

8186DV

HUMAN RELATIONS MEDIA

41 Kensico Drive Mount Kisco NY 10549 1-800-431-2050

Am I Ready? Making Healthy Sexual Decisions

DVD Version



HUMAN RELATIONS MEDIA

ISBN-13: 978-1-55548-932-8

AM I READY? MAKING HEALTHY SEXUAL DECISIONS

Credits

Executive Producer

Anson W. Schloat

Producer

Elisabeth Kwak-Hefferan

Consultant

Dr. Elizabeth Casparian
Executive Director, HiTOPS
Princeton, NJ

Teacher's Resource Book

Elisabeth Kwak-Hefferan
Donna Giachetti



Copyright 2012
Human Relations Media, Inc.

AM I READY? MAKING HEALTHY SEXUAL DECISIONS

Table of Contents

Teacher Resources

DVD Menu	i
Introduction	1
Learning Objectives	3
Note to the Teacher	4
Program Summary	5
National Health Education Standards Performance Indicators	8
Pre/Post Test Answer Key	10

Student Activities

1. Pre/Post Test	11
2. The Good and the Bad	13
3. Music Mash	15
4. Myth versus Reality	16
5. Personal Values	17
6. As I See It	19
7. Dear Answer Dude	20
8. What Would You Say?	21
9. Role Plays	23
10. The Great Debate	24
11. Contraception Report	25
12. STI Prevention	26

Fact Sheets

1. Am I Ready?	27
2. Red Flags	28
3. Reasons: Healthy and Unhealthy	29
4. By the Numbers	30
5. What Is a Healthy Relationship?	31
6. Dealing with Sexual Pressure	33
7. Refusal Techniques	34
8. Tips for Talking about Sex	35
9. Contraception: Barrier Methods	36
10. Contraception: Hormonal Methods	38
11. Contraception: Other Methods	39
12. STIs	41
13. Resources	43
14. Bibliography	44

Other Programs from Human Relations Media	45
---	----

DVD Menu

Main Menu

- **Play**

- **Chapter Selection**

From here, you can access many different paths of the DVD, beginning with the introduction and ending with the credits.

- 1.** Introduction
- 2.** Media Pressure
- 3.** Peer Pressure
- 4.** Partner Pressure
- 5.** Sexual Values
- 6.** The Right Sexual Partner
- 7.** What If I Am Not Ready?
- 8.** Protection
- 9.** STIs
- 10.** Conclusion

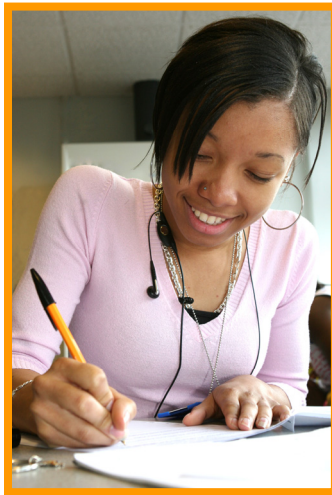
- **Teacher's Resource Book**

A printable file of the accompanying Teacher's Resource Book is available on the DVD. Load the DVD onto a computer that has a DVD disk drive and Adobe Acrobat Reader.

For PC users: From the "Start" menu, click on "Computer," then right click on your DVD disk drive and select "Explore." Double click on the PDF document to open the Teacher's Resource Book.

For Mac users: In "Finder," click on the DVD under "Devices." Then click on the PDF document to open the Teacher's Resource Book.

TEACHER RESOURCES



Am I ready for sex? It's one of the toughest, most personal and most important questions teens may ever ask themselves. Sorting out one's own values about sex is difficult all by itself. If we also consider the many competing opinions teens receive from the media, parents, friends and dating partners, the sexual decision-making process becomes a minefield. Navigating the many factors that go into the decision to become sexually active or not requires maturity, clear thinking and advanced planning. The consequences of sex—emotional stress, unplanned pregnancy and STIs—are too high for teens not to take the decision very seriously.

According to the latest statistics from the Centers for Disease Control and Prevention, 46% of high school students have had sex (2009). But not many of these young people were truly ready for the experience. A study by the National Campaign to Prevent Teen and Unplanned Pregnancy reports that two out of three teens who have had sex wish they had waited until they were older. It's clear that young people need guidance to make healthy sexual decisions.

One major factor in sexual decision-making is identifying exactly why a teen might consider becoming sexually active. Is it for his or her own reasons, or is it because of the many pressures coming from the media, peers and even dating partners? Though sex in pop culture or gossip from peers can make teens (mistakenly) believe that "everybody's doing it," they should be able to separate outside pressures from what's best for them. Teens must also understand that sexual pressure has no place in a healthy relationship and be equipped with the skills to resist such pressure effectively.

Personal values also play a major role in sexual decision-making. It's very important for teens to spend time thinking about what they will need in order to feel truly ready for sex. Marriage? Love? A committed relationship? Everyone's values are different and require careful thought to develop. Young people should also learn to assess relationships with their dating partners. When teens can recognize the importance of trust, honesty and communication in a relationship, they will be better able to consider and discuss sexual topics with the right partner.

Sex is not obviously right for many teens, and waiting until they are older is a healthy decision. However, if teens do decide they are ready for sex, it's essential that they understand the importance of using contraception and condoms correctly. About 745,000 teen girls get pregnant in the U.S. every year—and many of them will go on to face the incredible challenges and sacrifices required of teen parents. What's more, three million teens—that's one in four sexually active teens—will contract an STI this year. Educating young people about reducing their risk for these serious consequences is essential to protect their health and their future.

Featuring honest discussion with real teens and expert commentary, *Am I Ready? Making Healthy Sexual Decisions* takes a clear, non-judgmental look at what it takes to be truly ready for sex. Viewers will learn how to evaluate sources of sexual pressure, values and their relationships, applying these lessons to their own lives. Many will come away empowered to say no to sex and educated about the vital importance of using protection when they do become sexually active. Most of all, the program helps teens take a good look at themselves and use that knowledge to make decisions that are healthy and right for themselves, now and years into the future.

After watching the video *Am I Ready? Making Healthy Sexual Decisions* and participating in the class activities included in this Teacher's Resource Book, your students will be able to:

- recognize the types of sexual pressure that may come from the media, peers and partners
- understand that vaginal, anal and oral sex can lead to an unplanned pregnancy or a sexually transmitted infection (STI)
- identify unhealthy reasons for becoming sexually active
- describe the elements of a healthy romantic relationship
- explain their personal sexual values
- recognize the risky consequences of combining sexual decision-making with alcohol or drugs
- understand the importance of trust and communication between partners
- recognize the potential emotional consequences that may result from sexual behavior
- assertively communicate a decision not to become sexually active
- effectively resist pressure to become sexually active
- describe the contraception options available to teens
- understand the importance of using condoms correctly, every time they have sexual contact
- describe common viral, bacterial and protozoan STIs and the health risks they pose

NOTE TO THE TEACHER

Some of the activities and fact sheets in this Teacher’s Resource Book contain materials that require a high level of sensitivity and maturity to implement in class successfully. We recommend that you read through all the activities and fact sheets and omit any sheets that you may consider inappropriate for your group of students.

Sex is often a tough topic for young people to discuss. Encouraging a non-judgmental, open and respectful atmosphere in class can help students get the full benefit from these lessons. We recommend instituting a no-teasing, no-name-calling policy to help put all students at ease. Students should also be advised that insulting language based on anyone’s past experiences, opinions or sexual orientation will not be tolerated.

The Good and the Bad Activity (pages 13-14)

In Part One of this activity, your students are instructed to brainstorm a list of reasons why teenagers may become sexually active. You may need to prompt them in order to come up with a complete list. Refer to the *Healthy and Unhealthy* fact sheet for help, or add your own ideas. In Part Two, they are asked to brainstorm reasons why it might be difficult to remain abstinent. Answers will vary. You may need to prompt the following ideas if students don’t volunteer them:

loneliness	curiosity
desire to prove sexual orientation	desire to feel like an adult
wanting intimacy with partner	wanting pleasure or fun
being teased by peers	pressure from a partner

Music Mash Activity (page 15)

This activity asks students to analyze an example of sexual pressure in pop music. The songs chosen can lead to a useful discussion, but you may want to review each student’s chosen lyrics before sharing them with the class as a whole in order to screen out choices that are too inappropriate for the class’s maturity level.

The Great Debate Activity (page 24)

This activity asks students to share their opinions on controversial topics. It is helpful to review the questions before class, removing any that you don’t think your students can maturely discuss. You may want to implement this as a two-day activity. On day one, students will complete the worksheet; you can then review the answers and choose the best conversation starters for the next class period.

STI Prevention Activity (page 26)

This activity asks students to work in teams to create a public service message about STIs. If possible, work with your administration to display or perform their projects for a wider school audience.

The program begins by asking a tricky question: Am I ready for sex? A series of real teens share their opinions. Then the hosts point out that the decision to become sexually active is important and carries serious consequences. The male host explains that before someone can decide if he or she is ready for sex, he/she must first address a number of other questions. Finally, they note that there is no one accepted definition of “sex” or “sexually active.” In this program, “sex” means any sexual behavior that can lead to a pregnancy or an STI.

The first question to consider is, “Why am I thinking about having sex?” The hosts introduce the topic of sexual pressure from outside sources, beginning with media pressure. The teens note that media portrayals show sex as something casual and common among young people. Next, we meet Dr. Elizabeth Casparian, executive director of the adolescent sexuality education program HiTOPS in Princeton, NJ. She explains, “The messages that they’re getting from TV and the internet is that everyone’s doing it...when we know that’s not happening.” Viewers learn that more than half of high school students have not yet had sex. What’s more, sex in the media is nothing like sex in real life. Fictional characters don’t have to worry about the real consequences of sex—but real teens do. “I’ve never heard a TV show talk about STIs,” notes one teen.

Peers can also be a significant source of sexual pressure. The young people describe wanting to chime in when friends talk about sex or wanting to fit in with what their friends were doing. Teens are reminded that just because peers are talking about sex doesn’t mean they are actually sexually active. A young woman reassures viewers that there’s no way they are the only virgins left in school; Dr. Casparian adds that it’s important for teens to make decisions based on what’s right for them, not on what others say they are doing.

Dating partners can also put pressure on each other to have sex. Sometimes this can occur because teens—often guys—get the message that they are “supposed” to have sex. Dr. Casparian emphasizes the qualities of a healthy relationship: equality, having the right to one’s own opinions, being valued, respect, communication and no pressure. One teen shares that she lost her virginity because her boyfriend pressured her into it: “Looking back, it wasn’t my decision. It was his decision.” Viewers see the next “red flag:” You’re not ready if you don’t know how to say no to your partner. Finally, the experts and hosts explain that what teens really want is intimacy, not sex.

The program moves on to the next big question: “What are my sexual values?” Viewers learn that values—or strong personal beliefs about right and wrong—are very important in all decision-making. The teens share some of their sexual values, including the importance of commitment, communication or being in love. The hosts review some unhealthy reasons to become sexually active: I don’t want to be the only virgin left in school, I just want to get it over with, my partner will break up with me if I don’t, I want to feel like I’m an adult, I’m

really curious, and it's what couples do. Next, they review healthy reasons to wait: I'm waiting for a committed relationship, it's against my personal values, I haven't found the right person yet, I don't want to get an STI, I don't want to get pregnant, and I'm just not ready yet.

The hosts emphasize that alcohol or drugs can interfere with personal values by contributing to high-risk behaviors. A young woman shares that she lost her virginity when she was drunk and "regretted it almost immediately."

Next, the program tackles, "Do I have the right partner?" Viewers learn that in a healthy relationship, partners must be able to communicate clearly about sex. "They really do need to face the issues head-on," notes Dr. Casparian. Several teens acknowledge that talking about sex can be awkward, but that it's an essential conversation to have. Next, the program discusses how sex can change a relationship. While taking a relationship to a sexual level can sometimes bring people closer, it can also affect the relationship negatively. One young man counsels viewers to think about they would feel if the relationship ended before having sex.

The next question is, "What if I'm not ready?" For teens that have considered the first several factors and decided they're not yet prepared for sex, assertive communication is essential. Dr. Casparian explains that many teens give in to sexual pressure because they lack the skills for standing up for their own beliefs. One teen recommends being straightforward about one's boundaries with a partner. "It's your body and you have to take care of it, and don't ever let anyone else tell you what to do," notes another. The teens review several ways to say no to sex: I want to wait a few months before we go there, I want to wait until I'm older, I want to wait until I'm married, I don't want to risk getting pregnant or getting an STI, my parents would kill me, and I'm just not ready yet.

The program then turns to the final question: "How will I protect myself?" If teens have thought about all the factors already discussed and decide they are truly ready, they still must make a plan for preventing pregnancy and STIs. A young woman provides a summary: "You need to know your partners, limit your partners, use a condom correctly every time and make all your decisions sober." Teens are advised to talk about birth control options with a partner well before having sex.

Unplanned pregnancy is the first major risk of sexual activity. Dr. Casparian notes that no method of contraception is 100% effective at preventing pregnancy. The hosts explain that a pregnancy occurs when a male sperm fertilizes a female egg. Several types of birth

control are reviewed, including hormonal and barrier methods. Another red flag is, “You’re not ready if you’re too embarrassed to talk to your partner about birth control.”

The other major risk of sexual activity is contracting an STI. Ivy Pearlstein, director of an adolescent health center, tells viewers that STIs are very widespread among teens and can be transmitted through vaginal, anal and oral sex. She also warns teens that in many cases, it’s possible to be infected with an STI and not have any symptoms—and then transmit it to a partner. Viewers learn that some STIs can be treated, but if prompt medical care is not given, they can progress into much more serious health problems. If someone has been sexually active, getting tested for STIs is the only way to know for sure if he or she is infected. “Using condoms is another essential part of reducing your risk,” says the host. The teens explain that condoms are the only methods of birth control that provide protection against STIs.

Finally, the hosts review the important questions to ask oneself before making any decisions about sex. The teens wrap up the program with final thoughts. “If you’re confident in yourself without being sexually active, I think that’s great,” says one. “If you’re not ready, you can always wait,” says another. The program ends with “Stick with your morals and your values. If you’re not ready for sex yet, don’t do it.”

**NHES PERFORMANCE INDICATORS
(GRADES 9 - 12)**

The video and print materials in *Am I Ready? Making Healthy Sexual Decisions* are compatible with the Performance Indicators of the National Health Education Standards (grades 9 - 12) as indicated below.

National Health Education Standard 1: Students will comprehend concepts related to health promotion and disease prevention to enhance health.

Performance indicators for grades 9 - 12

- 1.12.1** Predict how healthy behaviors can affect health status.
- 1.12.2** Describe the interrelationships of emotional, intellectual, physical, and social health.
- 1.12.3** Analyze how environment and personal health are interrelated.
- 1.12.7** Compare and contrast the benefits of and barriers to practicing a variety of healthy behaviors.
- 1.12.8** Analyze personal susceptibility to injury, illness, or death if engaging in unhealthy behaviors.
- 1.12.9** Analyze the potential severity of injury or illness if engaging in unhealthy behaviors.

National Health Education Standard 2: Students will analyze the influence of family, peers, culture, media, technology, and other factors on health behaviors.

Performance indicators for grades 9 - 12

- 2.12.2** Analyze how the culture supports and challenges health beliefs, practices, and behaviors.
- 2.12.3** Analyze how peers influence healthy and unhealthy behaviors.
- 2.12.4** Evaluate how the school and community can affect personal health practice and behaviors.
- 2.12.5** Evaluate the effect of media on personal and family health.
- 2.12.7** Analyze how the perceptions of norms influence healthy and unhealthy behaviors.
- 2.12.8** Analyze the influence of personal values and beliefs on individual health practices and behaviors.
- 2.12.9** Analyze how some health risk behaviors can influence the likelihood of engaging in unhealthy behaviors.

National Health Education Standard 3: Students will demonstrate the ability to access valid information, products, and services to enhance health.

Performance indicators for grades 9 - 12

- 3.12.2** Use resources from home, school, and community that provide valid health information.
- 3.12.3** Determine the accessibility of products and services that enhance health.
- 3.12.4** Determine when professional health services may be required.
- 3.12.5** Access valid and reliable health products and services.

National Health Education Standard 4: Students will demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks.

Performance indicators for grades 9 - 12

- 4.12.1** Use skills for communicating effectively with family, peers, and others to enhance health.
- 4.12.2** Demonstrate refusal, negotiation, and collaboration skills to enhance health and avoid or reduce health risks.
- 4.12.4** Demonstrate how to ask for and offer assistance to enhance the health of self and others.

**NHES PERFORMANCE INDICATORS
(GRADES 9 - 12)**

National Health Education Standard 5: Students will demonstrate the ability to use decision-making skills to enhance health.

Performance indicators for grades 9 - 12

- 5.12.1** Examine barriers that can hinder healthy decision making.
- 5.12.2** Determine the value of applying a thoughtful decision-making process in health-related situations.
- 5.12.3** Justify when individual or collaborative decision making is appropriate.
- 5.12.4** Generate alternatives to health-related issues or problems.
- 5.12.5** Predict the potential short-term and long-term impact of each alternative on self and others.
- 5.12.6** Defend the healthy choice when making decisions.
- 5.12.7** Evaluate the effectiveness of health-related decisions.

National Health Education Standard 6: Students will demonstrate the ability to use goal-setting skills to enhance health.

Performance indicators for grades 9 - 12

- 6.12.1** Assess personal health practices and overall health status.
- 6.12.2** Develop a plan to attain a personal health goal that addresses strengths, needs, and risks.

National Health Education Standard 7: Students will demonstrate the ability to practice health-enhancing behaviors and avoid or reduce health risks.

Performance indicators for grades 9 - 12

- 7.12.1** Analyze the role of individual responsibility for enhancing health.
- 7.12.2** Demonstrate a variety of healthy practices and behaviors that will maintain or improve the health of self and others.
- 7.12.3** Demonstrate a variety of behaviors to avoid or reduce health risks to self and others.

National Health Education Standard 8: Students will demonstrate the ability to advocate for personal, family, and community health.

Performance indicators for grades 9 - 12

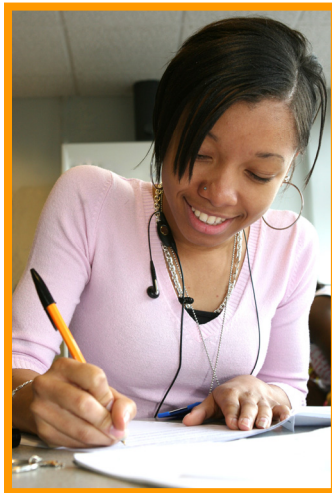
- 8.12.1** Utilize accurate peer and societal norms to formulate a health-enhancing message.
- 8.12.3** Work cooperatively as an advocate for improving personal, family, and community health.

Pre/Post Test Answer Key

(Activity 1, pages 11-12)

- 1.** c
- 2.** d
- 3.** a
- 4.** b
- 5.** b
- 6.** d
- 7.** c
- 8.** b
- 9.** c
- 10.** a

STUDENT ACTIVITIES



Name: _____

1. How many U.S. high school students have not yet had sex?
 - a. one-fourth
 - b. one-third
 - c. more than half
 - d. three-fourths

2. Which of the following is not a quality of a healthy romantic relationship?
 - a. equality
 - b. good communication
 - c. respect
 - d. frequent pressure

3. _____ means being close and connected with another person; it is a basic human desire.
 - a. intimacy
 - b. sex
 - c. vulnerability
 - d. communication

4. Which of the following is not an example of personal sexual values?
 - a. "I think sex should wait until marriage."
 - b. "Lots of teenagers feel pressure to have sex."
 - c. "Sex will be right for me when I'm in love."
 - d. "I don't feel right about having sex unless we're using a condom."

5. Andrew has decided to abstain from sex, but his partner is pressuring him. Which of the following is probably the most effective response to this pressure?
 - a. just giving in to what his partner wants
 - b. telling his partner, "I care about you, but I'm just not ready for sex yet. Please stop pushing me."
 - c. changing the subject whenever it comes up
 - d. not returning his partner's phone calls

This activity is continued on the next page.

Name: _____

6. If a young woman has intercourse without contraception on a regular basis, what are her chances of becoming pregnant within a year?
- a. 10%
 - b. 25%
 - c. 60%
 - d. 85%
7. _____ is a device, drug or method that reduces the risk of pregnancy.
- a. abstinence
 - b. withdrawal
 - c. contraception
 - d. conception
8. Which type of birth control works by physically preventing sperm from coming into contact with an egg?
- a. the pill
 - b. the male condom
 - c. the patch
 - d. the ring
9. What percentage of sexually active teenagers get a sexually transmitted infection (STI) each year?
- a. 2%
 - b. 10%
 - c. 25%
 - d. 50%
10. STIs can be transmitted through three of the following sexual behaviors. Which one cannot transmit an STI?
- a. making out/kissing
 - b. oral sex
 - c. vaginal intercourse
 - d. anal intercourse

Name: _____

Teens may decide to become sexually active for many reasons. Some of these reasons can be considered healthy, while others are definitely *un*healthy. Teens also choose to abstain from sexual activity for many different reasons. In this activity, you will take a closer look at some of these decisions.

Part One:

As a class, come up with as many different answers to this question as possible: why might a teenager choose to become sexually active? Your teacher will list them on the board. When the class has finished the list, go through each reason individually. Decide if that reason is a “good,” or healthy reason to have sex—or a “bad,” unhealthy reason. Write down each one in the proper column below.

GOOD REASONS	BAD REASONS

When you’re done, discuss your decisions with the class. Did everyone classify the reasons the same way you did? Explain your opinion to the class. Did anyone change your mind? Did you change anyone else’s mind?

This activity is continued on the next page.

Name: _____

Part Two:

For teens, waiting until you're sure you're ready for the consequences of sexual activity is a healthy choice. But remaining abstinent isn't necessarily easy to do. As a class, come up with as many answers to this question as you can: What makes it tough to remain abstinent? Your teacher will list your responses on the board. When you're done, work individually to think of a positive way to deal with each one of the items on the list. An example has been provided below.

Challenge	A way to deal with this challenge could be...
<i>Wanting to fit in with friends/peers</i>	<i>Talk to a trusted friend, sibling or adult about the problem. Spend more time with friends who aren't sexually active.</i>

When you're done, share your ideas with the class.

Name: _____

You've heard it before: sex sells. You probably don't have to look too hard to find examples of sexual behavior on TV and in movies, magazines, popular music and other forms of media. Frequent, unrealistic portrayals of sex in the media contribute to the sexual pressure many teens experience. For this activity, you will zero in on music, one of the most popular forms of entertainment. Choose one popular song (from any era) that deals with sex or sexual pressure. Write out the lyrics to the song on the back of this page. Then answer the Analysis Questions on a separate sheet of paper. Your teacher may choose some of the songs to review as a class. Here are a few excerpts from popular songs that deal with the topic of sex. What other songs can you find?

"Come on angel, my heart's on fire / Don't deny your man's desire / You'd be a fool to stop this tide..."

—Rod Stewart, "Tonight's the Night," 1976

"I've been patient, I've been good, tried to keep my hands on the table / It's getting hard, this holding back... / Let's get physical... / I wanna hear your body talk..."

—Olivia Newton-John, "Physical," 1981

"I'm feelin' quite sexy / And I want you for tonight / If I move too fast, let me know / 'Cause it means you move too slow..."

—TLC, "Red Light Special," 1994

"Girl, I promise I'll be gentle / I know we gotta do it slowly / If you give the first dance to me / I'm gonna cherish every moment..."

—Justin Bieber, "First Dance," 2009

"Let you put your hands on me in my skintight jeans / Be your teenage dream tonight / ...Let's go all the way tonight / No regrets, just love..."

—Katy Perry, "Teenage Dream," 2010

Analysis Questions:

- 1.** What is the message this song is portraying about sex?
- 2.** Does this song feature one partner pressuring the other for sex, or is the attraction mutual? If pressure is involved, who is doing the pressuring?
- 3.** Do you think this message is realistic for teenagers? Why or why not?
- 4.** Does this song portray healthy or unhealthy attitudes about sex? Explain your answer.
- 5.** Do you think popular music in general encourages teens to have sex? Why or why not?

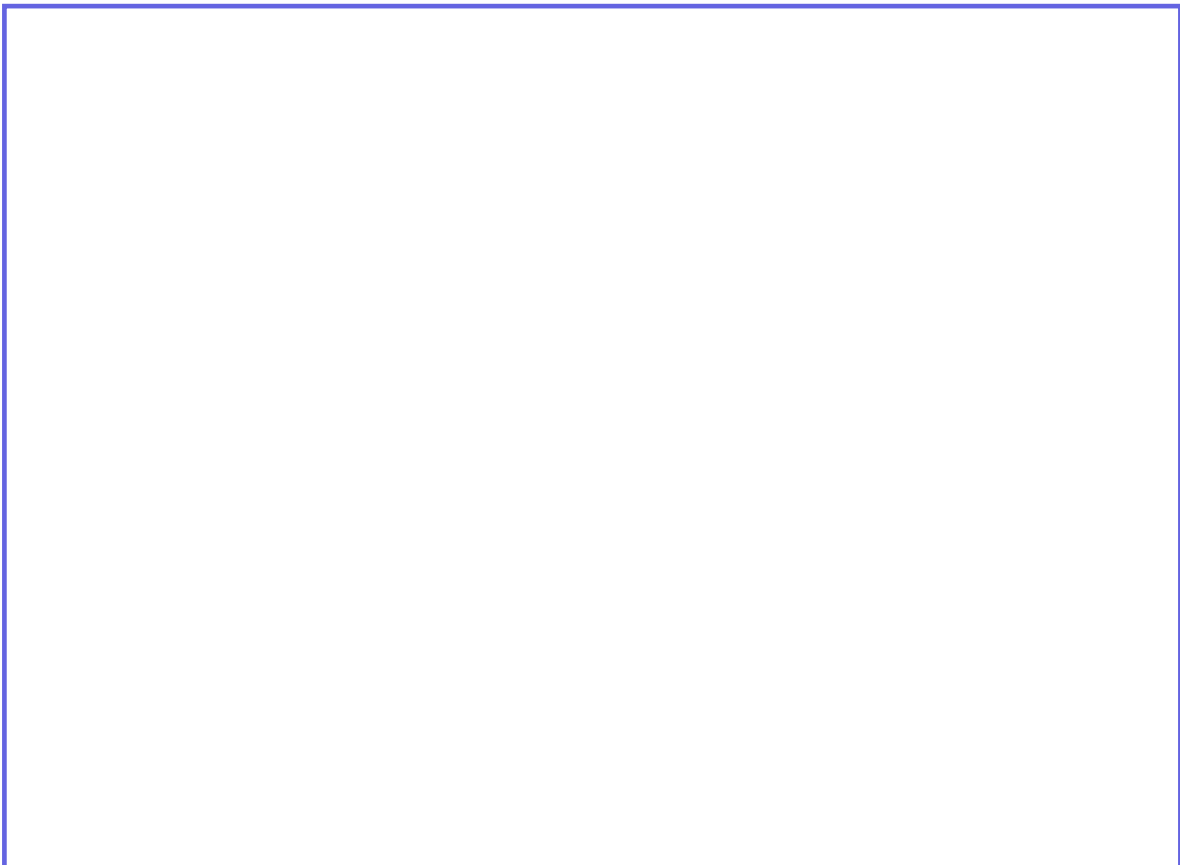
Name: _____

Media depictions of sex can have a big influence on young people. Experts often criticize TV, movies, music videos and other media for portraying unrealistic messages about sexual behavior—for example, making it seem as if “everyone’s doing it” or representing sex without including real-life physical and emotional consequences.

In this activity, you will work on a collage that contrasts the media myths about sex with the realities. Divide a posterboard or large piece of paper into two sections. In one section, create a representation of the media messages you receive about sex. How do you think the media depict sex, especially in high school? Idealized? Like everyone is sexually active? In the other section, create a representation of your impression of the reality of sexual behavior.

Your collage can incorporate your own original drawings, plus photos and words cut from magazines or newspapers. Be creative and original! This collage should represent your unique perspective.

Use the space below to sketch ideas for your collage.



This sheet is private. No one will see it but you.

Value: (noun) A strong personal belief about what is right and wrong

Before making any decisions about becoming sexually active, it's very important to develop your own sexual values and boundaries. Values help guide your decisions and prevent you from making choices that aren't right for you. Sexual values concern which behaviors are okay with you and which aren't; when or if sex will be right for you; and what type of relationship you want to have with your sexual partner.

Values can be shaped by your family, your friends, your religious or spiritual beliefs, and more. Values often change and evolve as you get older and gain more life experience. Everyone has different values—that's why it's important to have an honest conversation with your partner about yours.

This activity will give you an opportunity to think carefully about your own sexual values. The more time you put into developing your own values, the less likely you will be to make decisions that you will regret.

To me, "sex" includes these behaviors (ex. oral sex? Kissing? Vaginal intercourse?):

Sex will be right for me when:

This activity is continued on the next page.

This sheet is private. No one will see it but you.

Right now, these are my sexual boundaries with a dating partner (What behaviors are you comfortable with? What behaviors are not okay with you?):

The kind of relationship I want to have with a sexual partner is (think about things like commitment and exclusivity):

When it comes to protecting myself from pregnancy and STIs, my values are:

Name: _____

ACTIVITY 6
AS I SEE IT

The teens featured in this video shared their opinions and experiences about dating, sex and breaking up. Here's your chance to weigh in on some of the statements included in the program. Write a few sentences responding to each of the following statements. Do you agree or disagree with the speaker? Have you had a similar experience? How would you respond if the speaker were your friend?

"I started feeling like, 'I'm a prude. I haven't done this, I haven't done that, and all my friends have.' That made me feel like I had to be doing it, too."

As I see it...

"As a guy, I definitely felt pressure to have sex."

As I see it...

"I had sex for a bad reason. I had sex because I wanted him to care and to be closer to him, and it didn't work."

As I see it...

"I may not be as strict as my parents, where I say no sex until marriage. But I still think of sex as something for relationships."

As I see it...

"If you don't use a condom every time, you're putting yourself at risk and you're putting your partner at risk."

As I see it...

Name: _____

Imagine you write an advice column for your school newspaper. Using what you've learned in the video, write a response to the following letters on a separate sheet of paper.

Dear Answer Dude,

I recently had sex for the first time with my boyfriend. I wasn't really ready, but I did it anyway, and now I kind of regret it. I don't want to break up, but I don't want to have sex again, either. But my boyfriend tells me, "Relax—you've already lost your virginity, so it's no big deal if we do it again. It will get better if you just give us some time." Is he right? Should I try it again, now that I'm not a virgin anymore?

—Hesitant

Dear Answer Dude,

I feel really different from everyone else at this school! It seems like everyone is obsessed with sex, but I'm not. Maybe I'll change my mind when I get older, but I'm a lot more interested in hanging out with friends and all the activities I'm involved in. Honestly, I'm not really that into the idea of even dating anybody right now. Is that weird? Is there something wrong with me?

—G-Rated

Dear Answer Dude,

I just started dating this amazing girl. I really like her, and I want this relationship to last a long time. The problem is that I've heard some rumors about her. Everyone's saying that she's had sex with at least four guys, maybe more. I don't want to have sex until I'm older, but I'm afraid she'll be disappointed with me. Does this mean our relationship is already doomed?

—Gossiped Out

Dear Answer Dude,

I don't want to have sex until I get married, but my boyfriend has been pressuring me lately. He says things like, "We love each other, why don't you want to show it?" The latest problem is that he really wants to have oral sex. He says it doesn't count as sex, so it shouldn't matter. But I think it does count—anyway, I just don't want to do it. How can I make him understand?

—Under Pressure

Name: _____

Teens may decide to become sexually active for many different reasons. While everyone is different, some decisions are much healthier than others. Read each statement below and imagine your best friend is the speaker. He or she is thinking about having sex for the first time. What would you say in response? What advice would you give your friend? Do you think he/she is making a healthy choice? Why or why not?

- 1.** “I’m going to lose my virginity Friday night. Sam asked me out, and I’ll bet he/she wants to have sex. I just want to get it over with, you know?”

- 2.** “I’ve been dating my boyfriend/girlfriend for six whole months already. We should be having sex by now.”

- 3.** “I really love my partner, and I think we’re both ready for sex. We’ve already talked about it, and we’re going to use a condom and the Pill.”

- 4.** “I’m 17 and I haven’t done it yet. I just want to feel like an adult.”

This activity is continued on the next page.

Name: _____

- 5.** “I’m going to lose my virginity at Kat’s party this weekend. I’m sick of everyone always talking about sex and not having anything to say.”

- 6.** “Jamie and I are going to have sex. I wanted to get tested for STIs first, but Jamie insisted that he/she is totally clean. I don’t want Jamie to think I don’t trust him/her, so I stopped asking about the test.”

- 7.** “Chris and I decided to lose our virginites to each other. I know we’re just friends, but we’re both just really curious about what sex is like. It will be just for fun.”

- 8.** “Morgan tried to break up with me, but I changed his/her mind by agreeing to have sex. I just know this will bring us closer together and solve our problems.”

Name: _____

ACTIVITY 9

ROLE PLAYS

More than half of all high school teens are not sexually active. While not every relationship involves one partner pressuring the other for sex, partner pressure still happens. If you recognize that you're not ready for sex yet, it's important to know how to resist pressure from a dating partner. Practicing saying no can help you be prepared if you find yourself in a pressured situation.

Get into groups of three students. First, read the *Dealing with Sexual Pressure and Refusal Skills* fact sheets. Then take turns role-playing a scenario in which one dating partner is pressuring the other for sex. You can use one of the pressure lines below to get started, or invent your own. Two of the group members should play the couple; the third person will observe the role-play.

In each role-play, the person being pressured should act out one of the six techniques described in the fact sheet. Role-plays should last a few minutes apiece. At the end of the role-play, the observer should guess which technique was used, and then offer a critique. What did the person do well? How might he or she improve? All three students should switch roles and repeat until you have acted out all six techniques.

We love each other. Don't you want to show it?

We won't get pregnant. I promise.

All our friends are doing it.

If you won't, maybe I should find someone else who will.

This will bring us closer together.

It's so much fun. Aren't you curious?

We'll use a condom. Nothing bad will happen.

Name: _____

Everyone has different opinions and values when it comes to sex. Often, people feel very strongly about their own views and may not be comfortable seeing things through someone else’s eyes. In this activity, you will have a chance to discuss some of the more controversial issues related to sex. Make sure that your comments are appropriate, and be prepared to listen to other people’s opinions respectfully.

Read the questions below and cut them apart on the dotted lines. For each one, write your opinion on the back. Do not write your name on these cards—the responses should be anonymous. When you have finished writing on all the question cards, fold them individually and turn them into your teacher. Your teacher will provide instructions for your class discussion.

If a girl carries condoms, does it mean she is slutty or promiscuous?	Are casual sexual hookups okay as long as both people are equally comfortable about the lack of commitment?	If you’ve already had sex once with a person, do you have to keep doing it?
What do you think counts as “sex”? Does oral sex count? What about touching another person’s genitals?	Does teaching teens about birth control encourage them to be sexually active? Why or why not?	Can a person “owe” sex to a dating partner? For example, after someone pays for an expensive dinner, should there be an expectation of some sexual “repayment?”

Name: _____

In the video, you heard about just a few of the many types of contraception, or birth control, that are available. Teens have many options when it comes to birth control, but not all methods are equally suited for young people. In this activity, your teacher will assign you and a partner one of the following methods of contraception to research. You will educate the rest of the class about your method in a five-minute presentation.

CONTRACEPTION METHODS

birth control implant
birth control patch (“the Patch”)
birth control pills (“the Pill”)
birth control shot
birth control ring (“the Ring” or “NuvaRing”)
condom
diaphragm
female condom
fertility awareness method (natural family planning)
IUD (intra-uterine device)
spermicide
sterilization
withdrawal (“pulling out”)

Make sure that your presentation answers the following questions about your method of birth control. You may want to prepare a handout with this information for the class to keep. If appropriate, show a photo of your method or obtain a sample to show the class from a school nurse or local health clinic.

- 1.** What is the method called?
- 2.** How does it work?
- 3.** How effective is this method at preventing pregnancy?
- 4.** How effective is this method at preventing STIs?
- 5.** How much does it cost?
- 6.** How do you obtain this method?
- 7.** What are the advantages of this method?
- 8.** What are the disadvantages of this method?
- 9.** Is this method a good option for teenagers? Why or why not?

Name: _____

As you learned in the video, sexually transmitted infections (STIs) are disturbingly common among teens in the United States. One in four sexually active teens contracts an STI each year—a total of three million teenagers every year! Why is this important? Because STIs can lead to serious health problems, from pelvic inflammatory disease (PID) to infertility. And even though bacterial STIs can be cured with antibiotics, viral STIs cannot be cured— infections such as herpes and HIV will exist for the rest of your life.

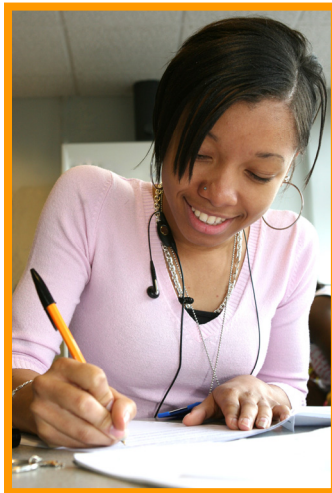
Spread the word about STIs by creating an awareness project for your school. Working in groups of three or four students, choose a type of project. See the list of ideas below. Use what you've learned and perform additional research to educate your peers about the risks of STIs.

Your project should have a strong theme. For example, you might focus on how STIs are transmitted, how to prevent contracting an STI, the importance of getting tested or the potential health consequences—not all of these topics at once. Once you've chosen your theme, think about what to include. What are the most important facts you want to teach? What is the message you want to communicate to your peers?

Choose one of the following options, or make up your own:

- Produce a three-minute video and show it to other classes.
- Write and perform a song.
- Perform a skit during lunch period.
- Write a radio commercial and play it during your school's morning intercom announcements.
- Design informational posters and display them around school.
- Prepare brochures and hand them out in the hallway.
- Create an informational website and share it with classmates.

STUDENT FACT SHEETS



Name: _____

It's important to consider these questions before making any decisions about sexual activity:

Why am I thinking about having sex?

- Do I want to have sex simply to fit in with my friends?
- Am I afraid I'll be the only virgin left?
- Is my partner pressuring me to become sexually active?
- Or, is this something I truly want to do for my own reasons?

What are my sexual values?

- What do my family, my religion and/or my personal beliefs say about sex?
- What are my goals for the future? How might sex affect those goals?
- What kind of relationship do I want to be in before becoming sexually active?

Do I have the right partner?

- How committed are we?
- Does my relationship have strong trust?
- Can I communicate openly and honestly with my partner?
- Do I feel comfortable with my partner?
- Can I talk about the decision of whether or not to have sex with my partner?
- Will my partner respect my decision no matter what it is?
- Do we agree on how we will prevent pregnancy and STIs?
- Am I really prepared for the changes that sex can bring to our relationship?

What if I'm not ready?

- Do I know how to assertively communicate my decision?
- Can I resist pressure from peers and partners in order to stick to my decision?

How will I protect myself?

- Do I know how to reduce my risk for an unplanned pregnancy?
- Do I know how to reduce my risk for contracting an STI?
- Am I ready to get tested for STIs, and ask my partner to do the same?
- Am I ready to use a condom correctly every time I have sex?

Name: _____

You are probably not ready to become sexually active if:

...you just don't want to be the only virgin left in school.

You will definitely not be the only virgin left in school. About 46% of high school seniors have had sex, which means that 54%—the majority—of teenagers are not having sex. Plus, many teens who have had sex once don't do it again for a long time. But the more important issue is that *you* need to make your own decisions about when it's right to become sexually active. What's right for your friends is not necessarily what's right for you.

...you don't know how to say no to your partner.

Sex isn't right for a couple unless *both* members of the couple are truly ready. In a caring, healthy relationship, partners respect each other's values, communicate about important issues and do not try to pressure each other into doing something the other is not ready to do. If you're not able to communicate your decision not to have sex to your partner—or if your partner does not respect your decision—then you are not in a healthy relationship. Having sex just because your partner wants you to makes it very likely that you will regret the decision later. Plus, having sex will not make your partner stay or “fix” your relationship. It will only add more complications.

...you're not sure what your sexual values are.

Values are a very important part of making any kinds of decisions, especially decisions about sex. The more time you spend thinking about what's important to you, what kind of relationship you want to be in and which behaviors are okay with you, the more likely it is that you will make decisions that are right for you. Don't just assume that sexual issues will work themselves out in the heat of the moment—take control of your life and your body.

...you're too embarrassed to talk to your partner about birth control.

Taking steps to prevent an unplanned pregnancy is a must. Though no method of contraception is 100% effective, using a reliable method of birth control correctly every time you have sex can greatly reduce the risk of pregnancy. No way around it: If you're ready to have sex with your partner, you must be ready to discuss birth control. If you're not comfortable talking about it, how can you be comfortable doing it?

...you're too embarrassed to buy or ask for condoms.

Again, condoms are a must. Male and female condoms are the only methods of contraception that provide protection against STIs. They protect your health and your partner's health from potentially serious medical problems. Being ready for sex means being mature enough to take responsibility for the possible consequences. If you're not mature enough to do everything you can to protect yourself, you're not mature enough to handle sex.

Name: _____

Before making any personal decisions about sex, it's helpful to know the difference between a healthy reason to become sexually active and an unhealthy reason. Though everyone has a different opinion about when it is appropriate for young people to have sex, some reasons carry a much higher risk for hurt feelings and regret than do others.

Consider this list of reasons that teens have cited for becoming sexually active:

- I don't want to feel like the last virgin on earth.
- I just want to get it over with.
- My partner will break up with me if I don't.
- I want to feel like an adult.
- I'm really curious.
- It's what couples are supposed to do.
- I want to feel normal.
- I want to prove my sexual orientation.
- I want to feel like a "real man" or "real woman."
- All my friends are having sex.
- It's the only way to prove I care about my partner.
- I'm really lonely, and I think sex will fix that.

On the other hand, these are some of the reasons that teenagers cite as good reasons to become sexually active:

- I want to express love, commitment and intimacy.
- I want to strengthen a good relationship.
- I know I'm ready, and that my partner is ready, too.

Name: _____

- 54:** Percentage of high school students who have not had sex. (*Centers for Disease Control and Prevention, 2009*)
- 33:** Percentage of teens ages 15-17 who say they are moving too fast when it comes to sex. (*Office on Women's Health*)
- 2 out of 3:** Proportion of sexually active teens who say they wish they had waited until they were older. (*National Campaign to Prevent Teen and Unplanned Pregnancy*)
- 21:** Percent of sexually active teens who drank alcohol or used drugs before their last sexual encounter. (*Centers for Disease Control and Prevention, 2009*)
- 85:** Percent chance a couple will get pregnant in one year if they don't use contraception. (*National Campaign to Prevent Teen and Unplanned Pregnancy*)
- 745,000:** Teen girls who get pregnant every year. (*National Campaign to Prevent Teen and Unplanned Pregnancy*)
- 400,000:** Teenage girls who gave birth in 2009. (*Centers for Disease Control and Prevention, 2009*)
- 80:** Percentage of teen pregnancies that are unplanned. (*Center for Young Women's Health, 2010*)
- 39:** Percentage of sexually active teens who did not use a condom the last time they had sex. (*Centers for Disease Control and Prevention, 2009*)
- Almost 50:** Percentage of the 19 million new STI cases reported each year that are in people ages 15-24. (*Centers for Disease Control and Prevention, 2009*)
- 1 in 4:** Proportion of sexually active teens who will get an STI this year. (*National Campaign to Prevent Teen and Unplanned Pregnancy*)
- 8,300:** Estimated number of young people ages 13-24 infected with HIV.* (*Centers for Disease Control and Prevention, 2009*)

*In the 40 states that report data to the CDC.

Name: _____

WHAT IS A HEALTHY RELATIONSHIP?

In a **HEALTHY** romantic relationship, partners are able to:

- feel comfortable sharing their thoughts and feelings with each other.
- communicate openly and honestly.
- respect each other's opinions and values.
- earn each other's trust.
- compromise so that each person's needs are addressed.
- treat each other's desires and needs equally.
- support each other's goals and dreams.
- feel comfortable and safe.
- have their own friends, identities, interests and opinions.
- refrain from pressuring each other.
- be confident that their partner will never intentionally hurt them physically, emotionally or sexually.

These are some of the warning signs of an **UNHEALTHY** or **ABUSIVE** relationship. Have you or a friend experienced any of these signs?

<ul style="list-style-type: none">• My partner treats me disrespectfully and unfairly.• We argue or fight all the time.• We only spend time with each other.• My partner doesn't care about my feelings.• My partner cheats on me.• I feel anxious or upset when I'm with my partner.• My partner pressures me into doing things I don't want to do.• My partner is controlling and jealous.	<ul style="list-style-type: none">• My partner insults or humiliates me in front of other people.• My partner is constantly calling or texting to check in on me.• My partner acts aggressively.• I'm afraid of setting off my partner's temper.• My partner tells me what to do and who to spend time with.• My partner makes all the decisions.• I feel that I have to change who I am in order to make my partner happy.
---	---

This fact sheet is continued on the next page.

Name: _____

If you or a friend have experienced any of these warning signs, you must realize that this behavior is NOT okay, and you DO NOT deserve it. Dating abuse isn't always physical (hitting, slapping, shoving, etc.). Abuse can be emotional or sexual, too.

If you recognize some of these warning signs in your own dating relationship, talk to a trusted adult, such as a parent, teacher, counselor or other relative about this relationship. Or contact a national dating violence hotline, such as:

Love is Respect

<http://www.loveisrespect.org>

1-866-331-9474

Name: _____

Unfortunately, it's common for teens to experience pressure to have sex. Sometimes this pressure comes from indirect sources, such as the media or hearing people at school talking about it. Other times, teens experience direct pressure from friends or dating partners to become sexually active. These tips can help you deal with sexual pressure:

You can decide.

Remember that the decision to become sexually active is a big deal, and you are the only one who can say when sex will be right for you. You have your own values, your own relationships and your own opinions. And even if your friends are sexually active, remind yourself that what is right for them is not necessarily right for you. It's your body and your life, and you're the one who decides what's best for you.

You can wait.

If you're not sure you're ready for sex, you can always wait until you are sure. There's no deadline for sex. Waiting until you know you're ready to handle the consequences of sex reduces the chances that you'll regret your decision.

You can change your mind.

You're allowed to decide if sex is right for you every time, with every partner—not just the first time and the first partner. If you've already had sex and the experience was not a positive one, you don't have to continue having sex.

Saying no to someone you care about can be tough—but it is an essential skill. It's very important to talk about your boundaries and limits. If your partner tries to change your mind about being sexually active, use one of the refusal techniques below. But keep in mind that someone who continues to pressure you even after you've explained your position does not respect you—and it might be best to end the relationship.

- 1.** Give a strong no. Be clear that you will not change your mind, repeating as often as necessary.
"Look, I said no. Stop pushing me."
"No. That's my decision. End of story."
"This is not right for me. Please stop."
- 2.** Give a good reason. There are lots of great reasons to delay sex until you're older and more mature. For example: pregnancy, STIs, emotional consequences, betraying personal values, damaging family relationships.
"I don't want to risk a pregnancy. The only way to be 100% sure that won't happen is to not do it."
- 3.** Take a step back. Ask for more time for both of you to consider the consequences.
"We both really need to think about this decision before we go there."
"I'm not ready right now, but we can talk about this again in a few months, after we know each other better."
- 4.** Use a caring approach. Let your partner know you care about him/her, your relationship and your future goals.
"I care about you a lot, and I don't want to complicate our relationship by having sex. I've seen too many people break up after they become sexually active, and I don't want that to happen to us."
- 5.** Use "I" statements. "I" statements follow this general pattern: I feel _____ when you _____ because _____. Stating your feelings this way clearly explains where you're coming from without putting the other person on the defensive.
"I feel really trapped and pressured when you keep asking me to have sex when I've already told you that I don't want to. It makes me feel like you don't care about me or our relationship."
- 6.** Leave. Sometimes, the best thing to do is remove yourself from the situation. If your partner won't let up, walk away.
"You're not listening to me. I'm going home."

Name: _____

Talking to your partner about sex, birth control and condoms for the first time can be a little awkward. After all, this conversation means that your relationship is moving to a greater level of intimacy. But even though it might make you a bit anxious, it's extremely important to discuss these topics well before you become sexually active. These tips can help:

- Choose the right time and place. Find somewhere quiet, where the two of you can be alone and uninterrupted. It's best to start the conversation when you're not caught up in the heat of the moment—instead, pick a time when you're hanging out and feeling comfortable.
- Think about what you want to say ahead of time. For example, maybe you want to let your partner know that you're not ready for sex yet. Or maybe you want to bring up the possibility of becoming sexually active. Practicing what you want to say with a friend can help.
- Be clear and straightforward. Beating around the bush will just add confusion. Take a deep breath and say, "There's something important I'd like to talk to you about," "Can we talk about sex?" or "I know this is a little weird, but I think we should talk about where we stand when it comes to sex."
- Sometimes it can help to use an example of another couple to get the conversation rolling. For example: "My sister told me she's thinking about having sex with her partner. What do you think about that?" or "Did you see _____ on TV last night? I can't believe they didn't use a condom."
- Loosen up! If things feel awkward, laugh about it together. Acknowledge that you're nervous, but that it's still important to discuss these topics.
- Get educated about your options. Talk to your parents, school nurse, doctor or other trusted adult about the contraception choices available to you. It helps to have a good idea of what method you think would work for you before you start talking to your partner.
- Explain your reasons for wanting to use contraception and condoms. Point out the consequences of an unplanned pregnancy or contracting an STI.
- Ask about your partner's sexual history, and be honest about your own. It's the only way to protect your health and your partner's health. If either of you have had past sexual partners—and that includes anal sex or oral sex—you should go to a clinic and be tested for STIs before having sex. Offer to go with your partner to get tested.

Barrier methods of birth control work by physically separating the male sperm from the female egg. Each contraceptive described below uses the barrier method. Please note that the effectiveness rating for each method is broken down into two different percentiles:

- * **Perfect use** means using the method correctly every time intercourse occurs.
- Typical use** means not using the method every time and/or using it incorrectly.

SPERMICIDE

- What is it?** A chemical that stops sperm from moving. It is available in several forms, including creams, jellies and foams. Spermicide is most effective when combined with another method of birth control, such as condoms or the diaphragm.
- How does it work?** By blocking the cervix and preventing sperm from moving.
- Effectiveness rate:** 85% for perfect use; 71% for typical use. *
- Risks:** Irritation; frequent use of some types of spermicide can increase the risk of contracting STIs
- Availability:** Over the counter at drugstores, grocery stores and health centers; costs \$4 to \$8

MALE CONDOM

- What is it?** A latex or plastic sheath that covers the erect penis.
- How does it work?** By collecting semen and preventing it from reaching the vagina. The man must put it on before any sexual contact. Condoms also protect against STIs.
- Effectiveness rate:** 98% for perfect use; 82% for typical use. *
- Risks:** Irritation; chance of allergic reaction to latex
- Availability:** Over the counter at drugstores, grocery stores and health centers; costs about \$1 each (condoms are often free at health centers or clinics)

This fact sheet is continued on the next page.

FEMALE CONDOM

- What is it?** A plastic pouch with two flexible rings that is inserted into the vagina.
- How does it work?** By collecting semen and preventing it from reaching the vagina. The woman inserts it into the vagina before any sexual contact. Condoms also protect against STIs. Important note: Do not use the male and female condom together.
- Effectiveness rate:** 95% for perfect use; 79% for typical use. *
- Risks:** Irritation
- Availability:** Over the counter at drugstores, grocery stores and health centers; costs \$2 to \$4 each

DIAPHRAGM

- What is it?** A flexible silicone disk that fits over the cervix; used with spermicide
- How does it work?** By blocking the cervix and preventing sperm from moving. The woman inserts the diaphragm into the vagina before sexual contact.
- Effectiveness rate:** 94% for perfect use; 88% for typical use. *
- Risks:** Risk of urinary tract infections, irritation; small risk of toxic shock syndrome
- Availability:** Requires a doctor's visit; costs \$15 to \$75

CERVICAL CAP

- What is it?** A soft, silicone cup that fits over the cervix; used with spermicide
- How does it work?** By blocking the cervix and preventing sperm from moving. The woman inserts the cervical cap into the vagina before sexual contact.
- Effectiveness rate:** 86% for women who have never been pregnant or given birth; 71% for women who have given birth.
- Risks:** Risk of urinary tract infections, irritation; small risk of toxic shock syndrome
- Availability:** Requires a doctor's visit for fitting and prescription; costs \$60 to \$75

Hormonal methods of birth control work by preventing a woman from ovulating and thickening cervical mucus, making it harder for sperm to enter. If there's no egg for the sperm to fertilize, a pregnancy cannot occur. Several hormonal birth control methods exist, and they all work the same way.

Effectiveness rate: More than 99% with perfect use; about 91% with typical use

Risks: Some women who use hormonal methods of birth control may experience irregular menstrual bleeding, breast tenderness, nausea, weight gain and headaches. There is also a small risk of more serious problems, such as blood clots, stroke and heart attack. The risk is increased in women who smoke.

Availability: All hormonal methods require a doctor's visit for a prescription. Some methods can be purchased at a pharmacy; others require visiting a medical professional. Most cost \$10 to \$75 per month.

TYPES OF HORMONAL BIRTH CONTROL

Birth control pill:

This pill, which contains female hormones, is taken at the same time every day. The standard pill is taken for 21 days and then stopped for 7 days while the woman menstruates. Another type of pill is taken for 12 weeks and then stopped for 7 days. These users have one period every three months. The mini-pill (progestin-only pill) contains only one type of hormone and is taken every day with no breaks.

Birth control ring (ex. NuvaRing):

This flexible ring, about 2" in diameter, is inserted into the vagina for three weeks and then removed for one week while the woman gets her period.

Birth control patch (ex. Ortho Evra):

This sticky patch is attached to the skin, where it releases hormones into the body. Women apply a new patch each week for three weeks and then remove it for one week while they get their periods.

Birth control implant (ex. Implanon):

This matchstick-size plastic rod is implanted in the upper arm by a doctor, where it remains for up to three years. The exam and implant typically cost between \$400 and \$800.

Birth control shots (ex. Depo Provera):

These hormone shots are given every three months by a doctor.

Name: _____

There are several other methods of birth control available:

INTRAUTERINE DEVICE (IUD)

- What is it?** A small, flexible, T-shaped device that is inserted into the uterus, where it can remain for up to 12 years.
- How does it work?** One type of IUD contains copper, which interferes with the sperm's motion in the uterus. Another type is coated with hormones, which prevents ovulation and thickens cervical mucus.
- Effectiveness rate:** More than 99%
- Risks:** Heavy periods and cramping (copper IUD); irregular periods (hormonal IUD); small risk of the IUD slipping out of the uterus or puncturing the uterine wall during insertion.
- Availability:** Requires a doctor's visit for insertion; costs between \$500 and \$1,000

FERTILITY AWARENESS (also called natural family planning or the rhythm method)

- What is it?** Tracking ovulation and abstaining from sex during the fertile period.
- How does it work?** The woman must monitor and chart her body temperature and cervical mucus every day to determine when she ovulates. The couple abstains from sex during the six to nine days surrounding ovulation.
- Effectiveness rate:** 75% to 88%
- Risks:** Fertility awareness is not a reliable method for teen girls, whose menstrual cycles are often irregular. This makes fertility difficult to track and increases the risk of accidental pregnancy.
- Availability:** Couples can learn how to use fertility awareness at a health center. Thermometers, calendars and fertility charts are readily available.

This fact sheet is continued on the next page.

WITHDRAWAL (also called pulling out)

- What is it?** A method in which the man removes his penis from the vagina before ejaculation occurs.
- How does it work?** By attempting to prevent sperm from coming in contact with the vagina so that the sperm cannot travel into the uterus and cause pregnancy.
- Effectiveness rate:** 76% to 85%
- Risks:** It's very difficult for men, especially teens, to know exactly when they will ejaculate. Even if he pulls out in time, the woman could get pregnant because some sperm may leak out of the penis before ejaculation.
- Availability:** Withdrawal is not considered a good option for teens.

STERILIZATION

- What is it?** A surgical procedure meant to permanently remove the ability to have children.
- How does it work?** In women, the fallopian tubes are cut, blocked or burned to prevent eggs from joining with sperm. In men, the tubes that carry sperm (the vas deferens) are cut, blocked or burned to prevent sperm from leaving the body.
- Effectiveness rate:** More than 99%
- Risks:** In very rare cases, the blocked tubes can reconnect, causing pregnancy. If this happens after female sterilization, there is an increased risk of ectopic pregnancy.
- Availability:** Requires surgery. Sterilization is not considered a good option for teens.

EMERGENCY CONTRACEPTION (also called the morning after pill or Plan B)

- What is it?** A pill containing a high dose of female hormones.
- How does it work?** If taken within 5 days of unprotected sex, emergency contraception prevents the ovaries from releasing an egg and thickens cervical mucus.
- Effectiveness rate:** 89% if taken within 72 hours of unprotected sex; effectiveness goes down the more time elapses.
- Risks:** Nausea, vomiting, breast tenderness, dizziness, headache
- Availability:** Requires a doctor's visit and a prescription for women under 17; men and women 17 and older can buy it over the counter at drugstores and health centers; costs \$10 to \$70.

A **sexually transmitted infection (STI)** is an infection that is spread from person to person through sexual contact. This includes vaginal, oral and anal sex as well as genital contact without intercourse. Male and female condoms are the only methods of birth control that offer protection against STIs.

STIs can be caused by viruses, bacteria or protozoa. Some STIs can be easily cured with antibiotics, while others cannot be cured. Symptoms for different STIs are described below. However, in many cases STIs do not have any symptoms at all. Left untreated, STIs can lead to serious health problems, such as pelvic inflammatory disease or epididymitis. These issues can cause permanent infertility, or the inability to conceive a baby later in life.

Young people may be carrying a potentially serious infection—and spreading it to their partners—without knowing it. That’s why it’s so important to get tested for STIs before becoming sexually active with a new partner. You can be tested at a local health clinic, your doctor’s office or public health center. STI testing is confidential.

STIs Caused by Viruses

	Genital herpes	Human papilloma virus (HPV)	Human immunodeficiency virus (HIV)
Cause	Usually the herpes simplex 2 virus, sometimes herpes simplex 1 virus (which also causes cold sores).	There are more than 40 types of HPV strains.	The virus destroys certain immune system cells.
How Common?	45 million U.S. teens and adults (1 in 5 people) have herpes.	An estimated 20 million U.S. adults have it, with another 6 million becoming infected every year.	More than 1 million Americans are infected, with an estimated 56,000 new infections each year.
Transmission	Genital contact; oral, vaginal or anal sex	Genital contact; vaginal and anal sex	Oral, vaginal or anal sex; exchange of blood or bodily fluids
Symptoms	Small, painful blisters around the genitals or anus that break and leave open sores that take 2 to 4 weeks to heal. Repeated outbreaks can occur. Some people have very mild symptoms or none at all.	Most people have no symptoms. Some strains of HPV can cause genital warts.	In early stages, flu-like symptoms. More advanced symptoms can take 6 to 10 years to develop.
Complications	Herpes may make people more susceptible to HIV.	A few of the HPV strains can lead to cervical cancer in women. Other strains can cause cancers of the vagina, vulva, anus and penis.	Progresses to acquired immunodeficiency syndrome (AIDS), a disease that attacks the immune system and leaves the body vulnerable to infection.
Pregnancy Risks	In rare cases, herpes can cause fatal infections in babies.	In rare cases, babies born to infected mothers can have warts in their throats.	An HIV-positive mother can transmit the disease to her baby during childbirth if preventive medications aren’t given.
Treatment	There is no cure for herpes, but antiviral medications can help control outbreaks and reduce the risk of transmitting it to a partner.	Genital warts and cancer can be treated; a healthy immune system will fight off most HPV infections naturally.	Medications can slow HIV’s progress and boost the immune system, but there is no cure for the virus.

This fact sheet is continued on the next page.

STIs Caused by Bacteria and Protozoa

	Chlamydia	Syphilis	Trichomoniasis	Gonorrhea
Cause	<i>Chlamydia trachomatis</i> bacteria	<i>Treponema palladium</i> bacteria	The parasitic protozoa <i>Trichomonas vaginalis</i>	<i>Neisseria gonorrhoeae</i> bacteria
How Common?	An estimated 2.3 million Americans are currently infected.	An estimated 36,000 cases are reported each year in the U.S.	An estimated 7.4 million cases occur each year in the U.S.	An estimated 70,000 people are infected each year in the U.S.
Transmission	Oral, vaginal and anal sex	Oral, vaginal and anal sex	Genital contact; vaginal sex	Oral, vaginal and anal sex
Symptoms	In women, abnormal vaginal discharge and painful urination. In men, discharge from the penis and painful urination. Most women (75%) and about 50% of men have no symptoms.	In the primary stage, a small, painless sore at the site of infection. In the secondary stage, reddish-brown rashes often appear on the hands and feet; fever; swollen glands; headache; sore throat.	In women, a frothy, smelly vaginal discharge; discomfort during urination or intercourse. In men, discharge from the penis and slight burning after urination or ejaculation. Most men and some women have no symptoms.	In women, abnormal vaginal discharge and painful urination. In men, discharge from the penis and painful urination. Gonorrhea can also cause a rectal infection, which causes pain, itching, bleeding and soreness. Many people have no symptoms.
Complications	If untreated, chlamydia can spread into a woman's reproductive system and cause pelvic inflammatory disease. This can lead to chronic pelvic pain and infertility and makes a woman more susceptible to HIV.	Can reappear 10 to 20 years after the initial infection and cause damage to internal organs, including the brain. This can lead to paralysis, blindness, dementia or death.	Trichomoniasis makes women more susceptible to HIV.	If untreated, gonorrhea can spread into a woman's reproductive system and cause pelvic inflammatory disease. This can lead to chronic pelvic pain and infertility. In men, it can cause a painful condition called epididymitis or infertility. In both sexes, gonorrhea can spread to the blood or joints and become potentially life-threatening. It also makes men and women more susceptible to HIV.
Pregnancy Risks	Left untreated, chlamydia can cause scarring and narrowing of the fallopian tubes, which increases the risk of a potentially fatal ectopic pregnancy. It may also cause early delivery. Babies born to infected mothers might get eye or respiratory tract infections.	Syphilis increases the risk of stillbirth. Babies born to infected mothers can have seizures, be developmentally delayed or even die.	Trichomoniasis increases the risk of having a premature or low-birthweight baby.	Left untreated, gonorrhea can cause scarring and narrowing of the fallopian tubes, which increases the risk of a potentially fatal ectopic pregnancy. Babies born to infected mothers can become infected during childbirth, which can cause blindness, joint infection or a potentially fatal blood infection in the baby.
Treatment	Antibiotics	Antibiotics	Antimicrobial medication	Antibiotics

Name: _____

Visit the following websites for more information about relationships, sexual decision-making, birth control and STIs:

Center for Young Women's Health

<http://www.youngwomenshealth.org/sexuality_menu.html>

GirlsHealth.gov

<<http://www.girlshealth.gov/body/sexuality/index.cfm>>

HiTOPS

<<http://www.hitops.org>>

I Wanna Know!

<<http://www.iwannaknow.org>>

It's Your (Sex) Life

<<http://www.itsyoursexlife.org>>

Love Is Respect

<<http://www.loveisrespect.org>>

The National Campaign to Prevent Teen and Unplanned Pregnancy

<<http://www.thenationalcampaign.org>>

Planned Parenthood for Teens

<<http://www.plannedparenthood.org/info-for-teens/index.asp>>

Sex, Etc.

<<http://www.sexetc.org>>

StayTeen.org

<<http://www.stayteen.org>>

TeensHealth.org

<http://www.teenshealth.org/teen/sexual_health>

Name: _____

- “Am I Ready for Sex?” Planned Parenthood. Retrieved September 2011.
<<http://www.plannedparenthood.org/info-for-teens/sex-masturbation/am-ready-sex-33826.htm>>
- “Birth Control.” GirlsHealth.gov, Office on Women’s Health. October 2010. Retrieved September 2011. <<http://girlshealth.gov/body/sexuality/birthcontrol.cfm>>
- “Deciding to Wait.” HealthyChildren.org, American Academy of Pediatrics. January 2011. Retrieved September 2011. <<http://www.healthychildren.org/English/ages-stages/teen/dating-sex/pages/Deciding%20to%20Wait.aspx>>
- “Family Life and Sexuality Health (FLASH) Lesson Plans.” King County Public Health. September 2011. Retrieved September 2011.
<<http://www.kingcounty.gov/healthservices/health/personal/famplan/educators/flash.aspx>>
- “HIV/AIDS Curriculum.” New York City Department of Education. Retrieved September 2011.
<<http://schools.nyc.gov/Academics/FitnessandHealth/StandardsCurriculum/HIVAIDScurriculum>>
- “Making Health Sexual Decisions.” Center for Young Women’s Health, Children’s Hospital Boston. November 2010. Retrieved September 2011.
<<http://www.youngwomenshealth.org/making.html>>
- “Pregnancy.” Center for Young Women’s Health, Children’s Hospital Boston. June 2010. Retrieved September 2011.
<<http://www.youngwomenshealth.org/pregnancy.html>>
- “Sexual Risk Behavior: HIV, STD & Teen Pregnancy Prevention.” Centers for Disease Control and Prevention. 2009. Retrieved September 2011.
<<http://www.cdc.gov/healthyyouth/sexualbehaviors/>>
- “Stay Informed.” StayTeen.org, National Campaign to Prevent Teen and Unplanned Pregnancy. 2011. Retrieved September 2011. <<http://stayteen.org/stay-informed>>
- “Virginity: A Very Personal Decision.” TeensHealth.org, The Nemours Foundation. November 2010. Retrieved September 2011.
<http://teenshealth.org/teen/sexual_health/girls/virginity.html#cat20015>
- “Why Waiting Makes Sense.” GirlsHealth.gov, Office on Women’s Health. October 2010. Retrieved September 2011. <<http://girlshealth.gov/body/sexuality/whywait.cfm>>



<i>Curriculum in a Box: Human Sexuality and Responsibility</i>	<i>8 DVDs, 2 PowerPoint presentations and print lessons</i>
<i>Essential Health: A High School Print/Video Curriculum</i>	<i>20 DVDs, 50 print lessons</i>
<i>Teen Romantic Relationships: As They See It</i>	<i>video and print</i>
<i>The Dangers of Sexting: What Teens Need to Know</i>	<i>video and print</i>
<i>Abstinence First: Teen Birth Control Decisions</i>	<i>video and print</i>
<i>Human Reproduction and Childbirth</i>	<i>video and print</i>
<i>I Should Have Waited</i>	<i>video and print</i>
<i>The Latest about HIV & AIDS: What Every Student Still Needs to Know</i>	<i>video and print</i>
<i>STDs: Just the Facts</i>	<i>PowerPoint presentation</i>
<i>Curriculum in a Box: Sexual Responsibility</i>	<i>10-video curriculum</i>

Visit our website for detailed descriptions of the above programs.

Available from
 Human Relations Media
 41 Kensico Drive
 Mount Kisco, NY 10549
 Phone: 800 / 431-2050
 Fax: 914 / 244-0485