so far" compared with 65 percent of boys.³³
- 93 percent of teens say that they are comfortable with their sexuality.³⁴
- Teens seem to be divided on the subject of masturbation, with 43 percent agreeing that masturbation is an acceptable practice for teenagers and half (50 percent) disagreeing.³⁵

SEXUAL BEHAVIOR AND COERCION OR PRESSURE

- 69 percent of young women 15 to 19 years old reported that their first sexual experience was both voluntary and wanted.³⁶
- 7 percent of young women 15 to 19 years old reported that their first intercourse was not voluntary or wanted. Another 24 percent said that although their first sexual experience was voluntary, they did not want to have sexual intercourse when they did.³⁷
- 16 percent of women whose first intercourse occurred at age 15 or younger reported that intercourse was involuntary compared with 7 percent or less for those whose first intercourse occurred at age 16 or older.³⁸
- 11.8 percent of women 15 to 44 years old reported that they were forced to have sexual intercourse at some time before they were 18 years old.³⁹

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DECISION-MAKING TREE

Reproduced with permission of the Australian Council for Educational Research Limited,
Teaching Adolescents about Contraception, Mary Mannison and June Morris, 1991,
Australian Council for Educational Research Limited, Victoria, Australia, pp.128–9.

RATIONALE

This activity is designed to help participants understand the concept of decision-making and begin to use it to feel more in control of their actions. In addition, this activity will help adolescents look at ways to express themselves sexually without participating in sexual intercourse.

AUDIENCE

Junior and senior high school

TIME REQUIRED

One class period

GOALS

To help participants:

- Understand the concept of decision-making as it relates to their sexual behavior
- Identify other issues for which a decision-making tree may be useful
- Identify ways in which a couple can express themselves sexually, without participating in sexual intercourse
- Understand that they need to make good decisions in their own lives
- Understand that good sexual decision-making separates behaviors that are life-enhancing from those that are harmful to oneself or others

MATERIALS

- Newsprint and markers, or chalkboard and chalk

PROCEDURE

1 Have the participants sit in a semicircle.

2 Ask participants to list the decisions they have made so far today (For example, what to wear, what to eat). Ask who makes these decisions (themselves or someone

else). Explain that people make decisions all the time, often without thinking about them. Some decisions are easy to make; others are more complicated.

3 Introduce the decision-making tree by saying:

"This is a framework for making decisions at any time and for any problem. Today we are going to discuss decision-making about sexual behavior. Remember that everyone matures differently (both physically and socially) and that every person has a different family background that affects what they do sexually, and what they think about sexuality. Sexuality is a lifelong process. As we go through life, we change and make new decisions. A decision we make today may not be the same decision we would make at a different time in our lives."

4 Start by drawing a face. Fill in the rest of the chart as you ask the group for information. (Sample included for teacher's use.)

Decision One

Suppose you have a boyfriend or girlfriend and you are beginning to get sexual feelings when you are together. What decision are you facing?

Under the face on the chart write: "Will I become sexually involved?" Make a branch for "Yes" and a branch for "No."

Decision Two

If you decide to become sexually involved, your next decision is: "Can I become sexually involved without having sexual intercourse?"

Write "sexual intercourse?" Make a branch for "Yes" and one for "No."

Ask participants to generate a list of things that people can do sexually that do not involve sexual intercourse.

List these under the "No" branch.

Decision Three

If you are going to have sexual intercourse, you need to know what decisions you have to make.

List these under the “yes” branch.

3a. Will you protect yourself from STDs?

Under “No” make a list that includes “Become infected with an STD,” “Become seriously ill from an STD,” “Become infertile from an STD,” “Infect another person with an STD.”

Under “yes” make a list that includes “Use a condom,” “Do not have vaginal, anal, or oral intercourse.”

3b. Will you use contraception? (For heterosexual couples.)

Under “No,” make a list that includes “become a parent,” “have an abortion,” “put baby up for adoption.”

Under “yes,” list the methods of contraception from which you can choose.

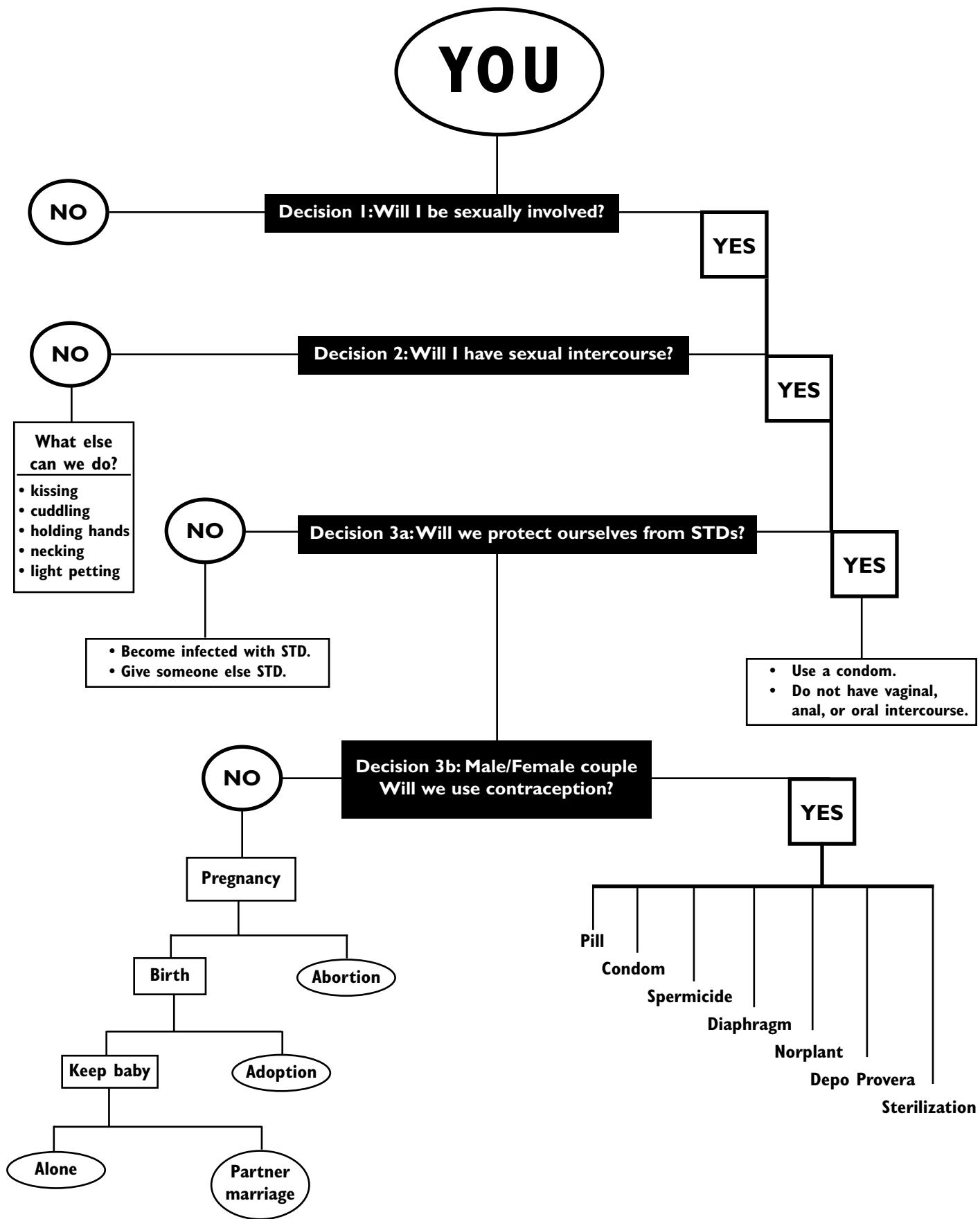
5 Process this activity by asking the following questions:

- How will discussions with your partner affect decisions and the outcomes?
- In what ways would these decisions differ at another time in a person’s life?
- Is not making a decision the same as *making* a decision? Why? Why not?
- How can people take more control of sexual decision-making?
- Can you think of using the decision-making tree to solve other issues or problems? What are they?

Note: The facilitator could expand this activity by using the suggestions of the class. Look at the examples generated in the discussion and expand on one or more. Have participants divide into small groups or, if time permits, do as a large group and make appropriate decisions.

- Decide to “go steady” (date one person exclusively). Flesh out the decisions from the attached tree.
- Decide whether—or how—to break off a relationship. Flesh out the decisions from the attached tree.
- Choose a method of contraception. Flesh out the decisions from the attached tree.
- Decide what to do if a partner won’t use a condom/let you use a condom. Flesh out the decisions from the attached tree.
- Decide how to handle an unplanned pregnancy. Flesh out the decisions from the attached tree.

DECISION MAKING TREE



A LESSON ON MASTURBATION

By Monica Rodriguez

RATIONALE

The following activity can be utilized to help students talk about the myths and stereotypes related to masturbation. This activity is designed to create an atmosphere where young people can feel more comfortable discussing masturbation and asking questions.

AUDIENCE

Senior high school

TIME

One class period

GOALS

To help participants:

- Define and acquire accurate information about masturbation
- Identify the myths and stereotypes associated with masturbation
- Discuss social, religious, and personal views on masturbation
- Understand that people hold different views about masturbation and that it is still controversial

MATERIALS

- Newsprint and markers, or chalkboard and chalk
- *Masturbation: True or False Worksheet*
- *On the Issue: In Support Worksheet*
- *On the Issue: In Opposition Worksheet*

PROCEDURE

1 Introduce the lesson by telling participants that they will discuss masturbation. Because masturbation is not often discussed in our society, some people find it embarrassing. Ask for reasons why it is difficult to discuss.

2 If appropriate, begin to define masturbation by having participants brainstorm words used for masturbation. Record each word on the newsprint labeled “Masturbation.” Encourage students to generate a large list. *Facilitator Note: This activity is intended as a quick icebreaker to assess student comfort level.* Process using these questions:

- Were there more words for male masturbation or female masturbation? Why?
- Does masturbation seem positive or negative based on the words? Give reasons to support positions.
- How would you define masturbation based on the words?
- Give a definition of masturbation. “Masturbation is touching and rubbing one’s own genitals to feel good.”

3 Explain to participants that they will spend some time thinking about some of the stereotypes and myths they have learned about masturbation and people who masturbate. Distribute *Masturbation: True or False Worksheet*. Give participants a few minutes to complete the worksheet individually.

Divide participants into groups of three to four and have them discuss their answers. They should try, as a small group, to reach consensus on each answer and state why they believe their answer is correct.

Bring the whole group back together and review the worksheet. Make certain you address the myths and stereotypes that participants have heard and/or discussed in their small groups and that you answer any questions that may arise. (The correct answers are 1-T, 2-T, 3-T, 4-T, 5-F, 6-T, 7-T, 8-F, 9-T, 10-T.)

4 Explain to the group that in 1994, Dr. Joycelyn Elders, the U.S. Surgeon General, was fired for comments that she made about masturbation. Explain that they will explore both sides of a debate on whether Dr. Elders should have been fired.

5 Divide participants into two groups and distribute the *On the Issue: In Support Worksheet* to half of the participants and the *On the Issue: In Opposition Worksheet* to the other half of the participants. Each group is to create a three- to five-sentence statement about the firing of Dr. Elders. Everyone must participate in writing the statement.

6 Give each group the opportunity to present its argument without interruption and with as many members of the group participating as possible. After both groups have made their argument, allow each to rebut. Continue until all points of the debate are satisfied.

7 Process the activity with some questions for the whole group:

- What was it like to defend a point of view that is different from your own?
- Did this exercise reinforce your point of view about Dr. Elders's comments? Did it challenge it? How?
- What did you learn from this experience?

8 Summarize by asking these questions:

- How do people develop their personal beliefs and feelings about masturbation?
- What facts should people learn about masturbation?
- Why is it important for people to learn about masturbation?

MASTURBATION: TRUE OR FALSE

Directions

Mark **T** next to the statements you think are true and **F** next to the statements you think are false.

- 1. Some boys and girls masturbate and others do not.
- 2. Masturbation is often the first way a person experiences sexual pleasure.
- 3. Many boys and girls begin to masturbate for sexual pleasure during puberty.
- 4. Masturbation does not cause physical or mental harm.
- 5. People masturbate only when they don't have a sexual partner.
- 6. Some families and religions oppose masturbation.
- 7. Masturbation, either alone or with a partner, is one way a person can enjoy and express her or his sexuality without risking pregnancy or an STD/HIV.
- 8. If a person is married, he or she no longer masturbates.
- 9. Masturbation may be an important part of a couple's sexual relationship.
- 10. Some people find that masturbation helps them learn about their own bodies.

ON THE ISSUE: IN SUPPORT

After a speech on “AIDS Prevention” at the United Nations on World AIDS Day in December 1994, Surgeon General Joycelyn Elders made a comment in support of teaching young people about masturbation as part of health education.

The original question and Dr. Elders’s response were:

Rob Clark, Society for the Psychological Study of Social Issues:

“It seems to me the campaign against AIDS has already destroyed many taboos about discussion of sex in public. It seems to me that there still remains a taboo against the discussion of masturbation. And please forgive me for trying to do my tiny bit by announcing that I masturbate. And I do want to ask you what do you think are the prospects of a more explicit discussion and promotion of masturbation?”

Surgeon General Elders:

“I think you already know that I’m a very strong advocate of a comprehensive health education program if you will, starting at a very early age. I feel that it should be age appropriate, it should be complete, and we need to teach our children the things that they need to know. And we know that many of our parents have difficulty teaching certain things. And for that reason, to make sure all of our children are informed, I’ve always felt that we should make it a part of our schools. I feel it’s the only institution we have where all of the children go. And at present in our schools, it’s very incomplete, and only five percent of schools have a comprehensive program.

As per your specific question in regard to masturbation, I think that it is something that is a part of human sexuality and it’s a part of something that perhaps should be taught. But we’ve not even taught our children the very basics. And I feel that we have tried ignorance for a very long time, and it’s time we try education.”

The statement caused such controversy that a few days later, President Clinton demanded that Dr. Elders hand in her resignation.

Write a three- to five-sentence statement **supporting** President Clinton’s decision to fire Dr. Elders. Prepare to defend your statement and to rebut opposing statements.

ON THE ISSUE: IN OPPOSITION

After a speech on “AIDS Prevention” at the United Nations on World AIDS Day in December 1994, Surgeon General Joycelyn Elders made a comment in support of teaching young people about masturbation as part of health education.

The original question and Dr. Elders’s response were:

Rob Clark, Society for the Psychological Study of Social Issues:

“It seems to me the campaign against AIDS has already destroyed many taboos about discussion of sex in public. It seems to me that there still remains a taboo against the discussion of masturbation. And please forgive me for trying to do my tiny bit by announcing that I masturbate. And I do want to ask you what do you think are the prospects of a more explicit discussion and promotion of masturbation?”

Surgeon General Elders:

“I think you already know that I’m a very strong advocate of a comprehensive health education program if you will, starting at a very early age. I feel that it should be age appropriate, it should be complete, and we need to teach our children the things that they need to know. And we know that many of our parents have difficulty teaching certain things. And for that reason, to make sure all of our children are informed, I’ve always felt that we should make it a part of our schools. I feel it’s the only institution we have where all of the children go. And at present in our schools, it’s very incomplete, and only five percent of schools have a comprehensive program.”

As per your specific question in regard to masturbation, I think that it is something that is a part of human sexuality and it’s a part of something that perhaps should be taught. But we’ve not even taught our children the very basics. And I feel that we have tried ignorance for a very long time, and it’s time we try education.”

The statement caused such controversy that a few days later, President Clinton demanded that Dr. Elders hand in her resignation.

Write a three- to five-sentence statement **opposing** President Clinton’s decision to fire Dr. Elders. Prepare to defend your statement and to rebut supporting statements.

DEAR DR. ALEX

By Elizabeth M. Casparian, Ph.D., and Eva S. Goldfarb, Ph.D.

RATIONALE

Participants have the opportunity to advise people in their own age group about coping with different sexual situations. This lesson is easily adaptable as a summary or introductory lesson on sexual health. It can also stand alone as a lesson on decision-making and problem-solving.

AUDIENCE

Junior and senior high school

TIME

One class period

GOALS

To help participants:

- Respond to a situation or problem faced by a person their own age, and give advice or suggestions for dealing with the situation
- Explore different ways of managing a problem

MATERIALS

- Paper
- Pencils
- Index Cards
- *Dear Dr. Alex Letters* (Cut out individual letters and paste onto index cards.)

PROCEDURE

1 Tell participants they have been chosen to answer the *Dear Dr. Alex* column for a school newspaper. As experts in sexual health, they are to give people advice to help them with their problem or situation.

2 Divide the participants into groups of three to four participants each. Hand a *Dear Dr. Alex* letter to each group. Some of these letters are only appropriate for an older group; carefully select the ones you use. (You may give each group the same or a different letter). Give the groups 10 minutes to develop a response.

3 After they have completed their responses, the groups should read their letters to the rest of the class.
a. If all groups have received the same letter, have each small group read their response. Provide time for feedback. Process the responses with the questions below. If time allows, give each small group a new letter. Repeat the process.

b. If each group received a different letter, have a group read its letter and response. Ask participants to share their thoughts/feelings. Ask the entire class to generate alternative responses. Process the responses with the questions below. Repeat this process for each letter.

4 Process using these questions:
• In what ways were the responses similar? Different?
• What are additional ways to deal with the situation?
• How do you know which solution to choose?
• What additional information might make it easier to make the decision?
• Would you personally take the advice you offered the writer? If not, what would you do?
• Do you make these types of decisions the same way you make other decisions? Why? Why not?

DEAR DR. ALEX LETTERS

Dear Dr. Alex:

I am a 15-year-old girl dating a 19-year-old guy. I am a virgin and my boyfriend wants me to have intercourse with him. He's really cool, and I think I love him. But I really wanted to be engaged or at least going steady before I had intercourse with someone. I'm afraid he'll break up with me if we don't start having intercourse soon. What should I do?

Innocent in Idaho

Dear Dr. Alex:

My girlfriend and I have been dating for about three months, and we are getting pretty close. I'd like to be more sexual with her, but she is afraid of getting pregnant or getting an STD. (I'm more experienced than she is, and I guess she's worried.) She says she'd be willing to do things that are "safe." What things are safe? How can we enjoy each other without risking pregnancy or disease?

Hot in Hawaii

Dear Dr. Alex:

I don't usually write letters like this, but I am confused. I'm a pretty attractive 16-year-old girl, and I have been dating this really great guy for about two months. We've kissed and held hands and stuff, but so far he hasn't tried to go any further, sexually. He seems to get excited when we are together, but it always stops. I'd like to have intercourse with him, but I think he might be gay. Why isn't he trying to get me to go to bed with him? I thought all guys were interested in sex all the time? What's wrong with him? Is it me?

Confused in Connecticut

Dear Dr. Alex:

I learned in my health class that masturbation is an Okay thing to do. I do it about once a week. The thing is, when I do it, I think about all kinds of stuff—sexual things I'm pretty sure I don't *really* want to do in real life. Is it normal to fantasize about things I wouldn't really do? Do I secretly want to do the things I'm thinking about? Does this make me abnormal in some way?

Nervous in Nevada

Dear Dr. Alex:

I'm a guy who has had a few sexual experiences with different girls—something that I want to keep doing. I want to make sure that I protect myself and my partners from getting pregnant or an infection. What are the best kinds of protection to use? How can I tell a girl that I want to be safe without having her think that I have a disease or something?

Safe in Savannah

Dear Dr. Alex:

I'm a 16-year-old girl with a big problem. For the last couple of years, I've been pretty sure that I'm a lesbian. I know my friends and family would just freak out if they knew, so I'm not out to anyone. I've even been dating the same guy for the last year as a cover. The problem is, he wants to have intercourse. But I just don't want to do it with him. I feel I need to keep my cover up until I go to college and can be myself. Until then, I just don't know what to say to him. Having intercourse with a guy just isn't what I'm into. What should I do?

Closeted in Colorado

Dear Dr. Alex:

I am 17-years-old and have been in a pretty serious relationship with this guy for the last six months. We have intercourse regularly, and we are very safe and responsible about it. My boyfriend is considerate and is interested in making sure I have a good time, but he also really likes to try new things. Lately he's been putting the pressure on pretty heavy for us to try oral sex. I just can't seem to get into it. I don't want to disappoint him or make him think I'm boring, but I don't think this is something I want to try. What should I do?

Cautious in California

SEXUAL BEHAVIOR IN OUR CULTURE

By Eva S. Goldfarb, Ph.D., and Elizabeth M. Casparian, Ph.D.

RATIONALE

This activity provides participants with the opportunity to look critically at all of the sexual behaviors they observe in a 24-hour period. It helps participants to expand their view of sexual behavior and to think about their own values in relation to the sexual behaviors of people of varying ages in varying settings.

AUDIENCE

Senior high school

TIME

One class period (plus homework assigned prior to this activity)

GOALS

To help participants:

- Broaden their awareness of sexuality and sexual behavior
- Expand their definitions of sexual behavior
- Understand their own values in relation to the sexual behaviors with which they are comfortable at different ages and in different settings

MATERIALS

- Newsprint and markers
- Masking tape
- *Sexual Behavior in Our Culture Worksheet*

PREPARATION

A few days before this activity is taught, the facilitator should introduce the topic by discussing the fact that sexuality is a part of our culture and that sometimes we are not aware of how many sexual images and messages we receive on a daily basis as we watch television, read advertisements, and listen to music. Ask participants to complete the *Sexual Behavior in Our Culture Worksheet* (which asks them to list all of the sexual behaviors that they observe in the next 24 hours and list where and when they saw the behavior). Schedule the following activity the day the homework is due.

PROCEDURE

- 1 Tell the group that they are going to discuss the theme that they began on the day the homework was assigned. Ask them to take out their homework where they observed sexual behavior.
- 2 Divide participants into groups of four to six students and give each group newsprint and markers. Ask them to make a list of all of the sexual behaviors they have observed as well as the context within which they observed them. Ask them to write this information on the newsprint.
- 3 After they have completed their lists, ask them to post them on the wall. Allow a few minutes for participants to read the lists composed by the other groups. Then begin a discussion by asking each of the groups to respond to these questions:
 - Which behaviors surprised you?
 - Which behaviors that you consider sexual are missing from this list?
 - Which behaviors are related to reproduction?
 - Which are related to pleasure?
 - Which behaviors made you uncomfortable?
 - How did you feel about the public nature of the behaviors?
 - In your view, what are the appropriate ages for these behaviors? (Infant, 8 years old, 14 years old, 16 years old, 20 years old, 50 years old, etc.)

Important points to bring out in this discussion are:

- Sexuality is all around us; it is pervasive.
- The expression of sexual behavior is used for a variety of purposes (for love, pleasure, or procreation; to sell a product; for exploitation, etc.) by different people. A single sexual behavior can have more than one purpose (pleasure and procreation for example).
- There is a broad range of behavior (hugging, sharing affection, holding hands) that is called sexual behavior.
- Point out that people with disabilities and gay couples are often ignored as sexual beings. Point out stereotypes that are related to the sexual behaviors of some racial minorities.

4 It is important that each person understands his/her own values as they relate to appropriate sexual behaviors at different ages, in public, and in private.

SEXUAL BEHAVIOR IN OUR CULTURE

Directions: In the first column, list all of the sexual behaviors that you observe in the next 24 hours. In the second column, list where and when you observed each behavior.

Sexual Behaviors That You Observed	Where and When You Observed The Behavior
(A man and a woman kissing.)	(Outside a restaurant, walking home from school.)

POLL YOUR PARENTS: A LESSON WITH PARENTS

By Eva S. Goldfarb, Ph.D., and Elizabeth M. Casparyan, Ph.D.

RATIONALE

This lesson is designed to help parents/guardians and children understand how their own family has developed its values about sexuality.

AUDIENCE

Junior and senior high school

TIME

- 20 minutes of class time
- One hour of homework with a parent/guardian

GOALS

To help participants:

- Begin to develop an understanding of their parents'/guardians' value system
- Understand how their parents'/guardians' value system shapes their own
- Understand how parents/guardians and children can increase communication and respect for each other

MATERIALS

- *Poll Your Parents Interview Worksheet*
- Pencils
- *Declaration of Completion*

PROCEDURE

1 Introduce this activity two or three days earlier to participants by explaining that most people develop their values about sexuality, at least in part, from their parents/guardians or other significant caretaking adults. How those adults learned about sexuality, what they believe about sexuality, and the messages they send about sexuality are important for their children to understand. This activity is designed to help young people understand what their parents/guardians believe and how it relates to their beliefs and values.

2 Distribute the worksheet and ask participants to take it home and complete it with one or both parents/guardians. Assure participants that it is confidential and they will only turn in a sheet verifying that they completed the assignment.

Note: Some young people may be unable to complete this assignment with their parent(s) or guardian(s). Allow young people the opportunity to complete the assignment with another trusted adult such as an aunt, uncle, sports coach, or a member of the clergy.

3 After participants have had a few days to complete the assignment, ask them to bring in their sheets and read them silently to themselves. Collect the *Declaration of Completion*. Use these questions to discuss the interviews:

- What was it like to interview your parent(s)/guardian(s)?
- Was anyone nervous? Were you more (or less) nervous than your parent(s)/guardian(s)?

- Were you surprised to hear how your parents/guardians learned about sexuality? Did they have sexuality education in their school? Could they have asked their parents (your grandparents) these same questions?
- Did you choose not to ask one of your parents/guardians, even if he/she was available?
- For those of you who interviewed both parents/guardians, did you find that it was easier with one than with the other?
- What did they say was appropriate sexual expression for someone your age?
- What happened when you asked them to answer the same question for the other gender? How did you feel about that answer?
- What are some ways that young people and their parents/guardians can respect each other's beliefs and values when they do not agree?

4 Use the last question to generate a list of things that participants can do to respect their parents/guardians as well as gain their respect.

5 Summarize by sharing that most parents'/guardians' values and beliefs are based on their own experiences, families' values, and religions. Parents/guardians love their children and want to pass along their beliefs and traditions. Young adults are often trying to learn who they are and what they believe. Young people and their parents/guardians may sometimes disagree, but mutual respect and communication can help.

POLL YOUR PARENTS INTERVIEW SHEET

Instructions

Using the following questions as a guide, interview one or both parents/guardians about how they learned about sexuality and how they feel about sexuality. Write brief answers. You will not hand in this assignment or share specific answers with your class. You will discuss aspects of the interview process in class.

- 1.** How did you learn about sexuality? Did you have sexuality education or family life education in your school? Who did you talk to about sexual issues? _____

- 2.** Did you like the way you learned about sexuality? What would you have wanted to be different? _____

- 3.** Where do you think your values about sexuality come from? How did you learn them? _____

- 4.** What do you think are appropriate forms of sexual expression for someone my age who is the same gender as me? _____

- 5.** What do you think are appropriate forms of sexual expression for someone my age who is not the same gender as me? _____

DECLARATION OF COMPLETION

We, the undersigned, completed the
Poll Your Parents: A Lesson with Parents
homework assignment.

Signed:

Participant

Parent/Guardian

Parent/Guardian

Date

ABSTINENCE • CONDOM USE • DIVERSITY
PREGNANCY OPTIONS • SAFER SEX • SEXUAL
BEHAVIOR • SEXUAL IDENTITY AND ORIENTATION
• SEXUALITY AND SOCIETY • ABSTINENCE
CONDOM USE • DIVERSITY • PREGNANCY
OPTIONS • SAFER SEX • SEXUAL BEHAVIOR
SEXUAL IDENTITY AND ORIENTATION • SEXUALITY
AND SOCIETY • ABSTINENCE • CONDOM USE
DIVERSITY • PREGNANCY OPTIONS • SAFER SEX
• SEXUAL BEHAVIOR • SEXUAL IDENTITY AND
ORIENTATION • SEXUALITY AND SOCIETY
ABSTINENCE • CONDOM USE • PREGNANCY
OPTIONS • SAFER SEX • SEXUAL
BEHAVIOR • SEXUAL IDENTITY AND ORIENTATION
• SEXUALITY AND SOCIETY • ABSTINENCE
CONDOM USE • DIVERSITY • PREGNANCY
OPTIONS • SAFER SEX

**SEXUAL IDENTITY
AND ORIENTATION**

SEXUAL IDENTITY AND ORIENTATION

Gay, lesbian, and bisexual people are at particular risk in our society. They are surrounded by images and references that imply the unacceptability of their own feelings and identity. Heterosexuality is simply taken for granted as “the way to be.” Many sexuality education curricula assume all students are heterosexual. When sexual orientations are considered, homosexuality is often the only one examined.

All young people benefit from learning about sexual orientation—their own and others. This education helps young people understand not only sexual development and orientation, but also the effect of stereotyping, homophobia, and prejudice on people’s lives.

The activities in this section are designed to help young people look at sexual orientation in a broad context; examine their beliefs and feelings about sexual orientation; consider what it might be like for a person who is growing up gay, lesbian or bisexual; and identify ways that an individual might cope with discrimination and obtain support.

WHAT THE GUIDELINES SAY ABOUT SEXUAL IDENTITY AND ORIENTATION:

Sexual Identity and Orientation Subconcept

As people grow and develop, they begin to feel romantically and sexually attracted to other people.

Elementary School

- Everyone is born a boy or a girl.
- Boys and girls grow up to be men and women.
- Human beings experience different kinds of loving.
- Most men and women are heterosexual, which means they will be attracted to and fall in love with someone of the other gender.
- Homosexuals are also known as gay men and lesbian women.

Upper Elementary School

- Sexual orientation refers to whether a person is heterosexual, homosexual or bisexual.

- A bisexual person is attracted to both men and women.
- Why a person has a particular sexual orientation is not now known.
- Homosexual, heterosexual, and bisexual people are alike except for their sexual attraction.
- Homosexual and bisexual people are often mistreated, called hurtful names, or denied their rights because of their sexual orientation.
- Some people are afraid to admit they are bisexual or homosexual because they fear they will be mistreated.
- Homosexual love relationships can be as fulfilling as heterosexual relationships.
- Gay men and lesbians can adopt children or have their own children.

Middle School/Junior High School

- Theories about what determines sexual orientation include genetics and prenatal influences, sociocultural influence, psychosocial factors, and a combination of all these factors.
- Homosexual couples behave sexually in many of the same ways as heterosexual couples.
- Many young people have brief sexual experiences (including fantasies and dreams) with the same gender, but they mainly feel attracted to the other gender.
- When a homosexual person accepts his/her sexual orientation, gains strength and pride as a gay or lesbian person, and tells others, it is known as “coming out.”
- Talking about feelings about sexual orientation can be difficult.
- ”Coming out” can be difficult because people fear negative reactions.
- Some people feel attracted to both men and women.
- Every culture and society has some people who are homosexual.
- People do not choose their sexual orientation.
- Sexual orientation cannot be changed by therapy or medicine.
- Understanding one’s sexual orientation can be difficult.

- Gay men, lesbian women, and bisexuals can lead fulfilling lives.
- Gay men and lesbian women can establish lifelong committed relationships.
- Some religious groups oppose homosexuality.
- People's beliefs about homosexuality are based on their religious, cultural, and family values.

High School

- Sexual orientation is determined by a combination of a person's attractions, fantasies, and behavior.
- Gender identity is determined by a person's feelings of maleness or femaleness.
- The understanding and identification of one's sexual orientation may change during life.

- Some people who engage in same gender sexual behavior do not identify as bisexual, gay, or lesbian.
- Teenagers who have questions about their sexual or gender orientation should consult a trusted and knowledgeable adult.
- Family members, teachers, guidance counselors, physicians, religious leaders, and gay and lesbian community centers may offer support and resources for young people who have concerns about their sexual or gender orientation.
- The telephone number of the gay and lesbian center in this community is _____.

GAY, LESBIAN, AND BISEXUAL ADOLESCENTS FACT SHEET

SEXUAL SELF-CONCEPT, ORIENTATION, AND IDENTITY

- Sexual self-concept, which develops during adolescence, is an individual's evaluation of his or her sexual feelings and actions.¹
- Forming a sexual identity is a key developmental task of adolescence.²
- Sexual orientation describes one's erotic, romantic, and affectional attraction to the same gender, the opposite gender, or to both.³
- Gender identification includes understanding that one is male or female and the roles, values, duties, and responsibilities of being a man or a woman.⁴

SEXUAL ORIENTATION DURING ADOLESCENCE

- In a large-scale study of Minnesota junior and senior high school students, 88.2 percent described themselves as predominately heterosexual, 1.1 percent said they were either bisexual or predominately homosexual, and 10.7 percent were unsure of their sexual orientation.⁵
- Uncertainty about sexual orientation declined with age, from 25.9 percent of 12-year-old students to 5 percent of 17-year-old students.⁶
- 20 percent of self-identified gay and bisexual men surveyed on college campuses knew that they were gay or bisexual in junior high school and 17 percent said they knew in grade school.⁷
- 6 percent of self-identified gay or bisexual women surveyed on college campuses knew that they were gay or bisexual in junior high school, while 11 percent knew in grade school.⁸

GAY, LESBIAN, AND BISEXUAL STUDENTS

- One in five high school health teachers surveyed said that students in their classes often used abusive language when describing homosexuals.⁹

- A national study of secondary school counselors' perceptions of adolescent homosexuals found that 25 percent perceived that teachers exhibited significant prejudice toward homosexual students, and 41 percent believed that schools were not doing enough to help gay and lesbian students adjust to their school environments.¹⁰
- One third of high school health teachers perceived the schools were not doing enough to help homosexual adolescents.¹¹
- In a study of gay and lesbian adolescents 14 to 21 years old, 23 percent of females and 25 percent of males reported that they were able to talk with their school counselors about their sexual orientation.¹²

SUPPORT FOR GAY, LESBIAN, AND BISEXUAL ADOLESCENTS

- A 1988 national survey of heterosexual male youths age 15 to 19 years old found that only 12 percent felt that they could have a gay person as a friend.¹³
- In a 14-city survey, nearly three-fourths of lesbian and gay youth first disclosed their sexual identity to friends. Forty-six percent lost a friend after coming out to her or him.¹⁴
- Less than one in five gay and lesbian adolescent students surveyed could identify someone who was very supportive of them.¹⁵

TEACHING ABOUT SEXUAL ORIENTATION

- 46 percent of a random sample of high school health teachers formally taught about homosexuality. Among those teachers, 48 percent spent less than one class period teaching about homosexuality.¹⁶
- 37 percent of high school health teachers reported that they would feel very comfortable teaching about homosexuality, 20 percent believed that they also would be very competent.¹⁷

- 66 percent of high school health teachers identified mass media as the most commonly used source of information regarding homosexuality.¹⁸
- In a self-reported study, 62 percent of health and education professionals stated that they needed to update their knowledge or skills to discuss or teach homosexuality and bisexuality.¹⁹
- Sexual identity and orientation are included in 13 state curricula on sexuality education.²⁰
- In one study of gay and lesbian adolescents age 14 to 21 years old, half of the students said that homosexuality had been discussed in their classes, and 50 percent of the females and 37 percent of the males said it was handled negatively.²¹

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TOWARD UNDERSTANDING... SOME OF US ARE LESBIAN OR GAY

Adapted with permission from Peggy Brick, *Teaching Safer Sex*, Planned Parenthood of Greater Northern New Jersey.
For information about this and other related materials, call 201/489-1265.

RATIONALE

This activity attempts to sensitize participants to the difficulties society imposes on gay and lesbian youth and provides participants who have questions about sexual orientation with suggestions for finding support for themselves.

AUDIENCE

Senior high school

TIME

One class period

GOALS

To help participants:

- Evaluate the messages they have received about homosexuality and about people who are lesbian/gay
- Consider the impact that being lesbian/gay has on the life of a person growing up in this society
- Identify ways that a person who is lesbian/gay could find support

MATERIALS

- 5" x 8" file cards
- Pens and pencils

PROCEDURE

- 1 Explain that sexuality education classes often proceed as if everyone in them were heterosexual. This activity is designed to give all of us a chance to think about the fact that some people are homosexual (attracted to people of the same gender) or bisexual (attracted to people of both genders).

- 2 Distribute a 5" x 8" card to each participant.

Explain that what they write on this card is confidential. They will not need to show the card to anyone unless they choose to do so. They will answer some questions on the card and will then have a chance to talk about the questions. They will talk only if they wish to and only about what they themselves choose to discuss.

- 3 Draw a large rectangle on the board. Read each question aloud. At the same time, put the question on the board in the place representing the place on the card where students should put their answers. Suggest they answer quickly. The first ideas that come to their minds are the ones that best reflect their real feelings.

- 4 Read the questions. Watch for students to finish writing their answers on their cards before reading the next question.

- a. What are the first three words that come to your mind when you hear the word *homosexual*?
- b. Think back as far as you can. What were the *major messages* you received about homosexuals/homosexuality? Can you remember any particular incidents? List three "messages."
- c. What are three ways you think life is different for people who are homosexual or bisexual?
- d. What are three major concerns you would have if someone close to you confided that s/he is lesbian/gay.
- e. What are three ways people who are, or who believe they may be, gay or lesbian, can find support?

At the conclusion, the board will look like this:

3 WORDS ABOUT HOMOSEXUALITY

1. _____
2. _____
3. _____

3 MESSAGES YOU RECEIVED
ABOUT HOMOSEXUALITY

1. _____
2. _____
3. _____

3 WAYS LIFE IS DIFFERENT FOR PEOPLE
WHO ARE HOMOSEXUAL/BISEXUAL

1. _____
2. _____
3. _____

3 WAYS GAY/LESBIAN YOUTH
CAN FIND SUPPORT

1. _____
2. _____
3. _____

3 CONCERN IF SOMEONE TOLD YOU
THEY WERE GAY/LESBIAN

1. _____
2. _____
3. _____

5 Divide participants, at random, into groups of four. Explain they will have 10 minutes to discuss any parts of the exercise they choose. Remind them:

- a. *No one* has to talk unless they wish to.
- b. Everyone should have a chance to speak.
- c. Listen actively to each other.

6 After 10 minutes, give a two-minute warning. Then call participants back together.

7 Write “I learned that...” on the board and ask participants to turn their cards over and complete the sentence three times by writing what they learned.

8 Ask for volunteers to read one of their “I Learned” statements. Explain that there will be no discussion of their responses.

9 Ask for ways youth who are gay/lesbian can find support. List these suggestions on the board. Ask participants which of these resources they think would be most helpful and why. Have hotline numbers and community resources ready; if policies permit, write them on the board.

HETEROSEXUALS IN AN ALIEN WORLD

Reprinted and adapted with permission from *Teaching about Sexuality and HIV: Principles and Methods for Effective Education* by Evonne Hedgepath and Joan Helmich, New York University Press.

RATIONALE

The purpose of this activity is to increase empathy for people who are discriminated against because of their sexual orientation. While gaining empathy, participants are encouraged to compile strategies that gay, lesbian, and bisexual groups, as well as other people who are discriminated against, have used throughout history.

AUDIENCE

Junior and senior high school

TIME

One class period

GOALS

To help participants:

- Increase their empathy for homosexual, bisexual, and transgendered people
- Devise strategies that people who are discriminated against could use to survive

MATERIALS

- *Heterosexuals in an Alien World: A Guided Imagery*
- Newsprint and markers
- Masking tape

PROCEDURE

- 1 Introduce the activity by saying that the group is going to imagine what it's like as a member of a group that is often discriminated against in our society. Divide participants into small groups of five to six.

Invite the students to relax, close their eyes, and listen to the scenario you are going to read. Ask them to concentrate on breathing deeply and fully and encourage them to concentrate on what you are saying.

Instruct participants that everyone is to operate as though they are heterosexual. Read *Heterosexuals in an Alien World: A Guided Imagery* aloud. Read it slowly, allowing time for participants to think about what it would be like in this new world.

2 After reading the guided imagery, allow participants to sit for a minute and think about the situation. When they are ready, they may open their eyes. Ask participants to share one word that describes how they feel. Ask them to brainstorm strategies in their small groups that they, as heterosexuals, can use to deal with this oppression. Ask them to make a list on newsprint. The question to consider is:

- How will you continue to function as persons who are heterosexual and still live in this society?

3 Have groups post their strategy lists. Ask one person from each group to read (and explain) each of their strategies.

4 After each group has read its list, process the activity with the following questions:

- What was the most difficult or most uncomfortable part of this exercise?
- What was the easiest or most comfortable part of this exercise?
- Was anyone surprised by anything he/she heard, thought, or said?
- How would the strategies you listed make your life better?
- How might the strategies fall short?
- How does this relate in real life to people whose sexual orientations are not the majority in this society?

HETEROSEXUALS IN AN ALIEN WORLD: A GUIDED IMAGERY

Imagine, if you will, that it is a year sometime in the distant future on the planet Earth. We have survived the age of AIDS, but not without significant loss of life and radical effects on our society. Heterosexuals, who were disinclined initially to believe the extent of the threat or to alter their behaviors accordingly to avoid contracting the virus, have seen their numbers dwindle drastically. Homosexuals, initially hard-hit by the virus, responded rapidly and effectively to educational efforts to prevent contracting the disease and have seen their numbers restabilize and, over the years, even grow to outnumber heterosexuals.

Advances in technology have separated the procreative function from sexual relations, through *in vitro* fertilization and successful incubation of infants outside the womb, leading to a predominance of artificially conceived and incubated humans. As a result of these and other monumental changes, homosexuality has regained its early historical status as the highest form of love, and heterosexuals (many of whom still reproduce through natural means) now represent an oppressed and defiled minority, derogatorily referred to as “breeders.” Religious teachings have been reinterpreted to cast aspersions on the heterosexual orientation as “unnatural and immoral.” Legalized discrimination and acts of hatred and violence toward heterosexuals have become commonplace.

Heterosexual marriages have been outlawed. Mixed-gender couples cannot obtain health insurance for their partners, are not allowed to visit their other gender partner in the hospital when visits are restricted to immediate family, and are not allowed in many parts of the country to become the legal parents of any offspring they may produce.

In some states, “heterosexual intercourse” and other sexual behaviors in which primarily heterosexuals engage, are considered depraved and are outlawed. A man or woman can be fired from his/her job if it becomes known that he/she is straight. Although technically protected from job discrimination based on their sexual orientation, straights are routinely discriminated against with very little relief available from the legal system. In large cities as well as small suburbs, “breeder bashing,” or beating up of people who look “straight” is on the rise.

EXPLORING SEXUAL ORIENTATION

by Patricia Barthalow Koch, Ph.D.

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RATIONALE

When sexual orientations are considered, homosexuality is often the only one examined, reinforcing the idea that being gay/lesbian is “different” while heterosexuality is taken for granted as “the way to be.” This activity fosters increased learning and understanding about sexual orientation.

AUDIENCE

Senior high school

TIME

One class period

GOALS

To help participants:

- Gain more information about sexual orientation, while recognizing there is a lack of knowledge in this area
- Uncover misconceptions and stereotypes about sexual orientation
- Explore one’s own feelings, beliefs, and values about sexual orientation
- Understand other people’s points of view, attitudes, and values
- Develop an ability to empathize with others

MATERIALS

- *Questions for Exploring Sexual Orientation Worksheet*
- Pens and pencils
- Paper

PROCEDURE

- 1 Introduce the activity by saying that the group is going to talk about sexual orientation. Many times when the issue is addressed, only homosexuality is discussed. This reinforces the idea that homosexuality is “different” or “abnormal,” and that heterosexuality is

simply taken for granted as “the way to be.” By turning the tables on the discussion, we can learn and understand more about sexual orientation in general.

2 Distribute the *Questions for Exploring Sexual Orientation Worksheet*. Tell participants that they are to think about the questions and write down their thoughts and feelings to each question on a separate sheet of paper. (Allow for ample time during the session to complete the exercise.) Assure students that they will not have to share their answers to any of the questions unless they want to do so.

3 Bring participants together into a large group. Process with the group by asking these questions:

- What was the hardest part of this exercise? The easiest?
- Did your responses to any of the questions surprise you?
- What are some of the myths or stereotypes implied by the questions? Are these myths/stereotypes usually about heterosexual or gay and lesbian people? Why do you think that is?
- Many of the questions are commonly asked of gay and lesbian people, but rarely of heterosexuals. What was it like to have the questions asked about heterosexuals? How would your answers have been different if the questions were about gay and lesbian people?

Be sure to explore the following concepts in the discussion:

- Little is known about the cause(s) or development of any sexual orientation. Theories about what determines sexual orientation include physical factors such as genetics and prenatal influences, sociocultural influence, psychosocial factors, and a combination of all these factors.
- People, regardless of their sexual orientation, share more similarities than differences.
- There are many more dimensions to a person than his/her sexual orientation.
- Stereotyping or labeling is unfair and harmful.
- All people should receive fair and equal treatment.

QUESTIONS FOR EXPLORING SEXUAL ORIENTATION

- 1.** Define heterosexuality.
- 2.** How can you tell if someone is heterosexual (straight)?
- 3.** What causes heterosexuality?
- 4.** It is possible that heterosexuality stems from a neurotic fear of others of the same gender?
- 5.** The media seems to portray straights as preoccupied with sexual intercourse. Do you think so?
- 6.** Do you think straights flaunt their sexuality? If so, why?
- 7.** Who assumes the dominant role and who assumes the passive role in a straight relationship?
- 8.** 40 percent of married couples get divorced. Why is it so difficult for straights to stay in long-term relationships?
- 9.** Considering the consequences of overpopulation, could the human race survive if everyone were heterosexual?
- 10.** 99 percent of reported rapists are heterosexual. Why are straights so sexually aggressive?
- 11.** The majority of child molesters are heterosexuals. Do you consider it safe to expose children to heterosexual teachers, scout leaders, and coaches?
- 12.** Are you offended when a straight person of the other gender “comes on” to you?
- 13.** When did you choose your sexual orientation?
- 14.** How easy would it be for you if you wanted to change your sexual orientation starting right now?
- 15.** What have been your reactions to answering these questions? What feelings have you experienced? Why?

SOME OF YOUR BEST FRIENDS ARE

By Elizabeth M. Casparian, Ph.D., and Eva S. Goldfarb, Ph.D.

RATIONALE

This activity is designed to introduce young adults to sexual orientation from a new perspective.

AUDIENCE

Junior and senior high school

TIME

15 minutes

GOALS

To help participants:

- Identify how their perceptions of people important to them are affected by that person's sexual orientation

MATERIALS

- Paper/index cards
- Pencils

PROCEDURE

1 Introduce the activity by explaining that having role models and people in our lives for whom we have respect and admiration is important for all people. Children, adolescents, and adults need to have friends, colleagues, and associates from whom they can learn and with whom they can share their ideas and concerns. Sometimes these people are like us and sometimes they are very different from us. Often we only know one aspect of who they are because we may not interact with them on personal, social, and professional levels. In this activity, we will look at how we feel about people we respect from a variety of perspectives.

2 Distribute paper and pencils to participants and ask them to make a list of five people they respect or admire. The people on the list can be people they know personally and/or celebrities or people they have read about or heard about. Next to each name on their list have participants write down one reason why they respect or admire that person. (5 minutes)

3 Ask participants to read one person from their list and briefly tell what they admire about that person.

4 Now ask participants to think about the sexual orientation of each person on the list. (Some students may find this uncomfortable.) Suppose that it turned out that some of the people on the list had a sexual orientation different from what you had assumed. For example, someone you had always assumed was lesbian, gay, or bisexual is really heterosexual and someone you had always assumed was heterosexual is really gay, lesbian, or bisexual.

Some students will have parents on their list.

Acknowledge that some parents do come out to their children and some students may have gay parents.

5 Have the participants review their lists and think about these questions and discuss their responses:

- In what ways does a person's sexual orientation have an impact on how you feel about them? Respect them? Admire them?
- Does it depend how close you are to the person?
- Was their sexual orientation part of why they were on your list?
- Does a change in their sexual orientation make them more or less capable of earning your respect or admiration? (You might respect a gay or lesbian person for having the courage to be "out" to family and friends if it turned out that person was heterosexual, you may not feel the same about him or her. If you are heterosexual and your partner of the other gender was on your list because you respect and admire him/her, finding out that they were gay or lesbian might change the way you feel about that person.) What would you do if your best friend told you he/she were gay?
- In what other situations might sexual orientation change your respect or admiration for a person?
- Does sexual orientation change the reason or characteristics you listed for why you respect or admire the people on your list? If so, how?
- Why are some people opposed to people who are not heterosexual? How do you feel about this?

SEXUAL ORIENTATION: A LESSON WITH PARENTS

By Eva S. Goldfarb, Ph.D., and Elizabeth M. Casparyan, Ph.D.

RATIONALE

This activity provides an opportunity for young people to talk with their parents/guardians about homosexuality and to begin discussing a controversial subject.

AUDIENCE

Senior high school

TIME

- 30 minutes at home
- 30 minutes class time

GOALS

To help participants:

- Discuss the issue of sexual orientation—specifically homosexuality and bisexuality—with their parents/guardians
- Learn about the values and beliefs their parents/guardians have about sexual orientation
- Identify the degree to which their feelings about sexual orientation are similar to or different from those of their parents/guardians

MATERIALS

- *Sexual Orientation: An Interview with Your Parents Worksheet*
 - *Declaration of Completion*
-

PROCEDURE

- 1 Three days before class, introduce the activity by saying that most people believe they know how their parents/guardians feel about various sexual issues. Most parents/guardians also believe their teenage children know how they (the parents/guardians) feel about these issues, even though they might not have discussed them.

Most young people are influenced by their parents'/guardians' beliefs or values about sexuality. Sometimes, however, parents/guardians are not sending the messages they think they're sending.

- 2 Hand out the *Sexual Orientation: An Interview with Your Parents Worksheet* and ask participants to take it home and complete it with one or both parents/guardians. Explain that the assignment is designed to get responses from parents/guardians on sexual orientation. Encourage them, if they feel they can, to share with their parents/guardians their own responses to the questions.

Note: Some young people may be unable to complete this assignment with their parent(s) or guardian(s). Allow them the opportunity to complete the assignment with another trusted adult such as an aunt, uncle, sports coach, or member of the clergy.

- 3 After participants have had a few days to complete the assignment, ask them to bring in their sheets and read their interviews silently to themselves. Collect the *Declaration of Completion*. Use these questions to discuss the interview sheets.

- What was it like to conduct this interview?
- Was anyone nervous? Were you more (less) nervous than your parent(s)/guardian(s)?
- Did any of you choose not to ask questions of one parent/guardian even if she/he was available?
- For those of you who interviewed both parents/guardians, who was easier to interview about sexual orientation?
- Was anyone surprised by their parents'/guardians' answers? If so, what surprised you?
- In general, did you find your own beliefs and values similar to or different from your parents'/guardians'?

SEXUAL ORIENTATION: AN INTERVIEW WITH YOUR PARENTS

Instructions

Using the following questions as a guide, interview one or both of your parents/guardians about their values and beliefs regarding sexual orientation. Write their answers below. You will not hand in this assignment or share it with the class. You will only share what it was like to conduct the interview.

"This is a homework assignment from _____ class. The answers will remain confidential. We will not report them to the class. You will, however, sign a form stating that we completed the assignment together. It is about sexual orientation and its relationship to heterosexual (straight), homosexual (gay/lesbian), and bisexual people."

1. When you were growing up, what messages did you receive about homosexuality? _____

2. What messages did you receive about heterosexuality? _____

3. Were your values about sexual orientation the same as or different from those of your parents/guardians? How so? _____

4. Do you know anyone who is gay, lesbian, or bisexual? _____

5. If you do know someone who is gay, lesbian, or bisexual, do you think their sexual orientation makes a difference in our family's relationship to her/him? _____

6. What does our religion say about homosexuality? _____

7. How do you think most of your friends would feel if they discovered that their son or daughter was gay, lesbian, or bisexual? What would they do? _____

8. What would you suggest to a teenager who thinks she or he might be gay, lesbian, or bisexual? _____

9. What do you think a teen or an adult should do if they hear a person criticizing someone who is gay, lesbian, bisexual or someone who is thought to be gay, lesbian, bisexual _____

DECLARATION OF COMPLETION

We, the undersigned, completed the
Sexual Orientation: A Lesson with Parents
homework assignment.

Signed:

Participant

Parent/Guardian

Parent/Guardian

Date

ABSTINENCE • CONDOM USE • DIVERSITY
PREGNANCY OPTIONS • SAFER SEX • SEXUAL
BEHAVIOR • SEXUAL IDENTITY AND ORIENTATION
• SEXUALITY AND SOCIETY • ABSTINENCE
CONDOM USE • DIVERSITY • PREGNANCY
OPTIONS • SAFER SEX • SEXUAL BEHAVIOR
SEXUAL IDENTITY AND ORIENTATION • SEXUALITY
AND SOCIETY • ABSTINENCE • CONDOM USE
DIVERSITY • PREGNANCY OPTIONS • SAFER SEX
• SEXUAL BEHAVIOR • SEXUAL IDENTITY AND
ORIENTATION • SEXUALITY AND SOCIETY
ABSTINENCE • CONDOM USE • DIVERSITY
PREGNANCY OPTIONS • **SEXUALITY
AND SOCIETY**
BEHAVIOR • SEXUAL IDEAS
• SEXUALITY AND SOCIETY • ABSTINENCE
CONDOM USE • DIVERSITY • PREGNANCY
OPTIONS • SAFER SEX •

SEXUALITY AND SOCIETY

Society has an enormous impact on how and what people learn about sexuality. This learning is also influenced by family and culture. In a pluralistic society like the United States, young people receive messages about sexuality from many different sources. Sometimes these messages are confusing and conflicting.

Young people benefit from analyzing both the sources and the content of these messages. They need support in learning to be respectful of the diversity of opinions that exist about sexuality issues, and they need guidance from the adults in their lives on examining the different messages they receive to help them determine their own thoughts, beliefs, and values. Learning to communicate about sexuality issues with others, to respect differing opinions, and to learn how these influences affect individual choices and decisions are important for sexual health.

The activities in this unit encourage participants to think about values and ideas about sexuality and gender and how these values and ideas may have been shaped. They also include opportunities to compare their views with others and to practice communication skills.

WHAT THE GUIDELINES SAY ABOUT SEXUALITY AND SOCIETY:

Sexuality and Society Subconcept

Society influences what people believe and how they feel about sexuality.

Middle School/Junior High School

- In the United States, people from many different cultural backgrounds have a wide range of views about sexuality.
- In a pluralistic society, the individual's right to hold different opinions is valued.
- Holding values which are different from one's family and culture is often difficult.
- American societal messages about sexuality are often confusing and contradictory.
- Messages received about sexuality from one's home and culture may be different than the general societal messages.

- In most schools, there are unwritten norms about sexuality for teenagers.
- Individuals need to examine messages received from different sources and establish guidelines for their own behavior.

High School

- Understanding the diversity of views about sexuality is important.
- Because of the wide range of sexual values and beliefs, people need to communicate their views to their friends and partners in order to negotiate behaviors that are acceptable.

Gender Roles Subconcept

Cultures teach what it is to be a man or a woman.

Elementary School

- Girls and boys and men and women are capable of doing the same jobs.
- Boys and girls can do the same chores at home.
- Both mothers and fathers have important roles as parents/
- Boys and girls have many similarities and a few differences.
- Almost all adult jobs and careers are open to men and women.
- People often expect boys and girls to behave in a certain way.

Upper Elementary School

- Believing that all boys or all girls are or should be alike is a stereotype.
- Boys and girls share equal talents, characteristics, strengths, and hopes for their future.
- Individuals have different talents, strengths, and hopes for their future.
- Boys and girls receive messages about how they should behave from their family, friends, the media, and society.
- People often expect boys and girls to behave stereotypically.

- Some families have different expectations for their boy and girl children.
- Girls and boys can be friends and respect each other.
- Sometimes girls and women receive unequal or negative treatment because they are female.
- Certain laws and rules protect women's and men's rights.

Middle School/Junior High School

- Attitudes about proper behaviors for men and women differ among families, cultures, and individuals.
- Accepting gender role stereotypes can limit a person's life.
- Young women and young men should be given the same opportunities.
- Laws protect a young woman's or young man's rights to hold jobs and be paid fairly.
- Both boys and girls can begin to show they would like to date a person.
- In some families and cultures, there is a double standard about sexual practices.

High School

- Individuals can make their own choices about appropriate roles for themselves as men and women.
- Gender role stereotypes are harmful to both men and women.
- Sexual harassment is harmful to both men and women.
- Some people are still denied equal treatment on the basis of gender even though laws prohibit this.
- Gender role stereotypes can lead to such problems as low aspirations, low paying jobs, sexual harassment, date rape, and stress-related illnesses.

Sexuality and the Media Subconcept

The media have a profound effect on sexual information, values, and behavior.

Elementary School

- Some of the material on television, in the movies, in books and magazines, on radio, and on the Internet is true and some is not.

- Some commercials try to make people and things look different and better than they really are.
- Some television programs, movies, and computer forums are not appropriate for young children.

Upper Elementary School

- People can refuse to watch, read, and/or listen to anything that offends them.
- Parents have the right to determine what is appropriate viewing material for their own children.
- No one really looks as perfect in real life as certain actors and actresses appear in the media.
- The media often present an unrealistic image of what it means to be male or female, what it means to be in love, and what parenthood and marriage are like.
- The media sometimes negatively portrays certain cultural groups.
- The media can influence the way people think and behave.
- A parent or trusted adult can help when media messages are confusing.

Middle School/Junior High School

- Media usually does not portray sexuality realistically.
- The media sometimes portrays stereotypes about the sexuality of certain cultural groups.
- The media sometimes portrays stereotypes about men and women.
- Sometimes television shows and movies provide positive models of relationships and sexuality.
- Soap operas and talk shows may give inaccurate and unrealistic information and portrayals of sexuality.
- Real relationships require more effort than is often portrayed in the media.
- Teens and adults have a responsibility to help younger children avoid or deal effectively with negative media influences.
- Communicating one's reactions to the media about the portrayal of sexual issues is important.

GENDER ROLE STEREOTYPES — WHERE DO I FIND THEM?

Adapted and reprinted with permission from John Forliti, et al, *Human Sexuality: Values & Choices*, Search Institute.

RATIONALE

By combining homework and classroom discussion, this activity is designed to provide participants with opportunities to learn about gender role stereotyping. By using examples from their own lives, gender role stereotyping can be better understood.

AUDIENCE

Junior and senior high school

TIME

- One class period (plus five minutes during an earlier class)
- Time at home to complete the activity

GOALS

To help participants:

- Define and understand gender role stereotyping and its impact on the lives of people they know
- Understand that gender role stereotyping exists in many areas of our lives
- Begin to develop strategies for reducing the negative impact of gender role stereotyping by being sensitive to it and knowing how to handle it

MATERIALS

- *Gender Role Stereotypes: Where Do I Find Them? Homework Sheet*

PREPARATION

At the end of a class meeting, save five minutes to do the brief brainstorming activity and then give the handout and instructions as a homework assignment. Participants should have at least two nights to complete the assignment.

PROCEDURE

PART 1

- 1 Ask participants to brainstorm the answer to the question “What is gender role stereotyping?” Ask them to explain what it means when someone makes a sexist comment or a sexist joke. Allow several people to answer. Clarify a definition that includes the following concept:

Gender Role Stereotyping is when women and men are assumed to think, behave, or feel a certain way simply because of their gender. These assumptions are usually stereotypes and generalizations that are limiting and damaging to both women and men.

- 2 Explain that they will spend time looking for instances of gender role stereotyping in their daily lives. Distribute the homework sheet and explain that they will need to complete it and report their findings to the class. Have them write the definition of *gender role stereotyping* at the top of the sheet so that they can refer to it while completing the assignment. Tell them when the assignment will be due.

PART 2

- 1 Ask the participants to take out their homework sheets.
- 2 Beginning with the first question, ask several of the participants to describe what they learned from a female adult. Ask male participants to describe what they learned from females. Ask female participants to describe what they learned from males.
- 3 Ask several volunteers to share what they found in Question 2. Pass around magazine ads or other print material people have brought in.

4 Ask volunteers to share what they learned in Question 3.

5 Use the following questions to discuss the first three questions:

- What impact did gender role stereotyping seem to have on the adult women's lives? Did gender role stereotyping have the same or different effect on adult men's lives?
- Is gender role stereotyping diminishing or is it still strong?
- Which was easier to find: the stereotypical media portrayals or the nontraditional ones?
- Did the nontraditional roles make fun of the fact that the men or women were behaving nontraditionally, or was it taken seriously?
- How do you feel when you see gender role stereotyping on TV or in magazines? Had you noticed it before?

6 Ask participants to share some of their answers to the Question 4. Process this discussion with these questions.

- How do you feel when you hear gender biased comments at school?
- Do teachers ever reinforce gender role stereotypes?
- Are men ever gender role stereotyped? Is it less common or does it seem to be less harmful to men?
- What do you do when someone makes a gender biased comment? What do you want to do? What can you do?
- Can we think how we might reduce gender role stereotyping in our own lives?

7 Summarize by saying that gender role stereotyping affects all of us. When people's potentials are limited and their self esteem destroyed by assumptions and stereotypes, everyone loses. Men and women need to be able to work and learn in ways that treat people as individuals, respecting differences that are based on reality and not on stereotyping. When we can recognize gender role stereotyping and learn how to explain to others how harmful it is, we begin to make a difference in how men and women are treated.

GENDER ROLE STEREOTYPES: WHERE DO I FIND THEM? HOMEWORK SHEET

Instructions

Using the definition of gender role stereotyping discussed in class, complete these questions. You will report some of your answers and/or share some of your findings with the rest of the class.

Write down the class definition of gender role stereotyping:

- Ia.** Ask a female adult (a parent, teacher, relative) to tell you about a time when she was treated unfairly in school or at work because she is female. Describe the situation. _____

- Ib.** Ask a male adult (a parent, teacher, relative) to tell you about a time when he was treated unfairly in school or at work because he is male. Describe the situation. _____

- 2.** Find examples (stories, TV shows, magazine ads) that show men doing things that are traditionally women's roles, and find examples of women filling traditional men's roles. Bring them to class or describe them here. _____

- 3.** Describe one TV commercial or magazine ad that assumes women do housework while men have jobs outside the home. How do these assumptions show gender bias to both men and women? _____

- 4.** Write one thing you have heard people in your school say (in the halls, in class) that you think discriminates against or "puts down" either boys or girls. _____

ADVANTAGES AND DISADVANTAGES OF BEING FEMALE AND MALE

Adapted from a lesson by Konstance McCaffree, Ph.D.

RATIONALE

This activity helps young people explore the assumptions and misconceptions they have of the other gender and that exist about their own gender. It also promotes practice in communicating with others about gender and relationships.

AUDIENCE

Junior and senior high school

TIME

One class period

GOALS

To help participants:

- Improve communication between young men and women by increasing empathy for the other gender
- Give young men and women the opportunity to explore with each other their perceptions of their own and the other gender
- Provide participants with the opportunity to discuss how it feels to be stereotyped or mischaracterized

MATERIALS

- Markers
- Masking tape
- Large pieces of newsprint labeled ahead of time with the following:

The Advantages of Being Female

The Disadvantages of Being Female

The Advantages of Being Male

The Disadvantages of Being Male

Make duplicates of some of the headings so that there are enough for each small group to have one. (If you duplicate “The Advantages of Being Female,” for example, also duplicate “The Advantages of Being Male.”)

PROCEDURE

1 Break the group up into small single gender groups of four to five participants. Have each group elect a recorder to write the answers on newsprint. Each group will have about 10 minutes to discuss and put down responses to the heading on their newsprint (The Advantages/Disadvantages of Being Female/Male). Ideally, the premarked newsprint should be distributed to groups so that at least one group of each gender will be brainstorming about the other gender.

2 Have groups post their lists and then come together for a large group discussion. Ask members of each group to take turns reading items on their list to the large group and providing short explanations or examples of where or when something is particularly true. If it is possible, you may want to hang the lists somewhere they can remain for future reference by participants as they continue to explore their relationships with one another.

3 Process the activity with the following questions:

- How does it make you feel to see generalizations concerning your own gender?
- Is it possible for all of the things on the list to be true?
- Which items on the lists accurately describe you personally and which do not?
- Can you differentiate between examples from the lists which are “innate” (e.g. females suffering from menstrual cramps) and those which are “learned” (e.g. the results of stereotyping or assumptions)? What is true in this culture or society that may be different in other cultures or times?

- Which responses are the results of expectations or other behaviors due to stereotyping? What stereotype(s) is (are) working to produce these advantages or disadvantages?
- Which list items do people find surprising? Have you ever given thought to some of these aspects of the other gender before? Might it change some of your own attitudes to hear the difficulties and benefits of the other gender?
- Were there things that males saw as advantages that females saw as disadvantages and visa versa?
- What can people do to counter some of the things that they perceive as disadvantages for their gender?

4 Encourage participants to interact with one another. This can be achieved by having them direct questions about items on these lists that they don't understand or don't agree with toward one another. Have participants talk about how assumptions about their gender and the constraints they create, might affect them personally. Ask them to think about how the items on these lists, both accurate and not, can affect communication within a sexual or romantic relationship.

PERCEPTIONS OF SEXUALITY

By Robert Silverstone, Ph.D.

RATIONALE

This activity encourages participants to think about their own values and ideas regarding sexuality. It helps them see how these values and ideas were shaped. It also helps them to compare their values and ideas to those of others around them.

AUDIENCE

Junior and senior high school

TIME

One class period

GOALS

To help participants:

- Explore their own beliefs and values regarding sexuality
- Learn about the beliefs and values of their peers
- Consider the impact that various media sources may have in shaping their views
- Express their own values and listen to other people's views
- Think about their perceptions of other people
- Think about how they would like to be perceived by others

MATERIALS

- Large index cards
- Pens or pencils

PROCEDURE

1 Explain that the group is going to think about individual ideas and values regarding sexuality—both their own and those of others. Ask them to consider where most of their ideas and values came from as well as the factors that help shape our views about ourselves and others.

2 Give each person an index card and a pen or pencil. Tell them they do not have to put their names on the cards because you will not collect them. Give them a series of statements, and ask for their written response. They will not have to share their answers, but you will ask them to discuss several of the topics in a small group. The statements are:

1. Name someone you consider a hero/heroine or a role model of each gender.
2. Name someone you consider to be an antihero/antiheroine of each gender.
3. Name a character from the media who represents your gender as you like to see it represented. Name someone from the media who represents your gender as you do *not* like to see it represented. (Media includes books, movies, television programs, or music videos.)
4. Name a character from the media who represents love as you like to see it represented and someone from the media who represents love as you do *not* like to see it represented.
5. Name someone you consider an attractive male and someone you consider an attractive female.

Note to Teacher: If some people in the group (often males) have difficulty, tell them you want everyone to identify someone they consider attractive of each gender. Later (perhaps during processing) you can explain how homophobia can interfere with having same-sex friendships or thinking of someone of the same gender as attractive.

6. If you could become the other gender for 24 hours, what would you most like to experience? Least like to experience?
7. What would you want someone of the other gender to experience about your gender?
8. Write three words that you would like females to use to describe you, and three words that you would like males to use to describe you.
(5 minutes)

3 After participants have responded to all of the questions, divide them into pairs. Depending on how well they know one another, you may want to ask them to find a partner that they do not know well. Tell each to pick one topic from her or his list to discuss with the partner. Each will have 1½ minutes to talk and 1½ minutes to listen. Partners do not have to discuss the same topic.

Rules for discussion groups:

1. Only one person talks.

2 The listener's responsibilities are:

- a. to listen
- b. to accept what the other person says
- c. to encourage discussion by asking questions.

4 After each member has had a chance to talk, process the activity with these questions:

- How comfortable (uncomfortable) was this exercise? Why?
- What was the easiest (safest) part? Why?
- What was it like to pick a partner? Was the person's gender a factor?
- Does anyone want to share discussions you had as a pair?

5 Tell the group you are now going to form groups of threes. Ask participants to say "Thank You" and "Good-bye" to their partners. Then have them form trios.

6 Again, each person will have 12 minutes to talk. Tell each to pick a new topic. One person will talk, the other two will listen. Each will have the opportunity to talk.

7 After each member of the trios has talked, process:

- How was the trio different?

Let's look at some of your initial answers apart from the small group discussions:

- What is *attractive*? What makes a person attractive?
- What gender differences did you notice in descriptions of an attractive male and an attractive female?
- You picked something you wanted a person of the opposite gender to experience about your gender. Did you pick something because it was special? Painful? Both?
- Think of the three words you would like females to use and the three words you would like males to use to describe you. Were they different? The same? What does this say about how you want people to perceive you?
- Was anyone surprised by her or his own answers?

LINDA AND LARRY: COMMUNICATING MESSAGES AND ASSUMPTIONS

By Jay Friedman and Nancy Abbey

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RATIONALE

Clear communication is a critical factor in making healthy decisions about sexuality and carrying them out. When we are misinterpreted, we are at risk. This activity is designed to help participants understand how good communication about sexual thoughts, needs, and feelings is necessary in relationships.

AUDIENCE

Senior high school

TIME

One class period

GOALS

To help participants to:

- Understand the importance of clear communication in a loving relationship
- Be able to determine that “no” means “no” and “yes” means “yes,” and to always make this assumption
- Develop awareness of how one’s actions may send messages that one may not intend to send
- Identify any form of forced or coerced sexual activity—male or female—as sexual assault

MATERIALS

- *Larry’s Story Worksheet* (enough for half of the class)
- *Linda’s Story Worksheet* (enough for half of the class)

PROCEDURE

- 1 Ask students if they’ve heard that in some cultures a guest is expected to belch after dinner to show appreciation of fine food. Many people in our culture would consider this an insult. Remind them that people of different cultures often think a behavior means something it’s not intended to convey. Explain that sometimes

there are real cultural differences between two people in a relationship. A lot of misunderstandings start when one person takes something the wrong way. It’s called poor communication. Tell students that today they will read a story about two poor communicators.

2 Divide the class into groups of four to five people. Distribute *Larry’s Story Worksheet* to half of the group, and *Linda’s Story Worksheet* to the other half. Allow students time to read the story and answer the questions in the box. (This can be done individually, in pairs, or in small groups if students have trouble reading.) Clarify any questions they may have about the worksheets. Explain that they are to share their understanding of what happened in their group. Allow 10 to 15 minutes for discussion.

3 With students still in their small groups, read Linda’s story and have the groups with her story share their responses to the first two questions. Repeat with Larry’s story. Stress that neither Linda nor Larry communicated in a way that could overcome the myths and stereotypes they had about each other.

4 Provide categories students can use to analyze the confused messages between Linda and Larry. For example:

- *Mixed Messages*: A mixed message is one where words and actions seem to contradict each other; e.g., Linda’s dress seemed to indicate to Larry she wanted to have intercourse, but Linda just wanted to look attractive.
- *Missed Messages*: A missed message is one that is so vaguely stated that the other person doesn’t catch it; e.g., Larry thought he had let Linda know he had sex on his mind.

- *Assumptions:* People often believe or assume that something is true without confirmation; e.g., Linda expected a “perfect gentleman” to know she didn’t want to have intercourse. Larry assumed that a low-cut dress sent a message of receptivity to intercourse and that women resist intercourse but want to be talked into it.

Lead a discussion using the following questions:

- What mixed messages were sent by Larry or Linda?
- What are the missed messages?
- What are the assumptions made by Larry or Linda?
- What could Larry and/or Linda have done to avoid this outcome?

- 5** Suggest that students be alert in the next few days to assumptions and confusing messages in their interactions with friends and family. Remind students of the points they came up with at the end of the lesson. Reinforce the importance of taking “no”—even a weak “no”—as a “no” in a sexual situation.

LINDA'S STORY WORKSHEET

I'll never forget that night as long as I live. Larry and I had been dating for a while and he had acted like a perfect gentleman. Well, we had done our share of kissing, but he never gave me any reason not to trust him.

The night of the party I wore this gorgeous dress that I'd borrowed from my roommate. It was a little flashier than I normally wear but I thought it was very flattering. I really wanted to dance, but it had always been hard to talk Larry into it.

At the party, I had some beer—my cup always seemed to be full—and it made me really tired. Strangely, Larry wanted to dance, but I was so tipsy that I could barely hold on to him to keep from falling. Maybe I shouldn't have suggested that we both lie down together, but I needed to rest, and it felt weird to just go upstairs by myself and leave Larry all alone.

I was groggy and felt like I was falling in and out of sleep. The next thing I remember, Larry was all over me, forcing me to have intercourse with him. I didn't want to scream and make a fool of myself. Anyway, the party was loud and I doubt anyone would have heard me. At first, I tried to fight him off, but I was too wiped out to really do anything. Besides, it was fast and he said something about showing our love. I'm so confused. He seemed like such a nice guy, and now he's left a message on my machine about a party this weekend.

What's going on?

1. What did Linda want when she suggested they lie down together? _____

2. Why did she feel she would be safe with Larry? _____

3. Why is Linda confused now? _____

LARRY'S STORY WORKSHEET

I still don't understand what happened. Linda and I had been dating for a long time and, while we hadn't slept together yet, I told her I was attracted to her and gave her lots of signs that I eventually wanted to go to bed with her. We were supposed to go to a party, and when she showed up in this sexy, low-cut dress, I thought this was her way of saying she was ready.

At the party, we drank some beer, which made her sort of sleepy and sensual. While I don't normally dance, I was really feeling good that night. I was surprised, but loved the way she held her body close to mine when we danced. And then when she suggested that we find a place to lie down, what was I supposed to think? Of course, I thought she wanted some privacy to finally have a chance to make love.

Granted, she did grumble a bit when I started to undress her, but I figured she just wanted to be persuaded. Lots of girls feel a little funny about being forward and want the guy to get them off the hook.

I don't know. We had intercourse and it was fine—I even told her that it was the ultimate expression of our love. I took her home from the party and I thought everything was okay. But I haven't heard from her since, and she hasn't returned my call inviting her to this weekend's party.

What's going on?

1. What happened that led Larry to believe Linda wanted to have intercourse? _____

2. Why did Larry have intercourse with Linda even though she "grumbled"? _____

3. Why is he confused? _____

MEDIA MESSAGES: A LESSON WITH PARENTS

By Elizabeth M. Casparian, Ph.D., and Eva S. Goldfarb, Ph.D.

RATIONALE

This activity gives young people and their parents/guardians the opportunity to evaluate media messages about sexuality and share how they feel about the messages. The activity also encourages young people and their parents/guardians to be more critical media consumers.

AUDIENCE

Junior and senior high school

TIME

- 20 minutes class time
- 30 minutes to two hours at home

GOALS

To help participants:

- Develop an understanding of how media messages influence beliefs and feelings about sexuality
- Become more critical of the media and find more positive ways to experience media

MATERIALS

- *Media Messages Worksheet*
- Access to media (e.g. television, movies, music, art, magazines)
- *Declaration of Completion*

PROCEDURE

- 1 Explain that television, movies, music, art, magazines, newspapers, and other forms of media often send messages about sexuality. Sometimes these messages are educational and beneficial. Other times they are hurtful, incorrect, exploitive, or negative. Parents/guardians don't always feel good about the messages their children receive from the media. This exercise is designed to help parents/guardians and children share time together experiencing media and evaluating messages.

- 2 Hand out the *Media Messages Worksheet* and explain it to participants. Over the next week, students must select two to four media presentations and experience them with a parent, guardian, or other trusted adult. These could include TV, movies, music videos, art, magazines, or stories. One or both parents/guardians and their child must experience the media together and then complete the worksheet. After they complete the worksheets, they should share their responses with each other. After completing two to four examples, the parent/guardian and child need to work together to write a plan for positive and useful media use.

Note: Some young people may be unable to complete this assignment with their parent(s) or guardian(s). Allow them the opportunity to complete the assignment with another trusted adult such as an aunt, uncle, sports coach, or member of the clergy.

- 3 After completing the worksheets, participants should bring them into class. Collect the *Declaration of Completion*. Discuss the homework by asking these questions:
 - How did you select the media events to evaluate?
 - Had you ever experienced that event with a parent/guardian before? What was it like?
 - Which were easier to write down, the positive or the negative messages? Why?
 - What plans did you develop to become a more critical media consumer?

MEDIA MESSAGES WORKSHEET

Instructions

Select a TV program, movie, music video, song, art, magazine, or newspaper article and experience it together. Each of you should select at least one. After you complete the event, fill out the worksheet individually. After you have completed questions 1 and 2, share your answers with each other. Then complete question 3 together. Complete one sheet for each of your two to four media events.

Type and Title of Media Event: _____

Date and Time: _____

Place and Persons Experiencing the Event: _____

1. Write down three messages from this media event, particularly those that relate to sexuality, gender issues, family communication, and/or sexual health **that you consider positive or reflective of your values.** _____

2. Write down three messages from this media event, particularly those that relate to sexuality, gender issues, family communication, and/or sexual health **that you consider negative or not reflective of your values.** _____

3. Work together to develop a plan to constructively criticize the media and to use it in a positive way. Write the plan below: _____

DECLARATION OF COMPLETION

We, the undersigned, completed the
Media Messages: A Lesson with Parents
homework assignment.

Signed:

Participant

Parent/Guardian

Parent/Guardian

Date

ABSTINENCE • CONDOM USE • DIVERSITY
PREGNANCY OPTIONS • SAFER SEX • SEXUAL
BEHAVIOR • SEXUAL IDENTITY AND ORIENTATION
• SEXUALITY AND SOCIETY • ABSTINENCE
CONDOM USE • DIVERSITY • PREGNANCY
OPTIONS • SAFER SEX • SEXUAL BEHAVIOR
SEXUAL IDENTITY AND ORIENTATION • SEXUALITY
AND SOCIETY • ABSTINENCE • CONDOM USE
DIVERSITY • PREGNANCY OPTIONS • SAFER SEX
• SEXUAL BEHAVIOR • SEXUAL IDENTITY AND
ORIENTATION • SEXUALITY AND SOCIETY
ABSTINENCE • CONDOM USE • DIVERSITY
PREGNANCY OPTIONS • SAFER SEX • SEXUAL
BEHAVIOR • SEXUAL IDENTITY AND ORIENTATION
• SEXUALITY AND SOCIETY
CONDOM USE • DIVERSITY
OPTIONS • SAFER SEX

RESOURCES

RESOURCES

This section includes sexuality education curricula, organizations, resources, distributors, and contributing publishers. It also lists SIECUS publications and information about the Mary S. Calderone Library.

This section is intended to provide educators with sources for supplemental information.

- **Sexuality Education Manuals & Curricula** includes sexuality education and HIV/AIDS programs. Educators may wish to consider these as the framework for adding the lessons from *Filling the Gaps: Hard to Teach Topics in Sexuality Education*.
- **National Organizations** is a list of organizations that provide a variety of services such as technical assistance on sexuality education, publications, statistics, referrals, and information.
- **The National Coalition to Support Sexuality Education** Fact Sheet lists the 116 members of the coalition as well as its goals.
- **Resources for Educators** is intended to provide background information on a variety of sexuality issues. Ordering information is provided.
- **Commercial Distributors of Educational Materials** are companies that provide pamphlets, curricula, books, audiovisuals, and displays for educational settings.
- **Contributing Publishers** is a list of organizations and publishers that granted SIECUS permission to adapt their lessons for inclusion in this manual. Contact information is provided.
- **SIECUS's Publications** are excerpted from our publications catalog and are included to familiarize educators with SIECUS's publications, pamphlets, fact sheets, and bibliographies on sexuality issues.
- **The Mary S. Calderone Library** collects materials on human sexuality with a focus on sexuality education. Information about the library and its services is provided.

SEXUALITY EDUCATION MANUALS & CURRICULA

Educators may wish to consider these as the framework for adding the lessons from *Filling the Gaps: Hard to Teach Topics in Sexuality Education*. The list is divided into four sections: general sexuality education curricula; abstinence-only curricula; HIV/AIDS curricula; and curricula for youth in high risk situations. Ordering information is at the end of the list.

SEXUALITY EDUCATION CURRICULA

Choosing Health: High School

This series includes *Teacher/Student Resource* books containing skills-based activities. Titles include: *Abstinence, STD & HIV, Sexuality & Relationships, and Communication & Self-Esteem*. Also available are easy-to-use reference books for teachers that provide in depth background information. These *Health Facts* titles include *Abstinence, HIV, Sexuality, STD, and Self-Esteem & Mental Health*.

1997; ETR Associates; *Teacher/Student Resource* books \$27.00; *Health Facts* \$12.95.

Comprehensive Health for the Middle Grades

Similar to *Choosing Health*, this series is a skills-based program designed to give young people the skills and opportunities they need to practice healthy behaviors, and to receive positive peer support and reinforcement for those behaviors. *Teacher/Student Resource* books include topics such as *Abstinence, HIV & STD*, and *Puberty & Reproduction*. The *Health Facts* books include *Abstinence, STD, and Sexuality*.

1996; ETR Associates; *Teacher/Student Resource* books \$27.00; *Health Facts* \$12.95.

Family Life and Sexual Health

(F.L.A.S.H.) 5/6, 7/8, 9/10, 11/12

Elizabeth Reis, M.S.

F.L.A.S.H. consists of four curricula and lesson plans for grades five through twelve. Each curricula is designed to promote knowledge about human development and reproduction and to promote respect and appreciation for oneself, one's family, and others.

F.L.A.S.H. 5/6

Lessons address issues such as family, self-esteem, sex roles, friendship, decision-making, sexual exploitation and abuse, puberty, reproductive systems, pregnancy, and AIDS.

1985; Seattle-King County Department of Public Health; \$25.00.

F.L.A.S.H. 7/8

Lessons address puberty, sexual health and hygiene, STDs, HIV/AIDS, reproductive systems, pregnancy, decision-making, abstinence, and birth control.

1986, AIDS lessons, 1988; Seattle-King County Department of Public Health; \$40.00.

F.L.A.S.H. 9/10

Lessons address puberty and adolescence, sexual exploitation, pregnancy, contraception, STDs, and sexual health care.

1988, 1989; Seattle-King County Department of Public Health; \$55.00.

F.L.A.S.H. 11/12

Lessons address child and adolescent sexual development, fertility and infertility, unplanned pregnancy, contraception, HIV/AIDS, sexual response system, abstinence, and lifelong sexuality.

1992; Seattle-King County Department of Public Health; \$40.00.

F.L.A.S.H. Special Education: Secondary

Jane Stangle, M.Ed.

This curriculum is for grades 7-12. Lessons address the concept of public and private, relationships, communication, exploitation, understanding the body, reproduction, STDs and HIV.

1991; Seattle-King County Department of Public Health; \$40.00.

The New Positive Images: Teaching Abstinence, Contraception, and Sexual Health

Peggy Brick and colleagues

This manual presents a positive approach to abstinence, contraception, and reproductive health. It provides teaching strategies designed to encourage thoughtful decision-making and development of skills needed to implement those decisions. The lessons can be adapted for use with middle school, high school, and college-age groups.

1995; Planned Parenthood of Greater Northern New Jersey; \$25.00.

Project SNAPP: Skills and Knowledge for AIDS and Pregnancy Prevention for the Middle Grades

Division of Adolescent Medicine

Children's Hospital Los Angeles

This curriculum utilizes a variety of interactive methods to provide young people with information about HIV and pregnancy. It encourages them to practice communication, refusal and negotiation skills, and to identify and access community resources. Targeted toward the middle grades, it contains lessons that address abstinence, pregnancy, birth control and HIV. Includes manual and video.

1996; ETR Associates; \$45.00.

Reducing the Risk: Building Skills to Prevent Pregnancy , STD & HIV: Third Edition

Richard P. Barth, M.S.W., Ph.D.

This curriculum presents a skills-based approach to prevention of teenage pregnancy and HIV and other STDs. Targeted to high school students, it emphasizes refusal skills, delaying tactics, and alternative actions young people can use to abstain or use protection. Also available in Spanish.

1996; ETR Associates; \$42.95, Student Workbook is available for a fee.

Teaching Adolescents about Contraception

Mary Mannison and June Morris

This book includes a wide range of learning activities that focus on contraception. It focuses on contraceptive methods, decision making, and responsibility. It can be adapted for use with young people of different age levels to reinforce or build on previous learnings.

1991; The Australian Council for Educational Research, Ltd.; Australian \$75.

Teaching Safer Sex

Peggy Brick and colleagues

This manual focuses on the knowledge, attitudes, and skills required for safer sexual behavior. The lessons are skills-based and include topics such as abstinence, sexual health, condoms, and communication. This manual is for adolescents and young adults. It is, however, adaptable for training teachers, counselors, and parents.

1989; Planned Parenthood of Greater Northern New Jersey; \$19.95.

Values & Choices: A Comprehensive, Values-Based Sexuality Curriculum for Seventh and Eighth Grades

John Forliti, Lucy Kapp, Sandy Naughton, Lynn Young; Dorothy L. Williams, Revising Editor

This abstinence-based curriculum recommends abstinence while addressing puberty, sexual attraction, gender equity, dating, sexual pressure, birth control, pregnancy, STDs, and abusive touch. The values that are emphasized are honesty, respect, responsibility, self-control, and equality.

1991; Search Institute; Although discontinued, it is currently available for \$199.00.

ABSTINENCE-ONLY SEXUALITY EDUCATION CURRICULUM

Postponing Sexual Involvement (PSI)

PSI was developed to help young people learn skills to resist pressures to become sexually involved.

Postponing Sexual Involvement: An Educational Series for Preteens (PSI), Revised

Targeted at young people 10 to 12 years old, it includes sessions entitled: *Becoming a Teenager; Handling Curiosity About Sex; Peer Pressures; Learning Assertiveness Techniques; and Reinforcing Skills*. Includes video and manual.

1997 Adolescent Reproductive Health Center, Grady Health System \$149.00.

Project Taking Charge

This values-based abstinence curriculum was designed to promote collaboration among business communities, parents, and schools to foster adolescents' self-esteem and life management skills to address teenage pregnancy. It is targeted toward seventh and eighth grade students and their parents.

1995; American Association of Family and Consumer Sciences; Curriculum \$100.00, Trainers Manual \$45.00.

Removing the Risk: Abstinence for High School Students

Richard Barth, Ph.D. and Nancy Abbey

This curriculum presents a skills based approach to abstinence as a positive, viable choice for young people. Designed for the eighth and nine grade, it focuses on skills and motivation to postpone sexual intercourse.

1997; ETR Associates; \$35.00, Student Workbook is available for a fee.

Sex Can Wait: An Abstinence-Based Sexuality Curriculum

This curriculum contains activities that are designed to teach young people life skills that can help them to act in their own best interest. There are three independent modules: *Upper Elementary, Middle School, and High School*.

Sex Can Wait: An Abstinence-Based Sexuality Curriculum for Upper Elementary School

Michael Young, Ph.D. and Tamera Young

Activities address self-concept and self-esteem, puberty, values and decision making, communication, HIV/AIDS and other STDs, and goal setting.

1994; ETR Associates; \$59.95.

Sex Can Wait: An Abstinence-Based Sexuality Curriculum for Middle School

Pennie Core-Gebhart, M.Ed. and Michael Young, Ph.D. Activities address self-esteem, puberty, values and decision making, communication, family, friends, dating, and goal setting. This one specifically targets young people in grades seven and eight.

1994; ETR Associates; \$59.95.

Sex Can Wait: An Abstinence-Based Sexuality Curriculum for High School

Pennie Core-Gebhart, M.Ed. and Michael Young, Ph.D. Activities address values, decision making, self-esteem, gender roles, reproductive anatomy and physiology, communication, relationships, and goal setting. This one specifically targets young people in grades nine and ten.

1994; ETR Associates; \$59.95.

HIV/AIDS CURRICULUM

Be Proud! Be Responsible!: Strategies to Empower Youth to Reduce Their Risk for AIDS

Loretta Sweet Jemmott, John B. Jemmott III, and Konstance McCaffree

This curricula provides adolescents with the knowledge, motivation, and skills necessary to change their behaviors to reduce their risk of contracting HIV and other STDs. It includes activities designed to help participants recognize when faulty reasoning and decision making can increase risk for HIV. Sessions include *Introduction to HIV/AIDS; Building Knowledge About HIV and AIDS; Understanding Vulnerability to HIV Infection; Attitudes and Beliefs About HIV/AIDS, and Safer Sex; Building Condom Use Skills; and Building Negotiation and Refusal Skills*.

1996; Select Media; \$95.00.

Becoming a Responsible Teen: An HIV Risk Reduction Intervention for African-American Adolescents (B.A.R.T.)

This manual is a resource for persons who want to establish an HIV prevention program for African-American adolescents. It includes sessions addressing sexual decisions and values, communication skills, and assertion training, and personalization of risk.

1997; ETR Associates; \$49.95.

Get Real About AIDS, Grades 4–6, 6–9, 9–12; Second Edition

Developed for three grade levels; Upper Elementary School, Middle School/Junior High, and High School, these curricula have three primary components: information, skills, and personal impact.

1995 (Upper Elementary and Middle School); 1994 (High School); AGC Media; \$495.00/each.

CURRICULA FOR YOUTH IN HIGH RISK SITUATIONS

Safe Choices Guide: AIDS & HIV Policies and Prevention Programs for High-Risk Youth

This manual is designed specifically for youth-serving organizations. The training modules includes detailed information on how to establish an effective HIV/AIDS policy, train staff to deal with these sensitive issues, implement a complete youth-orientated curriculum, and establish HIV prevention outreach for street youth.

1990; National Resource Center for Youth Services; \$35.00.

Streetwise to Sex-Wise: Sexuality Education for High-Risk Youth

Steve Brown

This manual focuses on sexuality issues of particular concern to high-risk youth. Topics include sexual and reproductive anatomy, HIV/AIDS, safer sex, relationships, sexual abuse and homosexuality. It contains two basic series of lessons—one for ages 9-14 and another for ages 14-19.

1993; Planned Parenthood for Greater Northern New Jersey; \$35.00.

CURRICULA ORDERING INFORMATION

Adolescent Reproductive Health Center of Grady Health System

Grady Memorial Hospital
Box 26158, S.E.
80 Butler Street
Atlanta, GA 30335-3801
Phone: 404/616-3513
Fax: 404/616-2457

AGC Media

1560 Sherman Avenue, Suite 100
Evanston, IL 60201
Phone: 800/323-9084
Fax: 847/328-6006

American Association of Family and Consumer Sciences

1555 King Street
Alexandria, VA 22314
Phone: 703/706-4600
Fax: 703/706-4663

The Australian Council for Education Research, Ltd.

19 Prospect Hill Road (Private Bag 55)
Camberwell, Vic 3124
Australia
Phone: 6103 9277 5555
Fax: 6103 9277 5500
Web site: www.acer.edu.au

ETR Associates

P.O. Box 1830
Santa Cruz, CA 95061-1830
Phone: 800/321-4407
Fax: 800/435-8433
Web site: www.etr.org

National Resource Center for Youth Services

The University of Oklahoma
202 West Eighth Street
Tulsa, OK 74119-1419
Phone: 918/585-2986
Fax: 918/592-1841
Web site: www.nrcys.ou.edu

Planned Parenthood of Greater Northern New Jersey

575 Main Street
Hackensack, NJ 07601
Phone: 201/489-1265
Fax: 201/489-8389

Search Institute

Thresher Square West
Suite 210
700 South Third Street
Minneapolis, MN 55415
Phone: 800/888-7828
Fax: 612/376-8956

Seattle-King County Department of Public Health

Health Education Materials Sales
Seattle-King County Department of Public Health
400 Yesler Way, 3rd Floor
Seattle, WA 98104
Phone: 206/296-4902
Fax: 206/205-5281

Select Media

22D Hollywood Avenue
Hohokus, NJ 07423
Phone: 800/343-5540
Fax: 201/652-1973

NATIONAL ORGANIZATIONS

The following organizations provide information on sexuality education or other sexuality issues. Contact them directly for more information about the services that they provide.

Academy for Educational Development

1255 23rd Street N.W.
Washington, DC 20037
Phone: 202/884-8700
Fax: 202/884-8701
Web site: www.aed.org

Advocates for Youth

1025 Vermont Avenue, N.W., Suite 200
Washington, DC 20005
Phone: 202/347-5700
Fax: 202/347-2263
Web site: www.advocatesforyouth.org

AIDS Action Council

1875 Connecticut Avenue, N.W., Suite 700
Washington, DC 20009
Phone: 202/986-1300
Fax: 202/986-1345
Web site: www.aidsaction.org

The Alan Guttmacher Institute

120 Wall Street, 21st Floor
New York, NY 10005
Phone: 212/248-1111
Fax: 212/248-1951
Web site: www.agi-usa.org

American Academy of Pediatrics

141 Northwest Point Boulevard
Elk Grove Village, IL 60007
Phone: 847/228-5005
Fax: 847/228-5097
Web site: www.aap.org

American Association for Health Education

1900 Association Drive
Reston, VA 20191
Phone: 703/476-3437
Fax: 703/476-6638
Web site: www.aahperd.org/aahe/aahe.html

American Association of Sex Educators, Counselors, and Therapists

P.O. Box 238
Mt. Vernon, IA 52314
Phone: 319/895-8407
Fax: 319/895-6203
Web site: www.aasect.org

American College of Obstetricians and Gynecologists

P.O. Box 96920
409 12th Street, S.W.
Washington, DC 20090-6920
Phone: 202/638-5577
Fax: 202/484-5107
Web site: www.acog.org

American Medical Association—Department of Adolescent Health

515 N. State Street
Chicago, IL 60610
Phone: 312/464-5315
Fax: 312/464-5842
Web site: www.ama-assn.org

American School Health Association

P.O. Box 708
Kent, Ohio 44240
Phone: 330/678-1601
Fax: 330/678-4526
Web site: www.ashaweb.org

American Social Health Association

P.O. Box 13827
Research Triangle Park, NC 27709
Phone: 919/361-8400
Fax: 919/361-8425
Web site: www.ashastd.org

Association of Reproductive Health Professionals

2401 Pennsylvania Avenue, N.W., Suite 350
Washington, DC 20037-1718
Phone: 202/466-3825
Fax: 202/466-3826
Web site: www.arhp.org

Blacks Educating Blacks About Sexual Health Issues

1217 Spring Garden, 1st Floor
Philadelphia, PA 19123
Phone: 215/769-3561
Fax: 215/769-3860

Catholics for a Free Choice

1436 U Street, N.W., Suite 301
Washington, DC 20009
Phone: 202/986-6093
Fax: 202/332-7995
Web site: www.cath4choice.org

CDC National AIDS Clearinghouse

P.O. Box 6003
Rockville, MD 20849-6003
Phone: 800/458-5231
Web site: www.cdc.gov

Child Welfare League of America

440 First Street, N.W., 3rd Floor
Washington, DC 20001
Phone: 202/638-2952
Fax: 202/638-4004
Web site: www.cwla.org

Education Development Center, Inc.

55 Chapel Street
Newton, MA 02158
Phone: 617/969-7100
Fax: 617/244-3436
Web site: www.edc.org

ETR Associates

P.O. Box 1830
Santa Cruz, CA 95061-1830
Phone: 408/438-4060 or 800/321-4407
Fax: 408/438-4284 or 800/435-8433
Web site: www.etr.org

Gay, Lesbian & Straight Education Network

121 West 27th Street, Suite 804
New York, NY 10001
Phone: 212/727-0135
Fax: 212/727-0254
Web site: www.glsen.org

Girls Incorporated

120 Wall Street, 3rd Floor
New York, NY 10005-3902
Phone: 212/509-2000
Fax: 212/509-8708
Web site: www.girlsinc.org

Mothers' Voices

165 W. 46th Street, Suite 701
New York, NY 10036
Phone: 212/730-2777
Fax: 212/730-4378
Web site: www.mvoices.org

National Abortion and Reproductive Rights Action League

1156 15th Street, N.W., Suite 700
Washington, DC 20005
Phone: 202/973-3000
Fax: 202/973-3030
Web site: www.naral.org

National Association of People with AIDS

1413 K Street, N.W., Suite 700
Washington, DC 20005
Phone: 202/898-0414
Fax: 202/898-0435
Web site: www.napwa.org

National Black Women's Health Project

1211 Connecticut Avenue, N.W., Suite 310
Washington, DC 20036
Phone: 202/835-0117
Fax: 202/833-8790

The National Campaign to Prevent Teen Pregnancy

2100 M Street, N.W., Suite 300
Washington, DC 20037
Phone: 202/261-5655
Fax: 202/331-7735
Web site: www.teenpregnancy.org

National Council of La Raza

1111 19th Street, N.W., Suite 1000
Washington, DC 20036
Phone: 202/785-1670
Fax: 202/776-1792
Web site: www.nclr.org

National Education Association—Health Information Network

1201 16th Street, N.W.
Washington, DC 20036
Phone: 202/822-7570
Fax: 202/822-7775
Web site: www.nea.org/hin

National Information Center for Children and Youth with Disabilities

P.O. Box 1492
Washington, DC 20013
Phone: 800/695-0285
Fax: 202/884-8441
Web site: www.nichcy.org

National Maternal and Child Health Clearinghouse

2070 Chain Bridge Road, Suite 450
Vienna, VA 22182-2536
Phone: 703/356-1964
Fax: 703/821-2098
Web site: www.circsol.com

National Native American AIDS Prevention Center

134 Linden Street
Oakland, CA 94607
Phone: 510/444-2051
Fax: 510/444-1593
Web site: www.nnaapc.org

National Network for Youth

1319 F Street, N.W., Suite. 401
Washington, DC 20004
Phone: 202/783-7949
Fax: 202/783-7955
Web site: www.nn4youth.org

National Organization on Adolescent Pregnancy, Parenting and Prevention

1319 F Street, N.W., Suite 400
Washington, DC 20004
Phone: 202/783-5770
Fax: 202/783-5775
Web site: www.noappp.org

National Youth Advocacy Coalition

1711 Connecticut Avenue, N.W., Suite 206
Washington, DC 20009
Phone: 202/319-7596
Fax: 202/319-7365
Web site: www.youthresource.com/nyac.htm

Network for Family Life Education

Rutgers University
100 Joyce Kilmer Road
Piscataway, NJ 08854
Phone: 732/445-7929
Fax: 732/445-4154
Web site: www.rci.rutgers.edu/~sxetc

Office of Family Ministries and Human Sexuality-National Council of the Churches of Christ

475 Riverside Drive, Room 848
New York, NY 10115
Phone: 212/870-2673
Fax: 212/870-2030
Web site: www.ncccusa.org

Parents, Families and Friends of Lesbians and Gays

1101 14th Street, N.W., Suite 1030
Washington, DC 20005
Phone: 202/638-4200
Fax: 202/638-0243
Web site: www.pflag.org

Planned Parenthood Federation of America

810 Seventh Avenue
New York, NY 10019
Phone: 212/541-7800
Fax: 212/245-1845
Web site: www.plannedparenthood.org

Rape, Abuse, and Incest National Network

635-B Pennsylvania Avenue, S.E.
Washington, DC 20003
Phone: 800/656-HOPE
Fax: 202/544-1401
Web site: www.rainn.org

Sexuality Information and Education**Council of the United States**

130 W. 42nd Street, Suite 350
New York, NY 10036-7802
Phone: 212/819-9770
Fax: 212/819-9776
Web site: www.siecus.org

Society for the Scientific Study of Sexuality

P.O. Box 208
Mt. Vernon, IA 52314
Phone: 319/895-8407
Fax: 319/895-6203
Web site: www.ssc.wisc.edu/ssss

Unitarian Universalist Association of Congregations

25 Beacon Street
Boston, MA 02108
Phone: 617/742-2100
Fax: 617/367-3237
Web site: www.uua.org

United Church Board for Homeland Ministries

Ministries for Education in Human Sexuality & Young Adult Programs
700 Prospect Avenue
Cleveland, OH 44115-1100
Phone: 216/736-3282
Fax: 216/736-3263
Web site: www.ucc.org

University of Pennsylvania-Graduate School of Education

Human Sexuality Education Program
3700 Walnut Street
Philadelphia, PA 19104-6216
Phone: 215/898-7394
Fax: 215/898-4399
Web site: www.upenn.edu/gse/academics/eld/human_sex.html

YAI/National Institute for People with Disabilities

460 W. 34th Street, 11th Floor
New York, NY 10001-2382
Phone: 212/273-6599
Fax: 212/268-1083
Website: www.yai.org

YWCA of the U.S.A.

Empire State Building
350 5th Avenue, Suite 301
New York, NY 10118
Phone: 212/273-7800
Fax: 212/465-2281
Web site: www.ywca.org

Zero Population Growth, Inc.

1400 16th Street, N.W., Suite 320
Washington, DC 20036
Phone: 202/332-2200
Fax: 202/332-2302
Web site: www.zpg.org

HOTLINES**CDC National STD Hotline**

Hours: 8am-11pm, M-F, EST
Phone: 800/227-8922

Domestic Violence Hotline

Hours: 24 Hours
Phone: 800/799-SAFE

Emergency Contraception Hotline

Hours: 24 Hours
Phone: 800/584-9911

National AIDS Hotline

Hours: 24 Hours
Phone: English 800/342-AIDS
Spanish 800/344-7432
TTY 800/243-7889

National Child Abuse**Hotline/Childhelp USA, Inc.**
Hours: 24 Hours
Phone: 800/4A-CHILD**National Gay and Lesbian Hotline**

Hours: Monday-Friday 6pm-10pm,
Saturday 12pm-5pm, EST
Phone: 888/843-4564

National HIV/AIDS Teen Hotline

“From One Teen to Another”
American Red Cross
Hours: Friday and Saturday 6pm-12am, EST
Phone: 800/440-TEEN

Teens Teaching AIDS**Prevention (TTAP) National Hotline**
Hours: Monday-Friday 4pm-8pm, CST
Phone: 800/234-TEEN

THE NATIONAL COALITION TO SUPPORT SEXUALITY EDUCATION

The National Coalition to Support Sexuality Education consists of 116 national non-profit organizations which promote health, education, and social concerns for American youth. Coalition members are committed to the mission of assuring that comprehensive sexuality education is provided for all children and youth in the United States by the year 2000.

These organizations represent a broad constituency of child development specialists, educators, health care professionals, parents, physicians, religious leaders, and social workers whose combined work reaches more than 30 million young people.

The Coalition's goals are to:

- Advocate for sexuality education policies and programs at the national and state level;
- Develop strategies for implementing sexuality education initiatives at the local, state, and national level;
- Assist national organizations concerned with youth to establish policies and programs on sexuality education;
- Provide an opportunity for networking, resource sharing, and collaborating among national organizations supporting sexuality education;
- Develop strategies to address the activities of those who oppose providing children with comprehensive sexuality education;
- Host seminars on key issues in sexuality education;
- Identify the latest research, data analysis, and program evaluation materials in the field of sexuality education; and
- Strive to improve the cultural competency of materials and messages within the field of sexuality education.

For more information about the National Coalition to Support Sexuality Education contact SIECUS' Public Policy Office; Sexuality Information and Education Council of the United States (SIECUS), 130 West 42nd Street, Suite 350, New York, NY 10036-7802; Phone: 212/819-9770; Fax: 212/819-9776; Web site: www.siecus.org

COALITION MEMBERS

Advocates for Youth
AIDS Action Council
The Alan Guttmacher Institute
American Academy of Child and Adolescent Psychiatry
American Academy of Pediatrics
American Association for Health Education
American Association for Marriage and Family Therapy
American Association of Family and Consumer Sciences
American Association of School Administrators
American Association of Sex Educators, Counselors, and Therapists
American Association on Mental Retardation
American Civil Liberties Union, Reproductive Freedom Project
American College of Nurse Midwives
American College of Obstetricians and Gynecologists
American Counseling Association
American Jewish Congress, Commission on Women's Equality
American Library Association
American Medical Association, Department of Adolescent Health
American Medical Women's Association
American Nurses Association
American Orthopsychiatric Association
American Psychiatric Association
American Psychological Association
American Public Health Association
American School Health Association
American Social Health Association
Association for Sexuality Education and Training
Association of Reproductive Health Professionals
Association of State and Territorial Directors of Public Health Education
Association of State and Territorial Health Officials
ASTRAEA National Lesbian Action Foundation
AVSC International
The Balm in Gilead
Blacks Educating Blacks About Sexual Health Issues
Boston Women's Health Book Collective
Catholics for a Free Choice
Center for Law and Social Policy

Center for Policy Alternatives
Center for Reproductive Health Policy Research
Center for Reproductive Law and Policy
Center for Sexuality and Religion
Center for Women's Policy Studies
Child Welfare League of America
Children's Defense Fund
Coalition on Sexuality and Disability, Inc.
Education Development Center, Inc.
ETR Associates
Federation of Behavioral, Psychological and Cognitive Sciences
Gay and Lesbian Medical Association
Girls Incorporated
Hetrick-Martin Institute for Gay and Lesbian Youth
Human Rights Campaign
The Institute for Advanced Study of Human Sexuality
Alumni Association, Inc.
Jewish Women International
The Kinsey Institute for Research in Sex, Gender, and Reproduction
Latina Roundtable on Health and Reproductive Rights
Midwest School Social Work Council
Mothers'Voices
National Abortion and Reproductive Rights Action League
National Abortion Federation
National Alliance of State and Territorial AIDS Directors
National Asian Women's Health Organization
National Association for Equal Opportunity in Higher Education
National Association of Counties
National Association of County and City Health Officials
National Association of People with AIDS
National Association of School Psychologists
National Black Women's Health Project
National Center for Health Education
National Coalition of Advocates for Students
National Coalition of STD Directors
National Committee for Public Education and Religious Liberty
National Council of La Raza
National Council of Negro Women
National Council of State Consultants
for School Social Work Services
National Council on Family Relations
National Education Association — Health Information Network
National Family Planning and Reproductive Health Association
National Gay & Lesbian Task Force
National Information Center for Children and Youth with Disabilities
National Latina Health Organization
National Latino/a Lesbian and Gay Organization
National League for Nursing
National Lesbian and Gay Health Association
National Medical Association
National Mental Health Association
National Minority AIDS Council
National Native American AIDS Prevention Center
National Network for Youth
National Organization on Adolescent Pregnancy,
Parenting and Prevention
National Resource Center for Youth Services
National School Boards Association
National Urban League
National Women's Health Network
National Women's Law Center
Network for Family Life Education
Office of Family Ministries and Human Sexuality,
National Council of the Churches of Christ
Parents, Families, and Friends of Lesbians and Gays
People for the American Way
Planned Parenthood Federation of America
Population Communications International
Presbyterians Affirming Reproductive Options
Religious Coalition for Reproductive Choice
Sexuality Information and Education Council of the United States
Society for Adolescent Medicine
Society for Developmental and Behavioral Pediatrics
Society for Public Health Education, Inc.
Society for the Scientific Study of Sexuality
Unitarian Universalist Association of Congregations
United Church Board for Homeland Ministries, Ministry for
Education in Human Sexuality and Young Adult Programs
United States Conference of Mayors
University of Pennsylvania, Graduate School of Education,
Human Sexuality Education Program
YAI/National Institute for People With Disabilities
Young Women's Project
YWCA of the U.S.A.
Zero Population Growth, Inc.

February 1998

RESOURCES FOR EDUCATORS

These recent books provide important background information on sexuality issues for educators and program planners. Ordering information is provided.

The Best Intentions: Unintended Pregnancy and the Well-being of Children and Families

Sarah S. Brown and Leon Eisenberg, Editors
1995; \$29.95; ISBN 0-309-05230-0; National Academy Press,
2101 Constitution Avenue, N.W., Box 285, Washington, DC 20055;
phone: 800/624-6242; fax: 202/334-2451; Web site: www.nap.edu

Coming Out of the Classroom Closet: Gay and Lesbian Students, Teachers, and Curricula

Karen M. Harbeck, Editor
1992; \$19.95; ISBN 1-56023-013-4; Haworth Press,
10 Alice Street, Binghamton, NY 13904;
phone: 800/342-9678; fax: 800/895-0582;
Web site: www.haworth.com

Contraceptive Technology, 17th Edition

Robert A. Hatcher, et al
1998; \$39.95; Bridging the Gap Communications,
P.O. Box 33218, Decatur, GA 30033;
phone: 404/373-0530; fax: 404/373-0480.

Death by Denial: Studies of Suicide in Gay and Lesbian Teenagers

Gary Remafedi, Editor
1994; \$9.95; ISBN 1-555-83-260-1; Alyson Publications;
available in bookstores;
Web site: www.alyson.com

Dubious Conceptions: The Politics of Teenage Pregnancy

Kristin Luker
1996; \$14.95; ISBN 0-674-21703-9; Harvard University Press,
79 Garden Street, Cambridge, MA 02138;
phone: 800/448-2242; fax: 800/962-4983;
Web site: www.hup.harvard.edu

Facing Facts: Sexual Health for America's Adolescents

Debra W. Haffner, Editor
1995; \$12.95; Sexuality Information and
Education Council of the United States,
130 West 42nd Street, Suite 350, New York, NY 10036-7802;
phone: 212/819-9770; fax: 212/819-9776;
Web site: www.siecus.org

For Sex Education, See Librarian: A Guide to Issues and Resources

Martha Cornog and Timothy Perper
1996; \$45.00; Greenwood Publishing Group;
88 Post Road West, P.O. Box 5007; Westport, CT 06881;
phone: 800/225-5800; fax: 203/222-1502;
Web site: www.greenwood.com

Going All The Way: Teenage Girl's Tales of Sex, Romance, and Pregnancy

Sharon Thompson
1995; \$13.00; ISBN 0-809-015-994;
VHPS, 16365 James Madison Highway, Gordonsville, VA 22942;
phone: 888/330-8477; fax: 540/672-7542.

Guidelines for Comprehensive Sexuality

Education: Kindergarten–12th Grade, Second Edition

National Guidelines Task Force
1996; \$7.95; Sexuality Information and
Education Council of the United States,
130 West 42nd Street, Suite 350, New York, NY 10036-7802;
phone: 212/819-9770; fax: 212/819-9776; Web site: www.siecus.org

Guía Para Una Educación Integral para la Juventud Hispana/Latina: Kindergarten–Grado 12

National Guidelines Task Force
1995; \$7.95; Sexuality Information and
Education Council of the United States,
130 West 42nd Street, Suite 350, New York, NY 10036-7802;
phone: 212/819-9770; fax: 212/819-9776; Web site: www.siecus.org

Just the Facts: What Science Has Found Out About Teenage Sexuality and Pregnancy in the U.S.

Josefina J. Card, Ph.D., et al
1997; \$15.00; Sociometrics Corporation,
170 State Street, Suite 260, Los Altos, CA 94022-2812;
phone: 800/846-3475; fax: 650-949-3299; Web site: www.socio.com

Lessons for Lifeguards

Michael Carrera
1996; \$15.00; ISBN 0-9650535-0-4; Donkey Press,
P.O. Box 20583, New York, NY 10021;
phone: 212/744-0663; fax: 212/876-1482.

The Lives of Lesbians, Gays, and Bisexuals: Children to Adults

Ritch C. Savin-Williams and Kenneth M. Cohen
1996; \$41.50; ISBN 0-15-501497-8;
Harcourt Brace College Publishers,
6277 Sea Harbor Drive, Orlando, FL 32887;
phone: 800/782-4479; fax: 800/874-6418;
Web site: www.harcourtbrace.com

Media, Sex, and the Adolescent

Bradley S. Greenberg, Jane D. Brown, and
Nancy L. Buerkel-Rothfuss
1993; \$28.50; ISBN 1-881303-37-3; Hampton Press,
23 Broadway, Cresskill, NJ 07626;
phone: 201/894-1686; fax: 201/894-8732.

No Easy Answers: Research Findings on Programs to Reduce Teen Pregnancy

1997; \$10.00; Order Fulfillment,
National Campaign to Prevent Teen Pregnancy,
2100 M Street, N.W., Suite 300, Washington, DC 20037;
phone: 202/857-8655; fax: 202/331-7735;
Web site: www.teenpregnancy.org

Not Just for Girls: The Roles of Boys and Men in Teen Pregnancy Prevention

1997; \$15.00; Order Fulfillment,
National Campaign to Prevent Teen Pregnancy,
2100 M Street, N.W., Suite 300, Washington, DC 20037;
phone: 202/857-8655; fax: 202/331-7735;
Web site: www.teenpregnancy.org

Partners in Prevention: How National Organizations Assist State and Local Teen Pregnancy Prevention Efforts

1997; \$18.00; Order Fulfillment,
National Campaign to Prevent Teen Pregnancy,
2100 M Street, N.W., Suite 300, Washington, DC 20037;
phone: 202/857-8655; fax: 202/331-7735;
Web site: www.teenpregnancy.org

The Politics of Pregnancy: Adolescent Sexuality and Public Policy

Annette Lawson and Deborah L. Rhode, Editors
1993; \$18.00; ISBN 0-300-06548-5; Yale University Press,
Attention: Customer Service, P.O. Box 209040,
New Haven, CT 06520-9040;
phone: 203/432-0940; Web site: www.yale.edu/yup

Preventing Heterosexism and Homophobia

Esther D. Rothblum and Lynne A. Bond, Editors
1996; \$24.95; ISBN 0-7619-0023-3; Sage Publications, Inc.,
2455 Teller Road, Thousand Oaks, CA 91320;
phone: 805/499-0721; fax: 805/375-1700;
Web site: www.sagepub.com

School Talk: Gender and Adolescent Culture

Donna Eder, Colleen Evans and Stephen Parker
1995; \$14.95; ISBN 0813521793; Rutgers University Press,
100 Joyce Kilmer Avenue, Piscataway, NJ 08854-8099;
phone: 732-445-7762; fax: 732-445-1974;
Web site: rutgerspress.rutgers.edu

Schools's Out: The Impact of Gay and Lesbian Issues on America's Schools

Dan Woog
1995; \$12.95; ISBN 1-55583-249-0; Alyson Publications;
available in bookstores; Web site: www.alysong.com

Sexual Abuse of Children and Adolescents

William Prendergast, Ph.D.
1996; \$29.95; ISBN 0-8264-0892-3; Continuum Publishing,
1224 Heil Quaker Boulevard, P.O. Box 7001,
LaVergne, TN 37086-7001;
phone: 800/937-5557; fax: 800/774-6733.

Sexual Cultures and the Construction of Adolescent Identities

Janice M. Irvine, Editor
1994; \$22.95; ISBN 1-56639-136-9; Temple University Press,
1601 North Broad Street, USB 305, Philadelphia, PA 19122;
phone: 215/204-8787; fax: 215/204-4719;
Web site: www.temple.edu/tempress

Sexuality and the Curriculum: The Politics and Practices of Sexuality Education

James T. Sears, Editor
1992; \$22.95; ISBN 0-8077-3152-8; Teachers College Press,
P.O. Box 20, Williston, VT 05495,
phone: 800/575-6566; fax: 802/864-7626;
Web site: www.tc.columbia.edu

Sexuality Education Curricula: The Consumer's Guide

Roberta Ogeltree, et al
1994; \$29.95; ISBN 1-56071-354-2; ETR Associates,
P.O. Box 1830, Santa Cruz, CA 95061;
phone: 800/321-4407; fax: 800/435-8433; Web site: www.etr.org

Sexuality Education Within Comprehensive School Health Education

American School Health Association
1991; \$12.65; ISBN 0-89917-838-3;
American School Health Association,
7263 State Route 43, P.O. Box 708, Kent, OH 44240;
phone: 330/678-1601; fax: 330/678-4526; Web site:
www.ashaweb.org

Sexuality Education: Theory and Practice

Clint E. Bruess and Jerrold Greenberg
1994; \$52.93; ISBN 0-697-17124-8; McGraw Hill
Customer Service, P.O. Box 545, Black Lick, OH 43004;
phone: 800/338-3987; fax: 614/755-5645;
Web site: www.mcgrawhill.com

Sexuality in Adolescence

Susan Moore and Doreen Rosenthal
1995; \$22.99; ISBN 0-415-07528-9; Routledge,
P.O. Box 6904, Florence, KY 41042;
phone: 800/634-7064; fax: 800/248-4724;
Web site: www.routledge.com/routledge.html

Sexuality Education Across Cultures: Working with Differences

Janice M. Irvine
1995; \$30.95; ISBN 0-7879-0154-7; Jossey-Bass Publishers,
350 Sansome Street, San Francisco, CA 94104;
phone: 888/378-2537; fax: 800/605-2665;
Web site: www.pfeiffer.com

The Sexuality Education Challenge: Promoting Healthy Sexuality in Young People

Judy C. Drolet and Kay Clark, Editors
1994; \$39.95; ISBN 1-56071-130-2; ETR Associates,
P.O. Box 1830, Santa Cruz, CA 95061;
phone: 800/321-4407; fax: 800/435-8433; Web site: www.etr.org

Sexuality Education in Postsecondary and Professional Training Settings

James W. Maddock, Ph.D., Editor
1997; \$39.95; ISBN 0-7890-0027; Haworth Press,
10 Alice Street, Binghamton, NY 13904;
phone: 800/342-9678; fax: 800/895-0582;
Web site: www.haworth.com

SIECUS Report

Subscription includes six issues per year; \$65.00/individuals,
\$85.00/libraries, \$135.00/organizations; Sexuality Information and
Education Council of the United States,
130 West 42nd Street, Suite 350, New York, NY 10036-7802;
phone: 212/819-9770; fax: 212/819-9776; Web site: www.siecus.org

Teaching About Sexuality and HIV: Principles and Methods for Effective Education

Evonnie Hedgepeth and Joan Helmich
1996; \$20.00; ISBN 0-8147-3535-5; New York University Press,
70 Washington Square South, New York, NY 10012;
phone: 800/996-6987; fax: 212/995-3833;
Web site: www.nyupress.nyu.edu

Whatever Happened to Childhood?

The Problem of Teen Pregnancy in the United States

1997; Single copy free; Order Fulfillment,
National Campaign to Prevent Teen Pregnancy,
2100 M Street, N.W., Suite 300, Washington, DC 20037;
phone: 202/857-8655; fax: 202/331-7735;
Web site: www.teenpregnancy.org

COMMERCIAL DISTRIBUTORS OF EDUCATIONAL MATERIALS

Boston Women's Health Book Collective

240A Elm Street
Somerville, MA 02144
Phone: 617/625-0277
Fax: 617/625-0294
Offers several well known books on health and sexuality.

Bureau For At-Risk Youth

At-Risk Resources
135 Dupont Street
P.O. Box 760
Plainview, NY 11803-0760
Phone: 800/999-6884
Fax: 516/349-5521
Web site: www.at-risk.com

Publishes a wide range of posters, brochures, curriculums, books, videos and teaching aids for teachers, parents and children on: substance abuse, peer pressure, violence (physical and sexual), mental health, teen pregnancy, STDs, HIV/AIDS, sexual abuse, teen sexuality, sexual orientation, and parent education. Some material available in Spanish.

Center for Media Literacy

4727 Wilshire Boulevard, Suite 403
Los Angeles, CA 90010
Phone: 800/226-9494 or 213/831-4177
Fax: 213/931-4474
Publishes specific materials relating to gender representation and sexism in the media, and general books, guides and brochures on the influences of advertising and media.

Channing L. Bete Co., Inc.

200 State Road
South Deerfield, MA 01373-0200
Phone: 800/628-7733
Fax: 800/499-6464
Web site: www.channing.bete.com
Distributes booklets on health and sexuality, HIV/AIDS, STDs, and maternal and child health.

HRM Video

175 Tompkins Avenue
Pleasantville, NY 10570
Phone: 800/431-2050
Fax: 914/747-1744
Web site: www.hrmvideo.com
Offers videos about HIV/AIDS, STDs, abstinence, violence in relationships, rape and sexual harassment, and pregnancy.

Intermedia

1300 Dexter Avenue North, Suite 220
Seattle, WA 98109
Phone: 800/553-8336
Fax: 800/553-1655
Web site: www.intermedia-inc.com
Distributes videos relating to teenage sexuality, contraception, HIV/AIDS, sexual harassment, body image, gay and lesbian youth, pregnancy, rape/sexual assault, and dating violence.

James Stanfield Publishing Company

P.O. Box 41058
Santa Barbara, CA 93140
Phone: 800/421-6534
Fax: 800/897-1187
Web site: www.stanfield.com
Produces videos, books, brochures, and teaching aids on sexual abuse, HIV/AIDS, puberty, menstruation, and sexuality education for persons with developmental disabilities.

Journeyworks Publishing

P.O. Box 8466
Santa Cruz, CA 95061-8466
Phone: 800/775-1998
Fax: 800/755-5853
Distributes pamphlets on abstinence, teen pregnancy, date rape, HIV/AIDS and STDs.

KidSafety of America

4750 Chino Avenue, Suite D
Chino, CA 91710
Phone: 800/524-1156
Fax: 909/902-1343
Carries videos on teen pregnancy, puberty, AIDS/STDs, abstinence, abusive relationships, sexual assault, child abuse, and rape.

Krames Communications

1100 Grundy Lane
San Bruno, CA 94066-3030
Phone: 800/333-3032
Fax: 415/244-4512
Web site: www.krames.com
Distributes brochures and comprehensive booklets on women's and men's health issues, maternal and child health and STDs.

Positive Promotions

40-01 168th Street
Flushing, NY 11358
Phone: 800/635-2666
Fax: 800/635-2329
Distributes books and teaching aids on women's and men's health, HIV/AIDS, and STDs.

Sunburst Communications

101 Castleton Street
P.O. Box 40
Pleasantville, NY 10570
Phone: 800/431-1934
Fax: 914/747-4109
Web site: www.sunburst.com
Produces curricula and videos on sexual harassment, HIV/AIDS, STDs, abstinence, teen pregnancy, puberty, and dating.

Wisconsin Clearinghouse for Prevention Resources

University Health Services
University of Wisconsin-Madison
Dept. 7A, P.O. Box 1468
Madison, WI 53701-1468
Phone: 800/322-1468

Fax: 608/262-6346 (Dept. 7B)
Web site: www.uhs.wisc.edu/wch/

Distributes videos, posters, brochures and teaching materials on alcohol and sexuality, HIV/AIDS, sexuality in relationships, abstinence, dating, rape, and sexual orientation.

WRS Group, Inc.

P.O. Box 21207
Waco, TX 76702-1207
Phone: 800/299-3366, ext. 287
Fax: 888/977-7653
Web site: www.wrsgroup.com

Childbirth Graphics, carries videos, charts, guides, books, 3D models, brochures and teaching aids dealing with pregnancy: risks, smoking, alcohol and drug use, teen pregnancy, labor and birth, newborns, breastfeeding and parenting.

Health Edco, distributes a wide variety of charts, posters, brochures, curricula, books, 3D models, videos and teaching aids on topics such as STDs, HIV/AIDS, teen pregnancy, pregnancy, puberty, contraception, and menstruation.

CONTRIBUTING PUBLISHERS

Choosing Condoms

Teaching Safer Sex

Peggy Brick with Catherine Charlton,
Hillary Kunins, and Steve Brown
Planned Parenthood of Greater Northern New Jersey
575 Main Street
Hackensack, NJ 07601
201/489-1265

Condom Comfort

Carolyn Cooperman

Teaching Safer Sex

Peggy Brick with Catherine Charlton,
Hillary Kunins, and Steve Brown
Planned Parenthood of Greater Northern New Jersey
575 Main Street
Hackensack, NJ 07601
201/489-1265

Decision Making Tree

Teaching Adolescents About Contraception

Mary Mannison and June Morris
The Australian Council for Educational Research Limited
19 Prospect Hill Road (Private Bag 55)
Camberwell Vic 3124
Australia
613 03 9277 5555

Difficult Decisions: Options for Pregnant Teens

Peer Education...A Little Help from Your Friends

Kim Healy, Jan Lunquist, and Maureen Murphy
Planned Parenthood Centers of Western Michigan
425 Cherry S.E.
Grand Rapids, MI 49503
616/774-7005

Diversity: Exploring Stereotypes, Head Tape Activity

Health Education, 3rd Edition

Jerrold S. Greenberg
McGraw-Hill Companies
1221 Avenue of the Americas
New York, NY 10020
800/338-3987

Exploring Sexual Orientation

Patricia Barthalow Koch, Ph.D.

Family Life Educator

Volume 1, Issue 13, 1995
ETR Associates
P.O. Box 1830
Santa Cruz, CA 95061
800/321-4407

Gender Role Stereotyping: Where Do You Find It?

(originally Sexism: Where Do I Find It?)

Values & Choices

John Forliti, Lucy Kapp, Sandy Naughton, and Lynn Young;
Dorothy L. Williams, revising editor
Search Institute
700 S. Third Street, Suite 210
Minneapolis, MN 55415
800/888-7828

Heterosexuals in An Alien World

Teaching About Sexuality and HIV: Principles and Methods for Effective Education

Evonne Hedgepeth and Joan Helmich
New York University Press
70 Washington Square South
New York, NY 10002
800/996-6987

Linda and Larry: Communicating Messages and Assumptions

Jay Friedman and Nancy Abbey
Family Life Educator
Volume 13, Number 3, Spring 1995
ETR Associates
P.O. Box 1830
Santa Cruz, CA 95061
800/321-4407

Negotiating Risk Reduction

Life Planning Education
Carol Hunter-Gebey
Advocates for Youth
1025 Vermont Avenue, N.W., Suite 200
Washington, DC 20005
202/347-5700

Positively Pregnant

Louise Yohalem

The New Positive Images

Peggy Brick and colleagues

Planned Parenthood of Greater Northern New Jersey

575 Main Street

Hackensack, NJ 07601

201/489-1265

So What's An Abstinence Anyway?

Fran Basche and Anne Terrell

Family Life Educator

Volume 13, Number 2, Winter 1994/1995

ETR Associates

P.O. Box 1830

Santa Cruz, CA 95061

800/321-4407

Towards Understanding...Some of Us Are**Lesbian or Gay***Teaching Safer Sex*

Peggy Brick with Catherine Charlton, Hillary Kunins, and Steve

Brown

Planned Parenthood of Greater Northern New Jersey

575 Main Street

Hackensack, NJ 07601

201/489-1265

What if We Get to First Base and...?**Dating and Courtship Skills***Streetwise to Sex-Wise: Sexuality Education for High Risk Youth*

Steve Brown

Planned Parenthood of Greater Northern New Jersey

575 Main Street

Hackensack, NJ 07601

201/489-1265

SIECUS PUBLICATIONS

**ON COMPREHENSIVE
SEXUALITY EDUCATION:****But, Does It Work: Improving Evaluations
of Sexuality Education**

This report offers recommendations and resources to improve sexuality education evaluations. It is the result of a symposium of 15 of the nation's most prominent researchers. The report includes:

- the status of current evaluation research;
- methodologies to improve education programs;
- help for program managers, evaluators, and funders.

\$3 each/1–4 copies; \$2.50 each/5–99 copies; \$2.25 each/100+ copies. (1997)

**Community Action Kit: To Support
Comprehensive Education**

This kit is designed to help advocates of comprehensive sexuality education in communities across the nation. It includes:

- strategies for organizing support;
- information for handouts, overheads, or posters;
- reviews of curricula and related information.

\$19.95 per kit. (1997)

Facing Facts: Sexual Health for America's Adolescents

This report is a guide for policymakers, health professionals, and parents to use when developing sound policies on adolescent health. It was written by the National Commission on Adolescent Sexual Health and includes:

- a consensus on adolescent sexual health,
- characteristics of a sexually healthy adolescent,
- recommendations for developing policies.

\$12.95 each/1–4 copies; \$11 each/5–99 copies; \$10 each/100+ copies. (1995)

**Filling the Gaps: Hard to Teach Topics in
Sexuality Education**

This teacher's manual covers eight topics—abstinence, condom use, diversity, pregnancy options, safer sex, sexual behavior, sexual identity and orientation, and sexuality and society—that often need strengthening in many sexuality education programs. It provides:

- background for teachers;
- rationale for teaching each topic;
- teaching activities and resources.

\$19.95 each/1–4 copies; \$17 each/5–99 copies; \$13 each/100+ copies.

**Guidelines for Comprehensive Sexuality Education:
Kindergarten—12th Grade, Second Edition**

The *Guidelines* are the first national model for comprehensive sexuality education in the United States. They were developed by a Task Force of 20 leading health, education, and sexuality experts. Specifically, the *Guidelines* cover:

- six concepts and topics: human development, relationships, personal skills, sexual behavior, sexual health, and society and culture;
- developmental messages for: early childhood (ages 5–8), preadolescence (ages 9–12), early adolescence (ages 12–15), and adolescence (ages 15–18);
- over 36 subtopics.

They were updated in 1996 to reflect societal and technological changes.

\$7.95 each/1–4 copies; \$6.95 each/5–99 copies; \$4.95 each/100+ copies. (1996)

**Guía Para Una Educación Sexual Integral Para
La Juventud Hispana/Latina: Kindergarten—Grado 12**

This Spanish-language adaptation of the *Guidelines* was developed specifically for Spanish-speaking communities in the United States. It includes a resource section on materials for Hispanic/Latino youth. (See *Guidelines* above.)

\$7.95 each/1–4 copies; \$6.95 each/5–99 copies; \$4.95 each/100+ copies. (1995)

Right from the Start: Guidelines for Sexuality Issues, Birth to Five Years

This publication is designed to help child care centers and preschools lay the foundation for young children's sexual health. It provides a model that:

- presents information on the psychological and sexual development of young children;
- provides a framework for developmentally appropriate learning and instruction;
- offers suggestions and strategies for promoting healthy attitudes and behaviors.

\$7.95 each/1–4 copies; \$6.95 each/5–99 copies; \$4.95 each/100+ copies. (1995)

Sexuality Education for the 21st Century

This video is designed to help school boards, community advisory boards, teachers, and parents better understand comprehensive sexuality education.

\$9.95 each. (1996)

Teaching Our Teachers to Teach

This analysis of teacher training for HIV/AIDS-prevention and sexuality education instruction shows that teachers are not adequately prepared. Based on a study of 169 institutions, it addresses three questions:

- Do teacher certification programs offer courses to prepare teachers?
- Are courses required or elective?
- Are the sexuality education programs comprehensive?

\$3 each/1–4 copies; \$2.50 each/5–99 copies; \$2.25 each/100+ copies. (1996)

Winning the Battle: Developing Support for Sexuality and HIV/AIDS Education

This booklet offers help in developing community support for HIV/AIDS-prevention and sexuality education. It emphasizes the importance of strong community and parental involvement including:

- strategies for building community support;
- suggested responses to attacks;
- the 20 most-often-asked questions and answers.

\$12.95 each. (1991)

TALKING ABOUT SEXUALITY: FOR PARENTS AND THEIR CHILDREN

How to Talk to Your Children About AIDS

This booklet offers parents help on talking about sexuality issues to their children. Syndicated columnist *Dear Abby* recommends it and its "easy to understand" format. It includes information for preschoolers, young children, preteens, and teens.

\$1 each/1–99 copies; \$0.65 each/multiples of 100; \$0.40 each/multiples of 1,000. (1998)

Como Hablar Con Sus Hijos Sobre El SIDA

This is an adaptation of *How to Talk to Your Children About AIDS* for Spanish-speaking families. It includes information for preschoolers, young children, preteens, and teenagers. (See *How to Talk* above.)

\$1 each/1–99 copies; \$0.65 each/multiples of 100; \$0.40 each/multiples of 1,000. (1994)

Now What Do I Do?

Designed to help parents of preteens with tough questions, this booklet includes advice on puberty, love, dating, contraception, masturbation, and sexually transmitted diseases, among other topics. A three-step process asks parents to consider:

- why the question was asked,
- how to respond, and
- what messages to give.

\$2 each/single copy; \$0.80 each/multiples of 100; \$0.65 each/multiples of 1,000; \$0.40 each/multiples of 10,000. (1996)

Oh No! What Do I Do Now?

This booklet includes eight hypothetical "Oh No! What Do I Do Now?" situations to help parents of preschool children:

- analyze their feelings about sexuality issues,
- formulate responses to questions, and
- relax when talking with their children.

\$2 each/single copy; \$0.80 each/multiples of 100; \$0.65 each/multiples of 1,000; \$0.40 each/multiples of 10,000. (1998)

¡Ay No! Que Hago Ahora?

This is a translation of *Oh No! What Do I do Now?* for Spanish-speaking families. (See *Oh No!* on next page.)

\$2 each/single copy; \$0.80 each/multiples of 100; \$0.65 each/multiples of 1,000; \$0.40 each/multiples of 10,000. (1983) (See *Oh No!* above.)

Talk About Sex

This booklet was developed to help teenagers communicate more openly and effectively about issues related to sexuality and HIV/AIDS. It offers clear, honest, and straightforward information in a very engaging, youth-friendly manner about:

- relationships,
- communication skills, and
- sexuality.

\$2 each/single copy; \$0.80 each/multiples of 100; \$0.65 each/multiples of 1,000; \$0.40 each/multiples of 10,000. (1992)

Hablemos de Sexo

This Spanish-language version of *Talk About Sex* was developed to help teenagers communicate more openly and effectively about issues related to sexuality and HIV/AIDS. (See *Talk About Sex* above.)

\$2 each/single copy; \$0.80 each/multiples of 100; \$0.65 each/multiples of 1,000; \$0.40 each/multiples of 10,000. (1992)

FACT SHEETS ON SEXUALITY ISSUES*

Adolescents and Abstinence

Data on teenage sexual behavior that highlights the need for comprehensive sexuality education.
(1998)

The Far Right and Fear-Based Abstinence-Only Programs

Information about major organizations that oppose comprehensive sexuality education: their leaders, their tactics, and their views.
(1992)

Gay, Lesbian, and Bisexual Adolescents

Information about sexual orientation during adolescence. It presents the available statistics on gay, lesbian, and bisexual students, and reviews school policies and practices.
(1998)

Guidelines for Comprehensive Sexuality Education: K—12

Information on the new 2nd Edition of the *Guidelines* suitable as a handout for communities interested in adapting or evaluating comprehensive programs.

(1997)

Media Recommendations for More Realistic, Accurate Images Concerning Sexuality

Recommendations endorsed by 42 members of the National Coalition to Support Sexuality Education to improve the quality of sexuality information in the media.

(1996)

The National Coalition to Support Sexuality Education

Information on the Coalition that supports sexuality education for all children and youth.

(1997)

Sexual Orientation and Identity

Clarification of the definitions and characteristics of sexual orientation with information on civil liberties and discrimination.

(1993)

Sexuality and Underserved Youth in Communities of Color

Issues that affect the sexual development of underserved youth in communities of color designed for educators, health care providers, and policy makers.

(1997)

Sexuality Education: Issues and Answers

Answers to the most-often-asked questions about school-based sexuality education, including: What are its goals? Is it effective? Who supports it?

(1996)

Sexually Transmitted Diseases in the United States

An overview of sexually transmitted diseases (STDs) in the United States.

(1997)

SIECUS Position Statements

SIECUS's positions on 17 sexuality issues confronting society.

(1996)

Strategies to Build Support for HIV-Prevention and Sexuality Education Programs

Strategies used by educators and advocates nationwide.

(1997)

Teenage Pregnancy

Overview of teenage pregnancy in the United States.

(1998)

The Truth About Latex Condoms

Questions and answers about the consistent and correct use of condoms.

(1995)

Complete Set of Fact Sheets

A complete set of all the above SIECUS Fact Sheets.

*Fact Sheets are available at no cost on the SIECUS Web site.

Printed copies of the Fact Sheets are available from SIECUS for \$1 each/1-99 copies; \$0.65 each/multiples of 100; \$0.40 each/multiples of 1,000. A complete set of Fact Sheets are available for \$8.

BIBLIOGRAPHIES ON SEXUALITY ISSUES*

SIECUS publishes annotated bibliographies (of books, pamphlets, curricula, videos, and organizations) on a variety of sexuality topics.

Adolescent Sexuality (1995)

Child Sexual Abuse:

Prevention, Education, and Treatment (1995)

Comprehensive Sexuality Education Curricula (1997)

Culturally Competent Sexuality Education Resources (1997)

Current Books on Sexuality for Adult Readers (1996)

Gay and Lesbian Sexuality (1996)

Gender Identity (1997)

HIV/AIDS (1996)

Religion, Spirituality, and Sexuality (1997)

Sexual Health (Scheduled for spring 1998)

Sexuality and Disability (1995)

Sexuality Education in the Home: A Parents Guide (1997)

Sexuality in Middle and Later Life (1997)

Sexuality Issues in Popular Culture and the Media (1996)

Sexuality Periodicals for Professionals (1991)

Sexuality Resources from Around the World (1998)

Complete Set of Bibliographies

*Bibliographies are available at no cost on the SIECUS Web site. Printed copies of the Bibliographies are available from SIECUS for \$2 each/single copy; \$0.80 each/multiples of 100; \$0.65 each/multiples of 1,000; \$0.40 each/multiples of 10,000. A complete set of Annotated Bibliographies are available for \$20.

SIECUS Report

This bimonthly journal of contemporary thought and research focuses on timely issues in the sexuality field, on HIV/AIDS prevention, and on comprehensive sexuality education. Issues contain groundbreaking articles and commentary by leaders in the field, policy updates, annotated bibliographies, fact sheets, and reviews of print and audiovisual resources.

\$65/individuals; \$85/libraries; \$135/organizations (receives two copies).

SIECUS' Web site

This Web site includes general information about SIECUS, the Mary S. Calderone Library, a summary of all SIECUS program areas, all of SIECUS' fact sheets and annotated bibliographies, a section for parents, a catalog of SIECUS' publications, links to other sites, and a feedback form to receive more information.

Web site: www.siecus.org

THE MARY S. CALDERONE LIBRARY

The Mary S. Calderone Library at SIECUS, is one of the few libraries in the United States which collects materials specifically related to human sexuality. It serves professionals, students educators, and the media. It is the only sexuality collection in the country accessible to the general public for research.

Collection Highlights:

Over 5,000 Books

Over 850 educational curricula

Over 200 periodicals and newsletters

An extensive vertical file, and

Computerized database.

The library is open for on-site visits by appointment only, M-F 12pm-5pm E.S.T. It is accessible to the general public via phone, mail, and E-mail, M-F 9am-5pm E.S.T.

Look for *The Source*, a new bimonthly on-line newsletter compiled by SIECUS' Mary S. Calderone Library staff to help keep individuals updated on the most current books, reports, and other materials. Browsers can read the newsletter by contacting the SIECUS web site at www.siecus.org and then clicking on "Descriptions of Programs" and "The Mary S. Calderone Library."

Datasearches of books and journal articles are available for a fee. Please call SIECUS for more information.

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