


RISK BEHAVIORS

Vaginal sex without a condom	-----	Red Light
Dry kissing	-----	Green Light
Having protected sex with a person who is having sex with other people	-----	Yellow Light
Romantic conversation	-----	Green Light
Oral stimulation of the penis without a condom	-----	Yellow/Red Light
Sharing eating utensils with someone who has HIV	-----	Green Light
Sharing needles and syringes	-----	Red Light
Anal sex with a condom*	-----	Yellow/Red Light
Self-masturbation	-----	Green Light
Mutual masturbation	-----	Yellow/Green Light
<i>(Green for HIV. There are some STDs [herpes, syphilis, HPV] that can be passed through skin-to-skin contact or genital touching.)</i>		
Practicing abstinence	-----	Green Light
Vaginal sex with a condom	-----	Yellow Light
Massage	-----	Green Light
Having sex with multiple partners without using a condom	-----	Red Light
Oral stimulation of the vulva (female genitals) with a dental dam (latex barrier)	-----	Yellow Light
Anal sex without a condom *	-----	Red Light
Having protected sex with multiple partners	-----	Yellow Light
Having sex without using a condom with a person who injects drugs	-----	Red Light
Sexual fantasy	-----	Green Light
Touching someone who has HIV	-----	Green Light
Flirting	-----	Green Light
Body rubbing/grinding (with clothes on)	-----	Green Light
Hugging	-----	Green Light
Having sex with only one person (monogamous)	-----	Green/Yellow/Red Light
<i>(Green if both have never had sex before. If one or both have had other partners, Yellow if use condoms; Red if don't use condoms.)</i>		

* Anal sex is a very risky behavior. It is a high risk/red-light behavior without a condom. With a condom, it is still more risky than vaginal sex—somewhere between yellow and red. For safety reasons, it's best to avoid anal sex. However, if people are going to engage in anal sex, using a condom can reduce their risk of getting HIV or other STDs.

7. Explain to the group,

 These cards represent steps in proper condom use. Your task is to put them in the correct order. You will have about 1 minute to study them.

Before we start, can someone tell me what a couple should do before they get or buy condoms?

Answer

» Discuss safer sex issues

8. Have the students put the cards in the proper order on the wall. Encourage all the group members to participate.
9. Ask if there are any final adjustments, and allow them to be made.
10. When the group has decided how the cards should be placed, verify the correct order or ask questions to prompt the movement to the correct order.
11. When the order is correct, review the steps:

 **ORDER OF CONDOM LINE-UP CARDS**

1. Get condoms and check expiration date
2. Sexual arousal (hug, cuddle, kiss, massage)
3. Erection
4. Carefully remove condom from package
5. Dab water-based lubricant on penis or inside condom
6. Squeeze out any air from tip of condom and leave room for ejaculation
7. Roll condom on
8. Intercourse
9. Orgasm (ejaculation)
10. Hold onto the rim of condom and withdraw the penis
11. Remove and discard condom
12. Loss of erection
13. Relaxation

FACILITATOR'S NOTE

Steps 5 and 6 could be reversed and still be correct. Relaxation can occur at any point throughout the process, and should be a continuous part of the process. Loss of erection can also happen at any time throughout the process.

12. Next, use the following discussion questions to stimulate positive attitudes toward condom use. Say,

 Which steps in this process can involve a partner?

Answers


- » Sexual arousal, rolling condom on, intercourse, orgasm, holding onto rim, removing condom and relaxation. A partner (of any gender) can also get or buy condoms and have them ready.

 If a male loses his erection after putting on a condom and before intercourse, what could the couple do?

Answer

- » This will happen to most males at some point in their lives. Have partner take off condom, continue playing and stimulating one another, relax, and enjoy the fun. After a while, put a new condom on as part of the play.

13. Summarize by saying,

 You did a great job lining up the condom cards and discussing the correct steps of condom use. Remember and practice these steps so that you can make the proud choice and use condoms correctly every time if you've decided to have sex.



FACILITATOR'S NOTE

As you discuss strategies to make condom use more fun, emphasize that you are not endorsing sexual activity between teenagers.

18. Hang up the newsprint entitled, *Condoms Can Make Sex Fun and Pleasurable*.

For the last part of this activity I will read you a statement. Your job will be to complete the statement. I will write your responses on the newsprint. Use all of the condom information that we went over today. This will help you review the information and remember it for the future.

The statement is:

- Condoms can make sex more fun by . . .

19. Write responses on newsprint.
20. Review the responses with the group.
21. Add the following ideas to the brainstorm list, if they weren't mentioned by participants.

Additional Ideas for Completing the Statement

- Use extra lubrication
- Use latex condoms as a method of foreplay
- Use different colors and types/textures (some are ribbed)
- Tell your partner how using a condom can make a man's erection last longer
- Have your partner put the condom on
- Have a sense of humor—be silly—make jokes
- Hide them on your body and ask your partner to find them
- Use flavored condoms and lubricants if you're going to have oral sex

Testing What I Know About Condoms

Directions: Answer the questions.

- ① Where are 2 places in our community where a person could get condoms? Be specific.

- ② Number the 12 steps for using a condom in the correct order.

- _____ Take the penis out of the partner's body.
- _____ Move the penis away from the partner's body.
- _____ Check the expiration date on the condom package.
- _____ Carefully open the package and take out the condom.
- _____ Discuss using condoms with your partner.
- _____ Check to see which way the condom unrolls.
- _____ Leave ½ inch of room at the tip of the condom.
- _____ Throw the used condom away.
- _____ After sex, hold the rim of the condom around the base of the penis.
- _____ Take the condom off the penis.
- _____ Unroll the condom down over the erect penis.
- _____ Pinch the tip of the condom to keep air out.

Self-Check

- I correctly listed 2 specific places where a person could get condoms.
- I put all 12 steps for condom use in the correct order.

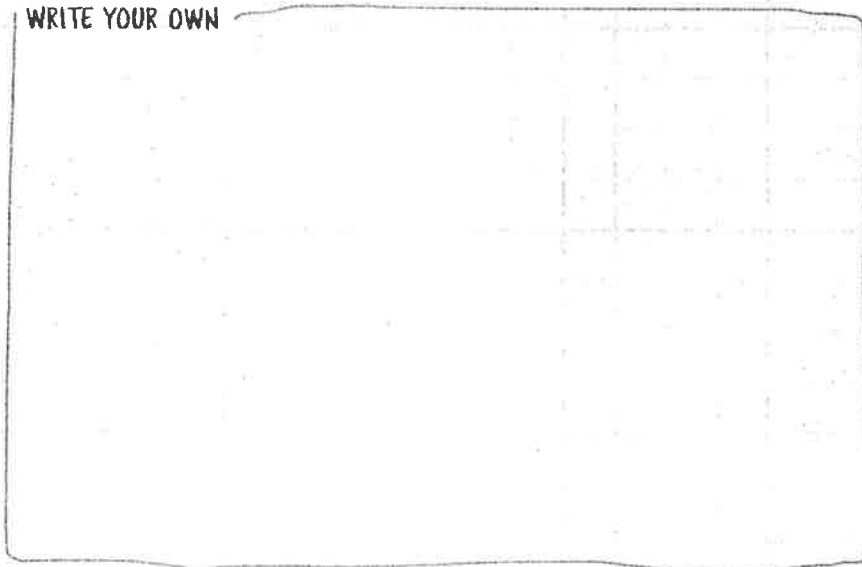
WHAT IS SEX, ANYWAY?

When doctors ask "are you sexually active?" it can be hard to know what counts as sex. No matter the kind of sexual activity someone engages in, it's important to know how to describe sexual behaviors when you are accessing sexual health care.

This list isn't complete! Sex and intimacy look all sorts of ways. Knowing how to describe the behaviors you engage in or may engage in is important.

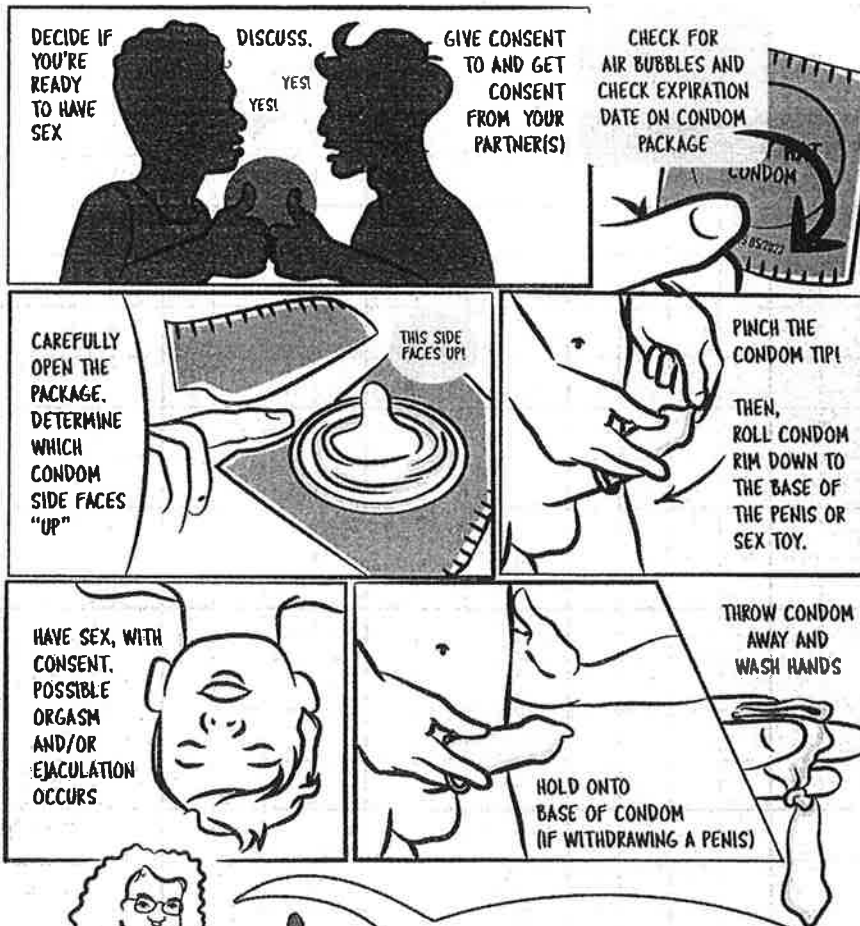
MOUTH ON A PENIS, VAGINA, VULVA
OR ANUS & PENIS IN VAGINA OR ANUS
& TOUCHING A PERSON'S GENITALS &
RUBBING GENITALS, CLOTHES ON OR
OFF / MAKING OUT & FINGERS IN A
PERSON'S VAGINA OR ANUS & TOUCHING
ONE'S OWN GENITALS, WITH OR WITHOUT
PARTNER(S) & USING A VIBRATOR ON SELF
OR PARTNER(S) & USING A VARIETY OF
SEX TOYS, WITH OR WITHOUT PARTNER

WRITE YOUR OWN



EXTERNAL CONDOMS

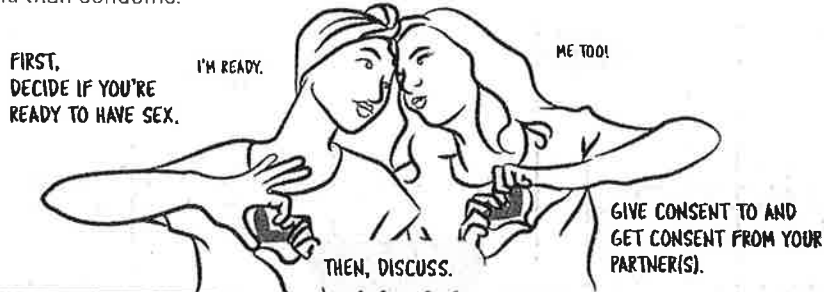
When used consistently and correctly, latex or polyurethane external condoms can reduce the risk of pregnancy and transmitting or acquiring sexually transmitted diseases (STDs). Finding a comfortable fit is important when choosing a condom! There are 60 sizes available at myonecondoms.com.



CONDOMS CAN AND SHOULD BE USED WITH ANYTHING INSERTED INTO ANYBODY ELSE'S BODY WHETHER IT'S A BODY PART (LIKE A PENIS), A SEX TOY (LIKE A DILDO), OR SOMETHING ELSE.

DENTAL DAMS

Dental dams are rectangular sheets of latex or non-latex plastic. When engaging in oral sex on a vulva or anus, dental dams can reduce the risk of transmitting or acquiring sexually transmitted diseases (STDs). Dental dams are more difficult to find than condoms.



FOR SOME PEOPLE, INCLUDING TRANSFEMINE PEOPLE, DENTAL DAMS MAY NOT BE LARGE ENOUGH TO COVER THE ENTIRE GENITAL AREA. NON-MICROWAVABLE SARAN WRAP IS A SAFE OPTION TO USE AS A DENTAL DAM!



ACTIVITY

B

HOW DO PEOPLE EXPRESS THEIR SEXUAL FEELINGS? WHAT IS ABSTINENCE?

PREPARING FOR THE ACTIVITY

RATIONALE

Understanding that there are many behaviors that express sexual feelings helps students choose those that do not result in pregnancy or sexually transmitted disease.

MATERIALS


- Masking tape
- *How Do People Express Their Sexual Feelings?* poster

TIME

10 minutes

PROCEDURE

1. Have students brainstorm answers to the following question.

 What are some of the ways people express their sexual feelings to themselves or other people?

2. Elicit as many answers as you can.

Answers may include:

- » talking
- » hugging
- » holding hands
- » kissing
- » touching
- » saying "I like you"
- » dancing
- » massage
- » masturbation
- » caressing
- » cuddling
- » grinding
- » sexual fantasy
- » touching each other's genitals
- » oral sex
- » vaginal sex
- » anal sex

Lesson 13: Vocabulary

1. **Desire:** A strong feeling of wanting to have something or wishing for something to happen. The first stage of the sexual response cycle.
2. **Excitement:** The second stage of the sexual response cycle where arousal occurs and the body physically prepares for sexual activities.
3. **Hymen:** A thin layer of skin, or pieces of skin, that partially cover the opening to the vagina in some females.
4. **Masturbation:** The act of someone touching their own body, usually the genitals, for pleasure.
5. **Menstruation:** When the lining of the uterus (endometrium) sheds and leaves the body through the vagina. Also known as a period. This usually happens once every month for females after puberty.
6. **Orgasm:** The fourth stage of the sexual response cycle. This is a climax of sexual excitement, characterized by feelings of pleasure centered in the genitals. Quick cycles of muscle contraction occur in the muscles surrounding the genitals.
7. **Cervical Os:** The opening to the uterus.
8. **Ovulation:** The release of an egg from the ovary. This usually happens once every month.
9. **Plateau:** The third stage of the sexual response cycle. The period of sexual excitement prior to orgasm.
10. **Pleasure:** A feeling of happy satisfaction or enjoyment.
11. **Resolution:** The fifth, and final stage of the sexual response cycle. The body relaxes from the excited state to a resting state.
12. **Sexual response cycle:** The stages humans go through during sexual interaction. There are five stages in the sexual response cycle, including desire, excitement, plateau, orgasm, and resolution.
13. **Vaginal discharge:** Clear, white, or off-white secretions from the vagina that help keep the vagina clean.
14. **Vaginal fluids:** The fluids produced by the cervical glands (vaginal sweating) and Bartholin glands (for lubrication during erection/arousal).

MAIN POINTS TO COVER

Oral sex can transmit STDs, including HIV.

Abstinence is your BEST protection against pregnancy, HIV and other STDs.

Other things can lead to intimacy and orgasm without the risk of getting pregnant, or infected with HIV or another STD.

CALLER 4

It's like this Koko,

I am sixteen years old, and my girlfriend and I have never had vaginal sex. We do other things, though, including oral sex. Before, we just want to make sure that she didn't get pregnant. We had never really thought about infections like HIV. But now I hear that teens my age are getting sexually transmitted diseases. Is oral sex safe? How do we protect ourselves from STDs?

– *Cautious Carmello*

Suggested Response to Caller 4

ALL STDs, including HIV, can be transmitted during oral sex, whether it's performed on a man or a woman. Practicing abstinence is the best way that you and your girlfriend can avoid unplanned pregnancy and STDs. That means avoiding vaginal, oral and anal sex altogether.

This is your BEST protection against unplanned pregnancy and STD infection. From what you've told me, you already know there are other things that people can do for physical intimacy or even sexual orgasm that will not lead to pregnancy or transmission of disease. It sounds like you have a good relationship. Talk it out with your girlfriend and agree to avoid any sexual behaviors that could cause pregnancy or transmit an STD.

their infected male partners during vaginal sex. Many men have been infected by their female partners during vaginal sex as well. Couples should use condoms every time they have sex if either partner is infected or unsure of his or her HIV status. Though condoms sometimes break, they greatly lower the chances of HIV transmission from one partner to another.

25. How can vaginal sex cause HIV infection in women?

A woman can get HIV from vaginal sex if her partner is infected. The walls of the vagina are surrounded by blood vessels. HIV infected semen can enter the woman's body, usually through tiny cuts and tears in the walls of the vagina that the woman might not even know about.

26. Can I get HIV from anal sex?

Yes. If either partner is infected with HIV, the other partner can be infected during anal sex. Generally, the person receiving the semen is at greater risk of getting HIV because the lining of the rectum is thin and contains many blood vessels. However, the person who inserts the penis is also at risk if the partner is infected because HIV can enter through sores or abrasions on the penis.

27. If I just fool around, can I get HIV?


It depends what you do. You can get HIV, the virus that causes AIDS, if the blood, semen, vaginal secretions or rectal fluid of an infected person enters your bloodstream in any way.

28. What sexual activities are safe?

Safer sexual activities include:

- ▶ No sex—oral, anal or vaginal
- ▶ Sex between two mutually monogamous, uninfected partners who do not share needles or syringes with anyone
- ▶ Body rubbing/massaging, mutual masturbation (Caution: safe against HIV and some other STDs only as long as bodily fluids are not exchanged. Some STDs [herpes, HPV] can be passed by unprotected skin-to-skin contact.)
- ▶ Massaging one's own genitals, self-masturbation
- ▶ Kissing and other activities that do not include touching the penis, vagina or rectum

Summarize Roleplay 1 by saying,

 Communication is the most important aspect of any relationship no matter what your sexual orientation. The more knowledge and understanding you have, the better able you are to protect yourself. Remember if you are going to have oral sex, you need to use a latex barrier.

 **ROLEPLAY 2: ALONZO AND WILL**

Theme: Two males; HIV, and condom use

Observe: Alonzo using STOP

ALONZO

You have slept with Will three times already, always unprotected.

You have goals and dreams for the future and you want to use condoms.

Your role: Get Will to agree that condoms need to be used when you are both having sex.

WILL

You and Alonzo have just started being sexually intimate.

You have not used a condom during sex because you think you are too young to get HIV. You think only older guys get HIV; and that young ones are safe.

You are not interested in using condoms until you are older.

You think that condoms ruin the mood and interfere with the pleasure of having sex.

You also know that Alonzo has a serious girlfriend.

Gender and Sexual Identity Vocabulary List

Sex assigned at birth: A term referring to how a person is most often assigned a sex at birth (male, female, intersex) based on their external genitalia.

Intersex: A general term that encompasses people who are born with chromosomes, hormones, genitalia and/or other sex characteristics that are not strictly male or female.

Gender identity: A term that refers to a person's deeply personal feeling of identifying as a man, woman or some other gender, which may or may not line up with the sex assigned to the person at birth.

Gender expression: How a person expresses their gender to the world. This can include, for example, a person's name, clothing, hairstyle, behavior, body language and mannerisms.

Transgender: An umbrella term for people whose gender identity and/or gender expression is different from what might be expected based on the sex assigned at birth.

Cisgender: A term used to describe a person whose gender identity and expression are aligned with the sex they were assigned at birth.

Masculine: A term used to describe the socially and culturally expected behaviors and norms associated with men.

Feminine: A term used to describe the socially and culturally expected behaviors and norms associated with women.

Gender nonconforming: A term used by people whose gender expression falls outside what is generally considered typical for their assigned sex at birth.

Genderqueer: A term used by people whose gender identity differs from the traditional binary structure.

Sexual orientation: A term that describes a person's emotional, romantic, physical and/or sexual attraction to people of a specific gender or genders.

Straight: A person who is emotionally, romantically, physically and/or sexually attracted to people of another gender.

Gay: A person who is emotionally, romantically, physically and/or sexually attracted to people of the same gender.

Lesbian: A woman who is emotionally, romantically, physically and/or sexually attracted to other women.

Bisexual: A person who is emotionally, romantically, physically and/or sexually attracted to two genders.

(continued)

Continued

Asexual: A person who does not experience sexual attraction, but may experience other forms of attraction (e.g., intellectual, emotional).

Pansexual: A person who is emotionally, romantically, physically and/or sexually attracted to people regardless of their sex, gender and/or gender identity. Attraction is based on personality, characteristics and traits.

LGBTQ+: An acronym for Lesbian, Gay, Bisexual and Transgender. Q can stand for Questioning or Queer. The plus exists because these are not all of the sexual and gender identities a person may have.

Questioning: A term used to describe people who are in the process of exploring their sexual orientation or gender identity.

Queer: A word that may be used to describe people who identify as gay, lesbian, bisexual, transgender or many other sexual identities. The term “queer” is currently used by some people within the LGBTQ+ community as an affirmation of their sexual and gender identities as different and wonderful, as in, “I’m queer and proud.” The term “queer,” however, has historically also been a derogatory word used against gay and lesbian people or those suspected of being gay or lesbian. Caution should be exercised in using the word because of this historical association.

Ally: A person who is not LGBTQ+ but shows support for LGBTQ+ people and promotes equality in a variety of ways.

Misgendering: Using the wrong pronoun to refer to a person.

Heteronormative: The assumption that everyone is heterosexual (or straight) and that this sexual orientation is superior, or the norm for all people.

Prostate gland: This is a gland under the bladder that produces fluids that mix with sperm to make semen. It also contains pleasure sensors. It's the size and shape of a walnut and has the texture of a kitchen sponge. It has a muscle that acts as a trap door, so it is physically impossible for a person to ejaculate sperm and urinate at the same time.

Cowper's glands: These are glands on either side of the urethra that release a fluid through the urethra every time a person has an erection. This pre-ejaculate fluid acts as a lubricant for the sperm. Pre-ejaculate can contain sperm and can transmit STIs.

Urethra: The tube that can carry pre-ejaculate, ejaculate or urine out of the body.

Penis: This organ is made up of soft, spongy tissue and blood vessels. The penis serves three purposes in the body: (1) reproduction, (2) urination, and (3) pleasure. When the penis becomes erect, or "hard," it becomes filled with blood. This is called an erection.

Foreskin: This is the loose skin that covers the head of the penis; all people with a penis are born with it.

Anus: The anus is not part of the reproductive system, but is located near the external genitalia. It is the opening through which feces (solid waste) leaves the body. (Note that it's important for a person with a vagina to wipe from front to back after using the toilet in order to make sure that bacteria do not get introduced into the urethra, which may cause a urinary tract infection.)

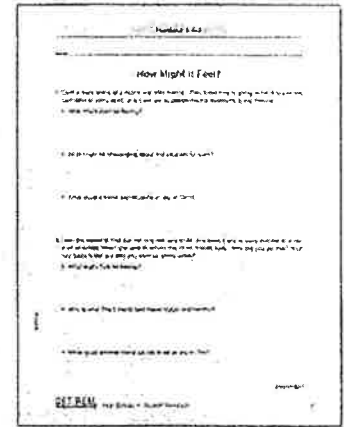
Ovaries: The ovaries are each about the size of an olive and are the "holding grounds" for eggs. Unlike people with a penis, who continuously produce sperm after puberty, people with a vagina are born with all the eggs they will ever have. There are approximately 500,000 eggs at birth, and by puberty there are about 250,000 left. The ovaries release approximately 500 eggs during a person's lifetime. The ovaries also are responsible for producing the hormones estrogen and progesterone. These hormones cause body changes, ovulation and menstruation.

Fallopian tubes: The fallopian tubes are about the width of three strands of hair. They are the tubes that eggs travel through to get from the ovaries to the uterus. Fertilization generally occurs here, where sperm will join with an egg, which is the first step necessary for pregnancy to happen.

Fimbria: These fingerlike parts on the end of each fallopian tube find an egg after it is released from the ovary and sweep it into the tube.

terms and definitions. Explain that a person's gender identity is how they define their own gender, which may or may not be the same as their sex assigned at birth; a person's gender expression is how they share their gender with the world. Tell students that they all thought about their own gender identity, and potentially gender expression, when they chose what word or words to use for "gender" in the last activity. Every person has a sex assigned at birth, a gender identity, a way of expressing their gender, and a sexual orientation. And each of these is unique to every individual person.

Tell students to take a few minutes to read through the rest of the vocabulary on **Handout 9.4-2b** with a partner. Answer any questions they have and refer to the Teacher's Guide for additional talking points.



Handout 9.4-3
Student Workbook
pages 21–22

Activity 9.4-3
15 minutes

How Might it Feel?

Build empathy around gender and sexual identity

Explain to students the next activity will allow them to explore some of these topics more in depth. Instruct students to get into pairs or small groups and ask them to turn to **Handout 9.4-3** in the Student Workbook. Explain to students that in their pairs they will work together to read through the scenarios and answer the questions. Remind students that they have the Gender and Sexual Identity Vocabulary List (Handout 9.4-2b) to refer to if they have any terminology questions. Give students 8-10 minutes to complete **Handout 9.4-3**.

Process Questions

1. Why is it important to think about how someone may feel in those situations?
2. What were some of the concrete ways that were brainstormed to be an ally/support person?
3. What could be damaging or harmful about making assumptions about another person's gender and sexual identity? (*Taking away that person's right to self-identify; judging based on stereotypes or without knowing anything other than how the person looks; there's no way to look at people and know their sexual identity, etc. When assumptions are made about people's identity, they may feel what you all did in the first activity when you were asked to hide or not share aspects of your identity.*)
4. Whose responsibility is it to decide what a person's gender and sexual identity are?

Activity 12.4

The Relay

Suggested Time 15 minutes

Materials Baskets or bags containing condoms, chart paper, markers, tape

Purpose To review the steps for proper condom use



Educator Note: Recruit two Peer Leaders to assist with the relay teams and to demonstrate the relay. See steps 3 and 4 for more details.

Steps for Activity

1 Review important content.

Who can name the best ways for preventing HIV, other STD and unplanned pregnancy? (*Look for the answers choosing not to have sex and using condoms along with other effective birth control.*)

Choosing not to have sex is the safest way to stay clear of HIV, other STD and pregnancy. For people who do choose to have sex, condoms can reduce the risk, but they must be used properly every time.

As part of the next activity, you will work together in a relay designed to review the proper steps for condom use.

2 Review the steps for using a condom.

Who remembers the steps for using a condom? Let's go through them.

Record the steps on chart paper. Clarify and provide corrective feedback, as needed. Quickly demonstrate (or ask a Peer Leader to demonstrate) the steps for using condoms properly, by unrolling a condom over two fingers.

3 Set up relay activity.

Now it's your chance to practice the steps for using condoms. You'll be involved in a relay. The goal of the relay is to see which team is first to have its members go through the proper steps for condom use.

Form two teams (half of the students on each team). Then, divide each team in half (Groups A and B) so that half of the students from a team are lined up on one side of the room and the other half are lined up directly across from them.

Put a chair with a basket of condoms right next to Group B of each team. Assign one Peer Leader to each team to be the assistant and monitor.

4 Review the steps for the relay.

- When I say “go,” the first student on each team from Group A will run to the team member on the other side of the class (Group B)—the person who is at the front of the line.
- The Group A person will talk the Group B person through the steps of using condoms. Group B team members will have to pick a condom out of the basket and follow the directions given by their teammate. You will unroll the condom over the Peer Leader’s fingers so you have both hands to use for following the condom use steps.
- Once each pair finishes they run to the back of their respective lines and the next members of the team do the same thing.
- The Peer Leader assigned to each team also may offer tips and watch to make sure everyone gets all the steps correct.
- The first team to finish is the relay champion.

5 Clarify.

Check for understanding by asking students what they will do once they are in their teams. Clarify as needed. Have the two Peer Leaders who are assistants demonstrate what to do.

6 Play the game.

Get the teams started.

On your mark, get set, go!

Watch for which team completes the task first. Stop the relay after the first team finishes. Congratulate the winning team.

7 Summarize key points.

Acknowledge that students have the skills to use condoms. At the point in their lives when they choose to have sex, they’re also ready to choose to use condoms. Review the following points for clarification:

- Remember that jewelry, teeth, and fingernails can rip condoms if you are not careful when opening the package.
- Squeezing the air out of the tip reduces the chance that the condoms will break.
- Remember to roll, not pull, the condom down the penis.
- After ejaculation, be sure to withdraw the penis before the loss of erection.
- Never re-use a condom. Throw it away in the trash.

8 Close.

We know that using condoms makes sex safer. Condoms help protect against HIV, most other STD and unintended pregnancy. To get these benefits, you must choose good quality condoms and use them correctly every time when having sex. If you are having sex, slipping into a condom is an important step in keeping you safe. Using condoms also shows respect for yourself and your partner.

Handout: Different Treatment for Different People

Name: _____

Period: _____ Date: _____

Treatment Based on Sexual Orientation

Some people are treated differently based on their sexual orientation. People who are heterosexual tend to receive certain privileges that people who are lesbian, gay, bisexual, or queer, do not. This is called heterosexual privilege. Here is a list of some privileges that heterosexual people may have that lesbian, gay, bisexual, and queer people do not:

- You are able to date who you want to without fear of harassment.
- You are able to go to school functions and dances with your partner (example: prom).
- You can show affection (hold hands, kiss, hug) your partner in public without fear.
- You have role models who have the same sexual orientation as you do.
- You do not have to worry about introducing your partner to your friends or family community just because of their gender.
- You do not have to “come out” and declare your sexual orientation.

What other privileges can you think of?

Treatment Based on Gender Identity and Expression

Some people are treated differently based on their gender identity and expression. People who are cisgender tend to receive certain privileges that people who are transgender, gender queer, gender fluid, or androgynous do not. This is called cisgender privilege. Here is a list of some privileges that cisgender people may have that transgender, gender queer, gender fluid, or androgynous do not:

- Use public restrooms without fear of verbal abuse, physical violence, or arrest.
- The ability to flirt with people or form a relationship with someone and not fear that your biological sex may be cause for rejection.
- There are accurate depictions of your gender in television and in movies.
- The ability to purchase clothes that match your gender identity without being refused service or being teased by the staff.
- Forms (such as medical forms, school forms, sports registration forms) list your gender as an option.

What other privileges can you think of?

Roleplay Scenes for Real Situations

(For use with Activity 4)

Directions: Use these situations if the **Peer Leaders** did not write roleplay scenes for this lesson. Give each situation to 2 or 3 of the groups.

You and your partner go out on a romantic date to celebrate your 1-year anniversary. Your partner says it's time to have sex.

You and your partner are at your partner's house and nobody else will be home until late. You've been going out for 7 months and haven't had sex yet, but you've gotten close. You're on the couch and your partner starts to kiss and undress you.

Drew and Jess are home alone at Drew's house. They are making out on the couch, and things are getting hot. Jess wants to go farther than Drew planned to go.

Activity 2.2: Lecture: Sexual and Reproductive Anatomy and Physiology

Objectives: Describe sexual and reproductive body part functions and locations. Recognize that differences in sexual and reproductive body parts among people are normal and do not affect reproductive ability.

1. **Introduce the class by informing them that they will be discussing the sexual and reproductive physiology.** There will be a lecture to go along with the diagrams to better locate where these body parts are and how they function.
Note to Instructor: The terms below are for instructor use and are written in teen-friendly language should questions arise while presenting diagrams or the anatomy match-ups.
2. **Remind students that sexual and reproductive physiology starts to become more mature during puberty.** Define puberty as a healthy part of adolescent development that most people will go through and that involves physical and emotional changes. Mention to the classes that some of them may have already gone through these changes.
3. **Go through each diagram and their descriptions separately** being mindful of previous sexual abuse triggers by not using fingers to point to body locations. It is better to help students locate body parts on the diagrams using a pen or pencil as a pointer.
4. **Be inclusive and deliberate in your language about the physical bodies.** Make sure students understand that we are discussing biological sex and body parts, not gender. **Remind students that some men are born with female anatomy, some women are born with male anatomy, and some people are born with a mixture of male and female characteristics.**

MALE BODIES

Sperm—The sex cell that male bodies start producing in the testicles during puberty.

Testicles—The two glands that produce sperm and testosterone. They are located outside of the male body in the scrotum.

Scrotum—The pouch of skin that holds the testicles and regulates the temperature of the sperm inside of the testicles by moving closer and further from the body.

Epididymis—The coiled tube attached to the outside of the testicles. This is where the sperm mature and grow their tails.

Seminal Vesicle—The gland that produces fluids that mix with the sperm to create semen. These proteins and sugars feed the sperm and help them to stay alive inside the vagina, uterus and fallopian tubes.

Vas Deferens—The tubes that run from the testicles to the seminal vesicle. Mature sperm cells travel through these tubes before joining up with seminal fluid in preparation for ejaculation. This is also the tube that is cut if the male body has a vasectomy.

Prostate Gland—The gland located at the base of the bladder, just inside of the anus. This gland helps produce the fluids to make semen. It is also a common spot for cancer in older male bodies.

Cowper's Gland—This gland is located at the top of the urethra inside a male body. It is the gland that produces pre-ejaculatory fluid or “pre-cum” just before ejaculation.

Urethra— In all bodies, this is the tube that carries urine from the bladder outside of the body. In male bodies, the tube is also connected to the seminal vesicle to carry semen and pre-ejaculatory fluid (pre-cum) outside of the body. Since pre-cum contains sperm cells, the recommendation is to always have the penis covered when near the vagina, anus, or mouth to prevent getting or spreading STIs and undesired pregnancy.

Penis—The organ that hangs outside of a male body, above the testicles. It is made of spongy tissue that fills up with blood and becomes erect when the body gets sexually excited, similar to the clitoris in a female body. When fully developed penises are erect, they are usually about five to seven inches long.

Prenatal Care and Parenting

6 What are the options?

If a young woman or young couple is experiencing an **unplanned pregnancy**, she/they **have several options including:**

- giving birth and raising the child
- giving birth and letting parents or relatives raise the child
- surrendering the child to designated authorities
- giving the child up for adoption
- **getting an abortion (terminating the pregnancy)**

Inform students that the next sections of this lesson will provide an overview of each option, and then finish with a personal decision-making activity.

7 Preparing for a child.

1. Explain that if the woman chooses to continue with the pregnancy, it is important that she provides good prenatal care to help ensure that her baby is healthy.
2. Emphasize the importance of:
 - healthy diet and exercise
 - no alcohol, tobacco, or other drugs
 - regular checkups incl. screenings, and immunizations
 - childbirth classes
3. Also emphasize the importance of her partner (or other family members) supporting all aspects of prenatal care.

NOTE:

For a thorough explanation of recommended prenatal and follow-up care, go to: https://www.icsi.org/_asset/13n9y4/Prenatal.pdf.



Activity 6.7: Internal Condom Demonstration

Objective: To help students know how to use internal condoms correctly, thereby reducing the chances of breakage or incorrect insertion. Increase the likelihood of condom use when a person becomes sexually active.

Note to Instructor: Internal condom demonstration does not need to be done by entire class.

1. Before doing the activity, it is suggested that students review:

- Names of clinics where they can get condoms for free.
- How to store condoms properly (e.g. at room temperature, not in a wallet or hot car).

2. Explain to the class that:

- We will learn the proper steps to using an internal condom with a female pelvic model and a real internal condom.
- Internal condoms, sold as FC2, are also known as insertive condoms because they are inserted inside of an anus or vagina rather than roll onto a penis. Sometimes they are called female condoms. However, since they can go inside an anus and everyone has an anus, we will refer to them as internal condoms.
- Everyone is expected to be respectful during this activity.
- The instructor will go through each step in front of the class. It's important to pay attention to each step to insure correct usage. When condoms do break, it is most likely because they were used incorrectly, not because of factory defects. Using a condom correctly can save a life.

4. Start the condom demonstration with the class:

- **STEP 1: Ask for consent**
 - Both partners should discuss and both give affirmative consent before sex can happen.
- **STEP 2: Check out the package**
 - Make sure the condom wrapper is intact (no holes or tears).
 - Check the expiration date. Have students read out loud the date printed on their condom.
 - Explain that the internal condom is a strong, soft, nitrile sheath or pouch which is a good alternative for people with latex allergies.
- **STEP 3: Open the package**
 - Move the condom to the side before carefully tearing down one edge of the package.
 - Do not use your teeth and be careful of fingernails.
 - Be careful not to tear the condom as you are opening it.
- **STEP 4: Insert condom**
 - Open the internal condom to show the class. Explain that the internal condom is about the same length as an unrolled condom but the width is different because it is not made to go on a penis, it is made to line the inside of a vagina for protection.
 - Pinch the inner polyurethane ring of the condom. This inner ring is not the same as the vaginal ring.
 - While pinching inner ring, gently insert the condom into vagina. A person can use their finger inside of the condom to help push the ring further back underneath the pelvic bone for a more comfortable fit. The thin and strong material of the condom will adjust to the body heat to conform to the vagina.