

## **CCJDC Curriculum**

### **Curriculum Goals**

1. Students will cultivate attitude, beliefs, and values that will enable them to assume well-being within the context of personal health, relationships, and intimacy.
2. Facilitators will develop effective teaching skills and work as an interprofessional team to address the needs of at-risk youths in a culturally sensitive way.

### **Curriculum Objectives**

Session I: Basic reproductive anatomy, puberty, and personal care

1. Participants will discuss pubertal changes the challenges of going through puberty
2. Participants will compare and contrast the differences between basic male and female reproductive anatomy

Session II: Sexually transmitted diseases

1. Participants will discuss how STDs are spread and what can be done to prevent them.
2. Participants will review locations where they can get STD screening.

Session III: Contraception, consent, and negotiating safe relationships

1. Participants will discuss the different forms of birth control and highlight the benefits of discussing birth control with sexual partners.
2. Participants will formulate an appropriate way to say “no” and an appropriate response to hearing “no” using the strategies discussed.

### **Terminology**

In this packet, “student(s)” refer to residents of the Cuyahoga County Juvenile Detention Center, and “facilitator(s)” refer to the student volunteers from Case Western Reserve University schools of medicine, nursing, and social work.

### **Acknowledgement**

We would like to thank Dr. Kelly Kuo for providing the original framework of this curriculum, which we have modified based on our logistical circumstances. We thank Ms. Jesse Honsky for her help with structuring the specific learning objectives and lesson plans. Nikki Zaleski, Drs. Colleen Croniger, Amy Wilson-Delfosse, Susan Wentz, and Barbara Daly have been excellent consults. Finally, we thank our Student Run Free Clinic volunteers.

## **Session I. Basic reproductive anatomy, puberty, and personal care (Total: 1hr 20m)**

### **Introduction: Explain purpose and goals of educational curriculum (5 min)**

Over the course of the next three days, we will be discussing topics related to our bodies and our health, such as: the reproductive organ systems, pregnancy, birth control, and healthy relationships. The goal of this is to help you make healthier decisions about your body and relationships, and also to help us student doctors, nurses and social workers at CWRU improve the way we teach students and young people. We will be doing a lot of small group activities and discussions.

Since we will be talking a lot about our bodies and the normal changes that everyone experiences as they grow older, some might find themselves feeling a little shy or embarrassed. This is completely OK and normal. No one has to say or do anything that he/she doesn't want to do. At any time, it's OK to just tell us or your teachers that you're not comfortable with a certain activity or exercise and you can sit out – no one should laugh and you will not get in trouble.

### **Explain Surveys/Tests**

“Hi everyone!

We are nursing, medical, and social work students from Case Western Reserve University. Over the course of the next three days, we will be discussing topics related to our bodies and our health, such as: reproductive anatomy, common diseases, pregnancy, birth control, and healthy relationships. The goal of this is to help you make healthier decisions about your body and relationships. We will be doing a lot of small group activities and discussions. Since we will be talking a lot about our bodies and the normal changes that everyone experiences as they grow older, some might find themselves feeling a little shy or embarrassed. This is completely OK and normal. No one has to say or do anything that he/she doesn't want to do. At any time, it's OK to just tell us or the staff that you're not comfortable with a certain activity or exercise and you can sit out.

As part of this program, we would like to use the information from these classes in a survey study to help us student doctors, nurses and social workers at CWRU improve the way we teach students and young people. That is, we would like you to fill out a survey before or after each class. This really helps us learn both about how to teach young patients and about how young people like you understand sexual health. Everything will be anonymous, so no one will know who the information came from. We would like you to, however, think of a 3-word passphrase that only you can remember that you'll write on top of each survey. An example might be your favorite brand of cereal, your favorite month, and your favorite animal. Please do not share this passphrase with anyone, including us. We will not show these surveys to anyone, including the staff or your parents. Even though you have to be here during these sessions, your participation in our study is completely optional. If you do not want to fill out surveys or take part in discussions or activities, you don't have to, and you won't get into trouble.

We are really looking forward to our time with you, and hope this will be both educational and fun!”

### **Curriculum Overview: Review the schedule of the three day curriculum with the students**

- Session I: Basic reproductive anatomy, puberty, and personal care
- Session II: Sexually transmitted diseases
- Session III: Contraception, consent, and negotiating safe relationships

### **Icebreaker Exercise (10 min)**

- Names
- List a few different reproductive terms on the board (e.g. breasts, penis, sex, vagina) and ask students to think of lingo they may use to describe these terms. Write their responses on the board. Acknowledge that not everything has to be clinical, and leave these terms on the board for the Reproductive Anatomy portion later.

- Facilitator note: this exercise is intended to be a quick fun/racey kick-starter for the older age groups. No need to define anything yet.

### **Pre-session Survey and Question Box (10 min)**

#### **Puberty (30 min)**

- Ask students to define puberty. Correct or expand answers as necessary to include physical, emotional and relationship-related changes that occur during the transition into adulthood
- Discuss expected timeline for both sexes.
  - Girls: average age of onset is 10-13 (earlier in some ethnic groups), physical changes completed by age 15-17
  - Boys: average age of onset is 12-14, physical changes completed by 16-18
  - Emphasize RANGE of normal. Puberty is not a race and everyone is different!
- Pubertal changes exercise: please refer to “Puberty Change” table on Session I Appendix below. Use impersonal designations such as “other guys/girls” when eliciting response.
  - Facilitator note: this activity can be led in two ways. One, draw a girl and a boy, and have the class brainstorm changes for each. Two, choose items from the attached table to have students respond with “boy,” “girl,” or “both.”
  - Some myths to consider: teens who get a lot of pimples do not wash often enough, all girls are emotional and tearful before their periods
  - Ask students what causes these pubertal changes. Discuss sex hormones (testosterone and estrogen) and their role in puberty and sexual development
- What challenges do young people face as they experience puberty?
  - Facilitator note: the purpose of this section is to prime students for Session 3; please do not go in depth about this topic here
  - Feeling awkward or clumsy, increased self-consciousness, wanting to “fit in”
  - Standing up to peer pressure
  - Confusion/frustration with navigating new roles and responsibilities, self-exploration of identity
  - Conflict caused by wanting independence vs. boundaries set by parents, guardians, teachers
- Self-care and changes in personal hygiene during puberty
  - Facilitator note: consider framing the questions to emphasize changes in usual hygiene practice that must occur due to puberty.
  - Elicit “what does self-care and personal hygiene mean to you?”
  - Boys: showering/bathing, deodorant, shaving, washing face daily helps with acne, washing clothes often
  - Girls: similar hygiene practices in addition to,
    - Tampons- toxic shock syndrome
    - Misconceptions: douching prevents pregnancy, period blood is dirty blood, you can’t shower during your period, etc.
  - Take questions about the opposite sex

### **Reproductive Anatomy (10 min)**

- Discuss basic structure and function of male and female reproductive anatomy using models, posters, and drawings
  - Facilitator note: the goal of this section is to familiarize the students in a way that allows them to be reasonably conversant in a healthcare setting
  - Male: testes, scrotum, prostate, urethra, penis (head/shaft)
  - Female: breast, ovaries, fallopian tubes, uterus, cervix, vagina, labia
    - Mention fallopian tube scarring and ectopic pregnancy with repeated STDs, to be further discussed in Session II
    - Myths: vagina opens up into the uterine cavity, things can get lost in the vagina
- Simple fertilization overview
  - Penetration: emphasize that penis does not “go through” cervix
  - Ejaculation
  - Fertilization depending on presence of egg
- Discuss the basics of the female menstrual cycle as it relates to pregnancy and fertilization
  - Ovaries release 1 egg per month. If not fertilized, egg and uterine lining sheds as menstrual period
  - Pad and tampon demonstration

### **Anonymous Question Box (15 min)**

- Students can submit anonymous questions about this session’s content, which can be answered prior to wrap up.

### **Wrap-up**

## Session I Appendix

PUBERTY CHANGE	BOYS	GIRLS	BOTH
Grow taller			X
Skin gets oily			X
Acne (pimples)			X
Voice changes			X
Hair grows on face	X		
Hair gets oily			X
Hair grows in underarms			X
Hair grows on genitals (pubic hair)			X
Sweat glands develop			X
Breasts develop			X
Hips get wider		X	
Shoulder gets wider	X		
Start producing sperm	X		
Penis grows bigger	X		
Testicles get bigger	X		
Body starts producing sex hormones			X
Nocturnal Emissions (Wet dreams)	X		
Erections happen out of the blue (penis gets hard)	X		
Sperm can be released through penis (ejaculation)	X		
Start releasing eggs (ovulation)		X	
Periods (menstruation)		X	

Mood swings			X
Start having sexual thoughts			X
Start having sexual feelings			X
Can become interested in having a boyfriend or girlfriend			X
Start producing vaginal discharge		X	
Friendship becomes more important			X
Sometimes feel lonely and confused			X
Stronger feelings of wanting to be liked and to "fit in"			X
Want more independence			X
Thinking about the future			X
Concerned about looks (appearance)			X

\*Breast development is related to an increase in the estrogen hormone. Males normally produce some estrogen in the adrenal glands and testes. Nearly one in two boys experiences temporary enlargement of the breasts during puberty.

Adapted from: Canadian Federation for Sexual Health. (2005). *Beyond the Basics: A Sourcebook on Sexuality and Reproductive Health Education*, p.69-70.

## **Session II: Sexually transmitted Diseases (STDs) (1hr 20m)**

### **Introduction**

Establish an open and safe environment; acknowledge that some or many students are not sexually active. Explain the relevance of today's session in the context of what has already been learned, e.g. "Now we know about all the changes that happen to our bodies during puberty, and that it's normal to begin developing different relationships with others (or to imagine), so today we will talk about what we need to know to protect ourselves and keep our bodies healthy."

### **Icebreaker Exercise (15 min)**

Chlamydia transmission game (see Appendix for session II).

### **STDs Overview (20 min)**

- Collect anonymous questions in box
- Ask students to help define "STD"
  - Explain different modes of transmission (genital, oral, anal)
  - Some are bacterial, some are viral
  - Can you tell if someone has an STD just by looking at him/her?
  - Correct any misconceptions from box and others that may be brought up, e.g. transmission by touching hands, toilet seats
- Ask students to brainstorm different STDs (correct any misconceptions, e.g. yeast infections). Discuss the following:
  - Gonorrhea
  - Chlamydia
  - Trichomoniasis
  - Herpes
  - HIV
  - "There are others"
- STD categorization activity
  - The facilitator draws a table with labels:
    - Curable vs. incurable
    - Life-threatening vs. not
    - Symptomatic vs. asymptomatic
  - Have the group discuss each STD and assign the appropriate labels

### **Prevention (10 min)**

- Discuss the concept of risky behavior
  - Unprotected sexual contact, dirty needles
- NOT by casual contact, e.g. sharing utensils, or toilets
- Which of these are preventable?
- Emphasize that condoms protect against STDs transmitted through bodily fluids
- Condom demo/practice

- Condoms stretch A LOT. If uncomfortable, try a larger size (Trojan Magnum). If allergic to latex, use a non-latex condom (Lifestyle Skyn)
- Facilitator note: depending on students' comfort level, discuss the following nuances:
  - Do NOT use lambskin condoms as they are porous and ineffective
  - Do NOT use oil (ex, lotion, baby oil, oil-based lube) with condoms as they erode the latex. Use saliva, water-based lube, as needed.
  - Do NOT “double bag” as this causes friction between the condoms, making them more likely to break
  - Store condoms in a cool/dry place (i.e., wallets are not a good place)

### **When to See a Doctor (15 min)**

- Review take-home messages
  - Facilitator note: it is NOT important for the students to be able to distinguish different STDs; our goal is for them to recognize when they need to see a doctor
  - What can STDs do to the body?
  - Discuss some symptoms (e.g. pain, discharge, sores)
  - Emphasize that some are asymptomatic- regular screening!
- Emphasize that while many STDs are curable, there are consequences for repeated assault.
  - Infertility, pelvic inflammatory disease and ectopic pregnancy, problems for baby if pregnant, cervical cancer
- Who can get STDs? How common are they?
  - Most are very common for teens: 1 in 2 sexually active person before age 25
  - Currently, chlamydia is rampant among Cleveland teens

### **Screening and Treatment Resources (10 min)**

- Emphasize that these clinics will provide information, screening, and treatment for STDs without parental/guardian knowledge. Free or low cost.
  - 211 Navigators is a telephone/online program run by United Way that connects community members with government, social, and health resources free of charge, confidentially 24/7. Emphasize this resource, especially for students not from the Cleveland area.
  - Planned Parenthood
  - The Free Clinic of Greater Cleveland
  - Neighborhood Family Practice
  - Care Alliance
- Facilitator note: give handouts after the post-session survey, please.

### **Wrap-up (10 min)**

Post-session survey

## **Session II Appendix**

**Purpose:** To increase awareness of how quickly chlamydia and other STDs can be spread, how they can be stopped, and to illustrate effects of peer pressure

**Materials:** Assorted candy (Hershey's Kisses, Lifesavers, etc.), index cards, pens/pencils, and a small brown paper bag for each student

### **Planning notes:**

- Place one type of candy in each participant's bag.
- Player 1 (chlamydia): Designate one type of candy to represent chlamydia (e.g. Hershey's Kisses), and fill two bags with that one type of candy; draw a star (\*) on the bottom of those bags.
- Player 2 (Condom): On the bottoms of 2-3 other bags, draw a "C"
- Player 3 (Monogamous): Bag also contains index card: *Exchange candy with only one partner. When asked by anyone other than your partner, say politely "Thank you, but I do not want to exchange candy."*
- Rest of class: Write instruction on board, *exchange candy with whomever you wish; keep track of your total number of partners. If you have a card in your bag, follow those instructions. Don't tell others what's in your bag when you're trading.*

### **Procedure:**

1. Facilitator note: students may trade in candy that they don't like at the end of the game.
2. Pass out the bags. Explain that each bag of candy contains instructions, and ask students to keep their individual instructions secret.
3. Give participants about 5 minutes to exchange candy.
4. Find out who got the most candy.
5. Ask the one person whose bag has a star (\*) on the bottom to stand up. Explain that this was the person who started out with *Kisses* and that, for the purposes of this exercise, the *Kisses* represent chlamydia infection. Then, ask anyone who has a *Kisses* in his or her bag to stand up. Explain that they too have been exposed to chlamydia.
6. Ask the participants with "C" written on their bag to sit down. Explain that the "C" means they always used condoms and protected themselves from chlamydia..
7. Explain to the participants that this activity contains an error because someone might have received a *Kisses* (chlamydia) and then given it away again. By contrast, you cannot give away chlamydia. Once you have it, you can share it with others; but, you can never get rid of it yourself.
8. Remind participants that this is a game. No one can become infected with chlamydia because he/she eats a particular kind of food nor by sharing or exchanging food.

### **Discussion questions, depending on time:**

1. Did anyone notice anyone who did not stand up? Introduce the "abstinent" participant and the "monogamous" partners. Ask them how they felt not playing. How did the others feel when these people refused to exchange candy with them?
2. Why is it difficult not to participate when everyone else is participating?
3. How did the person with the *Kisses* (chlamydia) feel?
4. The one person whose bag had a star did not know he/she was "infected" with chlamydia. How could we have known ahead of time?



### **Session III: Contraception and negotiating safe relationships (1hr 25min)**

#### **Introduction**

Explain relevance of lesson, not only for people choosing to have intercourse in their teens, but also for people who choose to wait, regardless of their views on sexual orientation or marriage. There are a lot of myths and misconceptions out there about what works for birth control, how it works, and what other effects it may have. It is important for both young women and men to be informed on their options for birth control, since approximately 50% of all pregnancies in the U.S. are unplanned.

#### **Icebreaker Exercise (15 min)**

Each student will divide a paper in half and write two short letters: one letter giving advice to past self, and another letter to future self. (If asked, specify: give an advice to past self on something and congratulate the future self on that thing or something else)

- Facilitator note: the goal of this exercise is to empower the students by self-reflection while allowing them to envision future goals/dreams. These will be collected to ensure completion and handed back.

#### **Contraception Basics (20 min)**

- Facilitator note: While we want to emphasize the importance of contraception, we want to be sensitive to students who are already fathers. Also please allow time for Safe Relationship discussion.
- How would a pregnancy change your life? For fathers in the room, how has pregnancy changed their lives?
  - Birth control is an important component of many relationships
  - Cost of raising a baby
    - Minimum \$175K until age 18 = 5 Mercedes Benz C class
    - Minimum \$1500 in diapers alone = 7 iPhones
- Why is it good to talk with your partner about birth control?
  - Avoids secrecy, lying, guilt, mistrust
  - May offer support in going to the doctor; help in decision-making about intercourse or about birth control from their experience
  - Can help each other use a method correctly, consistently
- Quick fertilization review using models
  - Penetration
  - Pre-ejaculate (“precum”): need to use condoms from the very beginning of intercourse for contraception and STD prevention!
  - Ejaculation
  - Fertilization if egg is present
- Provide demos with very basic mechanism of action (using models), pros, and reliability
  - Withdrawal
    - Pregnancy ~1 out of 3 sexual contacts, NOT reliable
  - Male condom
    - STD protection, 1.5 out of 10 failure due to improper use

- OTC purchase at pharmacy, online
  - Hormonal (pills, Nuvaring, Depo, Nexplanon)
    - Need prescription, need to keep track, reliable
  - IUD (hormonal and non-hormonal)
    - Need prescription
    - Lasts 5-10 years, fertile after removal, very reliable
  - Surgical (tubal ligation, vasectomy)
    - Permanent, very reliable
  - Abstinence
    - Most reliable
- Which methods give the most protection from STDs?
  - Abstinence, condoms
- Which methods can teenagers get without parental consent?
  - All of the above; however, encourage students to be open with their parents/caregivers if possible
- What contraceptive method can be used to prevent pregnancy following unprotected intercourse or a birth control failure (e.g. if a condom breaks)?
  - Plan B aka emergency contraception or morning-after pill. To be most effective it must be taken as soon as possible, but within 5 days of unprotected intercourse.
  - Emphasize that Plan B is NOT an abortion pill: it prevents the release of egg and generally makes the uterus an inhospitable place
- Where else besides this class, could a person get accurate up-to-date information about birth control?
  - Parents, guardians, other trusted adults (if possible)
  - Doctors
  - Internet (but be careful what you read!)
  - Family Planning Clinic, like Planned Parenthood

### **Contraception Resources (10 min)**

- Facilitator note: give handouts after the post-session survey, please

### **Negotiating Safe relationships and Importance of Consent (30 min)**

We make decisions about our relationships every day, both new and old: whom to choose as friends, how to treat your friends or family, whether or not to go out with somebody, whether or not to break up with somebody, when to have sex, when and who to marry or to have children, and even how to treat a person who likes us but whom we don't especially like. These decisions are important because every action has consequences, and every relationship you have helps to shape you as a person. How do you want to be known when you grow up? The way people describe you often comes through in your relationships with others. It is important to develop a respect for one's own body and for others'. Today we will be discussing the importance of safety, knowing your personal rights, and respect in negotiating relationships. Remember to ask open-ended questions and ensure that participants are doing most of the talking.

- What are safe relationships?
  - Facilitator note: evoking media examples of safe/unsafe relationships (e.g., Chris Brown and Rihanna, Ray Rice NFL Ravens player knocking down fiancée) may be helpful for participation
  - Have students brainstorm words and/or phrases that characterize safe/unsafe relationships. Create a list of qualities of safe versus unsafe relationships on the board.
  - Emphasize both physical and emotional security; absence of violence, pressure, manipulation, and exploitation
- Your body and your personal rights: your body as your own
  - The right to feel safe: remember that exploitation or abuse is always WRONG
  - The right to decide: only you can say when you are ready for any new steps in a relationship – no one else owns your body, your time, or your emotions.
- The meaning of no
  - Practice saying NO assertively and politely. In the large group, have students practice responding to this scenario: turndown someone nicely after he/she asks you on a date.
    - State a fact or a feeling. Examples:
      - That makes me uncomfortable.
      - When you \_\_\_\_\_, I feel \_\_\_\_\_.
      - I don't like it when you \_\_\_\_\_.
      - It bothers me when you \_\_\_\_\_.
    - Ask straight for what you want/describe what you would like. Examples:
      - I'd like it if you would \_\_\_\_\_.
      - Could you \_\_\_\_\_?
      - How would you feel about \_\_\_\_\_?
      - Would it be OK if \_\_\_\_\_?
- The importance of respect
  - How do you respond if someone says "no" to you? Practice responding gracefully and politely. If inappropriate response is elicited, ask pros and cons of that behavior, and possible coping mechanisms. In the large group, have students practice responding to this scenario: respond to being turned down after asking someone on a date.
    - Ask for your second choice. Examples
      - Well, would you consider \_\_\_\_\_?
      - Well, could I \_\_\_\_\_?
      - How about \_\_\_\_\_?
      - Well, what about \_\_\_\_\_?
    - If they still say no, accept gracefully. Examples:
      - OK
      - Oh, I understand.
      - OK, maybe another time
      - Alright, I hear you.
    - REMEMBER, if the person has to say "no" to you more than twice, you're being aggressive, even if they use other words ("I don't want to." "Cut it out." "I don't feel like it.")

- Remember to treat others as you yourself would like to be treated
- Why might it be hard to say no or hear no in a sexual context? Why would it be hard in a non-sexual context?
  - Gender: There are different societal expectations of people depending on their gender. Generally, men are more socialized to say “no” and women are socialized to agree or not actively say no
  - Ego: Because sexual desire can be so wrapped up in egos, it can make saying no and hearing no really challenging. However, most often, “no” only means “I don’t want to have sex with you right now”
  - Power: People with power have more societal privilege, so hearing “no” is much less common. People with less power might fear saying no because of any repercussions.
- Consent Culture
  - Has anyone heard the term “consent culture” before? What does it mean to you?
  - Write the 4 C’s of consent on the board and discuss each:
    - **Clear:** everyone involved knows exactly what they are consenting to
    - **Continuous:** checking in with the other party to make sure they are still comfortable with what is happening BEFORE moving on to a new action
    - **Conscious:** not under the influence of drugs or alcohol, not asleep, able to make a full decision
    - **Free of Coercion:** not using threats or force (verbal, physical, emotional) to persuade someone to do something
  - Communication around consent is important to establish that all parties in a relationship are aware of each other’s boundaries, needs, and wants. Allowing someone to feel heard and respected is a big part of maintaining a healthy relationship.
- Discussion
  - What should you do if a friend tells you he/she doesn’t feel safe?
    - Emphasize listening, NOT blaming, and keeping confidentiality
    - Rape crisis center, domestic shelter hotlines. For emergencies, call 911.
  - Who can you talk to if you are going through a hard time?
    - E.g., family, friends, teachers, school counselors
  - Who can you talk to if you need counseling?
    - Applewood Center, Bellefaire JCB
    - Facilitator note: give handouts after the post-session survey, please

**Wrap-up (10 min)**

Post-session survey

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