

MEMO

To: Whom it May Concern

April 2020

From: Kay Reed, Executive Director, The Dibble Institute

RE: Love Notes SRA EBP Medical Accuracy

In 2018 the Family and Youth Services Bureau (FSBY) reviewed Love Notes SRA EBP for medical accuracy.

The reviewer indicated that LN “meets the definition of medical accuracy with modifications.”

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

Requested modifications included:

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

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

Please let me know if you have any questions.



Attached - Medical Accuracy Review Form for Curricula and Educational Materials

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

Grantee Organization: XXXXX

Materials Submitted By:

Name: XXXX

Email Address: XXXXX

Phone Number: XXXXX

Date of Submission: November 8, 2018

Name of Curriculum/Material: Love Notes (Sexual Risk Avoidance Adaptation)

Components (i.e., teacher manual, video, brochure): 1 teacher manual, 1 handout, 14 PowerPoint presentations, 43 video links

For Use in: Title V State SRAE Competitive SRAE

Edition: 1st

Author: Marline E. Pearson

Publisher: The Dibble Institute

Copyright Date: 2018

Target Audience (if specified): Teens and young adults

No. of pages/minutes (total and per component): Total: 915 pages, 289 minutes, 20 seconds; Love Notes Teacher Manual: 532 pages, 14 PowerPoint Lessons: 379 pages, 43 Video links: 289 minutes and 20 seconds, Personality Colors Handout: 4 pages

Description and Purpose of the Material:

“Love Notes is an innovative and strengths-based approach within a positive youth-development framework that teaches youth about forming and maintaining healthy relationships. This unique approach also empowers them to make healthy sexual choices that will boost sexual delay and sexual risk avoidance. Love Notes builds assets and strengthens protective factors. Love Notes engages young people in learning more about themselves and supports them in cultivating a vision for their future. Love Notes empowers youth with the skills needed to further their own personal development, to form and maintain healthy relationships, to make wise sexual decisions, and build their skill capacity to follow through with their intentions.”

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Contains medical information: Yes No

If yes, Medical Topics Addressed:

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

Name of APP Project Officer: Jessica Johnson

Date Review was Completed: November 19, 2018

DEFINITION OF MEDICAL ACCURACY

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

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

REVIEWER RECOMMENDATION

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

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MEDICAL ACCURACY REVIEW ISSUES

Handout

No medical accuracy issues found

Teacher Manual

Issue 1

- Page Number: 54, 244, 267, 288
- Paragraph or Exhibit: #13, bullet 1 (Pg. 54); #1, bullet 1 (Pg. 244); #1 (Pg. 267), #1 (Pg. 288)
- Medical Topic(s): Abstinence
- Medical Accuracy Issue: Text states, “59% of high-school-age teens have made that decision” to abstain from sexual activity and “45.67% have had no sexual contact with anyone whatsoever.” Statistics are outdated. According to the 2017 YRBS, 60.5% of high school students have not had sex and 47.8% of students have had no sexual contact.
- Recommendation: Update with the most recent information from the 2017 YRBS.
- References: <https://www.cdc.gov/healthyouth/data/yrbs/pdf/trendsreport.pdf>, <https://www.cdc.gov/healthyouth/data/yrbs/pdf/2017/ss6708.pdf>

Dibble Response: We implemented the recommendation.

Issue 2

- Page Number: 125, 133
- Paragraph or Exhibit: 2 & 3 (Pg. 125), bullet 2 & 3 (Pg. 133)
- Medical Topic(s): Sexual and physical dating violence
- Medical Accuracy Issue: All statistics in the second and third paragraphs are outdated.
- Recommendation: Please update using statistics from the most current 2017 YRBS:
 - “Among the 68.3% of students nationwide who dated or went out with someone during the 12 months before the survey, 6.9% had been forced to do “sexual things” (e.g., kissing, touching, or being physically forced to have sexual intercourse) they did not want to do one or more times during the 12 months before the survey by someone they were dating or going out with (i.e., sexual dating violence)”
 - “The prevalence of having experienced sexual dating violence was higher among female (10.7%) than male (2.8%) students”
 - “The prevalence of having experienced sexual dating violence was higher among gay, lesbian, and bisexual (15.8%) and not sure (14.1%) than heterosexual (5.5%) students”
 - Among the 69.0% of students nationwide who dated or went out with someone during the 12 months before the survey, 8.0% had been physically hurt on purpose (e.g., being hit, slammed into something, or injured with an object or weapon) one or more times during the 12 months before the survey by someone they were dating or going out with (i.e.,

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- physical dating violence). The prevalence of having experienced physical dating violence was higher among female (9.1%) than male (6.5%) students”
- “among the students who dated or went out with someone during the 12 months before the survey, 6.4% of heterosexual students; 17.2% of gay, lesbian, and bisexual students; and 14.1% of not sure students had experienced physical dating violence”
 - Reference: <https://www.cdc.gov/healthyyouth/data/yrbs/pdf/2017/ss6708.pdf>

Dibble Response: We implemented the recommendation.

Issue 3

- Page Number: 254
- Paragraph or Exhibit: 3, bullet 3
- Medical Topic(s): Sexual Relationships
- Medical Accuracy Issue: Statement reads: “8 out of 10 first time sexual relationships last six months or less.”
- Recommendation: Reviewer could not confirm statement. Provide a reference or delete the statement.

Dibble Response: “First Time: Characteristics of Teens’ First Sexual Relationships” (ChildTrends.org)

Issue 4

- Page Number: 269, 289
- Paragraph or Exhibit: #8 (Pg. 269), #8 (Pg. 289)
- Medical Topic(s): Contraceptive Methods or Effectiveness Rates
- Medical Accuracy Issue: Text states, “Condoms can reduce the risk of pregnancy pretty well, if used perfectly. The hitch: Most people do not use condoms perfectly, correctly, and consistently. It is true that condoms significantly reduce (but do not eliminate) the risks for contracting most, but not all, STDs and that is why anyone having sex must always use a condom.” The term “pretty well” should be more specifically defined in terms of perfect and typical use rates. The CDC is clear that latex condoms (polyurethane or polyisoprene if allergic to latex) can reduce (though not eliminate) the risk of acquiring STDs, while other types (such as lambskin) do not and are therefore not recommended.
- Recommendation: Include at least typical use rate for the male condom (82%) rather than stating “pretty well.” Include additional information about types of condoms for STD prevention.
- References: <https://www.cdc.gov/reproductivehealth/contraception/index.htm>, https://www.cdc.gov/reproductivehealth/unintendedpregnancy/pdf/contraceptive_methods_508.pdf

Dibble Response: We implemented the recommendation.

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Issue 5

- Page Number: 270, 290
- Paragraph or Exhibit: #10 (Pg. 270), #10 (Pg. 290)
- Medical Topic(s): Sexually Transmitted Infections (STIs)/ Sexually Transmitted Diseases (STDs), including HIV/AIDS
- Medical Accuracy Issue: Text states, "Herpes, HIV, and HPV are viral and cannot HPV goes away on its own and does not cause any health problems. But when HPV does not go away, it can cause health problems like genital warts and cancer."
- Recommendation: Change the language to reflect that of the CDC.
- Reference: <https://www.cdc.gov/std/hpv/stdfact-hpv.htm>

Dibble Response: We implemented the recommendation.

Issue 6

- Page Number: 270, 279, 290
- Paragraph or Exhibit: #13 (Pg. 270), 1 (279), #13 (290)
- Medical Topic(s): Contraceptive Methods or Effectiveness Rates
- Medical Accuracy Issue: Text states, "However, correct use of condoms each and every time can significantly reduce one's chances for getting most, but not all, STDs." The CDC is clear that certain types of condoms (latex, polyurethane, or polyisoprene if allergic to latex) can reduce (though not eliminate) the risk of acquiring STDs, while other types (such as lambskin) do not and are therefore not recommended.
- Recommendation: Include complete information about condoms with regard to STD prevention by including "that using latex (if allergic to latex use polyurethane or polyisoprene) condoms consistently and correctly can reduce (though not eliminate) the risk of getting a STD or HIV."
- References: <https://www.fda.gov/ForPatients/Illness/HIVAIDS/ucm126372.htm>, <https://www.cdc.gov/condomeffectiveness/brief.html>, www.cdc.gov/hiv/basics/prevention.html

Dibble Response: We implemented the recommendation.

Issue 7

- Page Number: 270, 276, 294
- Paragraph or Exhibit: #12 (Pg 270), 3 (Pg 276), 3, bullet 1 (Pg 294)
- Medical Topic(s): Sexually Transmitted Infections (STIs)/ Sexually Transmitted Diseases (STDs), including HIV/AIDS
- Medical Accuracy Issue: The text states that some STDs and HIV can be spread through bodily fluids including pre-semen, semen, vaginal secretions, blood, and breast milk. This is an incomplete list of bodily fluids. According to the CDC, STDs and HIV can be spread via blood, semen (cum), pre-seminal fluid (pre-cum), rectal fluids, vaginal fluids, and breast milk.
- Recommendation: Include all of the fluids listed by the CDC as a bodily fluid that can transmit STDs and HIV each time this is mentioned.
- Reference: <https://www.cdc.gov/hiv/basics/transmission.html>

Dibble Response: We implemented the recommendation.

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Issue 8

- Page Number: 271
- Paragraph or Exhibit: #1
- Medical Topic(s): Contraceptives, Implant
- Medical Accuracy Issue: The text states the number of years that a long-acting reversible contraceptive (implant) can effectively be used for, but it is not clear that one can have it removed whenever desired.
- Recommendation: State that the implant is effective “up to three years.”
- Reference: <https://www.cdc.gov/vitalsigns/larc/index.html>

Dibble Response: We implemented the recommendation.

Issue 9

- Page Number: 271
- Paragraph or Exhibit: #6
- Medical Topic(s): Contraceptive Methods
- Medical Accuracy Issue: Text states, “The patch is a thin, square, plastic patch with hormones that is placed on the belly, arm, upper torso, or buttocks. After 3 weeks, it is taken off. One week later, a new one is put one.” This information is incomplete and confusing. According to the CDC, a new patch is put on once a week for three weeks; a patch is not worn on week 4.
- Recommendation: Update to reflect current CDC guidelines.
- Reference: <https://www.cdc.gov/reproductivehealth/contraception/index.htm>

Dibble Response: We implemented the recommendation.

Issue 10

- Page Number: 271
- Paragraph or Exhibit: #7
- Medical Topic(s): Contraceptive Methods
- Medical Accuracy Issue: Text states, “Like the patch, it is left in for 3 weeks, taken out, and then, a week later, a new one is inserted.” This information is confusing. The directions to use a patch is different than the ring as a new ring is *not* put into the vagina every week.
- Recommendation: Delete the phrase “like the patch.”
- Reference: <https://www.cdc.gov/reproductivehealth/contraception/index.htm>

Dibble Response: We implemented the recommendation.

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Issue 11

- Page Number: 272
- Paragraph or Exhibit: First paragraph after list ends
- Medical Topic(s): Contraceptive Methods or Effectiveness Rates
- Medical Accuracy Issue: Text states, “Also, females over 200 pounds should consult with a healthcare provider on the best type of birth control, since hormonal types may be less effective for them.” Although there is a label consideration for the patch for women who over 198 pounds, the CDC no longer recommends routinely screening BMI when considering type of hormonal contraceptive for overweight or obese females. All hormonal methods either carry no restrictions, or the “advantages generally outweigh theoretical or proven risks.”
- Recommendation: Provide reference for other methods or remove statement.
- Reference:
 - https://www.accessdata.fda.gov/drugsatfda_docs/label/2014/021180Orig1s046lbl.pdf,
 - <https://www.cdc.gov/reproductivehealth/contraception/mmwr/spr/appendixc.html>,
 - https://www.cdc.gov/reproductivehealth/unintendedpregnancy/pdf/legal_summar_y-chart_english_final_tag508.pdf,
- <https://www.cdc.gov/reproductivehealth/contraception/mmwr/mec/appendixd.htm> 1

Dibble Response: We implemented the recommendation.

Issue 12

- Page Number: 276
- Paragraph or Exhibit: 4
- Medical Topic(s): Sexually Transmitted Infections (STIs)/ Sexually Transmitted Diseases (STDs), including HIV/AIDS
- Medical Accuracy Issue: Text states, “Some are spread by skin-to-skin contact. Herpes, HPV, and Syphilis can be transmitted through mucous membranes or through a lesion (broken skin or sore) on the other person, which can be in places on the body not covered by a condom.” Other parasitic infections can also be spread via skin-to-skin contact including scabies, pubic lice, and trichomoniasis.
- Recommendation: Consider including other transmitted parasitic conditions on the list such as pubic lice, trichomoniasis, and scabies.
- Reference: https://www.cdc.gov/parasites/scabies/gen_info/faqs.html,
https://www.cdc.gov/parasites/lice/pubic/gen_info/faqs.html,
<https://www.cdc.gov/std/trichomonas/stdfact-trichomoniasis.htm>

Dibble Response: We implemented the recommendation.

Issue 13

- Page Number: 277
- Paragraph or Exhibit: Bullet 5
- Medical Topic(s): STI/STD/HIV Prevention
- Medical Accuracy Issue: Text states, “The HPV vaccine, taken before first sex ever, can protect females and males from most, but not all, HPV-caused cancers.” Though it is true that the HPV vaccine is much more effective if received prior to

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sexual activity, the CDC recommends that “all kids who are 11 or 12 years old should get two shots of HPV vaccine six to twelve months apart.” The CDC also recommends the HPV vaccine for young women through age 26, young men through age 21 and for the following groups if they did not get vaccinated when they were younger: young men who have sex with men through age 26, young adults who are transgender through age 26, and young adults with HIV through age 26. The FDA has also “approved a supplemental application for Gardasil 9 (HPV vaccine) expanding the approved use of the vaccine to include women and men aged 27 through 45 years.”

- Recommendation: Modify text to reflect CDC recommendations or state you can still discuss the vaccine with your healthcare provider, even if you have had sex.
- Reference: <https://www.cdc.gov/hpv/parents/vaccine.html>,

Dibble Response: We implemented the recommendation.

Issue 14

- Page Number: 278
- Paragraph or Exhibit: Bullet 2
- Medical Topic(s): STDs
- Medical Accuracy Issue: The text states, “1 in 4 sexually active teens has an STD.” No reference was provided and the data incomplete. According to the CDC, one in four sexually active *females* aged 14-19 has an STD.
- Recommendation: Provide the reference below and change the language to reflect that of the CDC
- Reference: <https://www.cdc.gov/std/stats16/adolescents.htm>

Dibble Response: We implemented the recommendation.

Issue 15

- Page Number: 291
- Paragraph or Exhibit: Bullet 6
- Medical Topic(s): Contraceptive Methods or Effectiveness Rates
- Medical Accuracy Issue: Text states, “One condom, used correctly, will provide 98% effective protection against pregnancy.” According to the CDC, condoms are 98% effective with perfect use and 82% effective with typical use.
- Recommendation: Typical use rate of 82% should also be provided.
- Reference: <https://www.cdc.gov/reproductivehealth/contraception/index.htm>,
https://www.cdc.gov/reproductivehealth/unintendedpregnancy/pdf/contraceptive_methods_508.pdf

Dibble Response: We implemented the recommendation.

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Issue 16

- Page Number: 292
- Paragraph or Exhibit: Bullet 2
- Medical Topic(s): Contraceptive Methods or Effectiveness Rates
- Medical Accuracy Issue: Text states that risk of endometrial cancer with birth control use decreases by 50% in the first year of use, and 80% lower than normal after 10 years. The reviewer could not verify this statistic. According to The National Cancer Institute, “risk is reduced by at least 30%, with a greater risk reduction the longer oral contraceptives were used.”
- Recommendation: Provide resource or update to reflect information below.
- Reference: <https://www.cancer.gov/about-cancer/causes-prevention/risk/hormones/oral-contraceptives-fact-sheet>

Dibble Response: We took this part out.

Issue 17

- Page Number: 292
- Paragraph or Exhibit: Bullet 1
- Medical Topic(s): Contraceptives, IUD
- Medical Accuracy Issue: The text only lists two different brand names for IUD. There are two types of IUD used: hormonal (Mirena®, Kyleena®, Skyla®, and Liletta®) and non-hormonal (ParaGard®).
- Recommendation: Either include all of the brand names or omit brand names altogether.
- Reference: https://www.accessdata.fda.gov/drugsatfda_docs/label/2008/021225s019lbl.pdf, https://www.accessdata.fda.gov/drugsatfda_docs/label/2016/208224s000lbl.pdf, https://www.accessdata.fda.gov/drugsatfda_docs/label/2017/203159s007lbl.pdf, https://www.accessdata.fda.gov/drugsatfda_docs/label/2017/206229s004lbl.pdf, https://www.accessdata.fda.gov/drugsatfda_docs/label/2013/018680s066lbl.pdf

Dibble Response: We implemented the recommendation.

Issue 18

- Page Number: 293
- Paragraph or Exhibit: Bullet 3
- Medical Topic(s): Pregnancy prevention
- Medical Accuracy Issue: Text states that “breastfeeding does provide some protection against pregnancy, but only among women who are exclusively breastfeeding. This means that a woman feeds her baby at least 6 times a day, with both breasts, does not substitute other foods for breast milk, and feeds her baby every 4 hours during the day and every 6 hours at night.” This is accurate, but incomplete. According to the CDC, exclusive breastfeeding in conjunction with amenorrhea and being less than 6 months postpartum can provide protection against pregnancy.
- Recommendation: Update to reflect CDC guidelines.

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- Reference: <https://www.cdc.gov/reproductivehealth/contraception/mmwr/mec/appendixg.htm> 1

Dibble Response: We implemented the recommendation.

Issue 19

- Page Number: 294
- Paragraph or Exhibit: Bullet 13
- Medical Topic(s): Sexually Transmitted Infections (STIs)/ Sexually Transmitted Diseases (STDs), including HIV/AIDS
- Medical Accuracy Issue: Text states, “Youth, ages 13–25, account for 22% of all new HIV diagnoses. Young gay or bisexual males account for 80% of those diagnoses. It is estimated that 44% of young people between ages 18-24 with HIV are unaware.” According to the CDC, “Youth aged 13 to 24 make up 21% of all new HIV diagnoses in the United States” and that “81% of those new diagnoses occurred among young gay and bisexual men.” The CDC also states that “among people aged 13-24 with HIV, an estimated 51% didn’t know.”
- Recommendation: Update to reflect most current CDC statistics.
- Reference: <https://www.cdc.gov/hiv/group/age/youth/index.html>, <https://www.cdc.gov/hiv/statistics/overview/ataglance.html>

Dibble Response: We implemented the recommendation.

Issue 20

- Page Number: 295
- Paragraph or Exhibit: Bullet 7
- Medical Topic(s): Sexually Transmitted Infections (STIs)/ Sexually Transmitted Diseases (STDs), including HIV/AIDS
- Medical Accuracy Issue: The text states that herpes is a bacterial infection. According to the CDC, herpes is a viral infection.
- Recommendation: Change text to state that herpes is a viral infection.
- Reference: <https://www.cdc.gov/std/herpes/stdfact-herpes-detailed.htm>

Dibble Response: We implemented the recommendation.

Issue 21

- Page Number: 261
- Paragraph or Exhibit: 1
- Medical Topic(s): Teen Pregnancy
- Medical Accuracy Issue: Statement reads: “From 1991 to 2014, teen birth rates fell just over 60%, from 61.8 to 24.2 per 1,000 live births.” No reference is provided and the data is outdated. According to the Department of Health & Human Services, from 1991 to 2016, the U.S. teen birth rate has fallen 67%, from 61.8 to 20.3 per 1,000 live births.
- Recommendation: Updated information available at the reference below.

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- Reference: <https://www.hhs.gov/ash/oah/adolescent-development/reproductive-health-and-teen-pregnancy/teen-pregnancy-and-childbearing/trends/index.html>

Dibble Response: We implemented the recommendation.

Issue 22

- Page Number: 277
- Paragraph or Exhibit: Bullet 1
- Medical Topic(s): STDs
- Medical Accuracy Issue: Statement reads: “Untreated gonorrhea and chlamydia cause infertility in 20,000 women each year.” No reference was cited for the data provided.
- Recommendation: Use the reference provided below.
- Reference: <https://www.cdc.gov/nchhstp/newsroom/docs/factsheets/std-trends-508.pdf>

Dibble Response: We implemented the recommendation.

Issue 23

- Page Number: 314
- Paragraph or Exhibit: 2
- Medical Topic(s): LGBTQ Sexual Health & Behaviors
- Medical Accuracy Issue: The text gives an accurate statement, but the year of the CDC YRBS is outdated.
- Recommendation: Update the year from “2015” to the year “2017”
- Reference: <https://www.cdc.gov/healthyouth/data/yrbs/pdf/2017/ss6708.pdf>

Dibble Response: We implemented the recommendation.

PowerPoint Lessons 1-14 Issue 1

- Page Number: PowerPoint Lesson 7
- Paragraph or Exhibit: Slide 23
- Medical Topic(s): Child Abuse and Neglect
- Medical Accuracy Issue: Text states, “Risks for child abuse and neglect are 15 X higher in homes with domestic violence.” No reference was provided and reviewer could not confirm.
- Recommendation: Provide a reference or remove this statistic.

Dibble Response: Appel, A.E., and Holden, G.W. (1998). The co-occurrence of spouse and physical child abuse: A review and appraisal. Journal of Family Psychology, 12, 578-599; Edleson, J.L. (1999). The overlap between child maltreatment and woman battering. Violence Against Women, 5(2), 134-154.

Issue 2

- Page Number: PowerPoint Lesson 13
- Paragraph or Exhibit: Slide 24
- Medical Topic(s): Human Brain

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- Medical Accuracy Issue: Text states, “85% of the human brain is being built by nurturing and cognitive experiences in the first three years of life.”
- Recommendation: Provide specific reference for statistic cited on slide
- Reference: <https://www.cdc.gov/ncbddd/childdevelopment/early-brain-development.html>

Dibble Response: The Urban Child Institute. (n.d.). Baby’s brain begins now: Conception to age 3. Retrieved from <http://www.urbanchildinstitute.org/why-0-3/baby-and-brain>

Issue 3

- Page Number: PowerPoint Supplemental Appendix Lesson
- Paragraph or Exhibit: Slides 5, 10
- Medical Topic(s): Technology and Social Media
- Medical Accuracy Issue: No references provided for any data presented and reviewer could not confirm the data.
- Recommendation: Provide specific source of data for both slides.

Dibble Response: Slide 5 reference. Mehrabian, A. (1981). *Silent messages: Implicit communication of emotions and attitudes*. Wadsworth.

Slide 10 reference Royal Society for Public Health. (2017). #StatusOfMind. Retrieved from <https://www.rsph.org.uk/uploads/assets/uploaded/62be270a-a55f-4719-ad668c2ec7a74c2a.pdf>

Videos

Issue 1

- Minute Number: Lesson 12, Slide 5, “How Do Contraceptives Work?”, minute 3:11-3:18, 3:45
- Description of Scene: Photo of spermicide
- Medical Topic(s): Contraceptive Methods or Effectiveness Rates
- Medical Accuracy Issue: The video states the perfect use rate as 85% and typical use rate as 71% effective. Spermicide has a perfect use rate of 84% and typical use rate of 79%.
- Recommendation: At the end of the video, have the facilitator make a statement for updated typical and perfect use rates for spermicide to the audience.
- Reference: <https://www.cdc.gov/reproductivehealth/contraception/index.htm>, https://www.cdc.gov/reproductivehealth/contraception/unintendedpregnancy/pdf/Contraceptive_methods_508.pdf

Dibble Response: We implemented the recommendation.

The following pages show the changes that have been made.

- ❖ *The bottom line is that guys do not have any legal right to have a say with the exception of adoption. He would have to agree to terminate his parental rights.*
 - ❖ *He does not have a say, even if he thinks she is not parent material and he is not ready to be a father.*
 - ❖ *These are issues people should really think about. Leaving sex out of your teen relationships is the safe way to go.*
6. With the baby, there is no way I can expect to finish my high school equivalency or get my diploma.
- ❖ *Yes, you can. It may take time and be hard, but many young parents have graduated. Graduation is a must for providing a better future and role model for your child.*
7. A woman should not expect her husband to use a condom if he doesn't like them.
- ❖ *She may have problems with other forms. Family planning is a joint responsibility and should involve caring consideration.*
8. I expect my partner or spouse **never** to find someone else attractive if he or she really loves me.
- ❖ *Even in the most committed relationships and marriages, there are times when one can find someone else attractive. The difference is whether one acts upon it. A person is showing dedication to his or her partner by not pouring effort into imagining how much greener the grass would be on the other side. If you are having real doubts about your partner, it's time to assess and talk.*
9. I expect to wait on having a second child until I am more settled with my education, job, finances, and in a healthy marriage. I expect my partner to respect that.
- ❖ *A young parent who waits on a second child until he or she is more settled with education and employment and in a healthy marriage will reduce the chances of the child living in poverty. It is probably one of the most important things a young parent can do.*

10. I can't expect to tell my baby's father not to go out at night whenever he wants.
 - ❖ *If he is a father and going out at night regularly on his own, what does this tell you about his responsibility and faithfulness? How healthy or balanced is a relationship where one goes out often and the other stays at home caring for the child? How would he feel if she went to the club frequently and left the baby with him? How would a child's physical, emotional, and social health be affected if his or her parents put their social life before caring for the child?*
11. I expect the mother of my child (and me, too) to be willing to learn more about child development and effective parenting skills (attend workshops, read books, or watch DVDs).
 - ❖ *Basic skills can help parents nurture and engage in effective parenting. It helps when both parents are on the same page!*
12. I don't expect any co-worker to tell me how to do my job. I can figure things out on my own.
 - ❖ *That is a counterproductive expectation and attitude for today's workplace. Employers value cooperation and teamwork.*
13. I expect not to have sex while I'm in high school.
 - ❖ *This is very reasonable. In fact, 60.5% of high-school-age teens have made that decision. And besides, most teens who have had sex wish they'd waited. Discuss what they feel is reasonable or unreasonable.*
14. I expect to be on time for work every day and avoid absences to the best of my ability. I want to be seen as steady and dependable.
 - ❖ *Tardiness and absences impact an employer's perception of one's dependability. This is more than a reasonable expectation to have of one's self—it's smart.*

Dangerous Love

Overview

This lesson focuses on dating violence, which includes physical violence, sexual violence, stalking, and psychological aggression.

The 2017 Youth Risk Behavior Survey (CDC) found that among the roughly 69% of high school students who dated or went out with someone in the past 12 months, 8% reported physical dating violence (PDV).¹ 9.1% of teen girls and 6.5% of teen boys, respectively, reported they had been hit, slammed into something, or injured on purpose by someone they were dating or going out with.² 6.9% of high school students that were going out with someone in the past 12 months reported they had been forced to do sexual things they didn't want to do (counting kissing, touching, and physically forced to have sexual intercourse)—10.7% female and 2.8% male.³ Dating violence against adolescent girls is associated with higher risks of substance abuse, sexual risk behavior, pregnancy, unhealthy weight control, and suicide.⁴ For all youth, both male and female, dating violence can have a negative effect on health throughout life.

The CDC Youth Risk Behavior Survey for 2017 asked questions on sexual identity and orientation and risk behaviors. The 2017 YRSB finds that LGBTQ teens experience dating violence at higher rates. 17.2% of gay, lesbian, and bisexual students; and 14.1% of the not-sure students reported **physical** dating violence. 15.8% of gay, lesbian, and bisexual students; and 14.1% of the not-sure students had been forced to do **sexual** things they did not want.

The information and messages in this lesson are important for all teens, regardless of gender, identity, or sexual orientation. The scenarios used are inclusive.

The goal is to stop intimate partner violence before it begins, and that means starting with youth and young adults of all sexual orientations. Unhealthy relationships can start early and develop into more serious forms of abuse. The teen and early adult years are a critical time to learn skills to promote positive relationships with others and to prevent patterns of dating violence that can carry into adulthood.⁷ *Love Notes* teaches young people skills for forming and maintaining healthy relationships and to recognize what is healthy and unhealthy. This approach can help equip youth to steer clear of abusive relationships in the first place.

Some young people do not realize they are in relationships that are abusive. Many are unclear about what respect and normal boundaries in healthy relationships look like. This lesson will educate young people about a range of serious problems, from unhealthy and disrespectful behaviors in relationships to the most dangerously abusive behaviors.

The *Red Flag Competition* activity uses descriptive, real-life scenarios to help young people recognize unhealthy patterns and early warning signs and behaviors that are abusive. Participants will learn more about partner violence—the kinds of abuse seen most frequently in youthful relationships—and the signs of danger at any age in relationships, teen or adult. An inspiring video, *A Call to Men*, by Tony Porter, is used to engage participants and to speak to young males especially. For teens, there are a few short *YouTube* video clips on dating violence to choose from. For the young adult audience (useful for teens as well), there is an optional but compelling TED Talk, *Why Domestic Violence Victims Don't Leave*. All are hyperlinked inside the PowerPoint slides.

This lesson also raises awareness about harm to children from domestic violence. To see domestic violence through the eyes of a child motivates participants to set high standards and take action. Kelly Clarkson's music video, *Because of You*, provides a motivating way to explore this topic.

The goal of this lesson is to raise awareness, to prevent, and to take action against dating violence. Drawing the line of respect early in relationships with partners or friends will be stressed. Practicing assertiveness skills to respond to disrespectful comments and behaviors, especially when these patterns *first emerge*, will be highlighted.

Leader note: Engage in as much discussion as possible in this *Red Flag Competition* activity. It will help participants get a better sense of what's okay and what is not. Look at the suggested talking points for each *It Depends* card referenced in Resource 7c (pgs. 149–151). When finished, count cards and give a point for each one. Give treats (optional) to the winning team first and then to the other team for their participation.

(PP) Play this short *YouTube* clip (1:25) after the *Red Flag Competition* activity.

❖ (PP) *Teen dating violence includes:*

- **Physical:** *being pinched, hit, shoved, slapped, punched, kicked or slammed.*
- **Psychological/Emotional:** *name-calling, shaming, bullying, embarrassing on purpose as a means of threatening or harming a person's sense of self-worth.*
- **Sexual:** *forcing a partner to engage in a sex act when they do not want to or cannot consent.*
- **Stalking:** *pattern of harassing or threatening tactics that cause fear in the victim.*

❖ (PP) *In a nationwide survey of high school students (CDC Youth Risk Behavior Survey 2017), 9.1% of teen girls and 6.5% of teen boys who dated or went out with someone in the past 12 months reported they had been hit, slammed into something, or injured on purpose by someone they were dating or going with.*

❖ *10.7% of teen girls and 2.8% of teen boys reported they had been forced to do sexual things they did not want to do (counting kissing, touching, and physically forced to have sexual intercourse).*

Dating Violence

- **Physical:** being pinched, hit, shoved, slapped, punched, kicked, scratched, grabbed, or slammed.
- **Psychological/Emotional:** name-calling, shaming, guilt-tripping, bullying, embarrassing on purpose to threaten or harm a person's sense of self-worth.
- **Sexual:** forcing a partner to engage in a sex act when they do not want to or cannot consent.
- **Stalking:** a pattern of harassing or threatening tactics that cause fear in the victim.

Love Notes

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

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

Love Notes

Point out that dating violence can occur in person or electronically: (PP)

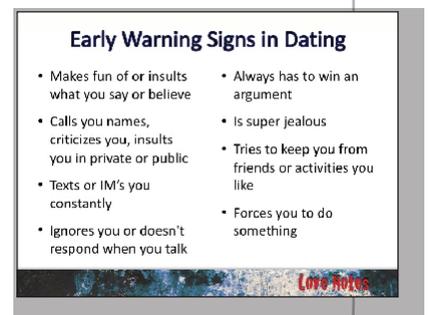
- ❖ *Dating violence can take place in person or electronically, such as repeated texting or posting sexual pictures of a partner online.*
- ❖ *Cell phones and social media have increased the potential for controlling, abusive, and bullying behaviors.*
- ❖ *One recent survey reported that a high number of teens were in relationships where they felt controlled through cell phones and social media. For example, thirty percent of the survey respondents said they received text messages 10, 20, or 30 times an hour by their partner demanding to know where they are, who they are with, and what they are doing.² This behavior is controlling and a definite red flag.*



Early Warning Signs in Dating

- ❖ *You are all at the beginning of a lifetime of romantic relationships.*
- ❖ *These warning signs apply to relationships you may be in now or could be in in the future.*
- ❖ *Unhealthy patterns in relationships can start early.*
- ❖ *Some teens may think that verbal and psychological abuse is normal. It may be what they have seen around them.*
- ❖ *These behaviors are unhealthy and can develop into more serious forms of violence and psychological harm.*

(PP) Read the signs to your youth in the slide before watching the short video clip.



Helping Friends

Point out that while they themselves may not be in an unhealthy or dangerous relationship, they may have friends, now or in the future, who are. Pass out the handout *Worried About a Friend?* (Resource 7e, pg. 153).

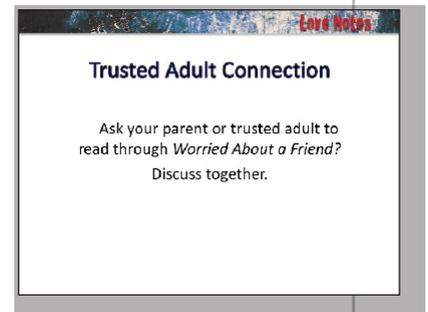
(PP) Go over the signs and then read through the suggestions of what a person can say to their friend. Then review suggestions for what they might do.

Emphasize the importance of reaching out to caring adults.

Emphasize the potential danger to themselves if they try to intervene without enlisting the help of supportive adults. Remind teens of the websites and offer contact information for support and resources in the school and community. State your willingness to help anyone find support.

(PP) Ask teens to have a parent or trusted adult read through the handout *Worried About a Friend?* (pg. 153) and discuss together.

Sign and return.



Notes

- 1 CDC Youth Risk Behavior Survey 2017. <https://www.cdc.gov/healthyyouth/data/yrbs/pdf/2017/ss6708.pdf>
- 2 Ibid.
- 3 Ibid.
- 4 Ibid.
- 5 Centers for Disease Control and Prevention MMWR. August 12, 2017 <http://www.cdc.gov/mmwr/volumes/65/ss/pdfs/ss6509.pdf>. Also see Centers for Disease Control and Prevention MMWR. June 10, 2017 http://www.cdc.gov/healthyyouth/data/yrbs/pdf/2015/ss6506_updated.pdf
- 6 Ibid.
- 7 Centers for Disease Control, Understanding Intimate Partner Violence, Fact Sheet 2014. Retrieved: <http://www.cdc.gov/violenceprevention/pdf/ipv-factsheet.pdf>
- 8 Johnson, M.P. (1995). Patriarchal terrorism and common couple violence: Two forms of violence against women. *Journal of Marriage and the Family*, 57(2): 283-294.; Johnson, M.P. & Leone, J.M. (2005). The differential effects of intimate terrorism and situational couple violence: Findings from the National Violence Against Women Survey. *Journal of Family Issues*, 26, 322-349.
- 9 Bureau of Justice Statistics, 2013. We can only estimate the number of intimate partner homicides because not all

perpetrator relationships to the victim are identified. Of the 3,200 female victims of homicide overall in 2013, we know that 35% were identified as killed by intimates (1,200). In 25% of the total killings of women, the relationship to the perpetrator is unidentified. Some or most of these could be intimate partners. If all of the females victims with unidentified victim-perpetrator relationships were actually intimate partner homicides—which we do not know—then there would be 800 additional intimate partner homicides. So, it can only be stated that between 1,200 and 2,000 women were killed by intimate partners. There were approximately 11,000 male victims of homicide (2013) and it is estimated that between 3-5% were killed by intimate partners, which means between 330 and 550 male victims. From author phone conversation with Alexia Cooper, Ph.D., Statistician with BJS, Department of Justice on 9/24/2015.

- 10 Appel, A.E., and Holden, G.W. (1998). The co-occurrence of spouse and physical child abuse: A review and appraisal. *Journal of Family Psychology*, 12, 578-599; Edleson, J.L. (1999). The overlap between child maltreatment and woman battering. *Violence Against Women*, 5(2), 134-154.
- 11 Ibid.

Before re-examining my priorities, I would exclusively pick girls who appeared promiscuous and troubled, just like me. Entering the relationship, I believed that I was there for sex with a “throw-away” girl and would have no trouble dropping her if the relationship got to be trouble or too taxing. What would always happen is that I would feel like I had fallen in love with them and they would manipulate me into a wretched lump— seeing they were better at the mind games. They were generally pretty troubled and had rough childhood experiences, including divorce and sexual abuse. The promiscuity, I’m guessing, was a way to get attention. I picked up on this, not wanting to wait more than one date for the sex, and went for whichever girl seemed to be the fastest way to the bedroom. The sex—a contributing factor was our young, high school age—was almost always disappointing and extremely sketchy. Since I had no good experience to compare it to, I guess I was just there for the points. Happy, normal girls never really caught my eye. I assumed that they were boring, would not wear exciting underwear, and would want me to wait for sex. The memory of my old behavior makes me cringe nowadays....”

After reading *Brad Looking Back*, conclude with: *This guy has given himself time to reflect on his past. He’s taken a break from relationships to focus on his own development and figure out what he really wants and what is important to him. He also admits that the sex in that earlier context was almost always disappointing and extremely sketchy. He’s trying to learn more about what a healthy relationship really is and what intimacy truly means.*

SECTION 11.3

Understanding Sexual Regrets

- Workbook: *Let's Talk About Sex* (pg. 31)
- Workbook: *Intimacy—It's More than a Physical Thing* (pg. 32)
- Workbook: *How Connected?* (pg. 33)

8 minutes

- ❖ *As was mentioned earlier, 60.5% of high school teens have never had sexual intercourse and 47.8% of high school teens report they have had no sexual contact ever (CDC, YRBS 2017).*
- ❖ *And, surveys show that the majority of teens who have had sex wish they had waited. So, over half haven't had sex and the majority who have wish they had waited.*
- ❖ *Teens are often told about the health risks of sexually transmitted diseases or pregnancy.*
- ❖ *But, there are other emotional and social risks for teens of any gender, identity, or orientation that you hear less about.*
- ❖ *Let's examine four of them.*

Some Emotional Risks of Sex-Too-Soon (PP)

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

Emotional Risks of Sex-Too-Soon

1. Hurt from unmatched expectations
2. Can change a relationship; keep it from growing
2. Can take over a relationship
4. Can keep a bad relationship going

Love Notes

- ❖ *The only form of birth control that is 100% effective is for Jennifer and Carlos to continue to wait to have sex. As they continue to wait, they will be able to strengthen their relationship so that when they are ready to become parents, after they have graduated from high school—and better yet, college or additional training—have gotten jobs, and are married, then they will be able to provide their child with a stronger and more stable home environment than if they end up getting pregnant before they were planning on it.*

- Workbook: *Setting YourLine* (pgs. 34–35)
- Resource 11c: *Trusted Adult Connection—Intimacy & Sexual Decisions* (pg. 259)

8 minutes

SECTION 11.6

Set Your Personal Line

Announce to teens they are going to do some personal reflection and personal boundary setting (privately) at this time.

Start by highlighting the importance of knowing one's line before becoming physically affectionate with someone.

- ❖ *It's important to know your line before you start becoming physically affectionate with someone. It's important you define for yourself the meaning you place on deepening levels of physical intimacy.*
- ❖ *Knowing how to communicate with a partner about boundaries and knowing how to make plans to follow through on your sexual choices is really, really important.*
- ❖ *Remember, most sexually experienced teens didn't plan to have sex—it just happened.*

Activity: Drawing My Line

Instruct teens to turn to *Setting Your Line* in the workbook, pg. 34, and look at the scale of physical intimacy. **(PP)**

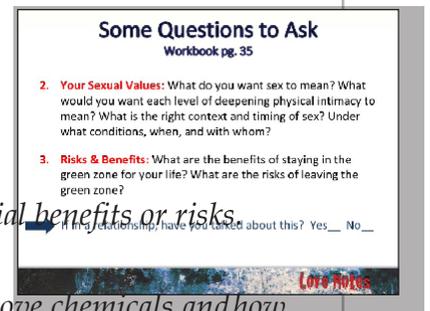
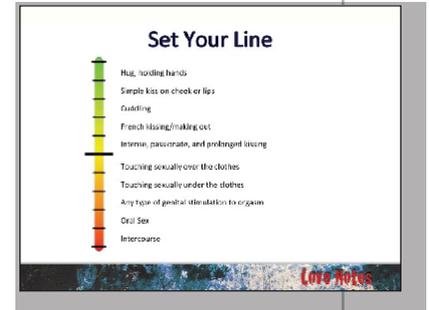
1. Read over the scale of deepening levels of physical intimacy and then think about where you want to set your line, or where you would like to reset your line if you have gone further than you wanted to.
2. How does your line fit with your values—the meaning you would want for any level of physical intimacy? Consider under what conditions, when, and with whom you would ever move your boundary line. **(PP)**
3. The third question asks you to describe the benefits for you of staying in the green zone. Then, describe the risks of leaving the green zone. Be as specific as possible about emotional, health, and social benefits or risks.

❖ As you consider setting your line, remember what we learned about love chemicals and how they surge strongly in the early months of a relationship and make it easy to slide into risky situations. It's also important to remember that...

- 8 out of 10 first-time sexual relationships last six months or less.⁴
- People don't tend to regret waiting on sex, but the majority of teens who have had sex wish they'd waited.

❖ We want you to leave here with an understanding of the importance being deliberate about your personal values, what you want, and setting your line.

❖ Remember, once you move from just friends to romantic interest, it's important to start talking. The more you are clear in your own head, the more you'll be able to assert your values and not be pressured.



Trusted Adult Connection

(PP) Pass out the *Trusted Adult Connection—Intimacy & Sexual Decisions*, Resource 11c (pg. 259).

- ❖ *Ask your parent or trusted adult to read the six (6) connections that build intimacy on pg. 32 of your workbook. Then ask them to read the story of Ebony, pg. 32.*
- ❖ *Together, discuss the 6 dimensions of intimacy and the story of Ebony.*
- ❖ *Ask your parent or trusted adult to say what they feel the benefits are in deciding to leave sex out of teen relationships.*
- ❖ *Ask him or her to sign and return for credit.*

Trusted Adult Connection

- Ask your parent or trusted adult to read about the connections that build intimacy on p. 32 of your workbook and then the story of Ebony.
- Together discuss the 6 dimensions of intimacy and the story of Ebony.
- Ask your parents or trusted adult to say what they feel are the benefits in deciding to leave sex out of teen relationships.

Love Notes

Notes

¹With One Voice 2012. A survey by the National Campaign to Prevent Teen and Unplanned Pregnancy. August 2012.

²Ibid.

³Ibid. In addition see, Child Trends. (2003). See research brief, "First Time: Characteristics of Teens' First Sexual Relationships" (ChildTrends.org)

⁴Ibid.

Pregnancy, STIs and HIV

Overview

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

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

Young people need good information and they need compelling reasons—social, emotional, and health—for sexual delay and risk avoidance. The lessons up to now on healthy selves and healthy relationships, and Lesson 11 on sexual decision-making, have engaged youth on social and emotional concerns and encouraged deeper reflection on sexual values, context, and timing for sex.

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

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

LGBTQ teens can face stigma, family disapproval, or fear of social rejection. Also, LGBTQ students report experiencing substantially higher levels of bullying and physical and sexual violence, including being forced to have sexual intercourse. LGB have higher rates of homelessness that puts them at risk for abuse on the streets, being forced to exchange sex for shelter, exploited by sex traffickers, and using and/or abusing drugs and alcohol. These youth are in need of support and innovative approaches to help them heal the trauma and avoid further sexual risk behaviors.

Lesson 12 begins with an activity to correct faulty information and dispel common myths about sex, pregnancy, STDs, and HIV. The second section delves more deeply into STDs and HIV. There is an engaging film on HIV or an option for a video clip. Information on contraception and condoms is included but framed within a family-planning context for married couples.

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

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

Note that this lesson will use the term STD, even as STI is increasingly used. Some people think the newer term helps minimize embarrassment about these illnesses.

Activity: Test Your Knowledge

This activity corrects faulty information and dispels common myths. These statements represent some of the most common, but faulty, beliefs held by teens.

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

Before elaborating with accurate information (utilizing Resource 12a, pgs. 288–290), ask for volunteers to state why they chose True or False. Ask if there are further questions after you relay correct information. Then go on to the next question.

Instructor note: The information below is important for all teens, regardless of sexual orientation. LGBTQ youth have often been ignored in pregnancy prevention. But LGBTQ youth are actually more likely to engage in behaviors that may result in unintended pregnancy.⁴ Lesbian and bisexual youth experience twice the risk of unintended pregnancy of their heterosexual peers. Lesbian or bisexual girls' teen pregnancy rate is 12 percent higher than their heterosexual peers'. LGBTQ youth, at a rate of almost 60 percent, reported having four or more sexual partners during their lifetimes, compared with 11 percent among their heterosexual peers.⁵ Background information for the instructor is found via links in the final PowerPoint slide.

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

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

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

Test Your Sex, Pregnancy & STD Smarts!



1. It seems almost everyone in high school is having sex.
2. You can't get pregnant the first time you have sex.
3. A female can't get pregnant if she has her period.
4. Sperm can live up to five (5) days inside a woman's reproductive tract.
5. If the guy...
6. Jumping to... (douching)

Test Your Sex, Pregnancy & STD Smarts!



7. Gay and lesbian teenagers who have sex don't get pregnant.
8. Condoms offer the best protection against pregnancy.
9. A person with an STD, and especially HIV, typically has symptoms or doesn't look healthy. A person would know if a sex partner had something.
10. All STDs stick with you forever.
11. You can't get STDs from oral sex. Besides it's not really sex.
12. You don't have to "go all the way" to get an STD.
13. If a female is on birth control she's protected from STDs.

Love Rocks

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

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

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

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

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

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

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

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

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

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

False. None of these things after intercourse will get rid of the sperm. In fact, douching can actually increase the chance for pregnancy, since it can push sperm further up.

Jumping does nothing for 200–500 million sperm vigorously swimming upstream and

which live for up to 5 days inside the woman's body. Urine comes out of the urethra, a totally different opening than the vagina.

Not having sex is the 100%, sure way not to get pregnant.

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

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

Those that do may have sex with a same-sex partner, with an opposite sex partners, or both.

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

8. Condoms offer the best protection against pregnancy.

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

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

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

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

10. All STDs stick with you forever.

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

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

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

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

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

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

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

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

Planning a Family

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

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

1. The **implant** is a hormonal contraceptive that is a tiny rod the size of a matchstick. It is inserted into the upper, inside arm by a healthcare profession. It lasts for up to 3 years and is 99.99% effective.
2. The **IUD** (intrauterine device) is inserted through the cervix by a healthcare professional and can be removed at any time. Depending on type, it can last for 3, 5, or 10 years. It is 99.2% to 99.99% effective.
3. Female or male **sterilization** (vasectomy) is 99.5% to 99.85% effective and not reversible. Some couples, after they are done having children, opt for this.
4. **Depo-Provera** is a hormonal shot that must be taken every 3 months on schedule. It is 96% effective if done on schedule.
5. The **birth control pill**, which must be taken every day, is 93% effective. If days are missed, effectiveness is compromised.
6. The **patch** is a thin, square, plastic patch with hormones that is placed on the belly, arm, upper torso, or buttocks. A new patch is put on once a week for 3 weeks; no patch is worn for the fourth week. 93% effective.
7. The **ring** is about a two-inch ring that a woman inserts into her vagina up to the cervix. It is left in for 3 weeks, taken out, and then, a week later, a new one is inserted. It is 93% effective.



8. The **diaphragm** and the **cervical cap** are both flexible cups that are inserted into the vagina up close to the cervix each time before sex. A health care professional needs to determine the size. Both are used with spermicide. The diaphragm is 83% effective.
9. The **male condom** is 87% effective with typical use. The **female condom** is 79% effective.
10. The foam **sponge** is small and donut-shaped and contains a spermicide. It is inserted up into the vagina to the cervix. It is 86% effective for women who have never had a baby and 73% for women who have had a baby.
11. **Fertility Awareness Based Methods** (rhythm) involves daily tracking of a woman's cycle to determine when she is fertile. It is 77% to 98% effective.

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

Ask if there are questions or invite students to write questions for the question box.

(PP) This animated TED-Ed clip (4:20 minutes) will visually reinforce the information presented on conception and how the various forms of contraception work for family planning. The *YouTube* clip is hyperlinked within the PowerPoint slide

How Conception Occurs and
Family Planning Methods
Ted.Ed clip

www.youtube.com/watch?v=Zx8zbTMTncs&list=PLQs395QxIHxunSgFyA9qXeZzo3kE5EeD&index=2

STIs and HIV Teach-In

Instructor should prepare three large sheets titled as indicated below and tape them up around the room:

1. Curable? (line down middle) Incurable, only treatable?
2. Which ones show symptoms? (line down middle) No symptoms or hard to recognize?
3. Which STDs have very high consequences? Identify which ones and describe why and how.

This teach-in activity is a way for youth to find the information themselves, write it up on flip chart papers, and then teach it to the whole group.

Directions

(PP) First, have everyone look at the three flip chart papers posted around the room with their respective headings. Give these directions:

1. Form three teams. Assign each group to one of the flip chart papers.
2. Pass out *STDs and HIV Fact Sheet* (Resource 12c, pgs. 294–295) to each person.
3. Each team member silently reads their handout to find the best, the most compelling, information to address the questions on the sheet they are assigned.
3. Then, team members pool their findings.
4. Each team goes to their assigned sheet and writes down the most compelling, important information they have found.
5. Taking turns, each team will teach the rest of the class what they found.

Alternative for some or extra credit: Groups or individuals can make a poster, create a rap, use some sort of social media (such as *Instagram*, *Twitter*, *Snapchat*, or any creative medium they can think of) to get out an urgent message about STDs to other youth.

They can focus on just one or more STDs.

Find the key facts!

Your team is to look for key facts on the question you are assigned using your handout. Write your findings on flipchart:

1. Which can be cured—which cannot be cured, but only have symptoms managed? Describe.
2. Which ones have the most serious consequences? Describe and explain your choices.
3. Which show symptoms? Which do not clearly show symptoms? Explain and describe.

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

Love Notes

Instructor note: Use the information on the next two slides and found below to elaborate and clarify or review as needed.

- ❖ *STDs and HIV can affect different areas of your body, like your throat, vagina, penis, anus, and skin. They are spread in three ways:*
 - **(PP)** *Some STDs are spread through **bodily fluids**, such as pre-seminal fluids (pre-cum), semen (cum), vaginal fluids, rectal fluids, blood, and breast milk. The mucous membranes of certain areas of the body—like the vulva, vagina, penis, mouth, anus, and eyes—allow fluids to enter the bloodstream. So, passage of the infected bodily fluid is through these mucous membranes or a lesion (broken skin or sore).*
 - *Others are spread by **skin-to-skin** contact, such as Herpes, HPV, pubic lice and scabies. An open lesion does not need to be present.*
 - *Another way STDs can be spread is through **mucous membranes** or through a **lesion** (broken skin or sore) on the other person, which can be in places on the body not covered by a condom.*

- ❖ *All kinds of sex—oral, vaginal, or anal—transmit STDs and HIV.*

- ❖ *STD infections can enter the body three ways:*
 - *Through **mucous membranes**, such as the vulva, vagina, penis, mouth (oral sex), anus, and eyes.*
 - *Through **lesions** (breaks in the skin, sores).*
 - *Or, **skin-to-skin**, like Herpes and HPV.*

- ❖ *Some can be **cured** (bacterial ones) and others cannot be cured (viral ones).*

- ❖ *STDs and HIV often have no symptoms. People with STDs or HIV don't have to look sick.*
 - *Most people are unaware they have an STD or HIV.*

- ❖ ***Testing** is critical for anyone who is sexually active. Otherwise, they will pass it on to others and not get treated themselves.*

Core Notes

Transmission

- Some STDs are spread through **bodily fluids** such as HIV, Chlamydia, Gonorrhea
- Some are spread by **skin-to-skin** contact like Herpes, HPV and Syphilis
- Passage of STD infections can enter the body three ways:
 - through **mucous membranes** such as the vulva, vagina, penis, mouth, anus, and eyes
 - through **lesions** (breaks in the skin, sores)
 - Simply through **skin-to-skin** contact (e.g., an open lesion does not need to be present to transmit Herpes or HPV)
- Some can be **cured** and others **cannot be cured**
- STDs and HIV often have **no symptoms** or they are not recognized
- **1 in 4 sexually active teens has an STD**

- *A person with an STD is more susceptible to getting HIV. This is because any broken skin or sore from an STD is a way for the HIV virus to enter the bloodstream.*

More on STDs (PP)

- ❖ *Some STDs, like **chlamydia** and **gonorrhea** (symptoms often not recognized), left untreated, can develop scar tissue that blocks the fallopian tubes and makes a woman infertile (unable to have a child) or to have an ectopic pregnancy, which can be life threatening. Untreated gonorrhea and chlamydia cause infertility in 20,000 women each year.⁶ Antibiotic-resistant gonorrhea is increasing.*
- ❖ *HIV cannot be cured. If left untreated, it progresses to AIDS, which damages the immune system severely. Without treatment, people with AIDS survive three years. The sooner HIV is detected through testing and treated, the better the chances of prolonging life with medicines (and not having it develop into AIDS). Treating HIV can reduce transmission to others and help a person to live a healthier life.*
- ❖ ***Syphilis** is on the rise. Without the right treatment, it can move to the latent and 3rd stage that leads to paralysis, blindness, dementia, and damage of organs and death. Most people don't know they have syphilis because the painless sore in the first stage that goes away can be mistaken for a pimple or small bump. The second stage is a rash that also goes away. You can get syphilis by direct contact with a syphilis sore during vaginal, anal, or oral sex. Sores can be found on the penis, vagina, anus, in the rectum, or on the lips and in the mouth.*
- ❖ ***Herpes** cannot be cured. Periodic outbreak of painful sores can be managed with medicine. Most people spread herpes when they are unaware.*
- ❖ ***HPV** (Human Papillomavirus/Genital Warts) is the most common and easily transmitted STD. There are many types and most go away on their own. HPV cannot be cured, only treated. Some strains cause cervical cancer in women and throat and anal cancers in both men and women. Other strains cause genital warts (small or large). The HPV vaccine, taken before first sex ever, can protect females and males from most, but not all, HPV-caused cancers. Even if you have already had sex, you should still talk with your healthcare provider about your options with the HPV vaccine.*

Instructor note: The *STDs and HIV Fact Sheet* (Resource 12c, pgs. 294–295) will also be used for the *Trusted Adult Connection* activity.

Facts on Risk Avoidance

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

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

- ❖ The earlier one starts having sex.
- ❖ The number of partners you or your partner have had.
- ❖ A large age difference between partners (the younger one is less likely to assert themselves) use refusal skills or insist on condoms).
- ❖ Drinking or being high makes you far more likely to do sexual things you might not want to do normally.

The only 100% way to prevent pregnancy, STDs and HIV as a teen
Is not to have sex

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

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



Love Notes

Factors linked to greater risk

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

to assert themselves —



Love Notes

Factual Information on Condoms

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

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

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

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



Question Box: Hold up the question box and ask teens to jot down any questions they have. For privacy, ask everyone to put a slip of paper into the box, even if to say, “no questions.” Make a point of responding to them in a later session.

SECTION 12.3

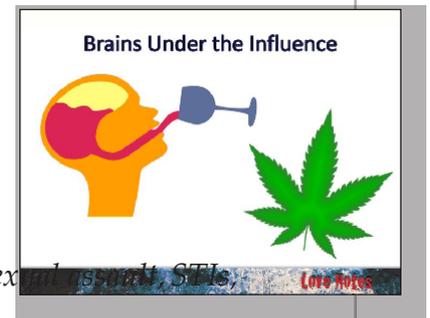
Alcohol and Drugs— Increasing the Risks

5 minutes

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

Your Brain When Drunk or High

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



Notes

¹Office of Adolescent Health (May 2019). Trends in Teen Pregnancy and Childbearing. Retrieved from <https://www.hhs.gov/ash/oah/adolescent-development/reproductive-health-and-teen-pregnancy/teen-pregnancy-and-childbearing/trends/index.html>

²New CDC Analysis Shows Steep and Sustained Increases in STDs in Recent Years, August, 2018, <https://www.cdc.gov/nchhstp/newsroom/2018/press-release-2018-std-prevention-conference.html>

³See "Health Risks Among Sexual Minority Youth," Centers for Disease Control and Prevention (August 2016), www.cdc.gov/healthyouth/disparities/smy.htm; CDC Morbidity and Mortality Weekly Report, "Sexual Identity, Sex of Sexual Contacts, Health-related Behaviors Among Students Grades 9-12 2015." www.cdc.gov/mmwr/volumes/65/ss/ss6509a1.htm

⁴Ibid.

⁵LGB Youth: Challenges, Risks and Protective Factors. A Tip Sheet from the Office of Adolescents Healthy and the Family and Youth Services Bureau, DHHS. http://www.hhs.gov/ash/oah/oah-initiatives/teen_pregnancy/training/tip_sheets/lgb-youth-508.pdf

⁶Centers for Disease Control, Youth Risk Behavior Survey 2015.

⁷See footnote 3.

⁸Centers for Disease Control and Prevention (September 2018). Reported STDs in the United States, 2017. Retrieved from <https://www.cdc.gov/nchhstp/newsroom/docs/factsheets/std-trends-508.pdf>

⁹Centers for Disease Control and Prevention (July 2018). STDs in Adolescents and Young Adults. Retrieved from <https://www.cdc.gov/std/stats17/adolescents.htm>

RESOURCE 12a

Test Your Sex, Pregnancy, and STD Smarts

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

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

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

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

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

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

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

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

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

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

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

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

False. None of these things after intercourse will get rid of the sperm. In fact, douching can actually increase the chance for pregnancy, since it can push sperm further up. Jumping does nothing for 200–500 million sperm vigorously swimming upstream and which live for up to 5 days inside the woman's body. Urine comes out of the urethra, a totally different opening than the vagina.

Not having sex is the 100%, sure way not to get pregnant.

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

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

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

8. Condoms offer the best protection against pregnancy.

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

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

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

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

10. All STDs stick with you forever.

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

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

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

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

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

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

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

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

Supplemental Resource for Instructor Use Only

THE FOG ZONE

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

Contraception and Pregnancy: The True and the False Answers

CONDOMS

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

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

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

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

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

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

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

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

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

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

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

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

BIRTH CONTROL PILLS

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

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

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

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

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

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

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

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

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

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

IUDs

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

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

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

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

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

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

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

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

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

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

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

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

OTHER HORMONAL METHODS

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

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

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

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

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

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



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

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

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

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

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

PREGNANCY

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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RESOURCE 12c

STDs and HIV Fact Sheet

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

Gonorrhea

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

Chlamydia

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

HIV/AIDS (Viral)

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

Syphilis

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

Herpes

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

HPV—Human Papillomavirus/Genital Warts

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

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

Signature _____

Source: Centers for Disease Control and Prevention STD and HIV Fact Sheets.

RESOURCE 12d

Ben & Marcos—Pressure from Friends

Marcos: Your friends talk a lot about sex. You think you must be the last person on earth that hasn't made a move on a girl. Your friend Ben especially brags a lot about how much sex he's had. You're embarrassed about being a virgin and you are sick of being teased by the guys. You are definitely not ready to have sex. Your uncle, who you are pretty close to, told you sex is special—you don't just do it with anyone. Besides, he said guys have better sex when they are older and with someone they love and admire. You almost wish you lived on a different planet where people could just have relationships during high school and not have the pressure for sex.

Ben: Everyone thinks what you say about hitting it with lots of girls is true. It makes you feel big—gives you rank. Yeah, you know you exaggerate to your buddies. You've had sex twice, and, well, it was sort of quick and sketchy. But what the heck; why not? This is what guys do. You're starting to wonder about your friend Marcos. Is he gay or something?

Marcos has had Love Notes. Write assertive responses for him to use when harassed by Ben. MAKE IT REAL.

Ben:

Marcos:

Ben:

Marcos:

Ben:

Marcos:

Ben:

Marcos:

Use any information you have learned that is useful: Facts on how many are doing it, parts of intimacy and its relationship to good sex, what maturity means, being true to yourself, knowing that pressuring and taking advantage of girls is wrong, not wanting the complications of adding sex to relationships, wanting to avoid STDs or a pregnancy, etc.

Conclude this discussion with these essential points:

1. *When parents have a healthy marriage, it offers real benefits to a child—financial, social, and emotional.*
 - *When that relationship is healthy, committed, and stable, it gives a child advantages in life.*
2. *But the take-home message is not to stay in a destructive or dangerous relationship—or run out and get married if a person is pregnant. (PP)*
 - *Destructive and dangerous relationships harm children. So does going from one relationship to another. That instability is not good for kids.*
 - *A stable, single parent is better than an abusive relationship.*
3. *Thinking about it through the eyes of a child is a big reason to be a planner. It means deciding, not sliding, when it comes to relationships and sex.*
 - *9 out of 10 sexually active teens that are not using some form of birth control will get pregnant in a year.*
 - *But, the only form of birth control for teens that is 100% effective is to refrain from sex.*
 - *For those who are teen parents already, it's important to focus on being the best possible parent. And, to take the steps to avoid a second unplanned pregnancy until he or she finishes school, is more settled, is employed, and married with a good partner.*

Children are affected by parents' relationships.



Lara Rojas

Instructor note: Why focus on marriage? Today there is considerable research on the fragility and instability of the relationships of unmarried parents. Indeed, some couples and their children live happily ever after without marriage; but most break up. According to the largest study (Fragile Family and Child Wellbeing Study), two-thirds of unmarried parents have split up by the child's 5th birthday and about 60% of the mothers have been in three relationships by the 5-year mark. Serial cohabitation and having children with multiple partners is a growing trend, especially among those with

less education. It is resulting in increased child poverty, greater family instability and complexity, and poorer child outcomes.

Another reason to talk about marriage is that youth themselves say they highly value it for their own lives. If it is valued by youth, we can help them learn about healthy relationships and the skills needed, as well as a sequence to follow to put them on a path towards their goals.

SECTION 13.2

What about Fathers?

- Workbook: *Being a Good Father Means* (pg. 50)
- Music videos: *Dance With My Father*
Optional: *Cat's in the Cradle*

10 minutes

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

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

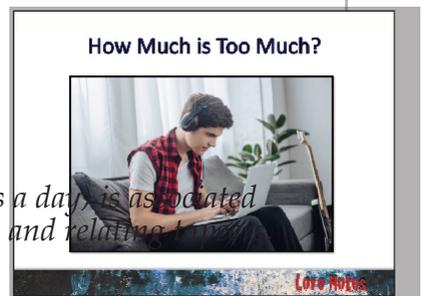
- ❖ *So think of a teen sitting in his or her room alone scrolling through their social media apps and seeing their friends or classmates getting together, seemingly having a blast with gleeful poses, wondering why his or her life is not like that.*
- ❖ *The number of teens reporting feeling lonely and left out has grown to an all-time high.*
- ❖ *This is especially true for girls who consume social media more than boys. In 2015, 48% more girls said they often felt left out than did in 2010.*

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

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

Boys and Gaming: (PP)

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



Some things to think about:

- ❖ *Does heavy use of social media make us more distracted, less able to concentrate, and less sensitive to the emotions of others?*
- ❖ *Think about being with friends. Do you sometimes feel a friend is distracted and always on their phone, checking apps, or taking pictures of what they're doing?*
- ❖ *Are some people so preoccupied with taking and posting photos and messages to show they're having fun that they aren't really living and experiencing fun?*
- ❖ *What might you gain from putting your device away and having a true experience or adventure without tweeting or snapping about it every minute? What about savoring your experience and then communicating later about it? Do all those little bites of Snaps, Instagrams, texts, etc. really add up to a big gulp of true connection?*

Final comments:

- ❖ *As with any tool or technology, there are decisions to make about how to use it—when, where, and how much.*
- ❖ **(PP)** *What do you think of these recommendations that come from the Young Health Movement in England? What do you think of these three ideas? Would they help teens?*
 - **A pop-up “heavy usage warning” on social media**—7 in 10 young people surveyed supported the idea of getting an alert if they exceed a set level of usage on a site.¹⁶
 - **Spotting troubled users**—4 out of 5 supported social media platforms identify users who could be suffering from mental health problems by their posts and discreetly signpost ways for them to get support.¹⁷
 - **Pointing out photo manipulations**—more than two-thirds of the young people surveyed believe social media platforms should highlight when photos of people have been digitally manipulated.¹⁸

Would these help?

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

Love Notes

Notes

- ¹ Pew Research Center Report (Internet & Technology Project), *Teens, Social Media and Technology* 2018. May 31, 2018. <http://www.pewinternet.org/2018/05/31/teens-social-media-technology-2018/>
- ² Twenge, J.M. (2017). *iGen: Why Today's Super-Connected Kids Are Growing Up Less Rebellious, More Tolerant, Less Happy--and Completely Unprepared for Adulthood--and What That Means for the Rest of Us*. (Simon & Schuster; NY)
- ³ # *Status of Mind*, a report by the Royal Society for Public Health. 2017. Researchers surveyed 1,500 teens and young people aged 14 to 24 from across the United Kingdom to score how each of the social media platforms they use impacts 14 factors related to their health and well-being. Snapchat and Instagram were found to have the most negative effects and YouTube and Twitter the most positive.
- ⁴ Turkle, Sherry (2015) *Reclaiming Conversation: The Power of Talk in the Digital Age* (2015). Pengu Press: New York. Same author, (2011) *Alone Together: Why We Expect More from Technology and Less from Each Other*. Basic Books.
- ⁵ See scholarly research by James Heckman, Nobel-prize winning University of Chicago economist on the role of social and emotional learning. See also Paul Tough (2012) *How Children Succeed*; David Brooks, *Social Animal* (2011); and Daniel Goleman, *Social Intelligence* (2006) and *Emotional Intelligence* (2005).
- ⁶ Twenge, J. M.
- ⁷ *Monitoring the Future* survey. Funded by the National Institute on Drug Abuse. Asks 12th graders more than 1,000 questions every year since 1975 and has queried 8th and 10th graders since 1991. The survey, among other questions, asks teens how happy they are and how they spend their leisure time.
- ⁸ Mojtabai, R., Olfson, M., Hans, B. "National Trends in the Prevalence and Treatment of Depression in Adolescents and Young Adults." *Pediatrics*, Nov. 2016
- ⁹ Study by Douglas Gentile, Director of Media Research Lab at Iowa State University.
- ¹⁰ Madigan S, Ly A, Rash CL, Van Ouytsel J, Temple JR. *Prevalence of Multiple Forms of Sexting Behavior Among Youth: A Systematic Review and Meta-analysis*. *JAMA Pediatrics*. 2018. 172(4): 327–335. doi:10.1001/jamapediatrics.2017.5314
- ¹¹ Ibid.
- ¹² Jones, Maggie. 2018. "What Teenagers are Learning from Online Porn." *New York Times Magazine*, February 11, 2018.
- ¹³ Voon, V., Mole, T. B., Banca, P., Porter, L., Morris, L., Mitchell, S., ... & Irvine, M. (2014). Neural correlates of sexual cue reactivity in individuals with and without compulsive sexual behaviours. *PloS one*, 9(7), e102419.

¹⁴ Ibid.

¹⁵ Centers for Disease Control and Prevention MMWR. August 12, 2016. "Sexual Identity, Sex of Sexual Contacts and Health Related Behaviors Among Students in Grades 9-12." <https://www.cdc.gov/mmwr/volumes/65/ss/ss6509a1.htm>

¹⁶ Royal Society for Public Health. (2017). #StatusOfMind. Retrieved from <https://www.rsph.org.uk/uploads/assets/uploaded/62be270a-a55f-4719-ad668c2ec7a74c2a.pdf>

¹⁷ Ibid.

¹⁸ Ibid.

Draw the Line of Respect



draw the line of respect

to expect and insist on being treated with respect from the start of any relationship, and, to be aware of the early warning signs of abuse. You don't want to get attached to an abuser. Some will do anything—even to the point of life-threatening violence, even murder. Data from U.S. crime reports suggest that (about 1 in 6) of homicide victims are killed by an intimate partner. In 2017, there were around 17,000 homicides, which makes that roughly 2,800.*

The CDC (Youth Risk Behavior Survey 2017) found that of the 69% of high school students who dated or went out with someone in the past 12 months, 9.1% of teen girls and 6.5% of teen boys reported they had been hit, slammed into something, or injured on purpose by someone they were dating or going out with. 6.9% of teens who had dated in the past 12 months reported they had been forced to do sexual things they did not want.

The best way to reduce your risks is to draw the line of respect at the **first** sign of disrespect. And remember to take your time when you're attracted to someone. Don't **slide** into romantic and/or sexual involvements too quickly.

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

Disrespect & Early Warnings

List examples of behaviors that are disrespectful and/or early warning signs of abuse.

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Safe Responses

Choose 1 example from the list above and describe what a person could safely say or do in such a situation to draw the line of respect and/or move away from the situation towards safety.

Let's Talk About Sex

Too often people slide into sex without having first defined their values and a context for sex that is meaningful and protective of their aspirations in life. Sex is a big deal emotionally, socially and health-wise. It's important to consider the long-term consequences for you, your partner and, most importantly, for a child that could result from an unplanned pregnancy.



"When I was younger, I used to engage in casual sex all the time and found no real gratification in it. It was just a physical thing. Now things are totally different. It's not just about me. I really care about my partner."

—Josh.

let's talk about



On the topic of sex, I'm starting to understand it more as I get older. I have really changed my views and am quite different about how I relate to sex with loved ones with someone and we were intimate, but I still did it. Now, I can't even get close to doing that any more, knowing how unhappy it truly made me. I want a real relationship."

—Melanie.

Did you know?

60.5% of high school age teens have not had sex.

Of those who have, the majority wish they'd waited longer.



"So many of my friends were pressured to have sex when they didn't really want to. What I've noticed is that people who have sex at 13, 14, and 15 go on to have lots of casual sex. They don't have any concept of sex as something special. It makes them feel worthless after a while. There's no real pleasure. They aren't enjoying it. I know; I've been there."

~ Cassie, 18, single mom of a two-year-old child