



SUPPORTING YOUTH TO Maximize Their Strengths, Imagine a Healthy Future, and Explore Their Identities

Melissa Carnagey, *Amanda Colbert, Jenifer DeAtley,
Nicole Lezin, Nicole Trevino, and Maranda Ward

*Indicates lead author



CURRICULUM 2ND EDITION



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ENGENDERHEALTH

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IMPLEMENTATION NOTE

EngenderHealth implemented this program with youth aged 14 to 18 in Texas, between 2015-2019. The information in this second edition publication reflects concepts and best practices that the authors deemed comprehensive and relevant to their target beneficiaries at the time of production. As the authors recognize that the landscape surrounding sexual health, identity, and safety are continually evolving and expanding, future users should consider incorporating updated language, inclusivity concepts, and other best practices as appropriate.

Additionally this second edition curriculum is part of a full implementation suite that includes the *Re:MIX Program Implementation and Adaptation Manual*, *Re:MIX Training of Facilitators* and optional *Peer Educators Professional Development and Leadership Program Guide*. Further, this suite of materials in part built upon our earlier work and resultant materials from the Gender Matters program. For copies of these materials, please please visit www.engenderhealth.org.

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Mandy Colbert served as lead coordinator and author of the Re:MIX curriculum. *Jenifer DeAtley* served as Co-Principal Investigator and Project Director during the study period of the program, and supported content development for the curriculum. *Nicole Lezin* and *Maranda Ward* served as co-developers and advisors. *Nicole Trevino* served as Program Manager during the development and early launch of Re:MIX and contributed to the overall design of the program. *Melissa Carnagey* provided important enhancements and adaptations for inclusivity and solo facilitators after the study period concluded.

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- The project's *Advisory Board* included Corey Jones, Genevieve Martinez-Garcia, Judy Herrman, Celia Neavel, and Pam Wilson.
- *OutYouth* staff and youth served as reviewers for the curriculum, ensuring inclusive language and culture were present throughout.
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ABOUT RE:MIX

About Re:MIX (Maximize, Imagine, Explore)

Re:MIX is a 10-session, fact-based, evidence-informed curriculum designed for 13–17-year-old youth to help them **identify life goals** and **avoid unplanned pregnancy and sexually transmitted infections (STIs)**, which could interfere with achieving those goals. Re:MIX builds on the idea that young people deserve the chance to **M**aximize their strengths, **I**mage a healthy future, and **eX**plore their identities.

Building on a history of pioneering work done by the authors and EngenderHealth that views adolescent development and sexual and reproductive health through the lens of gender and promotion of equitable relationships, Re:MIX has several key unique features:

To increase the content's relevance to youth, Re:MIX **pairs professional health educators with peer educators**. The peer educators, who are also parenting youth, are a crucial element to the program's pedagogy and delivery. The peer educators receive ongoing mentoring and undergo a professional development and leadership training program to prepare them for a successful career and a healthy future for their families.

Another approach to meeting youth where they are includes mixing established sexual health methods (such as reflection, role plays, and skills practice) with current and culturally relevant experiential methodologies, such as theater techniques and **hip-hop pedagogy**—connecting not only to youth culture, but also to different learning styles. Re:MIX takes a **sex-positive, trauma-informed approach** to working with youth to foster a safe, nonjudgmental, healing environment that allows exploration and support in line with the principles of **positive youth development**. By working with youth to explore and express their identities, Re:MIX prioritizes this process as a fundamental experience of the curriculum.

Also related to relevance and pedagogy, Re:MIX uses **storytelling**—real stories from real youth (the peer educators)—to make the material accessible and compelling, while also delivering factual information and useful skills. The use of storytelling is woven throughout the curriculum and is encouraged by youth participants as well, to engage them in owning the content, opportunities available to them, and their experiences.

Both youth participants and the peer educators are linked to **community resources and services** that have been prescreened to be youth-friendly. The result is that they build agency, comfort, and confidence in accessing health services for overall well-being and preventive care (not just acute care and treatment), as well as connect to an extended network of support. Investing in youths' ability to thrive now is critical for youth to prepare to be their best selves and plan for a healthy future.

By **addressing gender** throughout the Re:MIX curriculum, we make an explicit link between sexual and reproductive health and the societal constructions and outcomes of gender, an approach that provides a lens through which youth can begin to understand why people behave in the ways they do. By bringing youth of all genders together to explore rigid societal messages about gender in a **gender-synchronized setting**, youth are able to examine and redefine these messages, creating an equal learning platform through which youth can communicate, learn, and express themselves more effectively.

DEFINITION

Evidence-informed practices

use the best available research and practice knowledge to guide program design and implementation. This informed practice allows for innovation while incorporating the lessons learned from the existing research literature. Ideally, evidence-based and evidence-informed programs and practices should be responsive to families' cultural backgrounds, community values, and individual preferences.

Children's Bureau (2011)

Curriculum Content Outline

The Re:MIX curriculum is made up of ten 55-minute individual sessions, grouped into four units:

Unit 1: Exploring Gender and Values introduces the storytelling thread and explains the lens of gender, which so strongly influences sexual and reproductive health decision making, choices, attitudes, and behaviors. Unit 1 includes two sessions:

- **Session 1: Introducing Re:MIX** introduces the curriculum, sets expectations and agreements for group interactions, and launches two threads that weave throughout the curriculum: the lens of gender, and the role of storytelling. Participants have the opportunity to consider their goals and aspirations for the future and where having a child fits into their life plan.
- **Session 2: Getting the Gender Message** helps participants become more aware of social gender norms, in particular those found in media and popular culture. The group works together to question and redefine gender norms in ways that build equitable relationships and promote health and well-being.

Unit 2: Relationships, Communication, and Consent explores the characteristics of healthy and unhealthy relationships and connects these to sexual and reproductive health by building communication skills and awareness of how to both ask for and give consent. Unit 2 includes three sessions:

- **Session 3: Understanding Relationships** helps youth identify the characteristics of healthy and unhealthy relationships, while building skills to expect and pursue relationships that are equitable, enjoyable, and healthy.
- **Session 4: That's What I'm Talking About!** builds assertive communication skills and applies them to delivering an effective refusal—to any unwanted situation, including sexual activity.
- **Session 5: Consent and Setting Limits** applies refusal skills to the concept of consent—asking for it, and giving it, and hearing it—and helps participants articulate their sexual limits, and communicate these effectively.

Unit 3: The ABCDs of Prevention introduces the basics of puberty, anatomy, and STIs. It explores in depth the options for preventing pregnancy and STIs, including abstinence, contraception, and condoms, as well as taking participants through a health clinic and a decision-making process. Unit 3 includes three sessions:

- **Session 6: Becoming an Adult** provides a basic review of puberty and anatomy and allows youth to explore their reasons behind choosing to have or not to have sex.
- **Session 7: Condoms and Contraception** covers abstinence, contraception, and condoms (ABC).
- **Session 8: The Final Stage** applies the assertive communication skills learned in Session 4 to negotiating condom use and helping participants make decisions based on their personal choice.

Unit 4: Planning for the Future returns to the goal-setting themes of the Session 1, as youth take stock of their current and future lives while exploring how an early, unplanned pregnancy could affect those goals. Unit 4 includes two sessions:

- **Session 9: A Baby Today** explores concrete costs and other life changes affected by having a baby—especially at a young age.
- **Session 10: Commitment to the Future** includes practicing using health clinic services, visualizing the life they want now and in the future, writing a letter to their future self as a reflection exercise, and closing with participants honoring the time spent together during Re:MIX.

The Re:MIX Code

What is the Re:MIX Code? The Re:MIX Code is the core philosophy that ties the threads of the curriculum goals and pedagogical theories to the developmental assets and learning outcomes for all participating youth. Using the tenets of the MIX (Maximize, Imagine, Explore) as a guide, the code emphasizes seven key messages. At the end of each session, youth are invited to recite (or rap) these brief yet powerful messages that resonate with their personal lives and make the curriculum content come alive. By the end of the curriculum experience, participants will have the Code to reference when living their daily lives and planning for their futures.

Maximize Strengths

My strengths are valuable.

I have something unique to contribute.

Re:MIX encourages youth to identify their strengths, and what makes them unique. We normalize the idea of standing out, or being unique, so that youth can accept and embrace their personal interests and talents as invaluable for their development. Youth are invited not only to recognize their strengths, but also to share their interests with their peers, partners, and caring adults in their lives. When youth feel that others view them as a resource, they are more likely to feel valued, appreciated, and supported. The curriculum activities are designed for youth to see that the ability to make healthy and productive decisions exists within them. The discussions and activities simply draw on their inherent strengths and budding interests, so that youth feel willing and interested in sharing parts of themselves with others.

Imagine a Healthy Future

I am creating the life I want.

I have people I count on for support.

Re:MIX encourages youth to be forward-thinking and to imagine the possibilities for their lives. If youth hold a positive view of their potential, they are more likely to invest in setting goals and in making the best possible decisions to thrive. The curriculum activities are designed to be realistic and take into consideration the range of social contexts in which youth live, work, and play. Yet the discussions still include the importance of youth feeling personally responsible and accountable for pursuing equitable relationships; accessing resources, sexual and reproductive health services, and support systems; and making safe, healthy, and productive decisions.

Explore Identities

I am the boss of me.

I have a story worth telling.

I treat others the way they want to be treated.

Re:MIX encourages youth to accept themselves and others. Given the dynamic nature of gender and sexual identity, the curriculum is designed to create an inviting space for youth to safely explore the experiences that led to how they see themselves. The stories and lives of youth take center stage in this curriculum, and we support youth in identifying who they want to be now and in the future—emphasizing that it is normal and acceptable for their gender and sexual identities and all the ways they see themselves to grow and change as they do.

Guiding Theories and Approaches for Re:MIX

Cognitive Dissonance Theory: Cognitive dissonance occurs when a person holds a belief that is incongruent with an action or behavior performed by that person (Festinger, 1957). Because this situation produces feelings of discomfort, the individual strives to change one of the beliefs or behaviors to avoid being inconsistent.

While the primary goal of Re:MIX is to impact the knowledge and behavioral outcomes of youth who complete the curriculum, it also doubles as an opportunity for the peer educators to improve a set of skills. The peer educators may not have previously practiced healthy behaviors, but by functioning in a peer-teaching role, they may experience both positive behavioral and belief changes within themselves. The threads of youth development are tied across the experiences of all youth involved, as participants and as peer educators.

Theory of Possible Selves: The theory relates to an individual's perception of what they might become, what they would like to become, and what they are afraid of becoming, linking cognition with motivation (Markus & Nurius, 1986). Possible Selves function as incentives for future behaviors and provide an evaluative and interpretive context for the current view of self.

By engaging youth in various goal-setting activities and peer educators in mentorship and career planning, both groups have the opportunity to plan for their futures by aligning their current health behaviors to their goals. In doing so, they are able to explore their identities in expansive ways.

Fuzzy Trace Theory: This theory of cognition helps to explain how individuals process information and then use that processed information to reason and make decisions (Reyna & Brainerd, 1995).

Re:MIX places a strong emphasis on how youth weigh costs and benefits when making a calculated decision. We have designed the curriculum for youth to determine the best decision based on which is “better” than an alternative one. The program aims to leave youth with gist traces (i.e., memories of bottom-line meanings) of desirable choices they can access cognitively when making important decisions about relationships and sex. This is achieved by the final key messages stated in each activity and in the closing MIX, when participants mix the key messages to restate what they have internalized. Finally, the Re:MIX Code is used consistently and often throughout the curriculum to synthesize the curriculum objectives and key messages.

Sociological Imagination: This term comes from the field of sociology and is credited to C. Wright Mills (1959), who defined it as “the vivid awareness of the relationship between personal experience and the wider society.” It helps participants look at their lives in a different way, from a different perspective, connecting what is going on with them at the most personal level within a broader social context. Another way to think about the sociological imagination is as bursting your personal bubble to consider the elements that shape what you think and believe and therefore how you engage in the world around you—stepping back out of your immediate situation, so you can see it more clearly (and comprehensively).

Re:MIX asks participants to connect what they think about their gender identities to the broader communities in which they live. Participants are asked to consider socially defined gender norms and messages placed on men and women and how these can impact their own beliefs and behaviors regarding gender and relationships. Throughout the curriculum, storytelling is embedded to give participants the opportunity to hear stories from their peers as well as share their own stories that have shaped who they are—and what they think and believe. Group discussions provide a space for them to share their perspectives while openly listening and thinking about how others may have experienced similar situations, and how this relates to the bigger world around them.

Positive Youth Development: This approach complements efforts to prevent unplanned pregnancy among adolescents and youth, but it is not limited to risk reduction. The aim is to engage youth in their own development, so they think about, and invest in, their sense of self, purpose, potential, and future to enhance their interests, skills, and abilities (Lerner et al., 2005).

Re:MIX celebrates the inherent strengths and budding interests of both youth participants and peer educators. Engaging youth in meaningful ways as program staff emphasizes their value as authors of, and experts on, their own lives. Similarly, inviting youth participants to engage in the curriculum discussions, activities, and exercises centers their personal agency and self-efficacy as they reflect on who they are and decide who they can become. By also addressing future life goals and limitations that gender and cultural expectations create, youth are better able to understand how to combat gender, racial, ethnic, and other inequalities.

*Re:MIX is explicitly rooted in the **Search Institute's 2014 Developmental Assets Framework** (Search Institute, 2014), drawing upon both internal assets (i.e., empowerment, positive values, social competencies, and positive identity) and external assets (i.e., positive peer influence, and relationships with caring and supportive adults) that foster positive youth development. Throughout the curriculum, the learning objectives are aligned to the appropriate developmental assets being fostered.*

Gender-Transformative Approach: The gender-transformative approach aims to accomplish three tasks: 1) raise awareness about unhealthy gender norms; 2) question the costs of adhering to these norms; and 3) replace unhealthy, inequitable gender norms with redefined healthy ones. A growing field of evidence has demonstrated the effectiveness of gender-transformative interventions with youth. In 2007, the World Health Organization (WHO) endorsed the efficacy of gender-transformative interventions, stating that they are more likely to be effective than public health prevention interventions that do not address the underlying constructions of gender (WHO, 2007).

Re:MIX uses a gender-transformative approach to engage youth in open discussions to acknowledge and identify positive gender messages, as well as provide opportunities for youth to question the consequences of abiding by harmful gender norms. In doing so, the youth recreate a culture where it is acceptable to redefine norms so that they can thrive in healthy and equitable ways.

Hip-Hop Pedagogy: Much more than a reflection of a musical style, hip-hop pedagogy—or culturally relevant teaching (Akom, 2009; Alim, 2007; Emdin, 2011; Lamont Hill, 2009; Stovall, 2006)—validates youth's language, stories, and values. It emphasizes multi-literacies and multi-intelligences. In doing so, our hip-hop pedagogy draws on the 1970s teachings of Paulo Friere, a Brazilian educator who worked with migrant farm workers and believed that literacy was the key to liberation. The cultures and identities of students are celebrated and invited into the learning environment, and the ways they learn are incorporated into the curriculum. This may come through in visual art forms that appeal to a range of learning styles, such as:

- Verbal linguistic learners, who enjoy reading and writing as well as word games
- Logical-mathematical learners, who enjoy sequence, problem solving, and reasoning
- Visual-spatial learners, who enjoy maps, charts, diagrams, and images
- Musical-rhythmic learners, who are sensitive to sound and enjoy music and beats
- Bodily-kinesthetic learners, who enjoy hands-on approaches and bodily sensation
- Intrapersonal learners, who enjoy reflection and independent thinking
- Interpersonal learners, who enjoy cooperative group relating and sharing of ideas

In Re:MIX, hip-hop pedagogy is used to open and close sessions, inviting participants to feel engaged in the group and the material, and to contribute, be valued, and be celebrated in ways that may not be common in their more traditional school classrooms. Participants are invited to share their own stories of their life experiences as a tool for learning from one another. Pedagogical approaches are varied to include body movement, both group work and independent work, use of images and sounds (like chanting), and other forms of learning.

Trauma-Informed Approach: As noted in *A Trauma-Informed Approach for Adolescent Sexual Health* (Schladale, 2013), “a trauma-informed approach for adolescent sexual health is a way of addressing vital information about sexuality and well-being for teens that takes into consideration adverse life experiences and their potential influence on sexual decision making. The goal of such an approach is to prevent sexual harm, unplanned and unwanted pregnancy, and/or disease.”

Re:MIX facilitators are trained to be alert for participants’ revealing current or past trauma and are equipped to refer them to counseling or other services, as appropriate. Throughout the curriculum, participants are given the tools to refuse unwanted sex, as well as the permission to disclose trauma and promote healing if they have experienced trauma in the past or while the program is underway. Program facilitators are trained to be aware of avoiding triggers for youth, as well as in identifying and responding to signs and reports of trauma.

Inclusive Approach: According to the Department of Health and Human Services Office of Adolescent Health, “LGBTQ inclusivity refers to the degree to which programs are sensitive toward, responsive to, and encompassing of the diverse experiences and needs of LGBTQ youth and families” (OAH, 2015). As an affirming program, Re:MIX validates, supports, respects, and values the identities of all youth and responds to the diverse needs of young learners from a variety of backgrounds, abilities, and learning styles. Incorporating inclusive strategies within the program delivery and the curriculum content contribute to a safe learning environment where participants feel equally valued, supported, and included.

Re:MIX intentionally creates a safe and inclusive environment at the onset of the program, beginning in the first session with classroom expectations or “ground rules” that are then reinforced throughout the program. The curriculum also features a variety of pedagogical methods and teaching strategies intended to reach youth of all learning styles and abilities (i.e., group and paired discussions, individual reflection, role plays, minilectures, games, and tactile learning opportunities). Program facilitators are trained to use inclusive language that builds understanding and respects youth participants’ differing backgrounds.

Peer Education Approach: Peer education is the teaching or sharing of health information, values, and behavior with others who share similar social backgrounds or life experiences. Peers serve as natural educators, role models, and enablers for one another, making peer health education a comfortable and seamless facilitation approach, especially when discussing sensitive topics like sexual and reproductive health (Tolli, 2012).

In Re:MIX, young parents serve in leadership roles as peer educators, by educating participants on important health knowledge, acting as motivators of positive behavior change, establishing healthy sexual norms and changing risky attitudes and sexual behavior among youth participants. Additionally, peer educators have the unique opportunity to develop positive life skills in areas including leadership, facilitation, communication, and collaboration, as well as the opportunity to master relevant sexuality education. The development of these skills, the learned sexual health education, and the support network of other young parents all serve as protective factors that reduce the occurrence of subsequent pregnancies.

Theories that support a peer education approach:

- **Social Cognitive Theory**

Social learning theory serves as an umbrella term for various social theories, including social cognitive theory. First described by Albert Bandura (1986), social cognitive theory explains human behavior in terms of a continuous reciprocal interaction among cognitive, behavioral, and environmental determinants. Social Cognitive Theory posits that a role model who is relatable, credible, supportive, and similar to the target population with regard to gender, ethnicity, and age is able to influence peers' social attitudes and behaviors (Bandura, 1977).

- **Theory of Reasoned Action**

The Theory of Reasoned Action states that behavioral change is highly influenced by an individual's perception of social norms or beliefs about what people, especially people who are important to the individual, do or how they think about a particular behavior. Young people are highly influenced by the perception of how their peers behave and think and are motivated by the expectations of highly respected peer leaders.

Cognitively, Re:MIX engages peer educators to model and teach a range of concepts in a variety of formats to aid in the uptake of knowledge and skills. Behaviorally, youth have the opportunity to practice the new skills themselves, with support from peer educators, to gain confidence and self-efficacy in particular health behaviors. Environmentally, the curriculum provides the literal and figurative space for youth to try out new identities and explore different approaches to arriving at the best decisions for their lives.

Learning Objectives, Mediators, and Developmental Assets, by Session

The chart below shows the relationship of each session's learning objectives to mediators and developmental assets connected to the knowledge, skills, behaviors, and attitudes that lead to protective behaviors and a reduced risk for unplanned pregnancy and STIs. The learning objective is a statement of what participants will be able to do when they have completed instruction. The mediator explains how external physical events and activities in the lesson take on internal psychological significance. The developmental assets are, as defined by the Search Institute (2015), internal assets (i.e., empowerment, positive values, social competencies, and positive identity) and external assets (i.e., positive peer influence, and relationships with caring and supportive adults) that foster positive youth development.

Session/Activity	Learning Objectives: Participants will be able to...	Mediators	Developmental Assets
UNIT 1. EXPLORING GENDER AND VALUES			
<i>Session 1: Introducing Re:MIX</i>			
1.1 Welcome and Introductions	Recognize and abide by expectations for group interactions ("The Keep-Its") Recite the Re:MIX Code		Boundaries and Expectations: <i>Positive peer influence; High expectations</i> Empowerment: <i>Safety</i>
1.2 Where Do You Stand?	Examine their own attitudes about gender, gender differences, gender roles, double standards, and inequalities Question how individual attitudes about gender affect behaviors and choices	Attitudes about equitable gender roles	Positive Values: <i>Equality and social justice; Integrity</i> Social Competencies: <i>Interpersonal and cultural competence</i>
1.3 Telling Our Stories	Identify the peer educator's experiences in becoming a young parent	Skills and self-efficacy to reach future goals	Positive Identity: <i>Personal power; Positive view of personal future; Sense of purpose</i>
1.4 Building a Storyboard	Discuss their future goals List ways in which unplanned pregnancy and parenting can interfere with achieving their goals		Positive Identity: <i>Personal power; Positive view of personal future; Sense of purpose</i>
1.5 Closing MIX			

Session/Activity	Learning Objectives: Participants will be able to...	Mediators	Developmental Assets
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UNIT 1. EXPLORING GENDER AND VALUES

Session 2: Getting the Gender Message

2.1 Welcome			
2.2 Statue Maker	Articulate their ideas about how they classify gender and gender differences		
2.3 The Gender Unicorn	<p>Differentiate between gender identity, gender expression, sex assigned at birth, and sexual or emotional identity</p> <p>Describe how gender is not necessarily masculine or feminine and that gender identity, expression, sex assigned at birth, and sexual identity may line up or may be a mix</p>		<p>Positive Values: <i>Caring; Equality and social justice</i></p> <p>Social Competencies: <i>Interpersonal competence</i></p>
2.4 Gender Messages	<p>Notice and analyze images and messages about gender that are common in the media and that are often socially accepted</p> <p>Notice and question media images about gender in ways they might not have been previously aware of</p> <p>Explain how harmful gender messages can negatively affect our self-image, decision making, relationships, and health, and identify new equitable gender messages to improve health outcomes</p>	<p>Attitudes, values, and peer norms about equitable gender roles</p>	<p>Positive Values: <i>Equality and social justice; Integrity</i></p> <p>Social Competencies: <i>Interpersonal competence</i></p>
2.5 Closing MIX			

Session/Activity	Learning Objectives: Participants will be able to...	Mediators	Developmental Assets
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UNIT 2. RELATIONSHIPS, COMMUNICATION, AND CONSENT

Session 3: Understanding Relationships

3.1 Welcome

3.2 Relationship Behaviors	<p>Name healthy and unhealthy behaviors/characteristics that exist within relationships</p> <p>State important behaviors/characteristics that they seek in their own healthy relationships</p>	<p>Attitudes about equitable gender roles; attitudes, values, and peer norms about healthy and unhealthy relationships</p>	<p>Positive Values: <i>Equality and social justice; Integrity</i></p>
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3.3 Peer Educator Story Share	<p>Listen to how healthy and unhealthy relationships can impact pregnancy and parenting</p>		
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3.4 Deal-Breakers	<p>Explain the relationship between some unhealthy relationship behaviors and sexual decision making</p> <p>Identify the unhealthy behaviors that are deal-breakers in their own relationships</p> <p>Recognize specific steps to seek support or give support if someone feels unsafe in a relationship</p>		<p>Social Competencies: <i>Resistance skills; Peaceful conflict resolution</i></p> <p>Positive Identity: <i>Personal power</i></p>
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3.5 Closing MIX

Session/Activity	Learning Objectives: Participants will be able to...	Mediators	Developmental Assets
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UNIT 2. RELATIONSHIPS, COMMUNICATION, AND CONSENT

Session 4: That's What I'm Talking About!

4.1 Welcome			
4.2 Communication Types	Use an assertive communication style to communicate clearly and effectively about what they want	Skills and self-efficacy to use assertive communication techniques	Positive Values: <i>Integrity; Honesty; Responsibility</i> Social Competencies: <i>Planning and decision making; Interpersonal competence</i>
4.3 Ways to Say No	Know the six steps of an effective refusal		Positive Values: <i>Restraint</i> Social Competencies: <i>Resistance skills; Peaceful conflict resolution</i>
4.4 Assertiveness Skills	Apply refusal skills to situations, including sexual situations	Skills and self-efficacy to resist peer pressure and refuse unwanted/unprotected sex	Positive Values: <i>Integrity; Honesty; Responsibility; Restraint</i> Social Competencies: <i>Resistance skills</i> Positive Identity: <i>Personal power</i>
4.5 Closing MIX			

Session/Activity	Learning Objectives: Participants will be able to...	Mediators	Developmental Assets
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UNIT 2. RELATIONSHIPS, COMMUNICATION, AND CONSENT

Session 5: Consent and Setting Limits

5.1 Welcome

5.2 What Is Consent?

Define the concept of sexual consent

Apply the definition of consent to practical, real-life situations

Identify strategies for establishing consent for sexual activity

Identify strategies for respecting a partner's sexual limits

Identify how gender norms influence people's ability to ask for consent and to respect a partner's sexual limits

Skills and self-efficacy to obtain and offer consent

Positive Values:
Integrity; Honesty; Responsibility; Restraint

5.3 Setting Limits

Understand how to set limits around sexual activity

Identify strategies for respecting a partner's sexual limits

Skills and self-efficacy to set personal limits

Social Competencies:
Resistance skills; Interpersonal competence; Planning and decision making

5.4 Closing MIX

Session/Activity	Learning Objectives: Participants will be able to...	Mediators	Developmental Assets
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UNIT 3. THE ABCDs OF PREVENTION

Session 6: *Becoming an Adult*

6.1 Welcome

6.2 Anatomy Puzzles

Understand what puberty means and its implications for pregnancy

Identify and describe basic elements of reproductive anatomy and physiology

Describe how fertilization and pregnancy occur

6.3 I Have My Reasons

Identify reasons why some teens choose to have sex and some do not

Make informed decisions about engaging in sexual activity

Positive Values:
Integrity; Honesty; Responsibility; Restraint

Social Competencies:
Planning and decision making; Interpersonal competence; Resistance skills

Positive Identity:
Personal power

6.4 Closing MIX

Session/Activity	Learning Objectives: Participants will be able to...	Mediators	Developmental Assets
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UNIT 3. THE ABCDs OF PREVENTION

Session 7: Condoms and Contraception

7.1 Welcome

7.2 The Contraceptive Circle

Describe how abstinence and the different forms of contraception—the pill, the shot, the implant, the ring, the IUD, emergency contraception, and condoms—are used, and the advantages of using them

Identify possible barriers to using contraception and possible solutions to overcoming these barriers

Identify ways in which partners can support the use of hormonal contraception and barrier methods

Skills and self-efficacy to reach future goals

Perception of risk of pregnancy during adolescence

Intent to prevent pregnancy, delay onset of sex, abstain from sex, or have protected sex

Positive Values:
Equality and social justice

Positive Identity:
Personal power

7.3 The “C” in Condoms

List the types of condoms and how to use them

Identify the sequence of steps for correct condom use

Knowledge of use and benefits of condom use

Skills and self-efficacy to use and negotiate condom use

Positive Values:
Responsibility

Social Competencies:
Resistance skills

7.4 Closing MIX

Session/Activity	Learning Objectives: Participants will be able to...	Mediators	Developmental Assets
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UNIT 3. THE ABCDs OF PREVENTION

Session 8: The Final Stage

8.1 Welcome

8.2 Condom Negotiation	<p>Identify reasons why teens may or may not use condoms</p> <p>Recognize excuses and barriers for not using condoms</p> <p>Demonstrate effective negotiation of condom use with a partner</p>	<p>Intent to prevent pregnancy, use condoms, use hormonal long-acting methods</p>	<p>Positive Values: <i>Responsibility; Restraint</i></p> <p>Social Competencies: <i>Resistance skills</i></p> <p>Positive Identity: <i>Personal power</i></p>
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8.3 The "D" in Decisions	<p>Make an informed decision about the best contraceptive choice for them right now</p> <p>Understand that they can switch to another form of contraception if their situation change</p>	<p>Skills and self-efficacy to use contraception</p> <p>Knowledge of use and benefits of hormonal methods use</p>	<p>Positive Values: <i>Responsibility</i></p> <p>Social Competencies: <i>Planning and decision making</i></p>
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8.4 STI Scavenger Hunt	<p>Identify basic information about STIs</p> <p>Identify ways to avoid contracting STIs</p>	<p>Intent to prevent STIs</p>	<p>Positive Values: <i>Responsibility</i></p>
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8.5 Closing MIX

Session/Activity	Learning Objectives: Participants will be able to...	Mediators	Developmental Assets
UNIT 4. PLANNING FOR THE FUTURE			
<i>Session 9: A Baby Today</i>			
9.1 Welcome			
9.2 20 Bucks	Identify specific sacrifices expected of young parents	Perception of financial consequences of parenting during adolescence	Positive Values: <i>Responsibility</i> Social Competencies: <i>Planning and decision making</i> Positive Identity: <i>Personal power</i>
9.3 Babies Cost What?!	State accurate details about the costs of specific purchases for an infant Consider the current and future financial consequences of becoming a young parent	Perception of risk and financial responsibilities of parenting during adolescence	
9.4 Life Changes	List the ways in which their lives would be affected by pregnancy Identify the role of gender within parenting experiences	Skills and self-efficacy to reach future goals	Positive Identity: <i>Personal power; Positive view of personal future</i> Support: <i>Positive family communication</i>
9.5 Closing MIX			

Session/Activity	Learning Objectives: Participants will be able to...	Mediators	Developmental Assets
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UNIT 4. PLANNING FOR THE FUTURE

Session 10: Commitment to the Future

10.1 Welcome

10.2 The Clinic

State where local teen clinics are located

Intent to visit a health clinic

Describe the services provided at a family planning clinic

Demonstrate how to call a family planning clinic and make an appointment

10.3 Imagine Your Future

Identify steps that connect their current life to future goals

Skills and self-efficacy to reach future goals

Identify ways in which a pregnancy could interfere with or delay their reaching their goals.

Support:
Positive family communication

Positive values:
Restraint

Positive Identity:
*Personal power;
Sense of purpose;
Positive view of personal future*

Social Competencies:
Planning and decision making

10.4 Letter to My Future Self

Identify goals and values they intend to apply in their lives.

Skills and self-efficacy to reach future goals

Describe how they will use the Re:MIX Code to create a healthy future.

Social Competencies:
Planning and decision making

Positive Identity:
*Personal power;
Sense of purpose;
Positive view of personal future*

10.5 Closing Web

Identify a way in which they can offer support to others in sticking to their commitments

Positive Values:
Caring

Identify ways in which they can seek support from others in sticking to their commitments

Social Competencies:
Interpersonal competence

Support: *Family Support*

Re:MIX and Characteristics of Effective Sexuality and HIV Education Programs

Re:MIX also aligns with the characteristics of effective sexuality and HIV education programs, as delineated by Douglas Kirby (Kirby, 2001).

Characteristic	How Re:MIX Incorporates This Characteristic
Focus on reducing one or more sexual behaviors that lead to unintended pregnancy or STIs, including HIV.	Re:MIX uses the lens of gender to explore and understand gender roles (Sessions 1 and 2), how these influence the role of parents (Sessions 3 and 9) and healthy and unhealthy relationships (Session 3), communication about sex and contraception within a sexual relationship (Session 4), obtaining consent (Session 5), the basics of pregnancy and contraception (Sessions 6–8), and accessing a local clinic to obtain contraception and/or monitor health (Session 10).
Deliver and consistently reinforce a clear message about abstaining from sexual activity and/or using condoms or other forms of contraception.	Re:MIX clearly conveys the message that abstinence is the only 100% foolproof way to prevent pregnancy and STIs, but for those who are sexually active, condoms or other forms of contraception, used properly, are essential (Sessions 6–8).
Provide basic, accurate information about the risks of teen sexual activity and about ways to avoid intercourse or to use methods of protection against pregnancy and STIs.	Through a variety of educational formats, including individual reflection, games/contests, role plays, and minilectures, Re:MIX provides basic and accurate information about the risks of teen sexual activity (Sessions 9–10) and about ways in which to avoid intercourse or use protection (Sessions 6–8).
Include activities that address social pressures that influence sexual behavior.	Several Re:MIX sessions address social pressures that influence sexual behavior, particularly those related to gender roles (Sessions 1, 2, and 3). Each session also reinforces a Code that includes personal statements of strength as well as support for others resisting peer pressure. Activities on communication (Sessions 5, 6, and 8) explicitly address the prospect of pressure from peers and how to resist it.
Provide examples of and practice with communication, negotiation, and refusal skills.	Re:MIX devotes two of its 10 sessions (Sessions 4 and 5) to communication and refusal skills and applies these specifically to obtaining consent for sexual activity and to communicating and respecting sexual limits. In addition, Session 8 includes an activity specifically about negotiating condom use with a partner.

Characteristic	How Re:MIX Incorporates This Characteristic
Incorporate behavioral goals, teaching methods, and materials that are appropriate to the age, sexual experience, and culture of the students.	Re:MIX's behavioral goals are to delay the onset of sexual intercourse, reduce recent sexual intercourse, increase the use of hormonal or long-acting contraception methods, and increase visits to teen-friendly sexual and reproductive health clinics. The activities are targeted to youth aged 13–17 and are taught in part by their slightly older peers who are parenting youth trained as peer educators.
Employ teaching methods designed to involve participants and have participants personalize the information.	Re:MIX participants are engaged in the curriculum through a variety of pedagogical methods, including hip-hop pedagogy, individual reflection, pair sharing, small-group discussion and exercises, games and contests, theater-based learning and portrayals, minilectures, visual and creative exercises (such as designing campaign messages), and role plays.
Are based on theoretical approaches that have been demonstrated to influence other health-related behaviors and identify specific important sexual antecedents to be targeted.	Re:MIX draws on a number of theoretical models, including Cognitive Dissonance Theory, the Theory of Possible Selves, and Fuzzy Trace Theory, among others. In addition, Re:MIX incorporates approaches that support positive behavioral change and engagement that include Youth Development/Empowerment, a Gender-Transformative Approach, a holistic Ecological Framework, a Peer Education Approach, Hip-Hop Pedagogy, and the Sociological Imagination. Re:MIX also explicitly promotes internal Developmental Assets, including Positive Values (such as caring, equality and social justice, integrity, honesty, responsibility, and restraint); Social Competencies (planning and decision making, interpersonal competence, resistance skills), and Positive Identity (personal power, self-esteem, a sense of purpose, and a positive view of personal future).
Select teachers or peer leaders who believe in the program and then provide them with adequate training.	Re:MIX uses a team approach involving a parenting peer educator and a professional health educator, with both facilitators trained and participating fully in delivering the curriculum. The stories of peer educators are a key, distinctive element in the curriculum, adding relevance and reality to the material.
Last a sufficient length of time (i.e., more than a few hours).	Re:MIX's 10 55-minute sessions are delivered over nine hours, thus accommodating a variety of settings, including in school and after school, and is designed to reinforce content from one session to the next, with enough time between sessions for reflection and brief assignments, but momentum to keep the learning and behavior change going.

How This Manual Is Organized

The Re:MIX curriculum has several features to help facilitators navigate its contents and support the delivery of each session. These features include:

Symbols placed throughout the curriculum to indicate where in the curriculum a specific approach or activity should be used.



Story Share—A “story share” is an opportunity for sharing a personal story related to the content of a specific activity. Stories can be shared either by a peer educator, youth participant, or in some cases by a health educator. The story share videos present the experiences of two young parents, told in their own voices. Facilitators deciding to integrate the story share videos can choose to integrate one or both videos. Discussion questions follow each video, to engage students in relating the experiences to the session’s content. The use of storytelling is a foundational element of the Re:MIX curriculum and is therefore woven throughout the sessions, to build ownership and internalization of the information. To achieve the MIX (Maximize, Imagine, eXplore), it is important for youth to consider their own experiences in relation to the new information they are learning—to mix it together—to build their goals for a healthy future.

(Story share video playlist: <https://bit.ly/PE-Story-Share>)



The Resource Guide—All youth participants are provided with a resource guide with youth-friendly health services available to them at the start of the program. Wherever you see this symbol, you have an opportunity to remind participants of the guide and provide specific reference to relevant services.



Re:MIX Playlist—When key messages are stated during activity transitions and at the closing of a session, participants will have the opportunity to jot down the words, messages, pictures, or ideas that resonate most with them directly onto their Playlist. These words or ideas will be those that are new or important to them, based on their own experiences, cultural heritage, or background. At the end of each session, they will review and assess what they have written down and will be invited to share their playlist with the group, in whatever style delivery they prefer. The smartphone symbol next to transition statements serves as a reminder for the facilitator to tell participants to jot down their thoughts on their Re:MIX Playlist. The Playlist can be found in Participant Resource 1.1A.



Spanish Adaptation Resources — In order to be culturally inclusive and responsive, EngenderHealth has adapted some of the key materials for Spanish-speaking youth. Lesson plans and resources that have been translated into Spanish are marked with this symbol throughout the curriculum. All resources are available in Appendix E, indicated in the table of contents.

Facilitator Notes are provided throughout the curriculum to offer facilitators extra guidance, tips, notes, or options / alternatives for implementing a specific activity.

Definition Bubbles call attention to terminology that is important to the curriculum. Sometimes facilitators will share these definitions with participants, and sometimes they are provided for information purposes only.

Other information is interspersed throughout the curriculum to underscore relevant content and information.

FACILITATOR NOTE

This gray box is a example of a facilitator note, containing additional guidance or options on activities.

DEFINITION

Definition Bubble

will look like this orange box.

Light pink boxes like this have additional relevant information or examples.

The curriculum is made up of 10 sessions divided between four overarching units. Each session is then broken down by a series of activities. Each session has the following components:

- ... The **session overview** provides an overview of the session and its activities.
- ... The **session timetable** lists time allotments for each activity within the session.
- ... An **activity summary** lists the broad steps and time assumptions for the activity.
- ... **Learning objectives** detail what participants will take away after participating in the activity.
- ... **Developmental assets** list the Search Institute's developmental assets linked to the activity.
- ... **Materials needed** lists what items and supplies are needed (paper, pens, flipchart paper, smartphones) to facilitate the activity.
- ... **Advance preparation steps** describe the key preparatory actions that need to be taken prior to facilitating the activity.
- ... The **activity procedure** provides step-by-step instructions for facilitating the activity.
- ... **Key messages** are statements given to participants to summarize the main takeaways from the activity.
- ... A **transition statement** offers facilitators a way to transition from one activity to the next. The transition statement also serves as a reminder to ask participants to jot down key words, ideas, and messages they took away from the previous activity on their Re:MIX Playlist (as noted by the smartphone symbol). This provides a brief overview of what is coming up, plus a reminder of how the activities build on each other to increase knowledge, skills, awareness, and intentions in preventing unplanned pregnancy and STIs.



FACILITATOR NOTE

Throughout this curriculum, we assume that facilitators will “make it their own.” That is why the instructions are not a script that should be followed word-for-word, but instead present the information that needs to be covered, in a particular sequence. *When it might be helpful to have a scripted sentence or two, we have marked it in italics, like this.* (See Activity 1.1C, The Keep-Its, below, for an example.)

“Making it your own” does *not* mean skipping content or key points. Make sure that the content for each activity and session is covered, even if you use different language to do so. To help make sure that key messages are covered and reinforced, they are listed in a box at the end of each activity.

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UNIT 1

EXPLORING GENDER AND VALUES

Youth Voices

"I want to go to college after high school and get a good job in my 20s. I want a car and house in my 30s and 40s."

"It's weird to me that it's still considered controversial to see a male cry. It shouldn't be that way."

"We hear more negative gender messages than positive ones."

Unit 1 introduces the role of storytelling and explains the lens of gender, which influences sexual and reproductive health decision making, choices, attitudes, and behaviors. Unit 1 consists of two sessions, beginning with introducing Re:MIX (Session 1), then moving into exploring gender messages and gender norms (Session 2).

SESSION 1: INTRODUCING RE:MIX

Session Overview

This session introduces the curriculum and the facilitator(s), sets expectations and agreements for group interactions (called “The Keep-Its”), describes the Re:MIX Code, which outlines the key curriculum messages, and launches two threads that weave throughout the curriculum: the lens of gender and the role of storytelling. Participants have the opportunity to consider their goals and aspirations for the future and whether having a child fits into their life plan.

Session Timetable

1.1. Welcome and Introductions	20 minutes
1.2. Where Do You Stand?	15 minutes
1.3. Telling Our Stories . . . . .	.5 minutes
1.4. Building a Storyboard	10 minutes
1.5. Closing MIX . . . . .	.5 minutes
Total Time	55 minutes

Activity 1.1: Welcome and Introductions

20 minutes

Activity Summary

A. Introductions	7 minutes
B. Re:MIX Overview	7 minutes
C. The Keep-Its (Group Agreements)	5 minutes
D. Notecard Knowledge Box	1 minutes

Learning Objectives

After completing this activity, participants will:

1. Recognize and abide by expectations for group interactions (The Keep-Its)
2. Recite the Re:MIX Code

Developmental Assets

- Boundaries and expectations
 - ❑ Positive peer influence
 - ❑ High expectations
- Empowerment
- Safety

Materials Needed

- ❑ Attendance form
- ❑ Markers
- ❑ Flipchart paper
- ❑ Notecard Knowledge Box
- ❑ Notecards
- ❑ Pens or pencils
- ❑ Masking tape
- ❑ Folders for participant materials
- ❑ Name tags
- ❑ Video playing equipment and/or internet access, if using the story share video (<https://bit.ly/PE-Story-Share>)
- ❑ Participant Resource 1.1A: The Re:MIX Playlist
- ❑ Participant Resource 1.1B: The Re:MIX Code

Advance Preparation Steps

1. Prepare participant folders with all participant resources needed for the entire curriculum. Consider where participant folders will be securely stored between each session.
2. Pass out participant folders, blank notecards, and writing utensils.
3. Identify sections for each facilitator to lead, if using a cofacilitation model.
4. If using a story share video, review and become familiar with the options for Activity 1.1 Story Share Isabel or Story Share Melissa. Select one, and cue it up.
5. Prepare and post the flipchart with:
 - Daily Re:MIX units and sessions
 - Agenda for Session 1
 - “The Keep-Its”
 - Re:MIX Code

Activity Procedure

A. Welcome and Introductions

1. Ask participants to sign an attendance sheet as they enter the room.
2. Briefly introduce the facilitator(s). If a peer educator is cofacilitating, note that the peer educator will be sharing their story soon. If no peer educator cofacilitating, note that they will have the opportunity to hear the story of a young parent soon via videos shared throughout the sessions.
3. Ask participants to introduce themselves by saying their names and one place they would like to travel to in their future.

B. Re:MIX Overview

1. Explain that Re:MIX will help participants acquire the knowledge, skills, and support—from each other and from the adults in their lives—to live a healthy, independent life that will help empower them to achieve their dreams and goals. Avoiding *unplanned pregnancy* before they are ready for the responsibility, and *knowing facts about sexual decision making*, are two ways they can increase their chances of achieving their best possible selves.
2. The principle behind the Re:MIX program is to encourage youth to achieve their goals and dreams, so that they can become their best possible selves: We encourage them to **M**aximize their strengths, **I**mage a healthy future, and **eX**plore their identities.
3. In Re:MIX, participants will be learning a lot about how to achieve these principles, by sharing information together and developing their own story for the life they want to live. Explain that we understand that becoming a parent before one is ready can make it more difficult to make the most of one's goals; that is why the Re:MIX sessions will help them to think about and develop the knowledge and skills to invest in themselves.
4. Explain that while Re:MIX will help youth to prevent an unintended pregnancy or sexually transmitted infection (STI), the program also highlights the healthy and positive parts of relationships and sexuality, helping youth to understand that these are normal, healthy, and natural parts of being human. Sexual activity can have many positive physical and emotional outcomes—when they are ready and when the time is right. Explain that the information they learn in these sessions will help them make healthy decisions about the right time in their life, the right partner, the right situation—not only as a young person but throughout their life.
5. Explain that Re:MIX has three different layers. The first is the **classroom sessions**: These constitute the curriculum that they will experience and that was developed with input from youth like them and from parenting teens like the peer educators.
 - ❑ Refer to the flipchart showing the four units and 10 sessions of Re:MIX and review these briefly.
 - ❑ Refer to the flipchart showing today's agenda for Session 1 and review it briefly.

SESSION 1 AGENDA

- 1.1 Welcome and Introductions
- 1.2 Where Do You Stand?
- 1.3 Telling Our Stories
- 1.4 Building a Storyboard
- 1.5 Closing MIX

FACILITATOR NOTES

It is helpful to write agendas ahead of time on a sheet of flipchart paper or on the classroom whiteboard, so participants know what to expect for the day's session.

If any of the participants are young parents, make sure that they feel welcome and encourage them to share their stories throughout the sessions, if they would like to.



6. The second layer is the role of **peer educators**. One of the unique aspects about Re:MIX is that the cofacilitation model provides participants have an opportunity to hear from someone who has experienced being a young parent. Throughout the curriculum, peer educators will share their own personal stories, while also encouraging youth to share their stories too. By sharing together, everyone can learn new things and support one another in creating the best life for themselves. If peer educators are not able to facilitate, this important perspective can be accessed through the story share videos. If the story share videos will be used, this is a good time to show the Activity 1.1 Story Share video as a way of introducing the peer educator. (Video playlist link: <https://bit.ly/PE-StoryShares>)
7. The third layer of Re:MIX is a referral system designed to link participants to youth-friendly **resources** which they can turn to for support surrounding health and well-being, including counseling; health care; contraception; services for lesbian, gay, bisexual, transgender, or queer/questioning (LGBTQ) youth; substance abuse services; and more. Explain that resources have been prescreened by young people to make sure that they are providing age-appropriate information, and are places where youth feel comfortable and encouraged. Comment that we want to encourage participants to seek support for any issues they may face and that we are here to help. Invite them to come talk to either of the facilitators at any time, and they will be connected to the right services. The resource guide is provided to them and will be referenced throughout the program.
8. Explain that each activity will end with key messages to summarize the main information and discussions of that activity. Refer participants to Participant Resource 1.1A, the **Re:MIX Playlist**, and explain that during activity transitions and at the closing of each session, when key messages are being stated, they will jot down their own words, pictures, or ideas that resonate most with each of them, based on their experiences, cultural heritage, or background. This is *their* playlist of what is important to them. At the end of each session, they will review and assess what they have written down and will be invited to share their playlist with the group. They will be encouraged to express their playlist in a variety of ways:
 - **Word Beat:** Participants may share one or two words from their playlist for that day.
 - **Lyric Share:** Participants can string together words or phrases from their Playlist to create a lyric.
 - **Collaboration:** Participants might share words or phrases from their Playlist, one after another, to create a “rap” or “song” collaboration.
 - **Album art:** Participants can share created album art.

This playlist is their Re:MIX—that is, how they have mixed their current experiences and knowledge with what was discussed each day to come up with a new mix. The playlist will be securely stored between each session, and at the end of the Re:MIX program, they will have their playlist of what is important to them as a keepsake.
9. Finally, explain that the final piece to the curriculum is the **Re:MIX Code**. The Re:MIX Code is the core philosophy that ties everything together—what they are learning, the key messages, and the stories and discussions being shared. The Re:MIX Code is the seven brief yet powerful statements that bring together the MIX (Maximizing strengths, Imagining a healthy future, and eXploring identities). Ask the participants to look at Participant Resource 1.1B, and explain that at the end of each session, they and the facilitators will recite the Code together. Review the code now.

Maximize Strengths:

My strengths are valuable.
I have something unique to contribute.

Imagine a Healthy Future:

I am creating the life I want.
I have people I count on for support.

Explore Identities:

I am the boss of me.
I have a story worth telling.
I treat others the way they want to be treated.

C. The Keep-Its

1. Explain that you are going to be talking about some sensitive topics that can get personal and sometimes even emotional. The best part of this program is that you are going to have fun; but it is equally important that everybody feels safe talking and sharing in the group. To create a safe space where everyone feels comfortable exploring and discussing these topics, we have come up with a guide for our group to keep it that way. This guide is called The Keep-Its. This stands for “keep it safe for everyone,” and everyone needs to play a part in keeping it that way.
2. Refer to the Keep-Its poster and review each one in order, asking for volunteers to share what they think each one means as they are reviewed (Sample explanations are provided below).
 - ❑ **Keep It Focused.** *We have a lot of topics to cover in these 10 sessions; let’s agree to stay engaged and keep the discussion on the day’s topics.*
 - ❑ **Keep It Fun.** *We’re going to be talking about and sharing a lot of serious information, which is important—but it’s also important to laugh and have fun together.*
 - ❑ **Keep It Respectful.** *We need you to treat each other and us with respect—and we will treat you with the same respect.*
 - ❑ **Keep It Real.** *We will all learn more if we say what we really think and feel about the topics we are discussing. Being respectful helps everyone keep it real, too.*
 - ❑ **Keep It Here.** *We want participants to share their new knowledge and insights with their friends and family, but if private or personal information is shared in the group, that stays here, in the room. (For example, when discussing relationships, please do not gossip about what someone said about an ex-partner.)*
3. Ask the group if there are any additional keep-its that they would like to add. Once the list is complete, tell the group that we all need to play a part in our group agreements, and we will rely on everyone to do so.

Some Additional Notes on The Keep-Its

An important part of creating and maintaining a safe space is being honest about what it does and does not mean and being prepared to acknowledge and respond to the fact that some participants will be dealing with past or current traumatic experiences.

The following are some suggestions for discussing limits to confidentiality and addressing trauma.

Mandated Reporting: One of the exceptions to the confidentiality of “keeping it here” could occur if a participant shares information that indicates the potential of harm being done to themselves or others or that suggests the possibility of being sexually or physically abused. Be honest that you have a legal responsibility to report this, and that this limits confidentiality. You might want to use the term “Conditional Confidentiality” to reflect this.

Addressing Trauma: Understanding and acknowledging that some participants may be dealing with past or present trauma and its effects is critical when implementing a sexual health education program.

When implementing Re:MIX, or any other sexual health program, keep in mind that people experience and handle trauma in a range of ways—but often the result of trauma has a lasting effect on a person’s life and can greatly influence their sexual decision making. It is important to support participants in managing their pain and encourage them to reach out to you or another trusted adult and provide them resources that can further help them.

D. Notecard Knowledge Box

1. Explain that everyone is encouraged to ask questions at any time about anything they want to know more about, or if something is not clear to them. If they want to ask something anonymously, so that no one will know who the question came from, that is an option too. The Notecard Knowledge Box will be available during every session for them to ask anonymous questions—they can just pick up a blank notecard, write their question, and drop it in the box. This is also a good way to ask a question that comes up but is not related to the topic of the moment (remember, Keep It Focused!). Explain that you will take some time during each session to answer questions.

FACILITATOR NOTE

If you notice that participants are not using the Notecard Knowledge Box or are embarrassed to be seen using the box, you can have each participant write a question to submit to the box; that way, participants do not feel singled out.

Key Messages

State the key messages for this activity:

1. *We are going to interact together as a group, holding each other accountable for following The Keep-Its (focused, fun, respectful, real, and here).*
2. *Knowledge is power, but no one knows everything. That is why we have the Notecard Knowledge Box, and we encourage everyone (health educators and peer educators included) to keep asking questions.*



Transition Statement

Now that everyone has had the opportunity to introduce themselves, has received an overview of the program and daily topics, has learned about our group expectations—The Keep-Its—and knows how to ask questions using the Notecard Knowledge Box, we're ready to jump in, beginning with an exercise that will help us to clarify our values and hear more from our peer educator.



Activity 1.2: Where Do You Stand?

15 minutes

Activity Summary

- A. Values Exercise 10 minutes
- B. Group Discussion 5 minutes

Learning Objectives

After completing this activity, participants will be able to:

1. Examine their own attitudes about gender, gender differences, gender roles, double standards, and inequalities
2. Question how individual attitudes about gender affect behaviors and choices

Developmental Assets

- Positive values
 - Equality and social justice
 - Integrity
- Social competencies
- Interpersonal and cultural competence

Materials Needed

- Two letter-sized sheets of paper, one labeled “AGREE” and the other “DISAGREE” (*Note: For large spaces, consider using colored paper, to increase visibility.*)
- Flipchart paper
- Tape
- Markers

Advance Preparation Steps

1. Identify sections for each facilitator to lead, if using a cofacilitation model.
2. Make the “AGREE” and “DISAGREE” signs and tape or affix them to the walls, at opposite sides of the room.
3. Clear the room as needed to allow participants to move freely between signs and reconvene in the middle.

Activity Procedure

A. Values Exercise

1. Explain to participants that this activity is designed to give them a general understanding of their own and others’ values and attitudes about what it is like being a woman, a man, or another gender identity—in relationships and in life. This activity is designed to challenge their current thinking, while also leading them to accept that everyone has a right to their own opinion.

DEFINITION

Values

are a person’s principles or standards of behavior; they are also one’s judgment of what is important in their life.

2. Briefly define and discuss what a “value” is and where it comes from. Ask participants for their ideas about what a “value” is. Share the definition of value and ask if there are any questions.
3. To check for understanding, share a value—something you hold dear and try to act by—and explain where it came from. (The value may be one that changed over time.) Ask participants to think about and share one example of their own.
4. Begin the exercise by having all participants join you in the middle of the room. Explain that you will read a range of value statements aloud. After you read each one, they will decide if they agree or disagree with the statement and then move to that side of the room. Let them know that in this activity, they are free to change their minds and switch to the other side at any time. Also let them know that some of the statements will relate to topics like sex and relationships. State that they are encouraged to participate as they feel comfortable doing so.
5. Pick several of the following statements (4–6, depending on time) to read aloud, one at a time, beginning with the first statement, and ask the group to choose the side that fits best with their own values or beliefs and go stand by the sign.

Below are sample statements that can be read aloud for the Values exercise.

- Pizza is my favorite food.
- It is easier to be a girl than a boy.
- Women are better parents than men.
- It is OK for a man to be seen crying in public.
- Men want to have sex with a lot of partners.
- Men and women want the same things in a relationship.
- A relationship where one person makes all the decisions is healthy because there is less conflict.
- Contraception is a woman’s responsibility.
- It is OK for a boy to ask another boy to prom.

FACILITATOR NOTES

Remember throughout that when talking about sex assigned at birth, use male/female, and when talking about gender, use man/woman.

Remind participants to “Keep It Respectful”—everyone’s opinions should be respected and heard.

FACILITATOR NOTE

If all the participants have the same view (“agree” or “disagree”) about a particular statement, play the role of “devil’s advocate” by walking to the opposite side and asking them: “Why would someone be standing on this side? What would they say if they were standing here?”

If a participant does not know which sign to stand by, ask them to say a bit more about why the decision is difficult. It might be an interpretation issue that the facilitator (or other participants) can help clarify. Encourage the participant to choose a side.

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6. Once everyone has chosen a side, ask for a few volunteers to explain why they chose that side—why they agree or disagree with the statement. Try to get both sides' perspectives. Remind participants that they are welcome to switch sides whenever they want.
7. Be sure to have everyone come back to the middle of the room before reading the next statement. This will encourage participants to come together, while encouraging them to choose a side each time.
8. Once all of the statements have been read and discussed, invite participants to return to their seats.

B. Group Discussion

Debrief the activity by discussing the following questions with participants. Ask the participants to consider the harmful messages, or stereotypes, they heard during the exercise.

- ❑ What kind of messages did you hear that were stereotypes about men or women? Were any of these messages harmful? How?
- ❑ How do people's values or beliefs about how men and women should act or behave affect the way they interact with each other in life and in relationships?
- ❑ Can you share a situation when you or a friend experienced a stereotype based on gender? How was this situation handled?
- ❑ Was there anything you learned about yourself in this activity? What did you learn?
- ❑ What did you learn about others in this activity?

FACILITATOR NOTE

Acknowledge any examples where participants have honored “The Keep-Its” in this activity, which is the first real opportunity they have had to interact as a group.

Key Messages

State the key messages for this activity:

1. *Values and beliefs can affect how we decide what's important to us, which in turn affects our health and well-being.*
2. *It's important to respect other people's values and beliefs, but it's also okay to challenge them if they are harmful to themselves or others.*
3. *You have the freedom to define your own gender and how you choose to express it.*



Transition Statement

Who's ready to hear from our peer educator and their experiences as a young parent?

Activity 1.3: Telling Our Stories

5 minutes

Activity Summary

A. Peer Educator Story Share. 5 minutes

Learning Objectives

After completing the activity, participants will be able to:

1. Identify the peer educator's experiences in becoming a young parent

Developmental Assets

- Positive identity
 - ❑ Personal power
 - ❑ Positive view of personal future
 - ❑ Sense of purpose

Materials Needed

- ❑ Index cards
- ❑ Notecard Knowledge Box
- ❑ Video playing and/or internet access, if using story share video

Advance Preparation Steps

1. Identify sections for each facilitator to lead, if using a cofacilitation model.
2. The peer educator prepares their story for sharing, if not using video.
3. If using a story share video, review and become familiar with the options for Activity 1.3 Story Share Isabel or Activity 1.3 Story Share Melissa. Select one, and cue it up.
(Video Link: <https://bit.ly/PE-Story-Share>)

FACILITATOR NOTE

Storytelling, particularly the real-life stories and experiences of peer educators, is a unique feature and layer of Re:MIX. By hearing from people who are closer to them in age and are experiencing the same youth culture, participants ideally will find the material in the Re:MIX curriculum more compelling and relevant.

This is also an opportunity for participants to begin thinking about and sharing their own story, including their goals and dreams. Planning for future goals is an important component of the curriculum that participants will return to in the last session, closing the loop with this exercise. The exercise provides a context for avoiding pregnancy and STIs, to have a greater likelihood of achieving life goals and having more control over the trajectory of one's own life.

Activity Procedure

A. Peer Educator Story Share

1. Explain that storytelling is an important part of Re:MIX. The peer educator will share some stories from their own journey, but everyone has a story to tell, including each of the participants, and the group wants to hear those too. There will be opportunities for them all to share their stories along the way.
2. Let participants know that if questions come up, they may write them down on their index cards, which you will answer later.
3. The peer educator shares a story based on one of the story prompts provided. It is up to the peer educator to decide which parts, and how much, to share with the group at this moment, depending on the group and time available. If using a story share video, play the video, followed by a brief discussion guided by any of the following questions:
 - What emotions did Isabel or Melissa say they experienced when they found out about their pregnancy?
 - What factors do you think influenced those emotions?
 - What are some examples of big challenges you have faced and overcome in your life?
4. Once the storytelling is over, collect participants' questions on index cards, group these together by topic or type of question, and then answer as many as time allows. Questions that were not answered should go into the Notecard Knowledge Box for later.

Key Messages

State the key messages for this activity:

1. *Everyone has their own story.*
2. *Stories help us make sense of the world.*
3. *We can write and rewrite our stories as we grow and learn new information.*

Transition Statement

[Peer Educator] *Thank you for listening to my story about how I got to where I am today. I am looking forward to hearing all of your stories throughout the program too—but for now, we're going to help you build a storyboard so that you can begin planning for the future.*



Story Share Options

1. How you found out you were pregnant or were going to be a parent and how you reacted
2. What it is like being a parent (or single parent)
3. What changes, daily challenges, and rewards you experience/d as a young parent

FACILITATOR NOTE

While the Re:MIX program aims to help teens make informed choices about their sexual decision making and to avoid unplanned pregnancy and STIs, we also want to acknowledge that parenting teens can and do develop strength, maturity, and bonds with their partner, child, and others in their lives as a result of being young parents. It is also important to note that in addition to the peer educator, other teens in the room may be parents, or the children of young parents, or close to others who are (sisters, cousins, friends, etc.). The intent is not to criticize young parenthood, but rather to help young people choose to become parents when they are fully ready and better prepared for the challenges.

Activity 1.4: Building a Storyboard

10 minutes

Activity Summary

A. Timeline for the Future10 minutes

Learning Objectives

After completing the activity, participants will be able to:

1. Discuss their future goals
2. List ways in which unplanned pregnancy and parenting can interfere with achieving their goals

Developmental Assets

- Positive identity
 - ❑ Personal power
 - ❑ Positive view of personal future
 - ❑ Sense of purpose

Materials Needed

- ❑ Participant Resource 1.4—Building a Storyboard
- ❑ Flipchart paper for “Life Events” timeline (or use an existing whiteboard)
- ❑ Markers
- ❑ Index cards
- ❑ Notecard Knowledge Box

Advance Preparation Steps

1. Identify sections for each facilitator to lead, if using a cofacilitation model.

Activity Procedure

A. Timeline for the Future

1. Place the following timeline markers on a whiteboard or on flipchart paper and post in the front of the room:
 - Now (High School)
 - After High School (first couple of years)
 - Mid-20s
 - 30s
2. Have the facilitator(s) share some of their goals and dreams for these time markers in their own lives.
3. Refer to Participant Resource 1.4 —Building a Storyboard and ask the participants to complete the exercise by writing down who they are and who they want to become for each time period. When they look ahead, what do they see for themselves? For now, it's OK to dream big.
4. Ask a few volunteers (as time allows) to share their goals and dreams along the timeline with the group.
5. Tell the participants that we will return to their timelines in Session 10.

Key Messages

State the key messages for this activity:

1. *It's okay to dream big.*
2. *Planning for the future helps to achieve our goals.*



Transition Statement

Thank you all for dreaming big and imagining your future; we will revisit this in our last session, but for now, it's time to close Session 1 of Re:MIX and recap some of what we discussed today. In our next session together, we will continue our exploration of gender messages and how it affects our decisions, relationships, and lives.

Activity 1.5: Closing MIX

5 minutes

Activity Summary

A. Q&A . . . . .	.2 minutes
B. Closing MIX . . . . .	.2 minutes
C. Re:MIX Code Chant . . . . .	.1 minutes

Materials Needed

- Participant Resource 1.1A: Re:MIX Playlist

Activity Procedure

A. Q&A

1. Ask participants if they have any questions, and answer them. If there are no questions, answer any remaining questions in the Notecard Knowledge Box.

B. Closing MIX

1. Give the group 30 seconds to finish up jotting down any last thoughts, words, ideas, or pictures on their Playlist for today. Remind them that the Playlist is their own ideas in their own words.
2. Invite the group to gather together in a circle, bringing their Playlist with them.
3. Remind the group what the MIX stands for in Re:MIX: Maximizing strengths, Imagining a healthy future, and eXploring identities.
4. Share your own MIX (i.e., a way you plan to maximize your strengths, imagine a healthy future, and/or explore your identity), based on the key messages and take-aways of the day.
5. Ask participants (or a few volunteers, depending on time) to share their Playlist MIX for the day, in one of the following ways:
 - **Word Beat:** Participants share one or two words from today's Playlist.
 - **Lyric Share:** Participants string together words or phrases from today's Playlist to create a lyric.
 - **Collaboration:** Participants share words or phrases from today's Playlist, one after another, to create a "rap" or "song" collaboration.
 - **Album art:** Participants share created album art.
6. Thank participants for their contributions today.

C. Re:MIX Code Chant

1. In a call-and-response format, call out the Re:MIX Code statements one by one, while the participants call them back.

Participant Resource 1.1A: Re:MIX Playlist

Re:MIX 100%

My Playlist

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	☆
	☆
	☆

Volume: [Speaker icon] [Slider bar]

RE:MIX
MAXIMIZE, IMAGINE, EXPLORE

⏮ ⏪ ⏸ ⏩ ⏭



The Re:MIX CODE

Maximize Strengths:

My strengths are valuable.

I have something unique to contribute.

Imagine a Healthy Future:

I am creating the life I want.

I have people I count on for support.

Explore Identities:

I am the boss of me.

I have a story worth telling.

I treat others the way they want to be treated.



Participant Resource 1.4

Building a Storyboard

Think about who you are now and who you want to be in the future. When you look ahead, what do you see for yourself? How do you imagine things will be?

For the time periods below, write something about who you are (now) and what you hope to be part of your life in the future:

Now (High School)

After High School

Mid-20s

30s



SESSION 2: GETTING THE GENDER MESSAGE

Session Overview

This session helps participants become more aware of gender norms and their impact on health and well-being. The group will work together to begin to question and redefine gender norms in ways that build equitable relationships and promote health and well-being.

Session Timetable

2.1 Welcome . . . . .	.5 minutes
2.2 Statue Maker	10 minutes
2.3 The Gender Unicorn	10 minutes
2.4 Gender Messages	25 minutes
2.5 Closing . . . . .	.5 minutes
Total Time	55 minutes

Activity 2.1: Welcome

5 minutes

Activity Summary

A. Welcome	1 minute
B. Opening Activity	2 minutes
C. Preview of Session 2	1 minute
D. Q&A	1 minute

Learning Objectives

After completing this activity, participants will be able to:

1. Recall/reinforce key messages from Session 1

Materials Needed

- ☐ Attendance form
- ☐ Markers
- ☐ Flipchart paper
- ☐ Notecard Knowledge Box
- ☐ Notecards
- ☐ The Keep-Its flipchart
- ☐ Re:MIX Code flipchart
- ☐ Pens or pencils
- ☐ Masking tape

Advance Preparation Steps

1. Identify sections for each facilitator to lead, if using a cofacilitation model.
2. Prepare a flipchart with the agenda for Session 2 and post it in the front of the room.
3. Review any questions in the Notecard Knowledge Box and prepare answers, grouped into categories if possible. If some are more relevant to future sessions, they can be held until then.
4. Pass out participant folders, blank notecards, and writing utensils.
5. Post The Keep-Its, the Re:MIX Code, and the Re:MIX units and sessions posters on the wall.



UNIT 1: EXPLORING GENDER AND VALUES

Activity Procedure

A. Welcome

1. Welcome participants back for Session 2, and ask them to sign the attendance form.
2. Remind participants of The Keep-Its from Session 1, by referring to the flipchart posted on the wall.

B. Opening Activity

This session has a built-in opening activity (Activity 2.2: Statue Maker).

C. Preview of Session 2

1. Refer to the flipchart with the agenda for Session 2 and review it, explaining that today we are going to explore issues of gender in more depth. First, we are going to do an exercise that will get us out of our chairs and thinking about what gender means to us, and then we will explore gender messages and how we want to be.

SESSION 2 AGENDA

- 2.1 Welcome
- 2.2 Statue Maker
- 2.3 The Gender Unicorn
- 2.4 Gender Messages
- 2.5 Closing Mix

D. Q&A

1. Ask if there are any new questions (not in the Notecard Knowledge Box) from the last session, and answer these, as appropriate.
2. If there were questions in the Notecard Knowledge Box, address some or all, as time allows. If some questions will be answered in future sessions where the topics will be addressed, answer those later.



Transition Statement

Is everyone ready to move around? Great, let's get started.

Activity 2.2: Statue Maker

10 minutes

Activity Summary

A: Statue Maker 8 minutes

B: Group Discussion 2 minutes

Learning Objectives

After completing this activity, participants will be able to:

1. Articulate their ideas about how they classify gender and gender differences

Materials Needed

None

Advance Preparation Steps

1. Identify sections for the health educator and peer educator to lead.
2. The health educator and peer educator should practice a brief demonstration of the “Statue Maker” exercise in advance, so they can properly demonstrate the activity.

FACILITATOR NOTE

In this activity, participants will build an awareness about gender and the many ways in which gender norms can influence a person’s behaviors and choices, including sexual health and parenting. Being aware of these influences is the first step to changing them, if they are not playing a supportive, helpful role in life.

Activity Procedure

A. Statue Maker

1. Have participants get in pairs; if you have an odd number of participants, the health educator or peer educator can join in.
2. Explain that in each pair, one person will play “the sculptor” and the other person will play “the clay,” and then they will switch. They will be given a word and the sculptor will turn the clay (their partner) into an image of that word. The only rule is that they cannot put their clay into any position that would make them uncomfortable. The sculptor can give instructions, move the clay, mirror the image they want, etc. When the image is ready, say freeze, and the clay will freeze in that position and become a statue (or, if they run out of time, you will call freeze).
3. First demonstrate the activity. Start by asking the cofacilitator or a volunteer participant to stand with you at the front of the group. Then ask if they are ok with you touching them to sculpt them into a statue. This will introduce the concept of **consent**. Use the word by saying, “Now that I have your consent, I want to sculpt you into a...” Demonstrate the activity with a nongendered word like “tree” or “baby.”
4. Now it is time for the group to play. In this first round, instruct the sculptors to turn their clay into the word “**womanly**.” Say “GO!” and give them about 30 seconds to sculpt; after 30 seconds, call “freeze.”
5. Ask the participants to look around and see all the statues that were created.
6. Ask for a few volunteers to describe their image and how they came up with it.

UNIT 1: EXPLORING GENDER AND VALUES

7. Now instruct the partners to switch roles: The sculptor is now the clay, and the clay is now the sculptor. Instruct the sculptors to turn their clay into the word “**manly**.” Say “GO!” and give them about 30 seconds to sculpt; after 30 seconds, call “freeze.”
8. Ask the participants to look around and see all the statues that were created.
9. Ask for a few volunteers to describe their image and how they came up with it.
10. Invite the group to sit back down.

B. Group Discussion

1. Debrief the activity with the following discussion questions:
 - How did it feel to be the sculptor?
 - How was it different being the clay?
 - What did you notice about the womanly statues? What did they have in common? What were some differences?
 - What did you notice about the manly statues? What did they have in common? What were some differences?
 - How were the womanly statues different from the manly statues? Is that true in life as well—these differences?
 - What were some of the similarities? Do these similarities exist in life?

FACILITATOR NOTE

Each of the activities in this session adds another layer of understanding and reflection about the role of gender in every aspect of life. We will introduce the concept that gender is fluid (not binary or either/or). The Gender Unicorn visual is followed by a discussion of concepts and terms in an effort to provide clarification.

Key Messages

State the key messages from this activity:

1. *We all send and receive messages about gender. Being more aware of these messages can help us decide which ones are influencing us, our decisions, and our health in different ways, and which ones fit the person we want to be.*



Transition Statement

In the next activity, we will explore different aspects of gender and the differences across terms such as gender identity, gender expression, sex assigned at birth, and sexual identity.

Activity 2.3: The Gender Unicorn

10 minutes

Activity Summary

- A. The Gender Unicorn 5 minutes
- B. Group Discussion 5 minutes

Learning Objectives

After completing this activity, participants will be able to:

1. Differentiate between gender identity, gender expression, sex assigned at birth, and sexual or emotional identity.

Developmental Assets

- Positive values
 - ❑ Caring
 - ❑ Equality and social justice
- Social Competencies
 - ❑ Interpersonal Competence

Materials Needed

- ❑ Flipchart paper
- ❑ Markers
- ❑ Gender Unicorn poster
- ❑ Participant Resource 2.3: The Gender Unicorn
- ❑ Index cards

Advance Preparation Steps

1. Identify sections for the health educator and the peer educator to lead.
2. Review the Gender Unicorn handout.
3. Prepare definition cards for gender identity, gender expression, sex assigned at birth, and sexual identity.

DEFINITIONS

Gender identity

how people think about themselves in terms of being a man, woman, neither, or both

Gender expression

the physical representation of a person's gender through outer appearance (for example, clothing, hair, personal style, etc.)

Sex assigned at birth

what the doctor assigns someone at birth and puts on their birth certificate (usually male or female, and sometimes intersex), generally based on attributes we are born with, such as anatomy (i.e., genitals, internal organs), hormones, and chromosomes

Physical attraction

part of our sexual identity (or who we are attracted to sexually and physically)

Emotional attraction

who you feel a deep connection to, with or without the physical elements of attraction

Activity Procedure

A. The Gender Unicorn

1. Explain that today they are going to learn about gender by looking at a visual (Participant Resource 2.3 The Gender Unicorn and the Gender Unicorn poster) that examines gender and sexuality across five different areas.
2. Refer to Participant Resource 2.3 and begin by pointing to the first item, **Gender Identity**. Explain that this is *how a person thinks about themselves in terms of being a man, woman, neither, or both*. Everyone has a gender identity. Ask participants to think to themselves about how they identify (i.e., as a woman/girl, man/boy, both or neither, also referred to as nonbinary, gender-fluid, gender creative, gender nonconforming, or gender queer).
3. Next is **Gender Expression**. Explain that this is *the physical representation of a person's gender through outer appearance (for example, clothing, hair, personal style, etc.)*. Explain that gender expression is not necessarily all feminine or all masculine; it can be a mix, it does not have to match a person's gender identity, and it can also change. Anybody can wear anything they want or present themselves in any way they want, regardless of their gender. For discussion ask:
 - Who are some celebrities who present or express themselves as ultrafeminine (womanly) or ultramasculine (manly)? Why do they come to mind?
 - Who are some celebrities that present themselves as androgynous or neither distinctly feminine or masculine? Why do they come to mind?
4. Next is **Sex Assigned at Birth**. Explain that this is what the doctor assigns someone at birth and puts on their birth certificate (usually male or female, and sometimes intersex). *This classification is based on attributes we are born with, such as anatomy (i.e., genitals), hormones, and chromosomes*. In other words, sex assigned at birth is determined by what “parts” you were born with.

FACILITATOR NOTE

If the group does not know what “intersex” is, explain that this is a person who is born with anatomy that does not fit the typical definitions of male or female.

Explain that when someone's sex assigned at birth is in agreement with their gender identity, this is sometimes called “**cisgender**.” Meanwhile, “**transgender**” individuals identify with a gender different from the sex they were assigned at birth.

FACILITATOR NOTE

This is a good opportunity to talk about pronouns and how people can have different preferences for what pronouns they go by. Some people prefer “he/him” or “she/her,” while others prefer gender-neutral pronouns such as “they/theirs” or “ze/zirs,” etc. Remind participants that they cannot assume a person's gender by looking at them and that it is important to be respectful of all different people and identities.

- Next talk about **Physical Attraction**. Explain that this is part of our *sexual identity* (or *whom we are attracted to sexually and/or physically or have a biological reaction to*). This is where terms such as heterosexual, homosexual, bisexual, or pansexual are used. Ask if anyone has heard these terms before, or any other terms.
- Finally, discuss **emotional attraction**. Explain that emotional attraction involves *someone who you feel a deep connection to, with or without the physical elements of attraction*. For example, you may identify as a female who has mostly close female friends whom you feel connected to but may not be physically or sexually attracted to.
- Explain that these aspects we just went over are all components of someone's identity and can be very personal to each individual. Ask participants to take a moment to plot themselves for each of the categories on Participant Resource 2.3A individually, as a way to start thinking about where they fall on the continuum of possibilities.

B. Group Discussion

- Remind participants that the Notecard Knowledge Box is ready for their questions and that you are also available to answer any questions they may have.
- Debrief the activity with the following discussion questions:
 - Is it always clear what someone's sex assigned at birth is based on their gender expression? Why/why not? Why is it important to understand the meaning of these key terms?
 - In what ways do we make assumptions about someone's gender? Why is it important that we refrain from making assumptions about someone's gender?
 - How can understanding the experiences of many gender identities, gender expressions, and sexual identities benefit everyone?
 - Thinking back to the discussion about values in Session 1, what are some values that might be the same, no matter what your gender identity, gender expression, or sexual identity might be?
- Ask for any questions from the group, and answer them.

DEFINITIONS

Heterosexual

sexual/physical attraction to people of the opposite sex

Homosexual

sexual/physical attraction to people of the same sex (Homosexual men are often referred to as "gay," and homosexual women are often referred to as "lesbian.")

Bisexual

sexual/physical attraction to males and females

Pansexual

sexual/physical attraction to people of all sexes, genders, and sexual orientations

LGBTQ

an inclusive umbrella term that stands for lesbian, gay, bisexual, transgender, and questioning/queer

FACILITATOR NOTE

Be prepared for some discussion of bullying and/or personal disclosures. If necessary, note that it is never OK for anyone—parents, teachers, participants, school administrators, or anyone else—to mistreat someone because of how they express their gender identity.

FACILITATOR NOTE

Possible discussion points about gender awareness/diversity in popular culture could include:

- More than 150 LGBTQ+ officials were elected into office in 2018
- Caitlin Jenner won the 2015 ESPY Courage Award.
- In 2014, Facebook added custom gender options (including cisgender).
- LaVerne Cox is the first transgender television cast member, appearing in the acclaimed television show *Orange Is the New Black*.
- Amazon TV series, *Transparent*

UNIT 1: EXPLORING GENDER AND VALUES



If you need support or have any questions about this topic, there are some great resources in the community to help out!



If participants or facilitators feel comfortable, they could share where they plot on the unicorn with the larger group. It is important here that, if a participant does volunteer, facilitators should remind participants about The Keep-Its.

Key Messages

State the key messages from this activity.

1. *Gender is more complex than we may think. There's a lot more variety and nuance than most people realize, and we are free to express our gender however we choose.*
2. *No matter what we are born with or without, we each get to explore and realize our gender identity, gender expression, and who we are attracted to, and we should respect others who might be different from us.*
3. *It is never OK to mistreat people based on their own gender identity, sex assigned at birth, sexual identity, or gender expression. Understanding gender better allows us to be more understanding of and compassionate with others' experiences.*



Transition Statement

Now that we've explored the concepts of gender, it's time to explore more about where gender messages come from and the media's role in influencing how we behave or expect others to behave based on their gender.



Activity 2.4: Gender Messages

25 minutes

Activity Summary

- A. Gender Brainstorm15 minutes
- B. Media Analysis10 minutes

Learning Objectives

After completing this activity, participants will be able to:

1. Notice and analyze images and messages about gender that are common in the media and that are often socially accepted
2. Notice and question media images about gender in ways they might not have been previously aware of
3. Explain how harmful gender messages can negatively affect our self-image, decision making, relationships, and health

Developmental Assets

- Positive values
 - ❑ Integrity
 - ❑ Equality and social justice
- Social competencies
 - ❑ Interpersonal competence

Materials Needed

- ❑ Flipchart paper
- ❑ Markers (including a red marker)
- ❑ Sample media images and music of a variety of people and genders from recent magazine advertisements (ads) or web sites, with at least 2–3 that depict healthy messages and 2–3 that depict unhealthy messages

Advance Preparation Steps

1. Identify sections for each facilitator to lead, if using cofacilitation model.
2. Label each of three sheets of flipchart paper with one of the headers below. Post the first two gender posters on the wall.
 - Messages women receive about gender...*
 - Messages men receive about gender...*
3. Find and print or load onto a tablet 4–6 examples of gender messages in the media, such as magazine advertisements, movie posters, or song lyrics, with half depicting healthy messages and half depicting unhealthy messages about gender, and prepare for showing/playing during group discussion.

UNIT 1: EXPLORING GENDER AND VALUES

Activity Procedure

A. Gender Brainstorm

1. Ask participants if they have ever heard of the term **gender norms**, and ask if anyone can give some examples. Then state that these are a set of societal “rules” or ideas about the way in which members of certain genders “should” look and behave. Explain that in this activity, the group will have the opportunity to start thinking through the gender norms, roles, and messages that we receive from our society.
2. Refer to the two gender posters (one for men and one for women) and explain that everyone will have an opportunity to visit both of the posters and add words, pictures, symbols, or other demonstrations of what gender means to them. Explain that once everyone has had a chance to visit both posters, we will review them as a group.
3. Send half of the group to one poster and the other half to the other poster. Explain that in the next couple of minutes, they should write on the poster all of the words, images, or pictures they can come up with to describe messages for men and messages for women.
4. After a few minutes, have the groups switch posters.
5. When the assignment is complete, ask participants to pause for a moment and assign a reporter for the group. Explain that the reporter will summarize the poster by sharing what has been expressed on the poster. One group at a time, have the reporter summarize the poster they are standing next to. The completed posters should look something like the examples below:

Messages women receive about gender... <ul style="list-style-type: none">• be skinny• be physically attractive• be sexual, but not too sexual• be a mother• be a homemaker	Messages men receive about gender... <ul style="list-style-type: none">• have lots of sex• have muscles or be strong• be a breadwinner or primary earner• be nonemotional• make the decisions
---	--

6. Referring to the two gender messages posters, ask the group which messages are the most harmful to our health and well-being. Hand each group a red marker and ask them to circle the most harmful messages, while you discuss why these are harmful to our health.

DEFINITION

Gender norms

a set of “rules” or ideas about the ways in which members of certain genders “should” look and behave

FACILITATOR NOTE

Don’t forget to circle the room and provide support, as needed.

FACILITATOR NOTE

Some of the most harmful messages are:

- Have sex with many partners
- Engage in drinking alcohol
- Be nonemotional
- Do not speak up for your needs

7. Ask participants the following discussion questions:
 - During this activity, were there more positive or healthy messages or more harmful or unhealthy messages? Why do you think that is?
 - What is unfair about the gender messages we discussed?
 - How do some of these messages play out in your life (i.e., are you treated differently than a sibling of a different gender)?
8. Ask participants to return to their seats.
9. Explain that so far, we have been talking about gender messages that are harmful to our health, that are double-standards, or unfair, and that put us in a box to act like stereotypical men or women. However, there are other messages that are more fair and open for people of all genders. **Equitable** gender messages are those that help everyone to feel safe, healthy, and happy. Examples of equitable gender messages include being fair, supportive, helpful, strong, and brave.

B. Media Analysis

1. Ask the group where they think many of the gender messages we have explored come from. Explain that many of the gender messages that we receive come to us from the mass media—music, advertising—and through social media.
2. Ask the group if anyone can come up with a song or an example from some another medium that sends some of the negative gender messages they circled on the posters. Explain that you are going to show them some media images or listen to some music—it will be up to them to determine if the gender messages show us good, healthy, messages or negative, unhealthy messages.
3. Pass out the images to all of the participants and ask them to look at the images with a partner and discuss what gender messages stand out to them. Explain that the messages can be about emotions, attitudes toward sex, physical appearance, culture, relationships, or the roles we play (family, school, work, etc.). Give them a few minutes to look at the images.
4. Ask the group:
 - What kind of gender messages do you see in the images?
 - What did they say about us and how we should behave?
 - How do they have an influence on how we behave in our relationships?
 - Do they say anything about our ethnicity or culture?

FACILITATOR NOTE

Examples of something that is unfair about gender...

- the demands placed on us by society
- the gender binary (only men and women are represented, but not other gender identities)
- fitting into a narrow box
- double standards



Does anyone have any experiences with how you, your friends, or people you know have remixed or changed gender messages in ways that fit who they are?

DEFINITION

Equitable

characterized by equity or fairness; just and right; fair; reasonable

FACILITATOR NOTE

Be prepared to share a few examples if participants cannot come up with any.

Ask participants to keep an eye out for other media messages they see and bring them in at any time to share with the group.

UNIT 1: EXPLORING GENDER AND VALUES

Key Messages

State the key messages from this activity.

1. *Gender messages surround us in the media, and in daily life.*
2. *You have the power to analyze and question harmful messages and societal norms about gender.*
3. *You get to form your own opinions about which messages you want in your life and which ones you do not.*



Transition Statement

Thank you to everyone who contributed to sharing messages in your life and your ideas about gender. Let's keep our understanding of equitable gender messages in mind throughout our time together, as a reminder that we share similar needs and desires. This will be useful for our next session, when we begin to explore relationships. Now it's time for our closing MIX.

Activity 2.5: Closing MIX

5 minutes

Activity Summary

- A. Q&A 2 minutes
- B. Closing MIX 2 minutes
- C. Re:MIX Code Chant 1 minutes

Materials Needed

- ❑ Participant Resource 1.1A: Re:MIX Playlist

Activity Procedure

A. Q&A

1. Ask participants if they have any questions, and answer these. If there are no questions, answer any remaining questions in the Notecard Knowledge Box.

B. Closing MIX

1. Give the group 30 seconds to finish up jotting down any last thoughts, words, and ideas on their Playlist for today.
2. Invite the group to gather together in a circle, bringing their Playlist with them.
3. Remind the group what the MIX stands for in Re:MIX: Maximizing strengths, Imagining a healthy future, and eXploring identities.
4. Share your own MIX (i.e., a way you plan to maximize your strengths, imagine a healthy future, and/or explore identities), based on the key messages and take-aways of the day.
5. Ask participants (or a few volunteers, depending on time) to share their Playlist MIX for the day, in one of the following ways:
 - **Word Beat:** Participants share one or two words from today's Playlist.
 - **Lyric Share:** Participants string together words or phrases from today's Playlist to create a lyric.
 - **Collaboration:** Participants share words or phrases from today's Playlist, one after another, to create a "rap" or "song" collaboration.
 - **Album art:** Participants share created album art.
6. Thank participants for their contributions today.

C. Re:MIX Code Chant

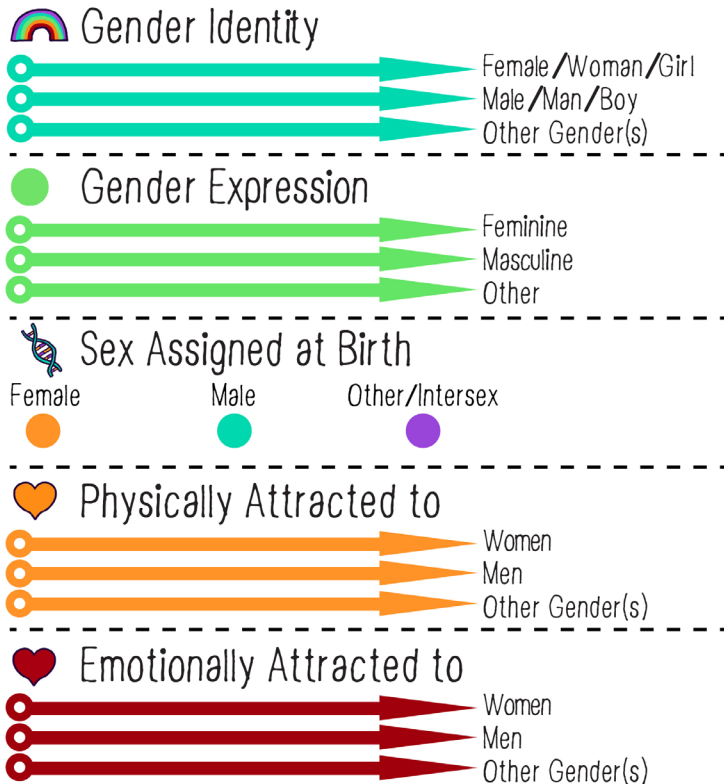
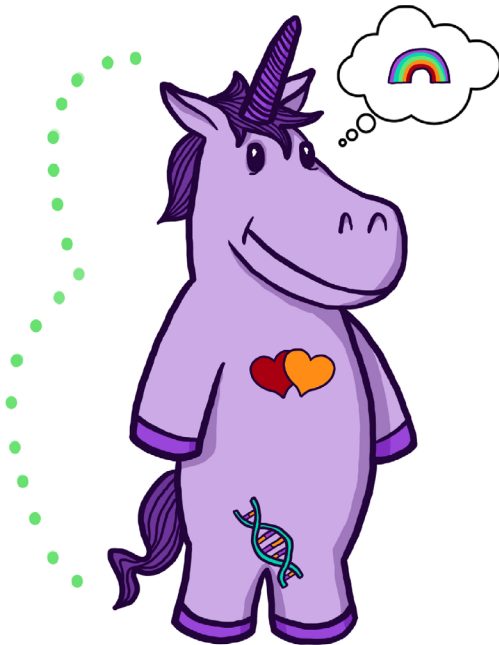
1. In a call-and-response format, call out the Re:MIX Code statements one by one, while the participants call them back.



Participant Resource 2.3 The Gender Unicorn

The Gender Unicorn

Graphic by:
TSER
Trans Student Educational Resources



To learn more, go to:
www.transstudent.org/gender

Design by Landyn Pan and Anna Moore





UNIT 2

RELATIONSHIPS, COMMUNICATION, AND CONSENT

Youth Voices

"Is it okay to have access to your partner's Facebook or social media accounts?"

"Consent is permission and awareness."

"Like a traffic light, if you keep going during a red light, you'll get hit by a truck."

"I'm okay with this, but not okay with this. That is a sexual limit."

Unit 2 consists of three sessions on communicating effectively, beginning with relationships (Session 3), then moving into communication (Session 4), and ending with consent (Session 5).



SESSION 3: UNDERSTANDING RELATIONSHIPS

Session Overview

Session 3 opens the unit by helping the participants understand the characteristics of healthy and unhealthy relationships, while building skills to ensure that their own relationships are fulfilling, equitable, healthy, and safe.

Session Timetable

3.1 Welcome . . . . .	.5 minutes
3.2 Relationship Behaviors	20 minutes
3.3 Peer Educator Story Share . . . . .	.5 minutes
3.4 Deal-Breakers	20 minutes
3.5 Closing MIX . . . . .	.5 minutes
Total Time	55 minutes

Activity 3.1: Welcome

5 minutes

Activity Summary

- | | |
|-----------------------------------|-----------|
| A. Welcome | 1 minutes |
| B. Opening Activity | 2 minutes |
| C. Preview of Session 3 | 1 minutes |
| D. Q&A | 1 minutes |

Learning Objectives

After completing this activity, participants will be able to:

1. Recall/reinforce key messages from Session 2

Materials Needed

- ☐ Attendance form
- ☐ Markers
- ☐ Flipchart paper
- ☐ Notecard Knowledge Box
- ☐ Notecards
- ☐ Pens or pencils
- ☐ Tape
- ☐ The Keep-Its flipchart
- ☐ Re:MIX Code flipchart

Advance Preparation Steps

1. Identify sections for each facilitator to lead, if using a cofacilitation model.
2. Post the flipchart showing daily Re:MIX units and sessions.
3. Prepare a flipchart showing the agenda for Session 3 and post it on a wall.
4. Post the Keep-Its flipchart and the Re:MIX Code flipchart.
5. Review any questions in the Notecard Knowledge Box and prepare answers, grouped into categories if possible. If some are more relevant to future sessions, they can be held until then.
6. Pass out participant folders, blank notecards, and writing utensils.

FACILITATOR NOTE

The next activity explores characteristics of healthy and unhealthy relationships and tries to connect the dots between unhealthy relationships and poor health outcomes, such as unintended pregnancy and STIs.

UNIT 2: RELATIONSHIPS, COMMUNICATION, AND CONSENT

Activity Procedure

A. Welcome

1. Welcome participants back for Session 3, and ask them to sign the attendance form.
2. Remind participants of The Keep-Its, referring to the flipchart posted on the wall.

B. Opening Activity

1. Choose an activity from the list in the Appendix.

C. Preview of Session 3

1. Refer to the flipchart showing the agenda for Session 3 and explain that today the group is going to talk about and identify healthy and unhealthy aspects and behaviors of relationships. These relationships are not just dating or romantic relationships, but also include relationships with friends, parents, or other adults.

SESSION 3 AGENDA

- 3.1 Welcome
- 3.2 Relationship Behaviors
- 3.3 Peer Educator Story Share
- 3.4 Deal-Breakers
- 3.5 Closing MIX

D. Q&A

1. Ask if anyone has any new questions (i.e., not in the Notecard Knowledge Box) from the last session, and answer these as appropriate.
2. If there are questions in the Notecard Knowledge Box, address some or all, as time allows. If some are on topics that will be addressed in future sessions, acknowledge that you will be answering them later.



Transition Statement

Let's get started with a fun activity about relationships.



Activity Summary

- A. Types of Relationships 2 minutes
- B. “Healthy or Unhealthy” Brainstorm 5 minutes
- C. Relationship Cards 8 minutes
- D. Reflection and Pair Share 5 minutes

Learning Objectives

After completing this activity, participants will be able to:

1. Name healthy and unhealthy behaviors/characteristics that exist within relationships
2. State important behaviors/characteristics that they seek in their own healthy relationships

Developmental Assets

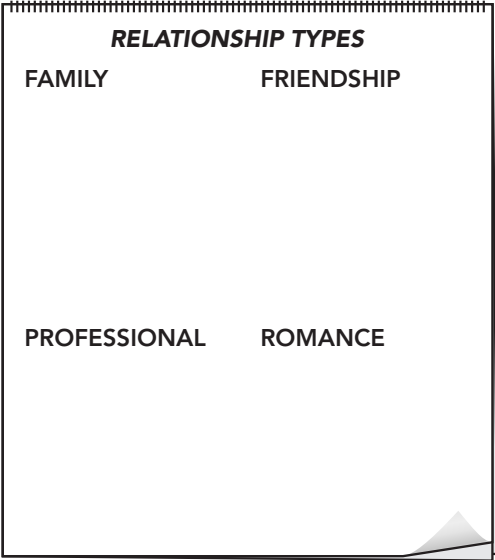
- Positive values
 - Integrity
 - Equality and social justice
- Social competencies
 - Interpersonal competence

Materials Needed

- Flipchart paper
- Markers
- Letter-sized sheets of paper
- Notecards
- Pens
- Tape
- Markers
- Participant Resource 3.2—Healthy Relationship Behaviors

Advance Preparation Steps

1. Identify sections for each facilitator to lead, if using a cofacilitation model
2. Review Participant Resource 3.2—Healthy Relationship Behaviors.
3. Prepare a flipchart labeled with four relationship types: family, professional, friendship and romantic, as shown to the right.
4. Prepare two sheets of paper with “Healthy” written on one and “Unhealthy” written on the other.



UNIT 2: RELATIONSHIPS, COMMUNICATION, AND CONSENT

5. Prepare (or print on 8 1/2 x 11 inch cards) the following list of “Relationship Behaviors,” with one statement written on each index card, in a font size that can be seen from a distance.
 - You stay in your relationship because, even though you’re unhappy, it’s better than being alone.
 - You talk about sex with your partner.
 - You make all the decisions in your relationship.
 - You listen to your partner’s opinions.
 - You have a friend spy on your partner so you know what they are up to.
 - You talk about problems when they come up with your partner.
 - You argue and fight almost every day.
 - Your partner pressures you to have sex when you don’t want to.
 - You keep your word.
 - Your partner hits you.
 - You talk about how to avoid pregnancy and STIs.
 - You ask your partner to break their parent’s rules.
 - You tell your partner how good they look.
 - You break into your partner’s Instagram account or cellphone without their permission.
 - You consider your partner’s feelings when making decisions.
 - Your partner texts you constantly and gets upset or suspicious if you don’t answer right away.

FACILITATOR NOTE

Option: Participants can read statements from smaller slips of paper and say verbally if they think it’s “healthy” or “unhealthy,” rather than placing cards on the wall.

Activity Procedure

A. Types of Relationships

1. Explain that next you will be brainstorming characteristics of a healthy relationship and an unhealthy relationship, but first we want to define different types of relationships.
2. Refer to the relationship types flipchart and ask the group to give a couple of examples for each category, in this order and filling in as needed: family, professional, friendship, and romantic. The result might look something like the chart shown at the right.
3. Explain that in this activity we are going to focus on romantic relationships. These relationships can be intimate and sexual in nature and may also involve lots of different emotions.
4. Emphasize the importance of **equitable relationships** with participants. Ask if anyone remembers what the word “equitable” means (discussed in Session 2). Ask: *What do equitable relationships look like?*
5. Explain that we are now going to explore together the characteristics of inequitable (or unhealthy) relationships and characteristics of equitable (or healthy) relationships.

RELATIONSHIP TYPES

FAMILY

brother
sister
parent
cousins
aunt
grandparents

FRIENDSHIP

BFF
acquaintance
peer

PROFESSIONAL

boss
co-worker
teacher
student

ROMANTIC

boyfriend/girlfriend
spouse
friends with benefits

DEFINITION

Equitable Relationships

in which two or more people:

- Communicate well with each other
- Respect each other’s boundaries (consensual)
- Feel safe, supported, and connected

FACILITATOR NOTE

Before you start, you want to explain that talking about sex and relationships can sometimes be difficult for some individuals, then relay the following:

Sex and sexuality can be very sensitive topics and can sometimes be tough to talk about. Not everyone has had positive sexual experiences, and some young people have a difficult time, especially when they have experienced bad things in the past. The purpose of this program is to learn how to take good care of yourself sexually. If at any time you are feeling uncomfortable or having trouble participating, please let us know.

B. "Healthy or Unhealthy" Brainstorm

1. On a sheet of flipchart paper, write "Healthy" on the left side and "Unhealthy" on the right. Explain that next we will take a look at both the healthy and unhealthy behaviors of relationships. Explain that while many relationships fall into one or the other of these categories, some relationships may have aspects of both, making it confusing to determine what kind of relationship you are in. To help, we are going to make a list of different kinds of relationship behaviors. Even though we are focusing on intimate relationships in this discussion, these characteristics or behaviors can apply to all kinds of relationships (friends, family, etc.).
2. Begin the brainstorm by asking the group to define healthy relationship behaviors, writing the list on the flipchart under the Healthy heading.
3. Once you have a good list, switch to brainstorming a list of unhealthy relationship behaviors, writing them on the flipchart under the Unhealthy heading. When you have finished, the flipchart should resemble the example below.
4. Review the list of healthy behaviors. Point out that everyone has a right to enjoy relationships with these behaviors, even though we may not always see this in the relationships around us.

HEALTHY	UNHEALTHY
<ul style="list-style-type: none">• Honest• Loyalty• Effective communication• Uplifting• Respect• Trust• Equal or fair• Supportive	<ul style="list-style-type: none">• Lying• Poor communication• Cheating• Violence• Jealous, suspicious• Controlling• Critical• Demeaning

FACILITATOR NOTE

Unhealthy relationship experiences could include stress and emotional instability. During an unhealthy relationship decisions to have sex or do drugs may be affected by pressure, manipulation, guilt, and other factors. These can lead to pregnancy and STIs.

5. Next, review the list of unhealthy behaviors. Ask the group: *How might your experience be different in an unhealthy relationship versus a healthy one?*
6. Explain that there may be times when we find ourselves in an unhealthy relationship, and it is important to know what to do when this happens. We are going to talk more about what to do to avoid those situations, address them, or, when necessary, get out of them.
7. Post the list of healthy and unhealthy characteristics up on the wall, to be revisited again later in the activity.

UNIT 2: RELATIONSHIPS, COMMUNICATION, AND CONSENT

C. Relationship Cards

1. Place the Healthy and Unhealthy signs up on opposite sides of the wall.
2. Hand out one “Relationship Behavior” card to each participant (or as many as will go around).
3. Ask participants to read their card and think about whether the behavior is healthy or unhealthy. Invite them one by one to come to the front of the room, read their card aloud, and then place it under either the Healthy sign or the Unhealthy sign. Ask the group to hold comments until all of the cards have been placed.
4. After all cards have been placed, review them one by one and ask the group whether they agree with the placement or if the card needs to be moved. If the group disagrees with a placement, refer back to the healthy and unhealthy behaviors lists and work together with the group to come to an agreement.

FACILITATOR NOTES

Another option is to have participants read statements and verbally say if they think it describes a “healthy” or “unhealthy” behavior. Discuss after each is read.

It is important that all unhealthy behaviors end up in the Unhealthy category. If you cannot gain group consensus, move the card and explain why the behavior is or can be unhealthy.

D. Reflection and Pair Share

1. Refer to Participant Resource 3.2—Healthy Relationship Behaviors, and tell participants that they will write down the three most important healthy behaviors or characteristics they would want from a romantic relationship.
2. Acknowledge that not everyone has been in a romantic relationship or wants to be in one, but this exercise helps us to understand what we are looking for in all kinds of relationships and potential future romantic relationships.
3. Instruct participants to begin and give them about 1–2 minutes to complete the exercise.
4. When they are finished, have them pair up and share their most important healthy relationship behavior/characteristic and why it is important to them.
5. Finally ask for a few volunteers to share with the larger group.

Key Messages

State the key messages from this activity:

1. *Healthy relationships are based on communication, honesty, equity, respect, and responsibility.*
2. *Unhealthy relationship behaviors often lead to poor health outcomes, like unintended pregnancy and STIs, and even relationship violence.*
3. *Practice healthy relationship behaviors and expect the same from your partner. Do not stay in an unhealthy relationship.*

Transition Statement

Now that we have a better understanding of the kinds of relationships that are healthy, let's hear from the peer educator about relationship behaviors that they've experienced.

Activity 3.3: Peer Educator Story Share

5 minutes

Activity Summary

A. Peer Educator Story Share. 5 minutes

Learning Objectives

After completing this activity, participants will:

1. Understand how healthy and unhealthy relationships can impact pregnancy and parenting

Materials Needed

- Video playing equipment, and/or internet access, if using story share video

Advance Preparation Steps

1. The peer educator will prepare a story about their own experiences with healthy and unhealthy relationships.
2. If using a story share video, review and become familiar with the options for Activity 3.3 Story Share Isabel or Activity 3.3 Story Share Melissa. Select one, and cue it up.
(Video Link: <https://bit.ly/PE-Story-Share>)



STORY OPTIONS

1. Looking back, how would you describe the relationship with your child's other parent—healthy, unhealthy, a mix? Why?
2. Are you still in that relationship? How has it improved or changed since becoming parents?
3. How did pregnancy and parenting affect your relationship with your partner? With your parents? How about other relationships?
4. What did you learn from your experience?

Activity Procedure

A. Peer Educator Story Share

1. Building off the characteristics of healthy and unhealthy relationships discussed in Activity 3.2, the peer educator will share a personal story related to their relationship and how having a baby impacted that relationship.
2. If using a story share video, play the video. Follow with a brief discussion guided by any of the following questions:
 - What challenges did Isabel or Melissa experience within their relationships?
 - What helped them strengthen their relationships?
3. After the story share or discussion, ask participants if they have any questions and/or would also like to share their own story.

Key Messages

State the key messages from this activity:

1. *Sometimes stress can make a relationship fall apart, but it also may make it stronger.*
2. *Whether your relationship is healthy or unhealthy, being a young parent can put a lot of stress on a relationship.*



Transition Statement

After learning so much about healthy and unhealthy relationships and about how having a baby when you are young can impact a relationship, let's take a look now at how you can tell you are in an unhealthy relationship, and what to do if you are.

Activity 3.4: Deal-Breakers

20 minutes

Activity Summary

- A. Deal-Breakers 7 minutes
- B. Taking Action 5 minutes
- C. Helping a Friend 8 minutes

Learning Objectives

After completing this activity, participants will:

- 1. Explain the connection between some unhealthy relationship behaviors and sexual decision making
- 2. Identify the unhealthy behaviors that are deal-breakers in their own relationships
- 3. Recognize specific steps to seek support or give support if someone feels unsafe in a relationship

FACILITATOR NOTE

This activity transitions from identifying characteristics of healthy and unhealthy relationships to exploring specific aspects of safety and how to respond if a relationship (their own, or someone else’s) feels unsafe.

Developmental Assets

- Social competencies
 - ❑ Resistance skills
 - ❑ Peaceful conflict resolution
- Positive identity
 - ❑ Personal power

Materials Needed

- Participant Resource 3.4A—Unhealthy Relationships Behaviors and Deal-Breakers
- Participant Resource 3.4B—Helping a Friend
- Flipchart paper
- Markers

Advance Preparation Steps

- 1. Identify sections for each facilitator to lead, if using a cofacilitation model.
- 2. Prepare a flipchart with the steps for dealing with an unhealthy relationship and post it on the wall:
 - **Step 1:** Look out for the unhealthy behavior.
 - **Step 2:** *If it is safe to do so*, discuss the behavior with your partner.
 - **Step 3:** Get support from trusted friends or family if you are experiencing an unhealthy behavior.
 - **Step 4:** Consider ending the relationship if the unhealthy behavior continues. If the behavior includes any form of violence or threats, talk with a trusted adult, so they can help you stay safe during and after the break-up. If you need help, please call a domestic violence hotline or resource that serves your area.

Activity Procedure

A. Deal-Breakers

1. Refer back to the list of unhealthy relationship behaviors from the previous activity and review them with the group.
2. Explain to the group that we are going to talk about how an unhealthy relationship might affect your choices about many things, including having or not having sex or using protection.
3. Refer to Participant Resource 3.4A—Unhealthy Relationship Behaviors and Deal-Breakers and explain that we're going to take a moment to individually think about unhealthy behaviors in our own romantic relationships (now or in the future).
4. Ask participants to complete Part 1 of their handout, listing three unhealthy behaviors that they would not tolerate from a partner in a relationship. Give participants 1–2 minutes to complete this step.
5. Ask for volunteers to share their responses to the group, and discuss why they chose these behaviors.
6. Explain that even though relationships may have ups and downs, there are some behaviors that we would just not tolerate, those that we would immediately walk away from. We call these our **deal-breakers** because they are unacceptable and nonnegotiable for us to stay in a relationship. For example, a common deal-breaker is physical violence. Some people say they will not tolerate being pushed, shoved, hit, or kicked by an intimate partner. This is a very good deal-breaker.
7. Ask participants to go back to their handout and complete Part 2, listing what their deal-breakers are. Give participants 1–2 minutes to complete.
8. Ask for volunteers to share their responses to the group, and discuss why they chose these behaviors.
9. Share an observation about the deal-breakers that participants have given, and let them know that setting deal-breakers now will help them to make decisions and seek help if these situations ever come up.

FACILITATOR NOTE

If the peer educators spoke about specific deal-breakers in their story, be sure to reference them here as some examples.

B. Taking Action

1. Explain that some deal-breakers require an immediate need to end a relationship, while other unhealthy behaviors may require some time to discuss and consider. They might be things that make you feel unhappy or dissatisfied or are a constant source of disagreement, argument, or tension, but they may not be your deal-breakers.
2. When behaviors make you feel unsafe in the relationship or feel a loss of a sense of yourself, they may be deal-breakers. We are going to share with you a guide for you to use when confronted with an unhealthy relationship and how to get out when you need to.
3. Refer to the flipchart for dealing with an unhealthy relationship and review each step with the group.
 - **Step 1:** Look out for the unhealthy behavior.
 - **Step 2:** *If it is safe to do so*, discuss the behavior with your partner.
 - **Step 3:** Get support from trusted friends or family if you are experiencing an unhealthy behavior.
 - **Step 4:** Consider ending the relationship if the unhealthy behavior continues. If the behavior included any form of violence or threats, talk with a trusted adult, so they can help you stay safe during and after the break-up. If you need help, please call a domestic violence hotline or resource.
4. Explain that if anyone feels unsafe in a current relationship or if this discussion is bringing up feelings that are difficult to deal with, they can come talk with you after class today so you can help.

FACILITATOR NOTE

You may get a lot of different responses here, since it is an open-ended discussion. It is imperative to stress the priority of safety when talking about a potentially unhealthy or harmful relationship.

UNIT 2: RELATIONSHIPS, COMMUNICATION, AND CONSENT

C. Helping a Friend

1. Explain that now they will have a chance to practice responding to a friend in need.
2. Divide participants into pairs, and tell them that you will read a scenario to them about a friend, and they should think about what they would do and how they might support and help their friend.
3. Read (or ask a volunteer to read) the following scenario out loud to the group, and have them follow along in Participant Resource 3.4B—Helping a Friend.

Your friend has a new partner. They've been spending a lot of time together, so you haven't seen them much lately. They seem to really click and you're happy that they have found someone they really like; but you do miss them being around. While you are at the mall, you run into your friend and after a brief conversation, you're now starting to feel concerned. They don't seem like themselves anymore, and the whole time you were talking they were nervous that their new partner would see them talking to you. You ask why they haven't returned your calls, and they say that it's hard to explain, but their new partner wants them all to themselves because they really care about them and don't want them to share time with anyone else. Then all of a sudden they say they have to go, worried that their new partner would be wondering where they were and that they'd be mad if they were late to meet up.

4. Instruct the pairs to discuss this scenario and figure out how they would help their friend, to support them while communicating their concerns.
5. After the pairs have had a couple of minutes to discuss, bring the whole group back to discuss together, using the following questions:
 - What are the healthy characteristics of this relationship? What are the unhealthy characteristics of this relationship?
 - Do you think it might be hard for someone in an unhealthy relationship to end it? What would make it hard for someone to end an unhealthy relationship?
 - Who would you talk to if you were in an unhealthy relationship?



Refer participants to the resource guide if they want additional support in this area. Also, mention that you are available to speak to participants after class if they know someone or if they themselves are experiencing an unhealthy or concerning relationship.

Key Messages

State the key messages from this activity:

1. *Most relationships have ups and downs.*
2. *Unhealthy relationship behaviors can be dealt with, but first they have to be identified, and both partners need to be able to talk about them and be willing to try to change them.*
3. *Some unhealthy behaviors are deal-breakers and are unlikely to be fixed, no matter how much you talk or work on them.*
4. *If you are in an unhealthy relationship, friends, family, and caring adults can help. You do not have to deal with it all alone. If you know someone who needs help and support, there are specific things to do and resources to help if someone doesn't feel safe.*



Transition Statement

We made it through an important session on understanding what kind of characteristics we are looking for in relationships, and setting boundaries and deal-breakers for ourselves, which gets us ready for our next session on how to best communicate our needs to others. Let's now transition into our closing MIX.

Activity 3.5: Closing MIX

5 minutes

Activity Summary

A. Q&A . . . . .	.2 minutes
B. Closing MIX . . . . .	.2 minutes
C. Re:MIX Code Chant . . . . .	.1 minutes

Materials Needed

- Participant Resource 1.1A—Re:MIX Playlist

Activity Procedure

A. Q&A

1. Ask participants if they have any questions, and answer them. If there are no questions, answer any remaining questions in the Notecard Knowledge Box.

B. Closing MIX

1. Give the group 30 seconds to finish up jotting down any last thoughts, words, and ideas on their Playlist for today.
2. Invite the group to gather together in a circle, bringing their Playlist with them.
3. Remind the group what the MIX stands for in Re:MIX: Maximizing strengths, Imagining a healthy future, and eXploring identities.
4. Share your own MIX (i.e., a way you plan to maximize your strengths, imagine a healthy future, and/or explore your identity), based on the key messages and take-aways of the day.
5. Ask participants (or a few volunteers, depending on time) to share their Playlist MIX for the day, in one of the following ways:
 - **Word Beat:** Participants share one or two words from today's Playlist.
 - **Lyric Share:** Participants string together words or phrases from today's Playlist to create a lyric.
 - **Collaboration:** Participants share words or phrases from today's Playlist, one after another, to create a “rap” or “song” collaboration.
 - **Album art:** Participants share created album art.
6. Thank participants for their contributions today.

C. Re:MIX Code Chant

1. In a call-and-response format, call out the Re:MIX Code statements one by one, while the participants call them back.



Participant Resource 3.2—Healthy Relationship Behaviors

Directions:

Complete the following sentences based on your own opinion and views.

For me, three important behaviors in a healthy relationship are...

For me, the most important behavior of a healthy relationship is...

because...

Participant Resource 3.4A—Unhealthy Relationship Behaviors and Deal-Breakers

Directions:

Complete the following sentences based on your own opinion and views.

Part 1:

Three unhealthy behaviors I would not tolerate from a partner in a relationship are:

Part 2:

Deal-breakers are negative behaviors in a relationship that a person should immediately walk away from. We call these behaviors “deal-breakers” because they are unacceptable and nonnegotiable.

For me, my deal-breakers are:

because...



Participant Resource 3.4B—Helping a Friend

Discuss the scenario below with your partner to figure out how you would help a friend who may be experiencing unhealthy characteristics in their relationship. Talk with your partner about how you could support your friend while communicating your concern about the relationship.

Your friend has a new partner. They've been spending a lot of time together, so you haven't seen them much lately. They seem to really click and you're happy that they have found someone they really like; but you do miss them being around. While you are at the mall, you run into your friend and after a brief conversation, you're now starting to feel concerned. They don't seem like themselves anymore, and the whole time you were talking they were nervous that their new partner would see them talking to you. You ask why they haven't returned your calls, and they say that it's hard to explain, but their new partner wants them all to themselves because they really care about them and don't want them to share time with anyone else. Then all of a sudden they have to go, worried that their new partner would be wondering where they were and that they'd be mad if they were late to meet up.



SESSION 4: THAT’S WHAT I’M TALKING ABOUT!

Session Overview

In this session, participants explore strategies that they can use to determine what they want and how to communicate it powerfully, effectively, and safely.

Session Timetable

4.1 Welcome . . . . .	.5 minutes
4.2 Communication Types	15 minutes
4.3 Ways to Say No	10 minutes
4.4 Assertiveness Skills	20 minutes
4.5 Closing MIX5 minutes

Total Time	55 minutes
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Activity 4.1: Welcome

5 minutes

Activity Summary

- | | |
|-----------------------------------|-----------|
| A. Welcome | 1 minutes |
| B. Opening Activity | 2 minutes |
| C. Preview of Session 4 | 1 minutes |
| D. Q&A | 1 minutes |

Learning Objectives

After completing this activity, participants will be able to:

1. Recall/reinforce key messages from Session 3

Materials Needed

- ☐ Attendance form
- ☐ Markers
- ☐ Flipchart paper
- ☐ Notecard Knowledge Box
- ☐ Notecards
- ☐ Pens or pencils
- ☐ Masking tape
- ☐ The Keep-Its poster
- ☐ The Re:MIX Code flipchart

Advance Preparation Steps

1. Identify sections for each facilitator to lead, if using a cofacilitation model.
2. Post the flipchart with daily Re:MIX units and sessions.
3. Prepare a flipchart with the agenda for Session 4.
4. Post the Keep-Its flipchart.
5. Post the Re:MIX Code flipchart with the Re:MIX Code.
6. Review any questions in the Notecard Knowledge Box and prepare answers, grouped into categories if possible. If some are more relevant to future sessions, they can be held until then.
7. Pass out participant folders, blank notecards, and writing utensils.

UNIT 2: RELATIONSHIPS, COMMUNICATION, AND CONSENT

Activity Procedure

A. Welcome

1. Welcome participants back for Session 4, and ask them to sign the attendance form.
2. Remind participants of The Keep-Its and the Re:MIX Code, referring to the flipcharts posted on the wall.

B. Opening Activity

1. Choose an activity from the activity list in the Appendix.

C. Preview of Session 4

1. Refer to the flipchart with the Agenda for Session 4. Explain that today we are going to talk about how to communicate what you want in ways that are powerful, effective, and safe.

D. Q&A

1. Ask if there were any new questions (not in the Notecard Knowledge Box) from the last session, and answer these as appropriate.
2. If there are questions in the Notecard Knowledge Box, address some or all, as time allows. If some are on topics that will be addressed in future sessions, acknowledge that you will be answering them later.

FACILITATOR NOTE

Consider choosing the charade activity in the Appendix to illustrate nonverbal communication. At the end, you can mention that they just practiced communicating using nonverbal communication skills, and that we are now going to talk about different communication styles that can be enacted both verbally and nonverbally.

Session 4 Agenda

- 4.1 Welcome
- 4.2 Communication Types
- 4.3 Ways to Say No
- 4.4 Assertiveness Skills
- 4.5 Closing MIX

Activity 4.2: Communication Types

15 minutes

Activity Summary

A. Communication Styles.15 minutes

Learning Objectives

After completing this activity, participants will be able to:

1. Use an assertive communication style to communicate clearly and effectively about what they want

Developmental Assets

- Positive values
 - ❑ Integrity
 - ❑ Honesty
 - ❑ Responsibility
 - ❑ Restraint
- Social competencies
 - ❑ Planning and decision making
 - ❑ Interpersonal competence

Materials Needed

- Emoji cards (sad face, happy face, angry face, unsure face)
- Participant Resource 4.2—At the Movies

Advance Preparation Steps

1. Identify sections for each facilitator to lead, if using a cofacilitation model.

Activity Procedure

A. Communication Styles

1. Explain that everyone has a unique, personal style of communicating. Explain that we are not trying to change that, but we are going to look at communication in terms of what works for expressing what you really want, in a respectful way, and listening to what others want.
2. Explain that communicating clearly and effectively is important for daily life—everything from which movie to see or which restaurant to go to, but also for higher stakes conversations, such as asking for a raise, letting a close friend know that they have hurt your feelings and should not do it again, or negotiating whether or not to have sex or use protection.
3. Write the three styles of communication on a sheet of flipchart paper.

UNIT 2: RELATIONSHIPS, COMMUNICATION, AND CONSENT

Communication Styles

Passive. This style is vague and unclear and often does not communicate what a person really thinks or feels. Sometimes this is used in order to avoid conflict.

Aggressive. This style can be disrespectful and does not take into account the feelings of others. It is often angry, sarcastic, and harsh.

Assertive. This style is honest and straightforward where a person clearly says what they think and feel in a respectful way.

4. Tell participants to turn to Participant Resource 4.2—At the Movies and ask for four volunteers to help play out “At the Movies” in front of the class. Once you have recruited your volunteers, explain that the volunteer playing John will stay with that role, while the volunteers playing Nina will switch for each scenario. Go through and define the communication styles.
 - **Passive:** This style is vague and unclear, and often does not communicate what a person really thinks or feels. Sometimes this style is used to avoid conflict.
Possible emojis include a confused face, an unsure face, a speechless face, etc. Then ask one of the volunteers to play out the second vignette to demonstrate how this communication style looks
 - **Aggressive:** This style is disrespectful and does not take into account the feelings of others. It is often angry, sarcastic, and harsh.
Ask the group which emojis might indicate an aggressive communicator. Possible answers might be an angry red face, a mean face, a yelling face, etc. Then ask for one of the volunteers to play out the first vignette to demonstrate how this communication style looks.
 - **Assertive:** This style is honest and straightforward, where a person clearly says what they think and feel in a respectful way.
Possible emojis include a smiling face, a proud face, thumbs up, etc. Then ask one of the volunteers to play out the third vignette to demonstrate how this communication style looks.
5. After each of the first two communication style role plays, ask the group the following questions:
 - How effective was their communication? What made it that way?
 - What could have been done or said differently to improve the communication and get the results they wanted?
6. After the third role play, discuss the following questions:
 - How effective was this communication? What made it that way?
 - What makes it difficult for some people to be assertive rather than passive or aggressive?
 - How would someone feel in a relationship with a partner who communicates assertively vs. passively or aggressively?
 - Why is assertive communication in a romantic relationship important? How can assertive communication help a couple prevent an unplanned pregnancy or an STI?

Key Messages

State the key messages from this activity:

1. *Communication that is clear, direct, calm, honest, and respectful (or “assertive communication”) has a higher chance of being effective than other styles.*
2. *Like any other skill, effective communication improves with awareness and practice.*



Transition Statement

As we move on to the next section, we will explore some ways to combine effective communication styles with saying “no,” so that saying “no” is as clear and direct as possible.

FACILITATOR NOTES

Effective communications share the following characteristics:

- Communication is calm, clear, and direct.
- Communication is firm.
- Communication is not intended to hurt or offend the other person.
- Feelings are expressed honestly and respectfully, being considerate of the other person’s feelings.
- Communication uses “I” statements to express how they feel/to own what they say.

Ineffective communications share the following characteristics:

- Communication is indirect and unclear.
- Communication is expressed through yelling or anger.
- Communication is intended to hurt or offend the other person.
- Feelings are not expressed honestly and respectfully and are not considerate of the other person’s feelings.



Activity 4.3: Ways to Say No

10 minutes

Activity Summary

A. Ways to Say No 10 minutes

Learning Objectives

After completing this activity, participants will

1. Know the six steps to use in an effective refusal

Developmental Assets

- Positive values
 - ❑ Restraint
- Social competencies
 - ❑ Resistance skills
 - ❑ Peaceful conflict resolution

FACILITATOR NOTE

This session builds refusal skills and self-efficacy by giving participants specific, step-by-step tools for saying “no” that they can refer back to later when the situation arises.

Materials Needed

- ❑ Flipchart paper
- ❑ Markers
- ❑ Tape
- ❑ Participant Resource 4.3—Ways to Say No

Advance Preparation Steps

1. Identify sections for each facilitator to lead, if using a cofacilitation model.

Activity Procedure

A. Ways to Say No

1. Tell the participants that they are going to learn about a communication model that can be used for saying NO to something they do not want to do. The model has six ways in which to say “no” and reinforce “no,” but a person may only have to say “no” once or a few times—depending on the situation.
2. Distribute Participant Resource 4.3—Ways to Say No and review the following:
 - Say NO with your voice, firmly.
 - Reinforce the NO with your eyes and body language.
 - If you choose to, share your reason why.
 - If you need to, say NO again and create some space.
 - Offer an alternative, if you choose.
 - If the above steps do not work, walk away.
3. Provide the participants with the following example to illustrate these strategies.
Let’s say you are at a party and someone at the party offers you some type of drug. The person says that the drug is totally safe and will make you feel great, but you don’t want to take the drug.

4. Ask for a volunteer to come up and help you walk through the Six Ways to Say No using the example.
 - State the first way to say No—*Say NO with your voice, firmly*—then ask the volunteer to demonstrate.
 - Then state the second step—Reinforce the message with your eyes and body language—and ask the volunteer to demonstrate. Provide these additional tips:
 - *Make eye contact.*
 - *Stand up.*
 - *State NO firmly. (“NO, I don’t want to try that. NO, I’m not interested.”)*
 - Next, state the third step—Say no, and if you choose to, share a reason why. Make it clear to participants that setting a boundary does not have to include an explanation. A person’s “no” is enough. It can be helpful though to know why you are saying no to something or someone. Ask the volunteer to demonstrate. Provide these additional suggestions:
 - *NO, I don’t want to try that. I don’t do drugs.*
 - *NO, I don’t want to try that. I feel good without using drugs.*
5. Now explain that using these three ways may be enough. The person offering the drugs may back off and understand that you are not going to take drugs. However, the person could keep offering or insisting that you try them. In that case, consider the next three steps.
6. State the next step—If you need to, say NO again and create some space—and ask the volunteer to demonstrate. Provide these additional suggestions:
No, I don’t want to try that, (then):
 - Get up.
 - Move away.
 - Go to the bathroom.
 - Get up to get water or a soda.
 - Start talking to another friend.
 - Pretend you just got a phone call and walk to the side.
7. State the next step—Offer an alternative, if you choose—and ask the volunteer to demonstrate. Provide these additional suggestions:
No, I don’t want to try that. Do you want to:
 - Go outside?
 - Dance?
 - Get something to eat?
 - Go talk to [name of friend]?
 - Play [a video game, a board game, a sport, etc.]?
8. Finally, state the last step—Walk away—and ask the volunteer to demonstrate (and return to their seat). Provide these additional suggestions:
Just walk away, even if this creates an awkward situation. It is better to be in an awkward situation than to be forced to do something you do not want to do—and then deal with more awkward situations later. Good friends, friends who really care about you, should never insist you do something that you do not want to do. Period. If the person becomes aggressive and the situation feels unsafe, leave, make noise, find a trusted friend or adult, and/or call 911.

FACILITATOR NOTE

At this point, you may want to ask for a new volunteer—read the voice and body language of your volunteer.

UNIT 2: RELATIONSHIPS, COMMUNICATION, AND CONSENT

Key Messages

State the key messages from this activity:

1. *No means no.*
2. *Saying “no” once should be enough, but it isn’t always. In those situations, back up your verbal “no” using the steps we learned today, including using your body language, giving an explanation if you choose, offering alternatives, or walking away.*



Transition Statement

Being in a tough situation like this one isn’t easy—and the Ways to Say No is something you can do in any type of situation that you want to get out of. Now let’s take this communication skill and practice saying no firmly and backing it up in some other situations through role playing.

Activity 4.4: Assertiveness Skills

20 minutes

Activity Summary

A. Assertiveness Skills Role Play20 minutes

Learning Objectives

After completing this activity, participants will be able to

1. Apply refusal skills to situations, including sexual situations

Developmental Assets

- Positive values
 - Integrity
 - Honesty
 - Responsibility
 - Restraint
- Positive identity
 - Personal power
- Social competencies
 - Resistance skills

Materials Needed

- Participant Resource 4.4A—Eric and Jasmine
- Participant Resource 4.4B—Chris and Jesse
- Participant Resource 4.4C—Unscripted Role Play

Advance Preparation Steps

1. Identify sections for each facilitator to lead, if using a cofacilitation model.
2. Review Participant Resources 4.4A, 4.4B, and 4.4C.

Activity Procedure

A. Assertiveness Skills Role Play

1. Ask the participants if they have any questions about the assertive communication model. Answer any questions.
2. Ask for two volunteers to demonstrate the assertive communication model, using the scripted role play in Participant Resource 4.4A—Eric and Jasmine. Be sure to provide a heads up to the group that the scenarios within the role plays involve the characters talking about kissing and sexual decision making. The characters are not actually doing those behaviors in the scenarios. The role plays are an opportunity to build skills in communicating assertively within intimate relationships, when stakes feel higher.
3. Invite the volunteers to the front of the room, and ask the other participants to refer to the “Ways to Say No” Participant Resource (4.3A), to assess which strategies were used in the role play.

FACILITATOR NOTE

Remind participants that role plays are an opportunity for skills-building practice to help participants practice their new refusal skills in a safe, no-pressure environment.

UNIT 2: RELATIONSHIPS, COMMUNICATION, AND CONSENT

4. Read the background in Participant Resource 4.4A and then invite the volunteers to act out the role play.
5. After the role play, lead a short discussion using the following questions:
 - *How effective was Jasmine at asserting her feelings and needs? (Which of the “Ways to Say No” did Jasmine use?)*
 - *How well did Eric accept Jasmine saying no?*
 - *Why do you think Eric kept pushing for sex, even after Jasmine said no?*
 - *How do you think Jasmine felt as Eric continued to pressure her?*
 - *What could Eric have said instead to support Jasmine’s “no”?*
 - *What messages about being a man could be driving Eric’s behavior?*
 - *What messages about being a woman might make it difficult for Jasmine to say “no” to sex?*
6. Tell the group that they will now practice these refusal strategies with more role plays. Ask for two more volunteers. Read the background in Participant Resource 4.4B—Chris and Jesse, and then invite the volunteers to act out the role play.
7. After they act out the role play, lead a brief discussion using the following questions:
 - *Did Chris assertively communicate their feelings and needs? If so, how? (Which of the “Ways to Say No” did Chris use?)*
 - *How well did Jesse accept Chris saying NO? What could Jesse have said instead to support Chris’s “no”?*
 - *Is it OK for a young man to say “no” to sex? Why or why not? What gender messages make it hard for a young man to say “no” to sex?*
8. Tell the participants that in the next role play, they will work in pairs. Explain that participants will read a role play that is partially scripted but will take turns practicing saying “no” with their own responses.
9. Divide the participants into pairs and pass out Participant Resource 4.4C —Unscripted Role Play. Ask each pair to decide who will play Person 1 and Person 2. Read the background in Participant Resource 4.4C and explain that both participants in the pairs will be given a chance to play Person 2 and create their own responses in effectively saying “No.” (If they need help, there are hints provided.) Remind the pairs that their assignment is to act out the role play, as opposed to simply writing the responses on the handout. Provide the pairs with time to act out the role play one time.
10. Once the role play has been completed a first time, ask the participants to switch roles and carry out the role play a second time.
11. When they are finished practicing, invite one or two volunteer pairs to come to the front of the room and model their unscripted role plays for the group, as time allows.
12. Lead a large-group discussion using the following questions as a guide:
 - *What was it like to be in Person 2’s role? How did it feel?*
 - *Was it easy or difficult to use the Ways to Say No? Did it get more difficult the more ways that you used? Explain.*
 - *How will it be helpful to have the Ways to Say No in your relationships?*

Key Messages

State the key message from this activity:

1. *No matter what your age, gender, or gender identity, you should never engage in sex , or any sexual activity, if you do not want to—even if you have had sex or have engaged in that activity before.*



Transition Statement

Practicing assertive communication skills through role plays can help us when similar situations come up in our everyday lives. It's important to continue practicing and thinking through how you can apply these assertive communication skills to relationships with romantic partners and even with friends and family members. Next time, we will apply the assertive communication skills we learned today to the act of giving or receiving consent, or giving and receiving permission to engage in sexual activity.

Activity 4.5: Closing MIX

5 minutes

Activity Summary

- | | |
|--------------------------------|-----------|
| A. Q&A | 2 minutes |
| B. Closing MIX | 2 minutes |
| C. Re:MIX Code Chant | 1 minutes |

Materials Needed

- Participant Resource 1.1A—Re:MIX Playlist

Activity Procedure

A. Q&A

1. Ask participants if they have any questions, and answer them. If there are no questions, answer any remaining questions in the Notecard Knowledge Box.

B. Closing MIX

1. Give the group 30 seconds to finish up jotting down any last thoughts, words, and ideas on their Playlist for today.
2. Invite the group to gather together in a circle, bringing their Playlist with them.
3. Remind the group what the MIX stands for in Re:MIX: Maximizing strengths, Imagining a healthy future, and eXploring identities.
4. Share your own MIX (i.e., a way you plan to maximize your strengths, imagine a healthy future, and/or explore your identity), based on the key messages and take-aways of the day.
5. Ask participants (or a few volunteers, depending on time) to share their Playlist MIX for the day, in one of the following ways:
 - **Word Beat:** Participants share one or two words from today's Playlist.
 - **Lyric Share:** Participants string together words or phrases from today's Playlist to create a lyric.
 - **Collaboration:** Participants share words or phrases from today's Playlist, one after another, to create a "rap" or "song" collaboration.
 - **Album art:** Participants share created album art.
6. Thank participants for their contributions today.

C. Re:MIX Code Chant

1. In a call-and-response format, call out the Re:MIX Code.



Participant Resource 4.2—At the Movies

Now you are at the movies. Your date is late—AGAIN! You wish they would stop doing this. Which of these has the best chance of getting through to them?

John: Hey, Nina—there you are! Ready to go in?

Nina: I guess so. The movie started 30 minutes ago, but hopefully we didn't miss too much.

John: Hey, Nina—there you are! Ready to go in?

Nina: Are you serious? I'm not going in there with you; I'm going home. Watch it by yourself if you want to. I'm so sick of you being late all the time. You don't care about me or anybody else. It's all about you, all the time. You're so inconsiderate!

John: Hey, Nina—there you are! Ready to go in?

Nina: John, what happened? We were supposed to meet 30 minutes ago!

John: I know, I'm really sorry. My ride was late and my cell phone battery died, so I couldn't call you.

Nina: I know those things can happen, but this is really frustrating. It's the third time in a row that you've been late. I try really hard to be on time, and I feel like you don't show me the same respect. Do you think you can make it a priority to be on time the next time we have plans?

John: Yes, I can do that. I'm really sorry. And I should have used my friend's phone to call you. Can I make it up to you by buying you some popcorn? And you get to choose the movie next time!

Nina: OK, I appreciate it. Let's go in.



Participant Resource 4.3—Ways to Say No

Even though saying “no” just once should be enough, it sometimes isn’t. Someone who really cares about you would listen the first time, but what if he or she does not? If someone does not respect your right to say no the first time, here are some ways to back up your verbal “no.”

1. Say NO with your voice, firmly.
2. Reinforce the NO with your eyes and body language.
3. If you choose to, share your reason why.
4. If you need to, say NO again and create some space.
5. Offer an alternative, if you choose.
6. If the above steps do not work, walk away.



Participant Resource 4.4A—Scripted Role Play with Eric and Jasmine

Background

Eric and Jasmine have been dating for four months. They like each other and have a good time when they are together. One Saturday night, Eric and Jasmine are hanging out at a friend's house. They are alone together and start fooling around. Eric asks Jasmine for oral sex, but Jasmine does not want to give oral sex to Eric.

Eric: Come on, just this once.

Jasmine: No, Eric. You know I'm really into you, I just don't want to do that.

Eric: Don't be scared, I'll show you what to do. Please...

Jasmine: No. I'm not scared. I'm fine kissing. Can't we just keep doing this?

Eric: I don't understand why you won't do it. What's the big deal?

Jasmine: [Turning away from Eric] I'm fine with kissing, but not with other stuff.

Eric: I don't want to just kiss you. That's not enough for me.

Jasmine: OK, then I don't even want to kiss you right now. I'm out of here.

[Jasmine walks away.]



Participant Resource 4.4B—Scripted Role Play with Chris and Jesse

Background

Chris and Jesse have been dating for a few months. They have not had sex, but their relationship has been getting more serious. Chris and Jesse are hanging out in Chris's car one night after work. They have been kissing for a while, and Jesse wants to have sex, but Chris does not.

Jesse: Chris, I think we should take the next step.

Chris: Jesse, I don't want to have sex.

Jesse: What? Why not? What's wrong?

Chris: Nothing is wrong. I just don't want to have sex. I don't want to put us at risk.

Jesse: I can't believe this. You're the one that's saying no?

Chris: I'm not ready. Let's go back to my house and chill.

Jesse: Well, OK... as long as nothing is wrong.

Chris: Nothing is wrong. We're cool.



Participant Resource 4.4C—Unscripted Role Play: Persons 1 and 2

Background

Person 1 and Person 2 have been dating for a while. Person 1 really wants to have sex with Person 2. In this role play, Person 1 will put a lot of pressure on Person 2 to have sex, even though Person 2 repeatedly says “no.” Take turns playing Person 2 and use your best refusal skills to say NO.

Person 1: I think we should take the next step. I really want to have sex with you.

Person 2: (say no clearly, use your body language)

Person 1: But we can be even closer to each other if we have sex.

Person 2: (say no, and explain why, if you choose to)

Person 1: Come on, please, we’ve been together long enough.

Person 2: (repeat answer, say how you feel, suggest alternatives)

Person 1: OK, I’m sorry. I didn’t mean to make you feel uncomfortable.

Person 2: (express your feelings)

SESSION 5: CONSENT AND SETTING LIMITS

Session Overview

This session teaches participants what consent means, how to seek consent, and how to give consent.

Session Timetable

5.1 Welcome . . . . .	.5 minutes
5.2 What Is Consent?	25 minutes
5.3 Setting Limits	20 minutes
5.4 Closing MIX . . . . .	.5 minutes
Total Time	55 minutes

Activity 5.1: Welcome

5 minutes

Activity Summary

A. Welcome	1 minutes
B. Opening Activity	2 minutes
C. Preview of Session 5	1 minutes
D. Q&A	2 minutes

Learning Objectives

After completing this activity, participants will be able to:

1. Recall/reinforce key messages from Session 4

Materials Needed

- ☐ Attendance form
- ☐ Markers
- ☐ Flipchart paper
- ☐ Notecard Knowledge Box
- ☐ Notecards
- ☐ Pens or pencils
- ☐ Masking tape
- ☐ The Keep-Its flipchart
- ☐ Re:MIX Code flipchart

Advance Preparation Steps

1. Identify sections for each facilitator to lead, if using a cofacilitation model.
2. Post a flipchart listing the daily Re:MIX units and sessions.
3. Prepare a flipchart with the agenda for Session 5 and post it on the wall.
4. Post the Keep-Its flipchart.
5. Post the Re:MIX Code flipchart.
6. Review any questions in the Notecard Knowledge Box and prepare answers, grouped into categories if possible. If any are more relevant to future sessions, they can be held until then.
7. Pass out participant folders, blank notecards, and writing utensils.

Activity Procedure

A. Welcome

1. Welcome participants back for Session 5, and ask them to sign the attendance form.
2. Remind participants of The Keep-Its and the Re:MIX Code, referring to the flipcharts posted on the wall.

UNIT 2: RELATIONSHIPS, COMMUNICATION, AND CONSENT

B. Opening Activity

Choose an activity from the activity list in the Appendix.

C. Preview of Session 5

1. Refer to the flipchart showing the agenda for Session 5. Explain that today we are going to talk about consent—what it is, how to ask for it, and how to give it or not give it.

D. Q&A

1. Ask if there were any new questions (not in the Notecard Knowledge Box) from the last session, and answer these as appropriate.
2. If there were questions in the Notecard Knowledge Box, address some or all, as time allows. If some are on topics that will be addressed in future sessions, acknowledge that you will be answering them later.

Session 5 Agenda

- 5.1 Welcome
- 5.2 What Is Consent?
- 5.3 Setting Limits
- 5.4 Closing MIX



Transition Statement

In the next activity, we will get started discussing what consent and sexual consent mean.

FACILITATOR NOTE

The next activity builds skills and self-efficacy to obtain and offer consent, in the broader context of sexual rights and responsibilities. In addition, as this and subsequent sessions get more detailed about sex and about protecting against pregnancy and STIs, keep a sex-positive approach while educating participants about risk. This means to make sure that participants understand that sex and an interest in sex are normal and natural, but that it is very important that they know how to protect themselves.



Activity 5.2: What Is Consent?

25 minutes

Activity Summary

A. Consent	5 minutes
B. Sexual Consent	5 minutes
C. Consent Video	7 minutes
D. Is This Consent?	8 minutes

Learning Objectives

After completing this activity, participants will be able to:

1. Define the concept of sexual consent
2. Apply the definition of consent to practical, real-life situations
3. Identify strategies for establishing consent for sexual activity
4. Identify strategies for respecting a partner's sexual limits
5. Identify how gender norms influence people's ability to ask for consent and to respect a partner's sexual limits

Developmental Assets

- Positive values
 - ❑ Integrity
 - ❑ Honesty
 - ❑ Responsibility
 - ❑ Restraint

Materials Needed

- ❑ A green card (or sheet of paper) and a red card (or sheet of paper) for each participant
- ❑ Flipchart paper
- ❑ Markers
- ❑ Pens or pencils
- ❑ Projector/laptop or personal devices (phones or tablets) on which to play video
- ❑ Facilitator Resource 5.2—Is This Consent?
- ❑ Gender messages posters from Session 2

Advance Preparation Steps

1. Identify sections for each facilitator to lead, if using a cofacilitation model.
2. Write a flipchart showing the three aspects of sexual consent (as shown on page 103).
3. Download the video “Consent: It’s as Simple as Tea” at https://www.youtube.com/watch?v=IOS5_I3Yzog or another video of your choice depicting the concept of consent.

FACILITATOR NOTE

Be sure to test the video before beginning the session, and ensure that it is the clean version of the video.



UNIT 2: RELATIONSHIPS, COMMUNICATION, AND CONSENT

4. Prepare the following on a sheet of flipchart paper, initially writing only the underlined text:

Point 1: Consent is a clear "yes"—about what is about to happen next (and they are happy about it).

Point 2: No means "no." Everyone in the situation has to feel free to say "no" without feeling pressured, hassled, or coerced.

Point 3: Consent can be retracted. It is OK for people to change their minds. Sex is never "owed" to someone.

Point 4: Unconscious people cannot give consent. Even if they consented earlier while conscious, if they become unconscious, they are not consenting. Because alcohol and drugs impair your ability to think and act, if one or both people are under the influence of drugs or alcohol, consent cannot be given.

Point 5: Consent once is not consent forever. Consent is ongoing, meaning that you have to give/get it every time you engage in any sexual activity.

5. Prepare the following flipchart listing potential consent scenarios (from Facilitator Resource 5.2):

IS THIS SEXUAL CONSENT?
What if your partner:

- Agrees to go on a date with you?
- Lets you buy dinner?
- Goes into your bedroom when your parents are not home?
- Agrees to make out with you fully clothed?
- Agrees to make out with you naked?
- Is drunk?
- Gives in to pressure to have sex after you threaten to break up?
- Has agreed to have sex with you before, but does not want to at this time?
- Allows you to touch their genitals?
- Does not say anything when you start to have sex?
- Says "no," but keeps responding to you in a sexual way?
- Says "yes," is conscious, and indicates through their body language that they are comfortable?

Activity Procedure

A. Consent

1. Write the word **consent** on a sheet of flipchart paper, and ask the group if they know what this word means. After taking some responses and writing them down, explain that consent means to *give permission for something to happen or agree to do something*. Write that down, too.

DEFINITION

Consent

to give permission for something to happen or to agree to do something

2. Ask participants to think back to the Statue Maker activity from Session 2, and ask for a volunteer to explain what we first had to ask our partner before “sculpting” them.
3. Tell participants that we are going to practice asking for permission or consent again by breaking up into pairs and taking turns asking each other if you can give them a high five.
4. Remind them that if their partner does not want to participate in the high five, they can say no, and we must listen and honor their decision. At any time, they can also first say yes and then decide that they actually do not want to participate in the high five.
5. The cofacilitators, or the sole facilitator and a participant volunteer, can first demonstrate what saying yes or no to a high five looks like. Then, invite participants to find a partner and practice asking for high fives. After a few seconds of this, have them return to their seats, and ask them why it is important to ask permission, or consent, prior to touching another person?

B. Sexual Consent

1. Remind participants that they recently learned about what it means to have a healthy relationship. Two words that often come up when describing healthy relationships are “responsibility” and “respect.” Explain that part of respect means that both individuals in a relationship have a responsibility not only to set their own sexual limits, but also to respect the sexual limits of others
2. Explain that just like the deal-breakers we developed for our relationships, we also have to set our own limits and decide what we are willing to consent to at this time in our lives. This does not have to be the same forever and ever—you are always allowed to change your mind.
3. Now add the word “sexual” in front of the word “consent” on the flipchart and ask the group if they want to add any addition meanings to the new term “sexual consent.”
4. After you add their additional response to the flipchart, write the definition for “sexual consent”: *affirmative, conscious, and voluntary agreement to engage in sexual activity.*
5. Explain that sexual consent means an affirmative, conscious, and voluntary agreement to engage in sexual activity. Post the prepared flipchart and explain terms shown on it, as shown at right.
6. Clarify that sexual consent simply means that both people want to and are willing to participate in a particular sexual activity. In this regard, it is important that both partners agree, or consent, to each and every sexual act and that they give each other specific, verbal permission to touch each other in a sexual way. Like any touch, sexual activity is intimate. All of us, at any age, need to make sure that we are being touched in ways that feel right, feel good, and feel safe.
7. Continue to explain that **any sexual contact without consent is sexual assault and is against the law.** Rape is a commonly known form of sexual assault. But sexual assault includes other forms of unwanted sexual contact, such as unwanted touching or forced sexual acts.

FACILITATOR NOTES

The topics of this session may bring up difficult memories or feelings from some participants if they have been forced to have sex without giving their consent, recently or in the past. If that is the case and they want to talk about it, please ask them to approach the facilitators after the session.

Note that even if a person has not said “no,” they do have to say “yes” before sexual activity can begin.

Sexual Consent is...

Affirmative—Yes means “yes,” not just the absence of “no.”

Conscious—You cannot give consent if you are drunk, passed out, or high.

Voluntary—It is not consent if you are pressured or coerced in any way.

UNIT 2: RELATIONSHIPS, COMMUNICATION, AND CONSENT

C. Consent Video

1. Explain to the group that there is a simple yet effective video explaining consent, and that we will watch it and then discuss it.
2. Show the video “Consent: It’s as Simple as Tea.”
3. Afterwards, ask participants if they had any reactions to or questions about the video.
4. Lead a discussion with the following questions:
 - What are some ways in which you can verbally provide consent?
 - Is the absence of a “no” providing consent? (In other words, if a person says nothing or does not say “no” before engaging in a sexual act, is consent given?)
 - Can a person change their mind once consent is given? Why is this important?
 - If someone is under the influence of drugs or alcohol, can consent be given? Why is this important?
 - If you give consent one time, is consent then given forever? Why not?

DEFINITIONS

Rape

unlawful sexual intercourse or any other sexual penetration of the vagina, anus, or mouth of another person without consent

Sexual Assault

This can take many forms, including rape or attempted rape, as well as any unwanted sexual contact or threats. Usually, a sexual assault occurs when someone touches any part of another person’s body in a sexual way, even through clothes, without that person’s consent.

D. Is This Sexual Consent?

1. Explain to the group that now we are going to practice deciding whether or not sexual consent has been given. Pass out a green card and a red card to each participant. Explain that you will read a statement and they will raise a green card if they agree that the statement confirms that the person have given sexual consent, and a red card if the person has not given sexual consent. Remind them that sexual consent has to be **affirmative**, **conscious**, and **voluntary** permission to engage in any sexual or intimate contact. This could include kissing, touching each other’s body parts, and engaging in sex acts like anal sex, oral sex, or vaginal penetration
2. Post the prepared flipchart with the various scenarios.
3. One by one, read each statement aloud, ask participants to raise their cards, and then follow up each statement by asking:
 - What is the person in the scenario consenting to?
 - Is sexual consent given in the scenario? (If yes or no, explain why.)
4. Facilitate a discussion as you go through each of the statements and responses until the group understands why or why not consent has been given.
5. Record the group’s consensus on the flipchart page with a symbol like a checkmark (e.g., in green, yes that consent was communicated) or an “x” (e.g., in red, that consent was not communicated).
6. Once all of the statements have been read, explain that even after someone has given their consent, it is important to continue to check in along the way and make sure they are still on board, and watch for signals that a person may still be unsure about sexual activity.

FACILITATOR NOTE

Remember that it is OK if there is confusion about the scenario, as this facilitates discussion. Be prepared to refer back to the qualifications of consent (affirmative, conscious, and voluntary) along the way, to help them determine sexual consent. Make sure that all confusion is cleared up before moving on to the next scenario.

- On a sheet of flipchart paper, draw a line down the middle, and write “Unclear Body Language” at the top of the left-hand column. Ask participants to provide examples of signs that a person may be unsure about having sex and list them on the left-hand side. (These signs might be given by body language, physical signs, facial expressions, behavior, or other signs besides a verbal statement.)
- Then on the same flipchart sheet, write “Checking In” on the right-hand side, and ask participants to list some things a person might say or do to check in with their partner to make sure they want to continue. The flipchart might end up looking something like the chart at right.

Key Messages

State the key messages from this activity:

- Consent means that “yes” means yes and “no” means no. Without a clear “yes,” you do not have consent, and sexual activity should not happen.*
- Be the boss of you; don’t let other people pressure you into doing things you don’t want to do.*
- Consent isn’t possible if one or both people are under the influence of drugs or alcohol.*
- Sexual assault is ANY sexual contact without consent, and rape is a type of sexual assault.*



Transition Statement

Now that we have talked about sexual consent, we are going to turn our attention to defining and setting your sexual limits.

Unsure or Unclear Body Language	Checking In
Unresponsive body language (limp or stiff)	“Are you good? Does this feel OK?”
Tears	“What’s wrong? Do you want to talk about this?”
Being withdrawn (moving away, not talking, looking away)	“How are you feeling? Do you still want to do this?”
Nervousness	“Are you nervous? Do you want to do something else?”

FACILITATOR NOTE

Setting personal limits is a prerequisite for avoiding pregnancy and STIs, and it is valuable not only for adolescents, but throughout adulthood. This also reinforces the key concepts that everyone has sexual rights and choices and that these should be respected by others.



If you or someone you know has experienced an unwanted sexual activity or a sexual assault, please refer to the services in the guide or feel free to talk to one of the facilitators to get more support.

UNIT 2: RELATIONSHIPS, COMMUNICATION, AND CONSENT

Activity 5.3: Setting Limits

15 minutes

Activity Summary

- | | |
|---|------------|
| A. Defining Sexual Choices and Limits | 10 minutes |
| B. Respecting Sexual Choices and Limits | 5 minutes |

Learning Objectives

After completing this activity, participants will be able to:

1. Understand how to set limits around sexual activity
2. Identify strategies for respecting a partner's sexual limits

Developmental Assets

- Social competencies
 - Resistance skills
 - Interpersonal competence
 - Planning and decision making

Materials Needed

- ❑ Flipchart paper
- ❑ Markers

Advance Preparation Steps

1. Identify sections for each facilitator to lead, if using a cofacilitation model.

Activity Procedure

A. Defining Sexual Limits

1. Remind participants that sex is a natural human experience for some people and can also be an intense experience that requires some emotional preparation and maturity. At any age, being sexually active involves some choices. Only you can decide which choices are right for you at any given time with any given partner—and that is true whether you are a teenager or an adult. Now we will talk about one aspect of making choices about when and with whom you might have sex, and that involves knowing your own limits, or boundaries.
2. Write the words “sexual limits” on a sheet of flipchart paper and ask the group to explain what it means.
3. Clarify that sexual limits can mean:
 - Choosing not to have sex at all
 - Choosing not to have sex with a particular person
 - Choosing not to have sex at a particular time or in a particular situation
 - Choosing to participate in certain sexual activities but not others
 - Choosing to have sex and then changing your mind

FACILITATOR NOTE

Facilitators can provide an example of what a sexual limit is, but mention that participants do not have to share.

4. Ask participants to consider these limits as a type of comfort zone. These define what they are comfortable with, and they have the right to have their comfort zone honored and respected. At the same time, each of us has to respect the limits or comfort zone of our partner.
5. Ask participants to consider their sexual limits (on their own). They do not have to share. Remind the group of the “deal-breakers” discussion in Session 3.
6. Next write “Pushing the limits” on the flipchart, and ask: What if one person feels uncomfortable, doubtful, or unsure about engaging in sexual activity, but the other person wants to have sex and is pressuring the other person? What are some signs that someone is pushing the limits? Is consent ever possible in this situation? Write the participants responses on the flipchart. (The resulting flipchart may look something like the example at right.)
7. Remind participants that **each person has the right to decide their own their sexual limits and to change their mind at any time.** That is why it is important to know your sexual limits or comfort zone and to communicate them clearly to others. It is equally important to understand your partner’s sexual limits by asking them what they do and do not want to do regarding sexual activity.

Pushing the Limits

- Nonverbal cues change
- Becomes visibly upset and uncomfortable
- Becomes nonresponsive
- Says no and asks partner to stop

B. Respecting Sexual Limits

1. Explain that in addition to setting and communicating your own sexual limits, the other important skill to have before initiating sexual activity is to be able to respect the other person’s sexual limits. This could mean accepting when someone says “NO” to sexual behavior, or recognizing when they are uncomfortable and stopping sexual activity. Ask:
 - Why is it important for people to respect the sexual choices and limits of others?
 - Does this always happen? Why not?
 - How can we ensure that sexual limits are always respected?
2. Ask participants to provide examples of ways in which to respect another person’s sexual limits or comfort zone. Example responses can include saying “That’s OK,” “We’re good,” or “OK, let’s get out of here and do something else.”

UNIT 2: RELATIONSHIPS, COMMUNICATION, AND CONSENT

Key Messages

State the key messages from this activity:

1. *Each person has the right to decide their own sexual limits or comfort zone and to change their mind at any time.*
2. *Be the boss of you; don't let other people pressure you into doing things you don't want to do. (And, don't pressure others to do things they do not want to do.)*
3. *It is important to know your sexual choices or limits and to communicate them clearly to others. "Yes" means yes; "no" means no.*
4. *It is equally important to understand your partners' sexual choices or limits, by asking them what they do and do not want to do regarding sexual activity.*



Transition Statement

Now that we've covered healthy relationships, communication, and consent in the previous three sessions, in our next unit we are going to talk about how to apply all of these concepts to making decisions about the ABCDs—or abstinence, contraception, condoms, and decision making—to prevent an unplanned pregnancy or a sexually transmitted infection (STI).

Activity 5.4: Closing MIX

5 minutes

Activity Summary

- | | |
|--------------------------------|-----------|
| A. Q&A | 2 minutes |
| B. Closing MIX | 2 minutes |
| C. Re:MIX Code Chant | 1 minutes |

Materials Needed

- ❑ Participant Resource 1.1A: Re:MIX Playlist

Activity Procedure

A. Q&A

1. Ask participants if they have any questions, and answer them. If there are no questions, answer any remaining questions in the Notecard Knowledge Box.

B. Closing MIX

1. Give the group 30 seconds to finish up jotting down any last thoughts, words, and ideas on their Playlist for today.
2. Invite the group to gather together in a circle, bringing their Playlists with them.
3. Remind the group what the MIX stands for in Re:MIX: Maximizing strengths, Imagining a healthy future, and eXploring identities.
4. Share your own MIX (i.e., a way you plan to maximize your strengths, imagine a healthy future, and/or explore your identity), based on the key messages and take-aways of the day.
5. Ask participants (or a few volunteers, depending on time) to share their Playlist MIX for the day, in one of the following ways:
 - **Word Beat:** Participants share one or two words from today's Playlist.
 - **Lyric Share:** Participants string together words or phrases from today's Playlist to create a lyric.
 - **Collaboration:** Participants share words or phrases from today's Playlist, one after another, to create a "rap" or "song" collaboration.
 - **Album art:** Participants share created album art.
6. Thank participants for their contributions today.

C. Re:MIX Code Chant

1. In a call-and-response format, call out the Re:MIX Code statements one by one, while the participants call them back.

Facilitator Resource 5.2—Is This Sexual Consent?

What if your partner:

- Agrees to go on a date with you?
- Lets you buy dinner?
- Goes into your bedroom when your parents are not home?
- Agrees to make out with you fully clothed?
- Agrees to make out with you naked?
- Is drunk?
- Gives in to pressure to have sex after you threaten to break up?
- Has agreed to have sex with you before, but does not want to at this time?
- Allows you to touch their genitals?
- Does not say anything when you start to have sex?
- Says “no,” but keeps responding to you in a sexual way?
- Says “yes,” is conscious, and whose body language indicates they are comfortable?

Follow-up questions:

- What is the person in the scenario consenting to?
- Is sexual consent given in the scenario?





UNIT 3

THE ABCDs OF PREVENTION

Youth Voices

"Does it feel weird when there's a baby in your tummy?"

"There's no bad reason to choose not to have sex—you should respect this decision."

"The most common symptom of STIs is not showing symptoms. That's why it's important to get tested."

Unit 3 introduces the basics of puberty, anatomy, and STIs and explores in depth the options for preventing pregnancy and STIs—including abstinence, contraception, and condoms. This unit consists of three sessions, beginning with anatomy (Session 6), then moving into contraception (Session 7), and ending with assertive communication (Session 8).

SESSION 6: BECOMING AN ADULT

Session Overview

This session provides an overview of anatomy and how the reproductive systems work, and it provides an opportunity for participants to articulate why a young person may or may not choose to have sex.

Session Timetable

6.1 Welcome . . . . .	.5 minutes
6.2 Anatomy Puzzles	35 minutes
6.3 I Have My Reasons	10 minutes
6.4 Closing MIX . . . . .	.5 minutes
Total Time	55 minutes



Activity 6.1: Welcome

5 minutes

Activity Summary

A. Welcome	1 minutes
B. Opening Activity	2 minutes
C. Preview of Session 6	1 minutes
D. Q&A	2 minutes

Learning Objectives

After completing this activity, participants will be able to:

- Recall/reinforce key messages from Session 5

Materials Needed

- ☐ Attendance form
- ☐ Markers
- ☐ Flipchart paper
- ☐ Notecard Knowledge Box
- ☐ Notecards
- ☐ Pens or pencils
- ☐ Tape
- ☐ The Keep-Its flipchart
- ☐ Re:MIX Code flipchart

Advance Preparation Steps

1. Identify sections for each facilitator to lead, if using a cofacilitation model.
2. Post the flipchart showing daily Re:MIX units and sessions.
3. Prepare a flipchart with the agenda for Session 6 and post it on the wall.
4. Post the Keep-Its flipchart.
5. Post the Re:MIX Code flipchart.
6. Review any questions in the Notecard Knowledge Box and prepare answers, grouped into categories if possible. If some are more relevant to future sessions, they can be held until then.
7. Pass out participant folders, blank notecards, and writing utensils.

Activity Procedure

A. Welcome

1. Welcome participants back for Session 6, and ask them to sign the attendance form.
2. Remind participants of The Keep-Its and the Re:MIX Code, referring to the flipcharts posted on the wall.

B. Opening Activity

Choose an opening activity from the Appendix.

C. Preview of Session 6

1. Refer to the flipchart with the agenda for Session 6. Explain that today we are going to talk about one of the potential physical outcomes of unprotected sex—pregnancy—and the reasons why some people may decide to have sex or to not have sex. In the next session, we will also talk about sexually transmitted infections (also called STIs) and how to protect ourselves from them.

Session 6 Agenda

- 6.1 Welcome
- 6.2 Anatomy Puzzle
- 6.3 I Have My Reasons
- 6.4 Closing MIX

D. Q&A

1. If there are questions in the Notecard Knowledge Box, address some or all, as time allows. If some are on topics that will be addressed in future sessions, acknowledge that you will be answering them later.
2. Ask if there are any new questions (not in the Notecard Knowledge Box) from the last session, and answer these, as appropriate.



Transition Statement

In this next activity, we cover how our bodies work and the reasons that some people have for choosing to have or to not have sex.



Activity 6.2: Anatomy Puzzles

40 minutes

Activity Summary

- | | |
|---|------------|
| A. Talking about Sex | 5 minutes |
| B. Puberty Check | 5 minutes |
| C. Anatomy Puzzle—Reproductive System of a Person with a Vagina | 15 minutes |
| D. Anatomy Puzzle—Reproductive System of a Person with a Penis. | 15 minutes |

Learning Objectives

After completing this activity, participants will be able to:

1. Understand what “puberty” means and its implications for pregnancy
2. Identify and describe basic elements of reproductive anatomy and physiology
3. Describe how fertilization and pregnancy occur

Materials Needed

- ☐ Egg and sperm plush figures
- ☐ Anatomy Posters
- ☐ Participant Resource 6.2A—Reproductive System of a Person with a Vagina
- ☐ Participant Resource 6.2B—Reproductive System of a Person with a Penis

Advance Preparation Steps

1. Identify sections for each facilitator to lead, if using a cofacilitation model.
2. Print out 5–6 copies of the reproductive systems, laminated and cut into five puzzle pieces each.

Activity Procedure

A. Talking About Sex

1. Explain that we are going to start talking about some of the physical outcomes of sex, specifically pregnancy. But first, we want to reinforce the message that for most people sex is a normal, healthy, and natural part of being human. It is completely natural and normal to have sexual feelings and curiosities and to explore these. Sex has many positive physical and emotional outcomes—when the time is right for you. Tell the participants that we hope the information they learn here will help them make healthy decisions about the right time in their lives, the right partner, and the right situation—as a young person, and throughout their lives, to engage in sexual activity
2. Ask participants what some of the natural outcomes of having sex are (these do not have to be positive or negative, just what happens as a result). Some examples include emotional connection, pleasure, and pregnancy.
3. Explain that in this session and the next, we will focus on the physical outcomes of pregnancy and STIs, so that they know how to prevent a pregnancy until they are ready, as well as prevent an STI.

B. Puberty Check

1. Explain that when we are young, starting on average between ages 10 and 14 years (and as young as 8) for people with a vagina, and on average between ages 12 and 16 (and as young as 10) for people with a penis, our bodies start changing in specific ways that are referred to as “puberty.” Puberty just means that our bodies are going through biological and physical changes that are triggered by hormones to prepare us for adulthood. We are each individually unique, so puberty can start at different ages and happen in different ways
2. Explain that the physical changes are the most noticeable signs that you are leaving childhood and entering adolescence to later transition into adulthood. Adolescents will experience emotional and social changes as well, as part of growing up and maturing into adults, but today we are going to focus on just the physical changes.
3. If you think about your friends or your peers in your grade, you will remember that there were all kinds of variations (and will probably continue to be, through high school and after) of kids who look physically more mature or less mature. There are lots of different combinations.
4. Ask participants to identify some ways in which bodies change during adolescence and write these on a sheet of flipchart paper.

For example, these might include the following:

For people with a vagina:	For people with a penis:
<ul style="list-style-type: none">• <i>Developing breasts</i>• <i>Getting your period</i>• <i>Experiencing a growth spurt (getting taller or gaining weight)</i>• <i>Growing pubic and underarm hair</i>	<ul style="list-style-type: none">• <i>Voice changes</i>• <i>Growth spurt (e.g., getting a few inches taller in a year)</i>• <i>Growth of penis, testicles, and scrotum</i>• <i>Growth of pubic, facial, and underarm hair</i>

5. Explain that puberty involves lots of changes, most of them related to our anatomy, reproductive systems, and the changes our bodies go through to get ready to have a baby, which also makes it a time when pregnancy is possible. Though not all bodies will experience pregnancy and not all people will become parents, the information is still important for everyone to be aware of. This is what we will discuss next.

FACILITATOR NOTE

This activity is an overview of puberty and the reproductive systems, rather than a comprehensive lecture. It is intended to provide some context for the pregnancy/STI prevention activities that follow, for those who have never been exposed to the information or who need a refresher.

As such, this session may bring up a lot of questions. This is great, but remember that there is limited time to get through all of the session's material. Remind participants of other opportunities to ask questions (i.e., the Notecard Knowledge Box), and make sure to monitor your time.

Not all outcomes are negative, and it is important to highlight this for the participants, so that they understand the positive nature of sex, as well as the consequences of pregnancy or STIs.

C. Anatomy Puzzle: Reproductive System— Person with a Vagina

1. Ask the group if they have learned about the reproductive systems in school, from their parents, or from reading a book. Find out what they know, and then explain that they will be learning about reproductive anatomy (or receiving a refresher) by putting together a puzzle of the parts of the reproductive systems.
2. Split up the large group into smaller groups of three or four, and give each group a set of the reproductive system puzzle pieces for a person with a vagina. Give them 5 minutes to complete the puzzle.
3. Ask if anyone had trouble putting their puzzle together. If a group did not get theirs together, have another group give them a hand. Review the puzzles together as a group, while explaining that everyone has parts inside the body (internal) and outside the body (external) that can be involved in sex and reproduction.
4. Display the anatomy poster of the internal reproductive system for everyone to see and begin to review the key systems. The participants can also follow along on Participant Resource 6.2A—Anatomy of a Person with a Vagina.
 - **Eggs/Ova**
 - *Must know:* One egg, or ovum, contains half of what is needed (genetically) to create a baby; the other half comes from the sperm. Eggs are stored in two almond-shaped ovaries. Hold up the egg plush figure over the ovary on the projection or poster of the anatomy of a person with a vagina.
 - *Additional Information:* The egg is a reproductive cell that is stored in the uterus; enough eggs are present at birth to last a lifetime. However, it is not until puberty that the eggs mature.
 - **Ovulation**
 - *Must know:* –About once a month, an egg is released from one of the ovaries. This process is known as ovulation. Using the egg plush figure against the Anatomy of a Person with a Vagina poster, display this process by showing the egg plush figure leaving the ovary, with the help of the fimbria, which moves the egg along into the fallopian tube.
 - *Additional Information:* At some time during puberty, the eggs start to mature. Once ovulation has begun, it becomes possible for that person to become pregnant if a penis enters the vagina and sperm is released, either through preejaculation or ejaculation. Ovulation occurs about once a month, but some people may have cycles

FACILITATOR NOTE

When referring to reproductive anatomy or human genitalia, it is more inclusive and respectful to say “person with a vagina” instead of “female anatomy” or say “person with a penis” instead of “male anatomy.” This is because not all people who identify as female have a vagina and not all people who identify as male have a penis. Remember that gender identity and sex assigned at birth, are different and do not always align (i.e., in the transgender community).



This is a good time to point out sexual and reproductive health resources in the guide, including clinic services, to help participants navigate changes occurring during and after puberty.

DEFINITIONS

Ovaries

the organs where ova or eggs are stored

Fallopian tubes

the tubes through which the ova travel and where they can be fertilized by a sperm.

Uterus

the organ where a fertilized ovum develops into a fetus.

Vagina

the tube that connects the uterus to the outside of the body. (The entrance to the vagina is on the outside of the body.)

that are a little shorter or longer. Ovulation cycles can be affected by stress, medications, medical conditions, diet, and travel. Before and after ovulation, an increase in cervical mucus leads to vaginal secretions, which can appear clear to milky in color and can be slippery, thick or slimy in consistency. These secretions exit the vagina and can cause bleach stained patches on darker colored underwear due to the natural acidity of vaginal fluids. This process is very normal. If vaginal fluids ever appear greenish, yellowish, cottage cheese-like, or carry a strong odor that seems different than your usual scent, this may be a sign of an infection. Talk to a trusted adult or medical provider for assistance.

- **Menstruation**

- *Must know:* During ovulation (i.e., when an egg is being released from the ovary), the body automatically creates a thick lining in the area made to hold the baby (the uterus). If the egg is not fertilized, that thick lining comes out of the vagina as “period” blood.
- *Additional Information:* The egg (whether or not it is fertilized) continues down the fallopian tube and arrives in the uterus. The uterus is about the size and shape of an upside-down pear. During the month, the lining of the uterus becomes thick with blood in anticipation of a fertilized egg. The built-up lining will help nurture the fertilized egg, which implants itself in the wall of the uterus. If there is no fertilized egg, this built-up lining is not needed, sheds from the uterine wall, and leaves the body through the vagina. This process is called menstruation or a period. Menstruation usually happens about once a month and can last 3–7 days. (Demonstrate the process using the plush figure.)

- **Fertilization of the egg**

- *Must know:* When the sperm has entered the egg, we say the egg has been fertilized. Display this by having the sperm plush figure go up the vagina, cervix, and uterus to meet the egg plush figure in the fallopian tube, over the projection or poster.
- *Additional Information:* After the egg is released from the ovary, it travels through the fallopian tube. It is here that the egg can become fertilized with a sperm cell, which contains the other half of the genetic material needed to create a baby. Sperm cells may enter the fallopian tube after unprotected vaginal intercourse or if a barrier method fails.

- **Pregnancy**

- *Must know:* When ovulation occurs (an egg is released from the ovary), and the egg meets up with the sperm (or, is fertilized), then it can grow into a baby, and the thick lining becomes the placenta. Display this by having the egg plush figure implant itself into the uterus on the poster.
- *Additional Information:* If an egg is fertilized, it attaches itself to the wall of the uterus, and the built-up blood is not shed, so there is no period. The uterus is where the fertilized egg eventually develops into a fetus. In about 40 weeks (about nine months), a baby will be born.

FAST FACTS

- The uterus is roughly the size and shape of an upside-down pear.
- An ovary is about the size of an almond.
- People with a vagina are born with all of the eggs they will have in their lifetime. The ovaries of a newborn contain about 600,000 eggs.

FACILITATOR NOTE

Information is divided into “must know” and “additional information.” Make sure that all of the “must knows” are covered, and share additional information, if there is time.

UNIT 3: THE ABCDs OF PREVENTION

5. More additional information follows: Explain that people with vaginas have three “holes” or openings in their bodies: the vagina, the urethra, and the anus. These parts are all elements of the vulva, which is the external genitalia. The three holes serve different purposes.
- The *vagina* is the passage for menstrual blood (and the spot where a tampon is inserted), the place where some contraceptive methods are used, the place where a penis (or fingers or dildos) is inserted, and also the passage through which a baby is born.
 - The *urethra* is the passage for urine and is separate from the vagina, so you can still pee while wearing a tampon.
 - The *anus*, in all people, is the last stop of the digestive system. Because it is not connected to the reproductive system, anal sex does not lead to pregnancy. However, protection during anal sex is needed to prevent STIs, including HIV infection.
 - The other elements of the *vulva* include:
 - The mons pubis is the rounded mass of fatty tissue that lies over the joint of the pubic bones. Pubic hair often grows on this area.
 - The glans clitoris is usually the size and shape of a pea, but can vary by person, and has about 8,000 nerve endings making it sensitive to stimulation. This part is responsible for pleasure and when it is stimulated can lead to an orgasm. This can happen during masturbation (which is the stimulation of one’s own genitals) or within sexual activity with another person. An orgasm is the feeling of intense pleasure, that causes a series of involuntary contractions of the muscles of the genitalia, which happens when genitals such the clitoris or penis are stimulated.
 - The inner and outer labia also known as the labia minora and labia majora are folds of the vulva at either side of the vaginal opening. Their size and shape can vary. Sometimes they are referred to as “lips.”
6. Ask the group if they have any questions, and answer them. Remind the participants of the option of placing questions in the notecard knowledge box.
7. Then ask: What is the best way to avoid a pregnancy? Explain that besides not engaging in intercourse, there are other ways to keep the egg and sperm from meeting, and that is with the use of a contraceptive method, also called contraception. They will learn about that in the next session. But for now, they will learn about the reproductive system for a person with a penis.

D. Anatomy Puzzle: Reproductive System— Person with a Penis

1. Give each small group a set of the reproductive system puzzle pieces of a person with a penis. Allow them five minutes to complete the puzzle.
2. Ask if anyone had trouble putting their puzzle together. If a group did not get theirs together, have another group give them a hand.

FACILITATOR NOTE

The topic of masturbation can lead to many curiosities from young people, especially due to varying values or messages youth can receive from family, faith communities, and the media. Taking a sex positive approach, the facilitator’s role is to normalize curiosities, affirm that masturbation is a common experience, and that masturbation can be a safe, private way to connect with one’s body and pleasure. Encourage students to write down any additional questions and submit them into the Notecard Knowledge Box.

Remind participants that the best way to avoid pregnancy is to not engage in vaginal intercourse..

DEFINITIONS

Penis

made of two parts, the shaft (the main part) and the glans (the tip, sometimes called the head), it delivers sperm through the urethra.

Testicles

the two testicles (or testes) produce sperm and the male sex hormone testosterone.

3. Show participants the anatomy poster of the reproductive system showing both the internal and the external organs of a person with a penis and review the following information (again divided into “must know” information and “additional information”). The participants can also follow up on Participant Resource 6.2B—Anatomy of a Person with a Penis.

- **Testicles**

- *Must know:* The testicles are two organs on the outside of the body that make sperm, or the other half of what is needed (genetically) to create a baby. The testicles are about the size of walnuts and are protected by a sac. Attached to the testicle is the epididymis, which stores sperm and transports it to the vas deferens.
- *Additional information:* During an ejaculation, sperm travel and collect a fluid called semen. This whitish-yellow fluid helps nourish the sperm. Before an ejaculation, pre-ejaculation can occur, where just a little bit of fluid from the cowper’s gland is released through the urethra. It is important to know that this pre-ejaculatory fluid also contains sperm cells. Therefore, withdrawal (or “pulling out”) always carries some risk for pregnancy. Semen is made within glands called seminal vesicles, from fluid that also comes from the prostate gland, and is ejaculated through the urethra—the same tube that allows for urination. .

FAST FACTS

About 500 million sperm can mature every day.

- **Erection**

- *Must know:* –The penis is naturally soft and limp. When blood flows to it because of temperature changes or sexual excitement, it becomes hard (or erect).
- *Additional Information:* The penis can also become erect during sleep cycles or from an urge to urinate. During puberty, erections can occur for no particular reason and without warning. The penis becomes hard or erect because of the rush of blood that fills the tissue inside the penis.

- **Ejaculation**

- *Must know:* Sperm only travels out of an erect penis. The process of it exiting the penis is called ejaculation. Ejaculation commonly occurs after a person with a penis experiences an orgasm after stimulation of the penis, whether through masturbation or sexual activity. Ejaculation can also occur during sleep, without direct stimulation of the penis, through a process called nocturnal emissions or “wet dreams.” Display the process of ejaculation by having the plush sperm figure travel from the testicles through the vas deferens and urethra and out of the penis over the anatomy poster.
- *Additional Information:* During an ejaculation, sperm travel and collect a fluid called semen. This whitish-yellow fluid helps nourish the sperm. Before an ejaculation, pre-ejaculation can occur, where just a little bit of fluid is released through the urethra. It is important to know that this pre-ejaculatory fluid also contains sperm cells. Therefore, withdrawal (or “pulling out”) always carries some risk for pregnancy. Semen is ejaculated through the urethra—the same tube that allows for urination. A person cannot ejaculate and urinate at the same time.

- **Fertilization by the sperm**

- *Must know:* When the egg and sperm unite, we say the egg has been fertilized. If there is no egg, the sperm will eventually die.
- *Additional Information:* When the penis is inserted inside the vagina and an ejaculation occurs, there is a possibility for pregnancy. The sperm swim through the vaginal canal into the uterus and toward the fallopian tubes, looking for an egg. If an egg is present, the sperm will attempt to fertilize the egg. It takes only one sperm cell to fertilize an egg. Again, sperm can live up to five days inside another person, so, even if there is no egg present when two people have sex, the sperm may still be able to fertilize an egg released in the next couple of days.

UNIT 3: THE ABCDs OF PREVENTION

- **Penis**

- *Must know:* Explain that people with a penis usually are born with foreskin, a retractable roll of skin that covers the end of a penis. Some people may have a surgery performed, most often when they are newborns, that removes much of the foreskin. This process is called circumcision and it can be done for many different reasons, most commonly related to religious beliefs or influenced by social norms within a particular culture. Penises have many different sizes, shapes, and appearances. It's important that a person with a penis gets to know and appreciate their own unique body.



Point out some sexual health clinic resources in the guide, so participants can get more information.

4. Ask the participants if they have any questions, and answer them. Remind them of the option of placing questions in the Notecard Knowledge Box.
5. Conclude the anatomy lesson by reiterating that the best way to avoid pregnancy is to not have vaginal sex. However, when sex does occur, it is best to use a contraceptive method (consistently and correctly) to prevent sperm from reaching the egg.

Key Messages

State the key messages from this activity:

1. *Everyone experiences puberty at different times and intensity; there's lots of variation—there is nothing wrong with you!*
2. *The best way to avoid a pregnancy is to not have vaginal intercourse.*
3. *If you choose to have vaginal sex, there are several contraceptive methods you can use to minimize the chances of the egg and sperm meeting so that pregnancy is less likely. We will be talking about these methods in our next session.*



Transition Statement

Understanding how the reproductive systems work and how a pregnancy occurs is an important first step to thinking about the reasons why young people choose or don't choose to have sex. There are lots of reasons why young people have for making this decision, and we will explore some of those reasons now.

Activity 6.3: I Have My Reasons

10 minutes

Activity Summary

A. How Do You Know? Brainstorm10 minutes

Learning Objectives

After completing this activity, participants will be able to:

1. Identify reasons why some teens choose to have sex and some do not
2. Make informed decisions about engaging in sexual activity

Developmental Assets

- Positive values
 - ☐ Integrity
 - ☐ Honesty
 - ☐ Responsibility
 - ☐ Restraint
- Social competencies
 - ☐ Planning and decision making
 - ☐ Interpersonal competence
 - ☐ Resistance skills
- Positive identity
 - ☐ Personal power

Materials Needed

- ☐ Flipchart paper
- ☐ Markers
- ☐ Tape
- ☐ Gender Messages posters (from Session 2)

Advance Preparation Steps

1. Identify sections for each facilitator to lead, if using a cofacilitation model.
2. Review the participant resource and the Gender Messages posters.
3. Label two sheets of flipchart paper “Why some young people may choose TO have sex” and one sheet of flipchart paper “Why some young people may choose NOT TO have sex.”

Activity Procedure

A. How Do You Know? Brainstorm

1. Explain that this activity will look at sexual decision making and dealing with pressure to have sex. Explain to the group that:
 - People make decisions about sexual activity throughout their lives. Our decisions are based on a variety of factors, including our values, information and knowledge, attraction, experiences, age, religion, etc. There are lots of factors.
 - All individuals have a right to make their own decisions about sex, and under no circumstances should those rights be denied you.
 - If you have said “yes” before, or have been pressured or forced to have sex in the past, you always have the right to say “no” to sex, today and in the future.
2. Explain that they will be brainstorming a list of reasons why young people may choose to have sex and a list of reasons why young people may choose not to have sex.
3. Divide participants into two groups and seat them at opposite sides of the room.
4. Explain that each group will identify reasons why some young people their age might choose to have sex. Give each group a marker and a flipchart labeled “Reasons some young people may choose TO have sex,” and allow them five minutes to brainstorm and write down their answers.
5. After about five minutes, when both groups are finished, have each group post their flipchart on the wall and take turns reading their lists.
6. Comparing the two lists, ask the following questions:
 - Were any of the reasons surprising?
 - What are some reasons that are on both lists?
 - Are there any unhealthy reasons to have sex that were listed?
 - How do gender messages influence our reasons for having sex?
7. Next, post the flipchart paper labeled “Reasons some young people may choose NOT TO have sex,” and have a brainstorm with the whole group, writing their responses on the flipchart paper. Examples of both flipcharts are shown at right.

FACILITATOR NOTES

Do not forget to move around the room and provide support, as needed.

Point out that reasons on both lists might be the most common reasons teen choose to have sex.

Reasons some young people may choose TO have sex

- *In love with partner*
- *Want to see what it feels like*
- *Feel ready for this step*
- *Hormones*
- *Want to stay in relationship**
- *Want to have a baby**
- *Pressure by partner or friends**

Reasons some young people may choose NOT TO have sex

- *Not ready*
- *Want to wait until marriage*
- *Parents would be upset*
- *Nervous*
- *Don't want to get pregnant or get an STI*
- *Partner isn't ready*

**Note: The last three reasons can be signs of an unhealthy relationship and should be discussed further with the larger group*

8. Once the group has made their list, ask the following questions:

- How are the reasons not to have sex different from the reasons to have sex?
- Are there any reasons that are unhealthy or not good reasons for choosing not to have sex?
- How do gender messages influence our reasons for choosing not to have sex?

9. Explain that while there may be some good and bad reasons for choosing to have sex, there are no bad reasons to choose not to have sex. Any reason someone has for choosing not to have sex is the choice of that individual and is OKAY. In fact, a person does not need a reason to say “no” to sex at any time.

FACILITATOR NOTE

Emphasize that all reasons a young person has for not choosing to have sex are good/healthy reasons.

Key Messages

State the key messages from this activity:

1. *You have the right to decide if and when to have sex for any reason you choose.*
2. *Do not let others pressure you (and do not pressure others) into having sex when you (or they) do not want to.*



Transition Statement

That was a lot of information for everyone today, so let's go ahead and close our session for today. Next session, we will start talking about contraceptive methods and condoms.

Activity 6.4: Closing MIX

5 minutes

Activity Summary

- | | |
|--------------------------------|-----------|
| A. Q&A | 2 minutes |
| B. Closing MIX | 2 minutes |
| C. Re:MIX Code Chant | 1 minutes |

Materials Needed

- ❑ Participant Resource 1.1A: Re:MIX Playlist

Activity Procedure

A. Q&A

1. Ask participants if they have any questions and answer them. If there are no questions, answer any remaining questions in the Notecard Knowledge Box.

B. Closing MIX

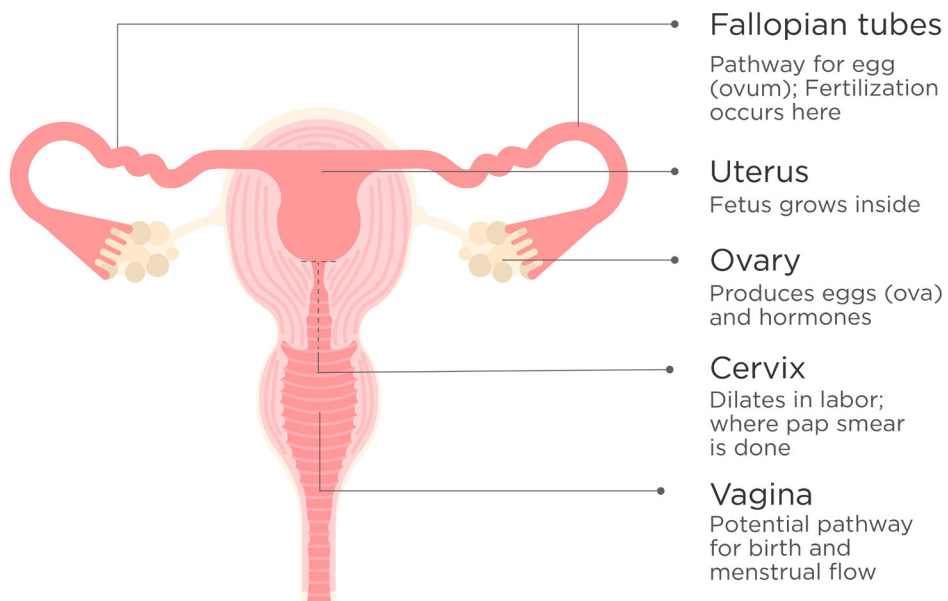
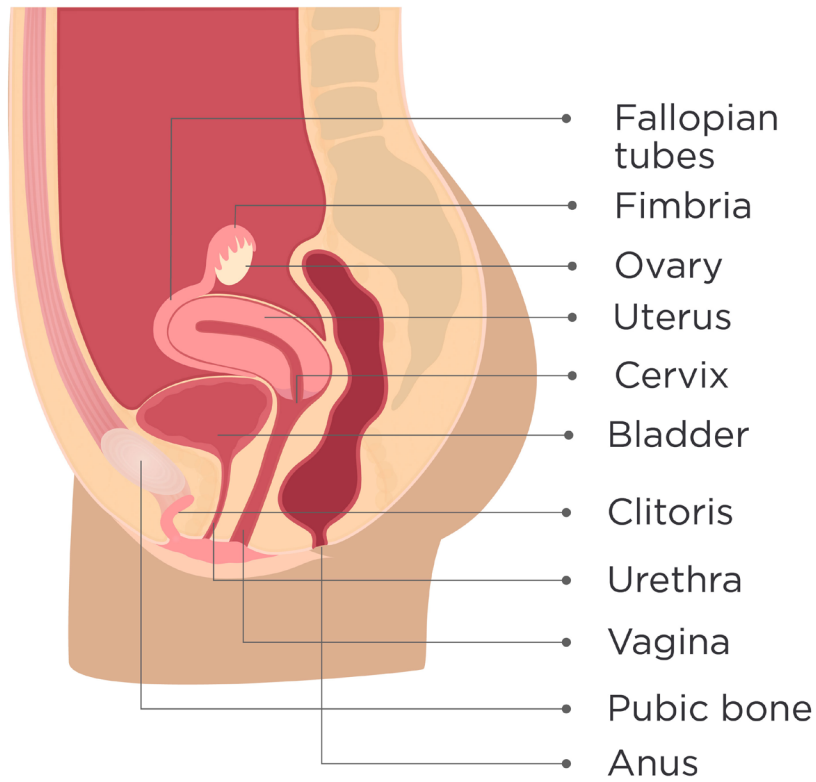
1. Give the group 30 seconds to finish up jotting down any last thoughts, words, and ideas on their Playlist for today.
2. Invite the group to gather together in a circle, bringing their Playlists with them.
3. Remind the group what the MIX stands for in Re:MIX: Maximizing strengths, Imagining a healthy future, and eXploring identities.
4. Share your own MIX (i.e., a way you plan to maximize your strengths, imagine a healthy future, and/or explore your identity), based on the key messages and take-aways of the day.
5. Ask participants (or a few volunteers, depending on time) to share their Playlist MIX for the day, in one of the following ways:
 - **Word Beat:** Participants share one or two words from today's Playlist.
 - **Lyric Share:** Participants string together words or phrases from today's Playlist to create a lyric.
 - **Collaboration:** Participants share words or phrases from today's Playlist, one after another, to create a "rap" or "song" collaboration.
 - **Album art:** Participants share created album art.
6. Thank participants for their contributions today.

C. Re:MIX Code Chant

1. In a call-and-response format, call out the Re:MIX Code statements one by one, while the participants call them back.

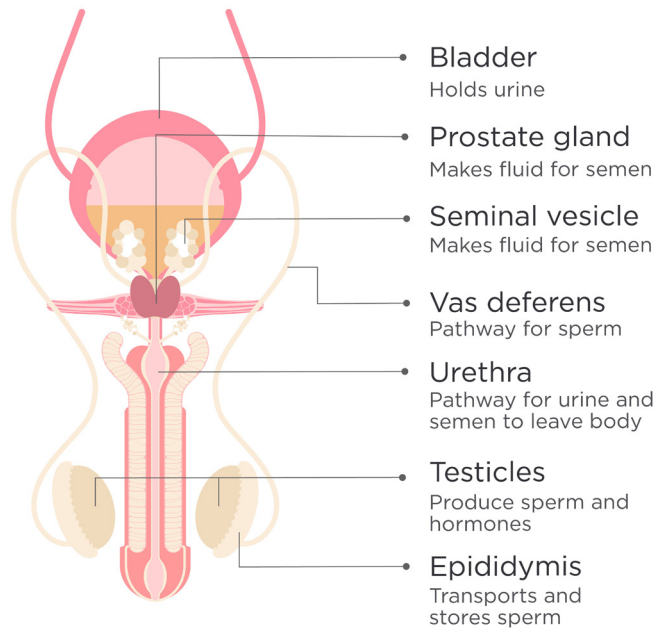
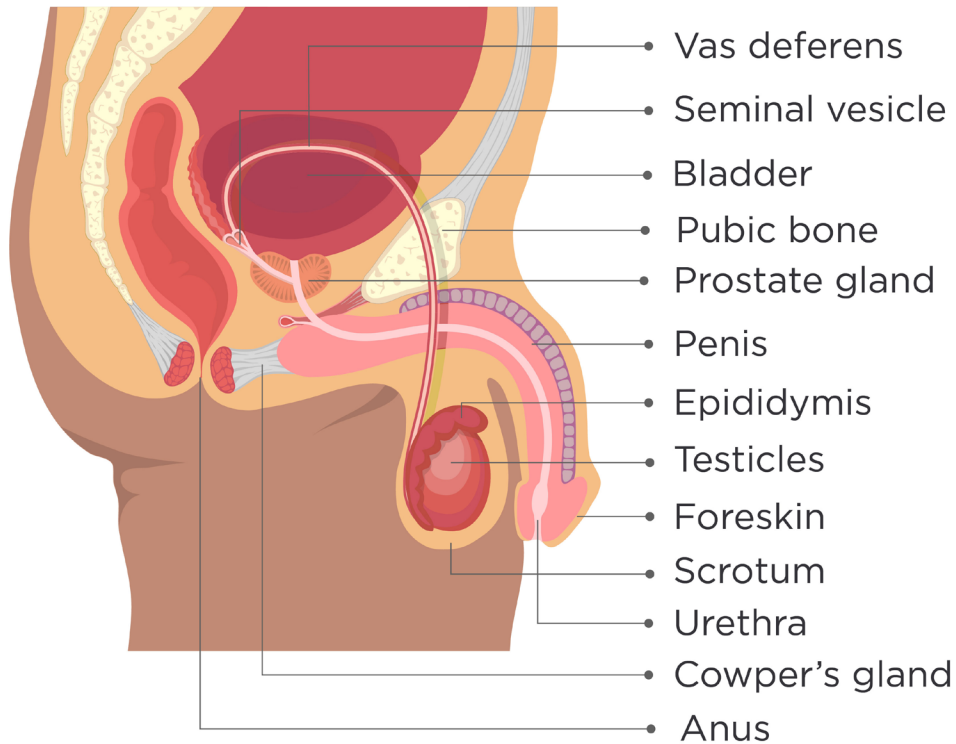


Participant Resource 6.2A—Anatomy of a Person with a Vagina





Participant Resource 6.2B—Anatomy of a Person with a Penis





SESSION 7: CONDOMS AND CONTRACEPTION

Session Overview

This session emphasizes the importance of abstinence, while teaching the participants about the most widely accessible contraceptive methods, including condoms and long-acting reversible methods, as well as where to obtain these methods and how to properly use them.

Session Timetable

7.1 Welcome . . . . .	.5 minutes
7.2 The Contraceptive Circle	30 minutes
7.3 The “C” in Condoms	15 minutes
7.4 Closing MIX . . . . .	.5 minutes
Total Time	55 minutes

Activity 7.1: Welcome

5 minutes

Activity Summary

A. Welcome	1 minutes
B. Opening Activity	2 minutes
C. Preview of Session 7	1 minutes
D. Q&A	2 minutes

Learning Objectives

After completing this activity, participants will be able to:

1. Recall/reinforce key messages from Session 6

Materials Needed

- ☐ Attendance form
- ☐ Markers
- ☐ Flipchart paper
- ☐ Notecard Knowledge Box
- ☐ Notecards
- ☐ Pens or pencils
- ☐ Tape

Advance Preparation Steps

1. Identify sections for each facilitator to lead, if using a cofacilitation model.
2. Post the flipchart with the daily Re:MIX units and sessions.
3. Prepare a flipchart with the agenda for Session 7 and post it on the wall.
4. Post the Keep-Its flipchart.
5. Post the “Re:MIX Code” flipchart.
6. Review any questions in the Notecard Knowledge Box and prepare answers, grouped into categories if possible. If some are more relevant to future sessions, they can be held until then.
7. Pass out participant folders, blank notecards, and writing utensils.

Activity Procedure

A. Welcome

1. Welcome participants back for Session 7, and ask them to sign the attendance form.
2. Remind participants of The Keep-Its, referring to the flipchart posted on the wall.



Remind participants of the sexual and reproductive health services listed in the resource guide and that the facilitators are here to help connect them with community providers..

FACILITATOR NOTE

Remind participants that talking about sex and sexual activity can be sensitive and difficult for many people. Say: *The purpose of this program is to learn how to take good care of yourself sexually. If at any time you are feeling uncomfortable or having trouble participating, please let us know.*

B. Opening Activity

1. Choose an opening activity from the Appendix.

C. Preview of Session 7

1. Refer to the flipchart with the agenda for Session 7 and review it with the group, explaining that today we will be talking about the ABCs of ABCDs—Abstinence, Contraception, and Condoms. The next session will look at how our Decisions (the “D”) can help to delay pregnancy and prevent STIs.

D. Q&A

1. Ask if there were any new questions (not in the Notecard Knowledge Box) from the last session, and answer these as appropriate.
2. If there are questions in the Notecard Knowledge Box, address some or all, as time allows. If some are on topics that will be addressed in future sessions, acknowledge that you will be answering them later.



Transition Statement

Our next activity will lead us through methods of contraception and how they work.

SESSION 7 AGENDA

- 7.1 Welcome
- 7.2 The Contraceptive Circle
- 7.3 The “C” in Condoms
- 7.4 Closing MIX

FACILITATOR NOTE

The next activity provides basic knowledge about different forms of contraception/contraception, so that participants know their options and build their intent to use the method that best meets their needs and situation, as well as the skills and self-efficacy to do so.

Activity 7.2: The Contraceptive Circle

25 minutes

Activity Summary

- A. Contraception Overview—The As, Bs, and Cs10 minutes
- B. Contraceptive Circle15 minutes

Learning Objectives

After completing this activity, participants will be able to:

1. Describe how abstinence and different forms of contraception—the pill, the shot, the implant, the ring, the IUD, emergency contraception, and condoms—are used, and the advantages of using them
2. Identify possible barriers to using contraception and possible solutions to overcoming these barriers
3. Identify ways in which both partners can support the use of hormonal contraception and barrier methods

Developmental Assets

- Positive values
 - Equality and social justice
- Positive identity
 - Personal power

Materials Needed

- Flipchart paper
- Markers
- Tape
- Samples (as possible) of contraceptive methods: the pill, an empty shot vial, the patch, the implant, the ring, the IUD, emergency contraception purchased from a pharmacy, and condoms
- U.S. Centers for Disease Control and Prevention (CDC) Contraception Methods resource or another resource for contraception methods

Advance Preparation Steps

1. Identify sections for each facilitator to lead, if using a cofacilitation model.
2. Review CDC handouts.

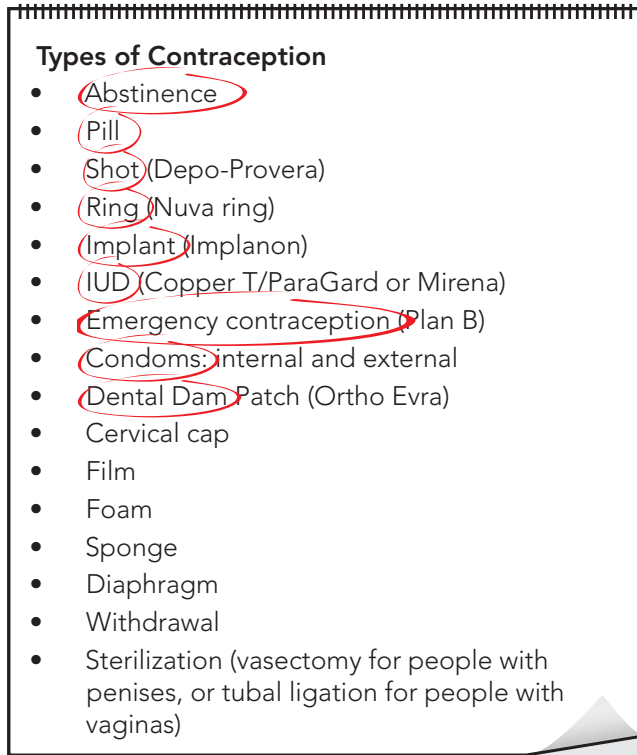
Activity Procedure

A. Contraception Overview—The As, Bs, and Cs

1. Write on a sheet of flipchart paper “ABCD,” and then underline the ABC. Explain that ABCD stands for Abstinence, Contraception, Condoms, and Decisions. Today, we will focus on Abstinence, Contraception, and Condoms, and the next session will focus on the Decisions.
2. Explain that there are several types of contraception, and they will be learning about many of them today. Some prevent pregnancy by using hormones, which are called **hormonal methods**; others create a physical barrier so the egg and sperm do not meet and are referred to as **barrier methods**.

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3. Have participants brainstorm as many types of **contraception (or contraception)** as they know about or have heard of, and list these on a sheet of flipchart paper.
4. On the flipchart, circle the nine methods most commonly used by young people (see the flipchart example below).



FACILITATOR NOTES

If they did not mention the nine most common methods, add any that were missed to the list.

Some brand names are included in parentheses because some teens may know the methods by these names. This does not constitute an endorsement.

5. Explain to participants that the circled methods are the ones they will be learning about in this session today.

Abstinence

6. Now underline the word “abstinence,” and ask participants who can explain what abstinence means? Take a few different responses to vary the answer. Explain that abstinence can mean different things to different people, but the most common meaning is **choosing not to have sex**. This is because not having sex is the only 100% effective way to prevent pregnancy and STIs. That means no **oral, anal, or vaginal sex**.
7. Explain to participants that the word abstinence often means to hold back or to abstain.
8. Explain that some young people find abstinence (or one of the alternate words for abstinence) to be an easy and fulfilling choice, while others find it more difficult. On a sheet of flipchart paper, write “pros” on one side and “cons” on the other.
9. Ask participants to help you come up with a list of pros to abstinence.

FACILITATOR NOTE

You can still get some STIs with skin to skin touching or genital touching.

FACILITATOR NOTE

Some other words for abstinence may include:

- Waiting
- Sexual ownership
- A promise

10. Then ask participants to help you come up with a list of cons to abstinence. An example of what the flipchart might look like is shown at right.
11. Explain that when abstinence is not someone's choice and that person chooses to be sexually active, there are the other options available to prevent pregnancy and STIs, and we will talk about these now.

The "B" in Birth Control

12. Tell participants that next you will be talking about some hormonal methods of contraception, including the pill, patch, ring, shot, IUD, implant, and emergency contraception. State that these hormonal methods work by:
 - Stopping ovulation (release of the egg from the ovary)
 - Creating a thicker mucus around the cervix and lining of the uterus
 - Creating an inhospitable (harmful) environment for sperm to survive in the uterus

B. Contraceptive Circle

1. Invite participants to join you in a circle and explain that you are going to show them seven hormonal contraception methods. Show one at a time, explaining the facts and information listed below, and passing around the method for each participant to hold and to look at. Include mention of potential side effects that people taking hormonal contraception can experience, such as fluctuations in weight, missed periods, changes in mood, nausea, bleeding or spotting between periods, and changes in libido (desire for sex). State that side effects can be different for everyone and with every method, and that it is important that a person is listening to their body and working with a medical provider to ensure they find a method that feels right for them. Make it clear that there is not one perfect or best method for everyone. Be prepared to create an affirming space for any participants who may share personal experiences with contraception, whether positive or negative. After you share the information on each method, ask participants if they have any questions and answer these, as possible.
 - **The pill** is an effective pregnancy prevention method if it is taken every day at the same time. Most pills come in 28-day or 21-day packs. Both types have 21 "active" pills that contain hormones. The last seven pills in 28-day packs of combined pills are nonactive or do not contain hormones; they are called "reminder" pills.

ABSTINENCE	
PROS	CONS
<ul style="list-style-type: none"> • Free • Prevents STIs and Pregnancy • No medical side effects or clinic/doctor appointments 	<ul style="list-style-type: none"> • Can be challenging to maintain • Keeps you from being prepared if you change your mind "in the moment"



Point out the sexual health resources in the guide for participants to get more information on where to access contraceptive methods.

FACILITATOR NOTE

In a setting where there is no room to form a circle, ensure that participants are at least close together and close enough to you to see the contraception demonstrations.

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- **The patch** is a thin stick-on square containing hormones that enter through the skin to prevent pregnancy. The skin patch is worn on the lower abdomen, buttocks, outer arm, or upper back. You put on a new patch once a week for three weeks. You do not use a patch during the fourth week, in order to have a period.
 - **The ring** is a flexible plastic ring inserted into the vagina by hand; it gradually releases hormones and lasts for up to three weeks.
 - **The shot** is an injectable hormonal contraceptive given every three months by a health care provider.
 - **The implant** is a small, flexible rod or capsule inserted under the skin that releases hormones gradually to prevent pregnancy and lasts up to four years.
 - **The IUD** is a small device inserted by a trained health care provider into a woman's uterus. It contains copper or hormones that prevent the sperm from fertilizing the egg. The IUD can last up to five years (hormonal IUD) or up to 12 years (copper IUD).
 - **Emergency contraception** is a hormonal option to prevent pregnancy if you have already had unprotected vaginal intercourse. "Unprotected" can mean that no method of contraception was used. It can also mean that a contraceptive method was used but it was used incorrectly or did not work (like a condom breaking). It works by stopping the ovaries from releasing an egg or by keeping the sperm from joining with the egg. To be effective, emergency contraceptive must be taken within 120 hours (five days) after unprotected sex. It is also important to note that many of the emergency contraception pills are less effective if a person's weight is above 165 pounds. Be sure to read the label before using a particular option to ensure the brand selected will be an effective choice for your body.
2. Lead a discussion with the group asking some of the following questions:
- Which of these methods would you recommend to a friend who was trying to decide between them? Why?
 - Are there any methods that you do not think work well for teens? Why not?
 - What do you think prevents teens from using hormonal contraception methods?
 - Whose responsibility is it to use contraception?
 - The methods that we just heard about are all used by people with vaginas. How can a partner be supportive in the use of these methods?
 - What are some benefits to using hormonal contraception other than to prevent pregnancy?
 - Did anyone include having a baby in their timelines? How would having a baby now impact reaching your goals?

FACILITATOR NOTES

The implant and the IUD are sometimes called long-acting reversible contraceptives, or "LARCs."

The IUD may contain hormones or copper, but both options work to prevent pregnancy.

FACILITATOR NOTE

If they name a method that is a good option for teens, such as the IUD or shot, review the benefits again and explain why it is recommended for teens.

FACILITATOR NOTE

Possible benefits of contraception beyond preventing pregnancy include: decreasing acne, making menstrual (period) cramps and bleeding less severe, decreasing anemia, and decreasing risks of ovarian and uterine cancers.

Key Messages

State the key messages from this activity:

1. *If you choose to have sex, you must use contraception to prevent pregnancy.*
2. *Although most hormonal contraception methods are used by people with vaginas, people with penises play an important role in supporting partners and friends using them.*
3. *Condoms protect against most forms of STIs.*



Transition Statement

That was a lot of information on contraception to remember, but don't worry, there's a handout on contraception methods for you. Also, if you have any additional questions, use the Notecard Knowledge Box. It's important to acknowledge that not all types of sex can lead to pregnancy (ex. sex between people with a penis, sex between people with vaginas, oral sex, or anal sex), so now it's time to explore condoms and barrier methods, including the reasons for using them, and how to use them correctly.

FACILITATOR NOTE

No matter which form of contraception participants or their partners use to prevent pregnancy, they will need to know how to use condoms correctly to prevent STIs. Not all types of sex can lead to pregnancy. The next activity helps participants understand how condoms work and why they are important for STI prevention, which will support their motivation/intent to negotiate condom use in the future.

Activity 7.3: The “C” in Condoms

20 minutes

Activity Summary

- A. Condom Basics 8 minutes
- B. Condom Steps 12 minutes

Learning Objectives

After completing this activity, participants will be able to:

1. List the types of barrier methods and how to use them
2. Identify the sequence of steps for correct condom use

Developmental Assets

- Positive values
 - ❑ Responsibility
- Social competencies
 - ❑ Resistance skills

Materials Needed

- ❑ Flipchart paper
- ❑ Markers
- ❑ Tape
- ❑ Gender messages posters
- ❑ Pair of scissors
- ❑ Two external condoms, one internal condom, and one dental dam (if demonstration is allowed)
- ❑ Participant Resource 7.3—Steps for Correctly Using an External Condom
- ❑ 18 blank 8½ x 11 cards

Advance Preparation Steps

1. Identify sections for each facilitator to lead, if using a cofacilitation model.
2. Prepare two sets of Condom Steps Cards (using Participant Resource 7.3 as a guide).

Optional: Write steps from Participant Resource 7.3 on a flipchart (but cover that page until it is used).

Activity Procedure

A. Condom Basics

1. Circle “Condoms” on the flipchart and underline the C in condoms. State that condoms are a barrier method and they work by creating a barrier that blocks the sperm from reaching the egg.
2. Explain that condoms are a unique contraception method. Ask: “Who can tell the group what makes condoms unique?”

FACILITATOR NOTES

If there are policies against bringing and showing condoms to your group, use images of each instead.

An external condom can also be used on a dildo when used during sexual activity.

3. Explain that in addition to preventing a pregnancy, condoms also provide a barrier to prevent the transmission of most viruses and bacteria that cause STIs (except human papillomavirus [HPV] and herpes). There are three types of barrier methods: **external** condoms (also known as male condoms), **internal** condoms (also known as female condoms), and **dental dam**. All kinds of barrier methods can be used by people of any gender for protection from pregnancy, STIs, and HIV. Tell participants that condoms are so special that we will be spending a lot of time talking about them.
4. While showing the external condom, explain the following information:
 - The **external condom** is a thin rubber sheath worn over the penis during intercourse. There are latex condoms (or polyurethane or polyisoprene condoms, for people who are allergic to latex). These condoms reduce the risk of pregnancy and STIs/HIV if used correctly, but they DO NOT fully protect against herpes or HPV, because the virus can be present in the genital area that is not covered by the condom and can therefore be transferred on the outside of the condom
5. While showing the internal condom, explain the following information:
 - The **internal condom** is a flexible pouch inserted into the vagina up to two hours before intercourse or into the anus right before anal sex. There are flexible rings at each end to keep it in place. The internal condom also protects against pregnancy and STIs; however, this condom covers more of the outside skin of the vulva, reducing skin-to-skin STI transmission risk.
6. While showing the **dental dam**, explain the following information:
 - The dental dam is a rectangular shaped sheet of latex or polyurethane that is placed over the vulvar or anal area to protect against the transmission of bodily fluids and skin-to-skin contact while performing oral sex on a vulva or anus. The dental dam protects against STIs. It is not as widely accessible as external condoms, but dental dams can be created from a nonlubricated external condom in a few easy steps, which you can demonstrate for participants:
 - Remove the condom from a package
 - While the condom is still in its circular, rolled up form, take a pair of scissors and cut the tip of the condom off
 - You should have what looks like a ring. Make a cut across one side of the ring
 - Stretch open the condom so that it expands to a rectangular sheet. This is your dental dam.
7. This is a good opportunity to introduce the importance of the use of lubricants or lube during sexual activity. While showing the lube sample, explain the following information:
 - Lube can be water-based, silicone-based, or oil-based. Using lube can create a smoother and safer experience against the friction that is involved when penetration or skin-to-skin sexual contact occurs. Body parts like the vagina, penis, anus, and mouth all can produce a certain amount of natural bodily fluids, which can create some lubrication, but it is not always enough to ensure side effects like pain or micro-abrasions (small tears of vaginal or anal tissue) do not occur. When micro-abrasions happen, it can lead to irritation, bleeding, and greater susceptibility to transmitting an STI. Only the water-based and silicone-based lubes should be used with condoms, applying a few drops to the outside of the condom or the area that will be experiencing the penetration or skin-to-skin contact. Lube itself does not prevent pregnancy or STIs, but can minimize the risk of these outcomes.
8. Conclude this introduction to barrier methods by telling participants that it is important to use condoms **correctly** and **consistently** every time.

FACILITATOR NOTES

For larger classes, you can break up the class into three or four small groups as well.

Groups can either place the cards on a wall using tape, or simply place the cards in order on the floor or on desks.

UNIT 3: THE ABCDs OF PREVENTION

B. Condom Steps

1. Explain to the participants that here are some critical steps to using an external condom correctly—we have narrowed these steps down to nine—and in this activity, we will find out if they can put them in order. **Note that prior to using a condom, you must obtain consent from your partner.**
2. Tell participants they are going to play a game by seeing who can put together the condom steps in the correct order as a group the fastest! Divide the participants into two small groups, send them to opposite sides of the room, and distribute one set of condom cards to each group. (Shuffle the cards to make sure that they are not already in the right order.)
3. Instruct both groups to work together to place the cards in the correct order. If they cannot agree on the placement of a card, encourage them to debate the order with their teammates until they reach a consensus.
4. Tell participants that the first group to arrange the cards in the correct order are the winners.
5. After 2–3 minutes, ask both groups to present their steps, one at a time.
6. Hand out Participant Resource 7.3—Steps for Correctly Using a Condom, and review the correct order compared with the groups' order. Have the groups rearrange any steps that are out of order. If possible, use a condom to demonstrate the order as you review the steps.
7. Invite participants to return to their seats and have a discussion about why they think it is useful to practice these steps for how to use a condom before someone has sex.

Key Messages

State the key messages from this activity:

1. *Abstaining from sex is the surest way to avoid pregnancy and STIs.*
2. *Once you are sexually active, you should use a condom or other barrier methods every time you have sex. Condoms can be paired with hormonal contraceptive methods to jointly protect against pregnancy and STIs.*
3. *Practice using condoms before you have sex. To use condoms correctly, you need to be comfortable with them.*
4. *The first step in using a condom is to obtain your partner's consent.*



Transition Statement

We've built a strong foundation for understanding the ABCs of preventing pregnancy and STIs. In our next session, we will focus on the D (Decisions), because it's up to you, and a supportive partner, to make the decision to use protection.

Activity 7.4: Closing MIX

5 minutes

Activity Summary

- | | |
|--------------------------------|-----------|
| A. Q&A | 2 minutes |
| B. Closing MIX | 2 minutes |
| C. Re:MIX Code Chant | 1 minutes |

Materials Needed

- ❑ Participant Resource 1.1A—Re:MIX Playlist

Activity Procedure

A. Q&A

1. Ask participants if they have any questions, and answer them. If there are no questions, answer any remaining questions in the Notecard Knowledge Box.

B. Closing MIX

1. Give the group 30 seconds to finish up jotting down any last thoughts, words, and ideas on their Playlist for today.
2. Invite the group to gather together in a circle, bringing their Playlists with them.
3. Remind the group what the MIX stands for in Re:MIX: Maximizing strengths, Imagining a healthy future, and eXploring identities.
4. Share your own MIX (i.e., a way you plan to maximize your strengths, imagine a healthy future, and/or explore your identities), based on the key messages and take-aways of the day.
5. Ask participants (or a few volunteers, depending on time) to share their Playlist MIX for the day, in one of the following ways:
 - **Word Beat:** Participants share one or two words from today's Playlist.
 - **Lyric Share:** Participants string together words or phrases from today's Playlist to create a lyric.
 - **Collaboration:** Participants share words or phrases from today's Playlist, one after another, to create a "rap" or "song" collaboration.
 - **Album art:** Participants share created album art.
6. Thank participants for their contributions today.

C. Re:MIX Code Chant

1. In a call-and-response format, call out the Re:MIX Code statements one by one, while the participants call them back.



Participant Resource 7.3—Steps for Correctly Using an External Condom

1. Purchase or get free condoms.
2. Place the condoms nearby, and keep them easily accessible.
3. Make sure that the condom package is not damaged, and check the expiration date.
4. Check for air bubbles, push the condom to one side, and open the package carefully; do not rip the condom.
5. Make sure that the condom faces the correct direction. It should look like a small hat, with the tip facing upward.
6. Pinch the air out of the tip and roll the condom down, along the shaft of the penis, stopping at the base of the penis.
7. Insert the penis for intercourse.
8. After ejaculation, withdraw the penis from the partner while holding the condom at the base.
9. Facing away from the partner, remove the condom and throw it away; never use a condom twice.



SESSION 8: THE FINAL STAGE

Session Overview

This session applies the assertive communication skills described in Session 4 to negotiating condom use and helping participants make decisions about sexual activity based on their personal choice. This session also covers basic information about STIs, including how they are transmitted, treated, and prevented.

Session Timetable

8.1 Welcome . . . . .	.5 minutes
8.2 Condom Negotiation	20 minutes
8.3 Making Good Decisions	15 minutes
8.4 STI Scavenger Hunt	10 minutes
8.5 Closing MIX . . . . .	.5 minutes
Total Time	55 minutes

Activity 8.1: Welcome

5 minutes

Activity Summary

- A. Welcome 1 minutes
- B. Opening Activity 2 minutes
- C. Preview of Session 8 1 minutes
- D. Q&A 2 minutes

Learning Objectives

After completing this activity, participants will be able to:

1. Recall/reinforce key messages from Session 7

Materials Needed

- ☐ Attendance form
- ☐ Markers
- ☐ Flipchart paper
- ☐ Notecard Knowledge Box
- ☐ Notecards
- ☐ Pens or pencils
- ☐ Tape

Advance Preparation Steps

1. Identify sections for each facilitator to lead, if using a cofacilitation model.
2. Post the flipchart showing the daily Re:MIX units and sessions.
3. Prepare a flipchart with the agenda for Session 8 and post it on the wall.
4. Post the Keep-Its flipchart.
5. Post the “Re:MIX Code” flipchart.
6. Review any questions in the Notecard Knowledge Box and prepare answers, grouped into categories if possible. If some are more relevant to future sessions, they can be held until then.
7. Pass out participant folders, blank notecards, and writing utensils.



Activity Procedure

A. Welcome

1. Welcome participants back for Session 8, and ask them to sign the attendance form.
2. Remind participants of The Keep-Its, referring to the flipchart posted on the wall.

B. Opening Activity

1. Choose an opening activity from the Appendix.

C. Preview of Session 8

1. Refer to the flipchart with the agenda for Session 8, and review the agenda for the day.

D. Q&A

1. Ask if there are any new questions (not in the Notecard Knowledge Box) from the last session, and answer them, as appropriate.
2. If there are questions in the Notecard Knowledge Box, address some or all, as time allows. If some are on topics that will be addressed in future sessions, acknowledge that you will be answering them later.

Session 8 Agenda

- 8.1 Welcome
- 8.2 Condom Negotiation
- 8.3 Making Good Decisions
- 8.4 STI Scavenger Hunt
- 8.5 Closing MIX



Transition Statement

Last session, we learned about the ABCs of preventing pregnancy—abstinence, contraception, and condoms. Today, we are going to focus on the last step of the ABCDs—Decisions. We'll be talking about barriers for condom use, and you'll get a chance to practice negotiating and communicating your decisions.

Activity 8.2: Condom Negotiation

20 minutes

Activity Summary

- A. Condom Barriers 8 minutes
- B. Ways to Say No Review 2 minutes
- C. Condom Negotiation Role Plays 10 minutes

Learning Objectives

After completing this activity, participants will be able to:

1. Identify reasons why teens may or may not use condoms
2. Recognize excuses and barriers for not using condoms
3. Demonstrate effective negotiation of condom use with a partner

Developmental Assets

- Positive values
 - ❑ Responsibility
 - ❑ Restraint
- Social competencies
 - ❑ Resistance skills
- Positive identity
 - ❑ Personal power

Materials Needed

- ❑ Flipchart paper
- ❑ Markers
- ❑ Tape
- ❑ Participant Resource 8.2A—Condoms Not Available Role Play
- ❑ Participant Resource 8.2B—Don't Like the Feeling Role Play

Advance Preparation Steps

1. Identify sections for each facilitator to lead, if using a cofacilitation model.
2. Review the handouts for the role plays.
3. On a sheet of flipchart paper, write the six steps for Ways to Say No.

Activity Procedure

A. Condom Barriers

1. Ask participants: Who remembers the steps to using a condom, and would like to share them with the group?
2. Ask participants: What are some reasons people should consider using condoms? Take a few answers from the group, then ask how they can ensure that condoms are used consistently by partners who decided to have sex, and take a few responses.

FACILITATOR NOTE

If participants cannot recall the steps, refer them to Participant Resource 7.3.

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3. Divide a sheet of flipchart paper into two sections, write “Reasons” on the left side and “Responses” on the right, and ask the group to think about some reasons why people DO NOT use condoms. Ask for volunteers to come up and write their reasons on the flipchart. The result may look like the top left example below.

FACILITATOR NOTE

Possible responses include:

- Condoms are cheap.
- They prevent STIs as well as pregnancy.
- They are easy to get or have with you.
- There are no side effects.
- They are the only methods created for penises..

REASONS	RESPONSES
Doesn't feel good	
Expensive	
Embarrassed to buy them	
Ruins the mood	
They can break	
Not as effective against pregnancy	

4. Next, ask the group to consider the reasons and think about a response to each reason: What could you say to someone in response? Ask for volunteers to come up and write their responses on the flipchart. The result may look like the example at right.

REASONS	RESPONSES
Doesn't feel good	Sex doesn't feel as good? Try using a lubricant. STIs don't feel good either.
Expensive	You can't afford condoms? Clinics have free condoms. If you can't afford condoms, how are you going to afford a baby?
Embarrassed to buy them	You're too embarrassed to go get them? Go with a friend. Go to a different neighborhood. Will you be embarrassed telling your parents that you are expecting a baby? Or telling your past, current, and future partners that you have an STI?
Ruins the mood	It will ruin the mood? Make putting it on part of the mood.
They can break	They can break? If we use condoms correctly, they are unlikely to break; that's just an excuse.
Not as effective against pregnancy	They are not as effective at preventing pregnancy? They are very effective at preventing pregnancy and at preventing an STI.

5. Hold a discussion by asking the following questions:
 - Was it easier to come up with the reasons for not using condoms or the responses to those reasons? Why?
 - Which of the responses listed seem to be the most useful? Why?
 - Which barriers seem to be influenced by gender messages? How?

B. Ways to Say No Review

1. Ask the participants to think back to the six steps or strategies for assertively saying no, and ask for a volunteer to state the steps (filling in where needed).
2. Reveal the prepared flipchart and review the steps:
 - Say NO with your voice, firmly.
 - Reinforce the NO with your eyes and body language.
 - If you choose to, share your reason why.
 - If you need to, say NO again and create some space.
 - Offer an alternative, if you choose.
 - If the above steps do not work, walk away.
3. Explain to participants that we are going to practice these same steps, but this time to get a partner to agree to using a condom. Explain that knowing how to use a condom correctly does not help if you cannot count on your partner to use one consistently every time, so this activity will help build their skills to insist that their partner use a condom and to say no to sex without a condom.

C. Condom Negotiation Role Plays

1. Invite two volunteers to demonstrate how to apply the Ways to Say No when negotiating condom use, using the scripted role play in Participant Resource 8.2A. Remind the volunteers that role plays are like acting, so it does not matter who plays which part. Also give participants a heads up that the role plays will include language about sex and sexual decision making. Invite them to participate as they feel comfortable and to honor the Keep Its.
2. Before the role play begins, ask the other participants to refer to the Ways to Say No flipchart during the role play, to assess which strategies are used in the role play.
3. Debrief the role play with the following discussion questions:
 - Which of the Ways to Say No did Gloria use?
 - What might have made it hard for Gloria to insist that Antonio use a condom?
 - What other kinds of things make it difficult for a girl, or person with a vagina to insist on condom use? Why?
4. Divide the participants into pairs and have them turn to

FACILITATOR NOTE

Refer to the gender messages flipcharts during this discussion.

FACILITATOR NOTE

You can write most of the steps on a flipchart and add in blanks for key words to help participants remember. Also, refer to Participant Resource 4.3.

Say _____ with your voice, firmly.

Reinforce the NO with your _____ and _____.

If you choose to, share your _____.

If you need to, say NO again, and create some _____.

Offer an _____, if you choose.

If the above steps do not work, _____ away.

FACILITATOR NOTE

This is a great time to remind participants that the best way to avoid a pregnancy or an STI is to not have sex, but if they choose to have sex, they should always use a condom.

FACILITATOR NOTE

Have either the facilitator or a volunteer read the backgrounds for each role play.

UNIT 3: THE ABCDs OF PREVENTION

Participant Resource 8.2A. Tell the participants that next they are going to practice negotiating safer sex by using a condom, and this time they have to make up all the dialogue. Remind them that these role plays are like acting—it does not matter who plays which role and the scripts do not involve the participants doing more than reading and discussing the lines.

5. Explain that each person will take turns being Justin and Monique. Each participant will have an opportunity to be the person who practices refusing unprotected sex on their own. After each role play, discuss which of the Ways to Say No were used and how well the person playing Monique was able to respond to pressure to have unprotected sex.
6. Debrief the role play in the larger group with the following discussion questions:
 - How did it feel to be in Justin's role?
 - How did it feel to be in Monique's role?
 - How did Justin pressure Monique?
 - What should Justin have done differently?
 - What did Monique do well in responding to pressure?
 - Was there any way Monique could have responded better? How?
7. Ask if anyone would be willing to volunteer to come to the front of the room and act out the Justin and Monique role play again for the large group.
8. Ask the rest of the participants to comment on what they thought was good about the role play and whether they saw anything that might be improved.
9. Finalize the role plays with the following discussion questions:
 - Do you think that practicing the refusal skills learned in the Ways to Say No role plays will help you in real life? How do you think it will help you or not help you?
 - What else might be helpful or needed to support you to do this?

Key Messages

State the key messages from this activity:

1. *If you choose to have sex, you must use a condom or barrier method to prevent unwanted pregnancy and STIs.*
2. *You can negotiate using a condom with your partner(s).*
3. *You have the right to resist the pressure to have sex without using a condom.*



Point out some of the resources in the resource guide that could help support youth in practicing condom negotiation.



Transition Statement

In the next activity, we'll consider everything you've learned about the different types of contraception and focus on the "D" of decisions, and specifically on deciding what's best for you right now.

FACILITATOR NOTE

The next activity makes the intent to be safer and healthier—through abstinence, contraception, and/or condoms—an explicit, concrete choice.

Activity 8.3: The “D” in Decisions

15 minutes

Activity Summary

- A. Peer Educator Story Share 5 minutes
- B. Making Healthy Decisions 10 minutes

Learning Objectives

After completing this activity, participants will be able to:

1. Make an informed decision about the best contraceptive choice for them right now
2. Understand that they can switch to another form of contraception if their situation needs change

Developmental Assets

- Positive values
 - Responsibility
- Social competencies
 - Planning and decision making

Materials Needed

- Video playing equipment, and/or internet access if using the story share video

Advance Preparation Steps

1. Identify sections for each facilitator to lead, if using a cofacilitation model.
2. The peer educator prepares a story to share about making healthy decisions, if not using video.
 - If using a story share video, review and become familiar with the options for Activity 8.3 Story Share Isabel or Activity 8.3 Story Share Melissa. Select one, and cue it up.(Video Link: <https://bit.ly/PE-Story-Share>)

Activity Procedure

A. Peer Educator Story Share

1. Invite the peer educator to share an important healthy decision that they have made. It does not necessarily have to be about pregnancy or health, but it should illustrate how a good decision is made—weighing the pros and cons, thinking about what is right for you, and envisioning how you might feel about the decision and about possible outcomes in the future (i.e., thinking ahead). It is also possible to change decisions as needed; the right decision at this moment may not be the right one later on. . If using the story share video, play the video. Follow with a brief discussion guided by any of the following questions:
 - What challenges did Isabel face trying to finish her education after becoming a parent?
 - What lessons did Melissa learn from the career path she’s had since becoming a parent?



Storytelling options:

- Going back to school
- Changing your major in college
- Changing jobs or careers
- Moving to a different neighborhood or city
- Breaking up with your partner
- Changing an unhealthy habit (e.g., eating better, exercising more, etc.)
- Deciding to use a certain type of contraception method

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B. Making Healthy Decisions

1. Ask participants to think about an important decision that they have had to make recently or are considering right now, and ask for volunteers to share what decisions they are making.
2. Explain that making the right decisions for themselves about abstinence, contraception, and condoms, including whether or not to have sex, is an important skill that they can learn.
3. Remind participants that no matter what they choose and no matter what the reasons, they are always free to change their minds and switch to and from different methods of contraception (including abstinence).
4. Remind participants that they do not have to make this decision alone. Talking to a health care provider at a clinic or a trusted adult are great options, and now they have the skills and tools to do that if they choose.



Key Messages

State the key messages from this activity:

1. *A decision is a choice you make; a good decision is a choice that you feel good about, that is healthy for you, and that works for you after you've followed through on it.*
2. *Being informed about your options is one way to make good decisions about contraception that will keep you and your partner safe.*
3. *You have the power to decide what's right for you now, and to change your mind when your situation changes.*



Transition Statement

We are now going to talk about STIs or sexually transmitted infections, including what they are, how they are spread, their symptoms, and how we can prevent and treat them.

Activity 8.4: STI Scavenger Hunt

15 minutes

Activity Summary

- A. What Are STIs? 3 minutes
- B. STI Scavenger Hunt 7 minutes
- C. Debrief and Review. 5 minutes

Learning Objectives

After completing this activity, participants will be able to:

1. Identify basic information about STIs
2. Identify ways to avoid contracting STIs

Developmental Assets

- Positive values
 - Responsibility

Materials Needed

- Six STI plush figures, if available (Herpes, HPV, HIV, Chlamydia, Gonorrhea, and Syphilis)
- Flipchart
- Markers
- CDC STI Fact Sheets or another medically accurate handout on STIs (found at www.cdc.gov/std/general/default.htm)
 - Herpes
 - HPV
 - HIV
 - Chlamydia
 - Gonorrhea
 - Syphilis
- Participant Resource 8.4: STI Scavenger Hunt

FACILITATOR NOTE

Highlight key facts on the CDC fact sheets that match the facts listed in Participant Resource 8.4: STI Scavenger Hunt ahead of time, to help participants identify the STI more easily during the activity.

Advance Preparation Steps

1. Place the six STI plush figures around the room, along with their corresponding printed CDC fact sheet.
2. Write the six steps for Ways to Say No on a sheet of flipchart paper.
3. Write the following words on a piece of flipchart paper in bold: Transmission, Symptoms, Treatment, Prevention, and Responsibility.
4. Identify the sections for each facilitator to lead, if using a cofacilitation model.

Activity Procedure

A. What Are STIs?

1. Explain that we are going to be talking about STIs, or sexually transmitted infections, which are sometimes referred to as sexually transmitted diseases or STDs. Explain that the term STI is the less stigmatizing and more accurate term because all STIs, when initially transmitted from one person to another, begin as an infection. Only some STIs, if left untreated, may transition into a disease stage. Explain that STIs have five general areas that people need to know to protect themselves.

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2. Refer to the prepared flipchart paper with the five bold words (transmission, symptoms, treatment, prevention, and responsibility) and discuss their definitions with the class.
 - **Transmission: “How do you get one?”**—STIs are transmitted by sexual contact with someone living with the infection. Bodily fluids that can carry STIs from one body to another are semen (including preejaculatory fluid), vaginal fluid, blood (for HIV), and breastmilk.
 - **Symptoms: “How do you know you may have one?”**—A change in the look or feel of genitals or unusual genital discharges may indicate the presence of an STI (e.g., sores, lumps, a rash, etc.). Some STIs can infect the body without showing any symptoms. Therefore, it is recommended that sexually active people get tested for STIs on an annual or semiannual basis.
 - **Treatment: “How do you take care of it?”**—Anyone who thinks that they may have an infection should promptly go to a clinic or doctor for medical treatment. It is critical to take all of the medications prescribed.
 - **Prevention: “How do you make sure that you and your partner won’t/don’t have one?”**—Abstinence is the only 100% effective way to prevent STIs. The risk of getting an STI can be reduced by using an external, internal condom, or dental dam every time one has sex. Also, some HPVs can be prevented with use of the HPV vaccine, which is now available for young people of all gender identities.
 - **Responsibility: “How do you take responsibility?”**—Anyone with an STI should go to a health care provider for treatment and inform their sexual partner or partners. Some clinics will support you in notifying your partners, if you choose.

B. STI Scavenger Hunt

1. Place the six STI plush figures (HPV, HIV, herpes, syphilis, chlamydia, and gonorrhea), along with their corresponding CDC handout, at six separate tables or stations around the room.
2. Explain that during this next activity, participants are going to get to know the plush STI figures and learn more about the most common STIs.
3. Divide participants into three or four small groups, and refer them to Participant Resource 8.4—STI Scavenger Hunt. Explain that they will be completing their scavenger hunt handouts by visiting each STI station and learning about six of the most common types of STIs.
4. Assign each group a starting point at one of the tables and send them off to rotate through the six stations and complete their scavenger hunt forms.
5. After all groups have visited all of the stations, invite them to return to their seats.
6. Gather together all of the plush figures and pass them out randomly to the groups.
7. Invite the groups, one by one, to introduce their plush figure by sharing who they are and the top five facts from their scavenger hunt handout that we need to know about them. After each group has presented, allow questions to be asked.
8. Debrief the activity by asking these discussion questions:
 - What was the most surprising thing you learned about STIs?
 - What fact would you tell a friend who recently became sexually active?

FACILITATOR NOTE

Depending on the class size, you make break up the participants into larger or smaller groups, but do not exceed six per group.

FACILITATOR NOTE

If you are short of time, have each group present one or two facts.

9. Provide the following final facts to close out the session:

- Most people do not show any symptoms. That is why it is so important to get tested and to use condoms every time you have sex.
- STIs can be transmitted from unprotected vaginal, oral, or anal sex, so again, you must wear a condom or use a barrier method to protect yourself against STIs every time you engage in these sexual activities, and get tested regularly.
- Bodily fluids that carry STIs from one body to another are semen (including preejaculatory fluid), vaginal fluid, blood (for HIV), and breastmilk.

Key Messages

State the key messages from this activity:

1. *A person can be infected with an STI and show no symptoms. It is important to go to the clinic to get tested and protected.*
2. *If you are sexually active, you must use a barrier method to protect yourself from STIs.*



Transition Statement

We now come to the Closing MIX. We hope you come up with some important ways to MIX up your Playlist to share, as it's been an information-packed day.

Activity 8.5: Closing MIX

5 minutes

Activity Summary

- | | |
|--------------------------------|-----------|
| A. Q&A | 2 minutes |
| B. Closing MIX | 2 minutes |
| C. Re:MIX Code Chant | 1 minutes |

Materials Needed

- ❑ Participant Resource 1.1A: Re:MIX Playlist

Activity Procedure

A. Q&A

1. Ask participants if they have any questions, and answer them. If there are no questions, answer any remaining questions in the Notecard Knowledge Box.

B. Closing MIX

1. Give the group 30 seconds to finish up jotting down any last thoughts, words, and ideas on their Playlist for today.
2. Invite the group to gather together in a circle, bringing their Playlists with them.
3. Remind the group what the MIX stands for in Re:MIX: Maximizing strengths, Imagining a healthy future, and eXploring identities.
4. Share your own MIX (i.e., a way you plan to maximize your strengths, imagine a healthy future, and/or explore your identity), based on the key messages and take-aways of the day.
5. Ask participants (or a few volunteers, depending on time) to share their Playlist MIX for the day, in one of the following ways:
 - **Word Beat:** Participants share one or two words from today's Playlist.
 - **Lyric Share:** Participants string together words or phrases from today's Playlist to create a lyric.
 - **Collaboration:** Participants share words or phrases from today's Playlist, one after another, to create a "rap" or "song" collaboration.
 - **Album art:** Participants share created album art.
6. Thank participants for their contributions today.

C. Re:MIX Code Chant

1. In a call-and-response format, call out the Re:MIX Code statements one by one, while the participants call them back.



Participant Resource 8.2A—Condoms Not Available Role Play

Background

Antonio and Gloria meet at a party. They start talking and are really connecting. After a couple of hours, they go upstairs to one of the empty bedrooms and start fooling around. They both want to have sex, but no condoms are available.

Antonio: I'm really feeling you. I want to have sex with you. Are you feeling me like that, too?

Gloria: I sure am, but I don't have a condom. Do you?

Antonio: Don't worry. Nothing will happen.

Gloria: No, I don't want to have sex if you don't have a condom. I have plans in life, so there's no way I'm willing to risk getting pregnant.

Antonio: You can't get pregnant if I pull out in time.

Gloria: That's not true. I am not going to have sex if we don't have condoms. If you want, we can go to the store and see if we can get some, or we can go back downstairs and hang out.

Antonio: I don't want to go to the store at this time of night. I don't understand what you're worried about... Aren't you having a good time?

Gloria: Yes, I am having a good time, but I am not going to have sex without a condom.

Antonio: C'mon, I'll make you feel good.

Gloria: I really like you, but it's not going to happen tonight. Let's go back to the party. (Gloria gets up and heads downstairs.)



Participant Resource 8.2B—Don't Like the Feeling Role Play

Background

Monique and Justin have been dating a few months and started having sex recently. Although they both agreed to use condoms, Justin is now curious about what it would be like to have sex without a condom. Monique is very clear that she does not want to get pregnant or risk contracting an STI.

Justin: Just this once, let's not use condoms, OK?

Monique: ...

Justin: ...

Monique: ...

Continue acting out the unscripted dialogue.



Participant Resource 8.3—STI Scavenger Hunt

1. I am caused by two types of viruses.
2. Fluids found in sores carry the virus, and contact with those fluids can cause infection.
3. In the United States, about one out of every six people aged 14–49 years have me.
4. My symptoms can occur in genital areas that are covered by a latex condom. However, outbreaks can also occur in areas that are not covered by a condom, so condoms may not fully protect you from getting me.
5. There is no cure for me because I'm a virus. However, there are medicines that can prevent or shorten outbreaks.

Which STI am I? _____

1. I am a common STI. I can cause serious, permanent damage to a person with a vagina's reproductive system, making it difficult or impossible to get pregnant later on.
2. Anyone who has sex can get me through unprotected anal, vaginal, or oral sex. However, sexually active young people are at a higher risk of getting me. This is due to behaviors and biological factors common among young people.
3. Most people who have me have no symptoms. If you do have symptoms, they may not appear until several weeks after you have sex with an infected partner.
4. For people with a vagina, symptoms may include an abnormal vaginal discharge or a burning sensation when urinating.
5. I can be cured with the right treatment.

Which STI am I? _____



Participant Resource 8.3—STI Scavenger Hunt (continued)

1. I can cause infections in the genitals, rectum, and throat.
2. Some people who have me may have no symptoms at all. However, people with a penis who do have symptoms may have a burning sensation when urinating; a white, yellow, or green discharge from the penis; and painful or swollen testicles (although this symptom is less common).
3. Most people with a vagina who have me do not have any symptoms. Even when they have symptoms, they are often mild and can be mistaken for a bladder or vaginal infection.
4. Most of the time, urine can be used to test for me.
5. I can be cured with the right treatment. It is important that you take all of the medications your doctor prescribes to cure your infection.

Which STI am I? _____

1. Symptoms are divided into stages. These stages are called primary, secondary, latent, and late.
2. You can get me by direct contact with a sore during anal, vaginal, or oral sex.
3. I have been called “the great imitator” because I have so many possible symptoms, many of which look like symptoms from other diseases.
4. During the first (primary) stage of me, you may notice a single sore called a chancre, but there may be multiple sores. The sore is the location where I entered your body.
5. During the secondary stage, you may have skin rashes and/or sores in your mouth, vagina, or anus.

Which STI am I? _____



Participant Resource 8.3—STI Scavenger Hunt (continued)

1. I am a virus that can lead to acquired immunodeficiency syndrome, or AIDS.
2. Unlike some other viruses, the human body cannot get rid of me. That means that once you have me, you have me for life.
3. A medicine called PrEP (pre-exposure prophylaxis) is available for people who do not have me in their body. This medicine helps reduce their risk of acquiring me..
4. When people get me and do not receive treatment, they will typically progress through three stages of disease.
5. Medicine to treat me, known as antiretroviral therapy (ART), helps people at all stages of the disease if taken the right way, every day. Treatment can slow or prevent progression from one stage to the next.

Which STI am I? _____

1. I am the most common STI. I am so common that nearly all sexually active people get me at some point in their lives.
2. You can get me by having oral, vaginal, or anal sex with someone who has the virus. I am most commonly spread during vaginal or anal sex.
3. I can be passed even when an infected person has no signs or symptoms.
4. I can cause cervical and other cancers, including cancer of the vulva, vagina, penis, or anus. I can also cause cancer in the back of the throat, including the base of the tongue and tonsils (called oropharyngeal cancer).
5. There are safe and effective vaccines that can prevent me. They can protect all against diseases (including cancers) caused by me when they are given to the recommended age-groups.

Which STI am I? _____

UNIT 3: THE ABCDs OF PREVENTION





UNIT 4

PLANNING FOR THE FUTURE

Youth Voices

"Would the state recognize someone our age as a mother to make their own decisions, if they had a kid?"

"Education is the key to success."

"I commit to not having sex until after I graduate from college."

"I will use a condom to not get anyone pregnant."

"I will not make assumptions and make sure to ask questions."

Unit 4 returns to the goal-setting themes of the first session, as the participants take stock of their current and future lives and explore how an early, unplanned pregnancy could affect those goals. This unit consists of two sessions, beginning with financial implications of child rearing (Session 9), ending with planning for the future (Session 10).

SESSION 9: A BABY TODAY

Session Overview

This session allows the participants to gain a realistic financial understanding of child-rearing and learn first-hand from a young parent how having a child at a young age has impacted their life.

Session Timetable

9.1 Welcome . . . . .	.5 minutes
9.2 20 Bucks . . . . .	.5 minutes
9.3 Babies Cost What?!	20 minutes
9.4 Life Changes	20 minutes
9.5 Closing MIX . . . . .	.5 minutes
Total Time	55 minutes



Activity 9.1: Welcome

5 minutes

Activity Summary

- A. Welcome 1 minutes
- B. Opening Activity 2 minutes
- C. Preview of Session 9 1 minutes
- D. Q&A 2 minutes

Learning Objectives

After completing this activity, participants will be able to:

- 1. Recall/reinforce key messages from Session 8

Materials Needed

- ☐ Attendance form
- ☐ Markers
- ☐ Flipchart paper
- ☐ Notecard Knowledge Box
- ☐ Notecards
- ☐ Pens or pencils
- ☐ Masking tape

Advance Preparation Steps

- 1. Identify sections for each facilitator to lead, if using a cofacilitation model.
- 2. Post the flipchart showing the daily Re:MIX units and sessions.
- 3. Prepare a flipchart with the agenda for Session 9.
- 4. Post the Keep-Its flipchart.
- 5. Post the “Re:MIX Code” flipchart.
- 6. Review any questions in the Notecard Knowledge Box and prepare answers, grouped into categories if possible.
- 7. Pass out participant folders, blank notecards, and writing utensils.

FACILITATOR NOTE

The next activity is designed to create more accurate perceptions about the financial consequences of parenting during adolescence.

Activity Procedure

A. Welcome

1. Welcome participants back for Session 9, and ask them to sign the attendance form.
2. Remind participants of The Keep-Its, referring to the flipchart posted on the wall.

B. Warm Up Activity from Appendix

1. Choose a warm-up activity from the Appendix.

C. Preview of Session 9

1. Refer to the flipchart with the agenda for Session 9. Explain that today we are going to talk about the many changes after having a baby and how the new responsibilities can affect your life.

D. Q&A

1. Ask if there were any new questions (not in the Notecard Knowledge Box) from the last session, and answer these as appropriate.
2. If there are questions in the Notecard Knowledge Box, address some or all, as time allows. If some are on topics that will be addressed in the next session, acknowledge that you will be answering them later.

Session 9 Agenda

- 9.1 Welcome
- 9.2 20 Bucks
- 9.3 Babies Cost What?!
- 9.4 Life Changes
- 9.5 Closing MIX



Transition Statement

In the next activity, we will briefly talk about some of the expenses of having a baby. Keep in mind that becoming a parent or raising children is not something everyone will do or has to want to experience in their lifetime. For those that do experience parenthood, it can be difficult at any age, but it may be especially challenging for young people who are just starting out on their educational and career paths.

Activity 9.2: 20 Bucks

10 minutes

Activity Summary

- A. 20 Bucks 8 minutes
- B. Peer Educator Story Share. 2 minutes

Learning Objectives

After completing this activity, participants will be able to:

1. Identify specific financial responsibilities of young parents

Developmental Assets

- Positive values
 - Responsibility
- Social competencies
 - Planning and decision making
- Positive identity
 - Personal power

Materials Needed

- A pretend \$20 bill
- Projector/laptop on which to play video, and/or internet access, if using Story Share videos

Advance Preparation Steps

1. Identify the sections for each facilitator to lead, if using a cofacilitation model.
2. Prepare to share something that you or a young parent would spend \$20 on (a necessity for their child).
3. The peer educator prepares a story of examples of how having a child has affected their spending habits. If using a story share video, review and become familiar with the options for Activity 9.2 Story Share Isabel or Activity 9.2 Story Share Melissa. Select one, and cue it up.
(Video Link: <https://bit.ly/PE-Story-Share>)

Activity Procedure

A. 20 Bucks

1. Pretend that you just woke up in the morning, acting out yawning, stretching, and putting on pants. While putting on pants, reach into the pocket and pull out the pretend \$20 bill, then say that you just found \$20 that you didn't know you had. It's going to be a great day!
2. Ask participants to imagine that they have also just found \$20 and to think about what they might spend it on. Call on several people to tell you what they would buy. For extra effect, pass around the pretend \$20 bill for each volunteer to hold while sharing their idea.
3. After several participants have shared their answers, have the facilitator(s) tell the participants what they would spend their \$20 on, with particular emphasis on expenses that are necessities due to raising children or being a parent. (i.e., diapers, medicine, baby food, a toy, or baby clothes).
4. Ask participants if they recognize what is different about what the facilitator(s) would buy and what they would buy? Then explain that when you have a baby, you no longer can spend all of your money on yourself.

B. Peer Educator Story Share



1. Invite the peer educator to share a brief story about how having a baby changed what they buy, how they spend their money, and what they miss most about their past spending habits. If using the story share video, play the video.

Key Messages

State the key messages from this activity:

1. *Babies are expensive—and so are toddlers, young children, and high school students too.*
2. *When you have children, you have to reprioritize how you spend and save money—you also have to have more money to buy the necessities to care for the child.*
3. *Parenting is a big responsibility. You have to take action to prevent a pregnancy until you and your partner are financially, as well as emotionally, ready for the responsibility.*



Transition Statement

Let's take a look now at just how expensive babies are by looking at some actual costs of things they need, like diapers and day care.

FACILITATOR NOTE

The next activity continues the “reality check” about what babies cost and why it is an added strain for young parents, who may not yet have the jobs/careers that make meeting all of these expenses possible.



Activity 9.3: Babies Cost What?!

20 minutes

Activity Summary

- | | |
|---------------------------------|------------|
| A. Baby Shopping List | 4 minutes |
| B. The Price Is Right | 12 minutes |
| C. Thinking Ahead | 4 minutes |

Learning Objectives

After completing this activity, participants will be able to:

1. State accurate details about the costs of specific purchases for infants and babies
2. Consider the current and future financial consequences of becoming a young parent

Materials Needed

- ☐ Flipchart paper
- ☐ Markers in five different colors
- ☐ Blank 8½ x 11 cards
- ☐ Small whiteboards with markers, for contestants in the game
- ☐ Small prizes or treats for volunteers

Advance Preparation Steps

1. Identify sections for each facilitator to lead, if using a cofacilitation model.
2. Research current local costs of diapers, infant car seats, strollers, and day care, as well as the monthly living costs (for the bonus round of the game).
3. Prepare blank cards with the names of an item written on one side and the actual cost of the item on the other.

Activity Procedure

A. Baby Shopping List

1. State again that babies need lots of things to be properly taken care of. Explain that together we will make a shopping list of all the things that a newborn baby is going to need.
2. Allow participants to shout out their answers as you write them on a sheet of flipchart paper. The resulting list might look like the example to the right.
3. Fast forward to the babies first birthday—what are we going to need now?
4. And now, as the baby grows, what else will you need as they start walking, eating solid food, going to day care, and more?
5. Ask participants: What do you notice about our shopping list?

SHOPPING LIST FOR BABY

- Clothes (outgrown frequently!)
- Bedding (crib, mattress, sheets, blankets)
- Diapers and changing supplies (ointments, changing mat, diaper pail, diaper bag)
- Breastfeeding supplies (nursing bras, pump, pads).
- Toys, rattles
- Stroller
- Car seat
- Baby bottles, pacifiers, etc.

B. *Babies Cost What?!*

1. Ask participants if they have ever seen the game show *The Price Is Right*. Explain that this activity is going to be just like that show.
2. Have one facilitator act as the game show host and welcome participants to *Babies Cost What?!*, the game show where contestants must guess the costs of some items that babies need.
3. Invite three contestants to “come on down!” (to the front of the room) and hand them each a small whiteboard and marker.
4. Then explain the rules of the game:
 - The facilitator will hold up a sign with an item written on it.
 - Contestants will have 20 seconds to guess how much that item costs and write that number down.
 - The audience is encouraged to shout out prices to help the contestants.
 - Once the contestants have written their answers, they will turn their boards around and show the rest of the group their answers. At this time, the facilitator will turn the card around to show the correct cost of the item.
 - The contestant who is closest to the actual price without going over is the winner.
5. Begin the game by holding up the Diapers sign while saying the following to the group:
 - *The first item we need a price for is **diapers for one month for a newborn baby**. Write down how much you think it costs to supply diapers for one month. Audience, feel free to help them out.* [Encourage the other participants to shout out some numbers.]
6. Have the contestants turn their boards around to reveal their answers. Ask the audience who is closest to the actual cost of the item, then say the following to the group:
 - *The correct answer is \$85.80. A value-priced package of newborn diapers costs approximately 26 cents per diaper, and an average baby requires 10 to 12 changes per day for the first three months. So, 11 diapers x 30 days at 26 cents each equals \$85.80 per month.*

FACILITATOR NOTES

Option: You could play the theme music to *The Price Is Right* as you invite participants up.

If you do not have a whiteboard, just use paper.

FACILITATOR NOTE

Don't forget to give the volunteers a prize. Prizes can include swag from a local community organization or a healthy snack.

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7. Invite the winner of this round to stay on “contestants’ row,” and ask the other two contestants to hand their whiteboards off to two new contestants. (Or you may want to bring three new contestants up.)
8. Continue following the same process for the remaining items, providing the actual costs and follow-up information along the way.
 - *Infant car seat:* \$180. Consumer Reports—recommended car seats range in price from \$60 to \$200, but the top-rated infant seat costs \$180. Ratings are based on ease of use, fit to vehicle, and crash protection. Note that hospitals will not let you leave if you do not have a car seat for your baby. Moreover, babies will grow out of their car seat and will require at least 2–3 different car seats during childhood.
 - *Day care per month:* \$1,000. The facilitator(s) can share their own experiences about the costs and challenges of day care, if applicable, and can ask the participants if they have any experiences to share as well.
 - [Bonus round with the three final winners; invite them back up if they have sat down.]: Cost of living for a single parent and one child is approximately \$3,490 per month.

FACILITATOR NOTE

Consumer Reports is a nonprofit organization that tests products to make sure that they are safe. Check out www.consumerreports.org for more information.

FACILITATOR NOTE

Put this into perspective for teens: “Like this is 30 pairs of Jordans! Or 300 movie tickets!”

FACILITATOR NOTE

In many families, some of the immediate and ongoing costs may be less, because clothes, toys, car seats, etc., are borrowed or handed down. The geographic location of where someone lives may also alter the cost of items and the general cost of living expenses. It is fine to acknowledge this (and include it in the peer educator’s story, if appropriate), but this still leaves plenty of ongoing costs (such as diapers and day care) that cannot be “borrowed.” It is also important to recognize that a pregnancy can bring positive outcomes as well (maturity, independence, positive attention, etc.) and may not alter a life course or trajectory for the worse. Regardless, life will always change and be different once someone has a baby.

C. Thinking Ahead

1. After everyone has returned to their seats, explain that with the many financial costs of having a baby, it is important for parents to be sure that they can support a baby. Ask them what they think they would need to earn, either hourly or annually, in a full-time 40 hour a week job, to afford to live at \$3,490 per month?
2. Give participants a chance to provide some responses, then tell them that they would need to earn a minimum of \$20 an hour, or \$41,600 per year.
3. Now ask if they know what the minimum wage is. Let them know that the federal minimum wage is only \$7.25.
4. Then ask what kind of jobs, or careers, they think will pay \$20 an hour, and write their responses on a flipchart, adding some of your own. The resulting flipchart might look something like this:

FACILITATOR NOTE

Be sure to update the minimum wage information provided in this session by state and as the law changes.

5. After they have generated a good list, ask what they need in order to earn \$20 an hour or more. Then let them know that they often will need a college degree, other trade certification, or years of experience in the field. State that these requirements are often not available to young parents, which can make it more challenging to meet the financial needs of raising a child.

- Detective/criminal investigator
- Accountant
- Aircraft mechanic
- Architect
- Police officer
- Registered nurse
- Dental hygienist
- Managerial work
- Teacher
- Nonprofit management



6. Ask participants if any of them wrote about a specific career when they did their timelines in Session 1. If so, ask them to share those careers now. Then ask what are some necessary steps needed to reach those career goals? Pick a few participants to share their answers.

Key Messages

State the key messages from this activity:

1. *Babies are expensive—and so are toddlers, young children, and high school students.*
2. *Parenting is a big responsibility with lots of joys and responsibilities at any age—it can be expensive and lasts a long time.*



Transition Statement

There are many life changes for a parent beyond the financial changes. In this next activity, we are going to come up with a big list of those changes.

FACILITATOR NOTE

The next activity returns to the life goals that were explored in Session 1. By following the cost of babies discussion, it shows how early parenthood can interfere with achieving life goals.

Activity 9.4: Life Changes

20 minutes

Activity Summary

- A. Life Changes Brainstorm 13 minutes
- B. Life Changes Discussion 5 minutes
- C. Peer Educator Story Share. 2 minutes

Learning Objectives

After completing this activity, participants will be able to:

1. List the ways in which their lives would change after having a baby
2. Identify the role of gender within parenting experiences

Developmental Assets

- Positive identity
 - ☐ Personal power
 - ☐ Positive view of personal future
- Support
 - ☐ Positive family communication

Materials Needed

- ☐ Flipchart paper
- ☐ Markers (five colors, one per category)
- ☐ Video playing equipment, and/or internet access, if using story share video

Advance Preparation Steps

1. Identify sections for each facilitator to lead, if using a cofacilitation model.
2. The peer educator prepares a story about the life changes they experienced as a parent. If using a story share video, review and become familiar with the options for Activity 9.4 Story Share Isabel or Activity 9.4 Story Share Melissa. Select, and cue it up.
(Video Link: <https://bit.ly/PE-Story-Share>)
3. Post five sheets of flipchart paper around room with one of the life changes categories labeled on each. Cover each with a blank sheet of flipchart paper (or fold it up over itself).

Life Changes Categories:

- ☐ Relationships
- ☐ School and education
- ☐ Finances and legal responsibilities
- ☐ Social life
- ☐ Physical and emotional well-being

4. Tape one marker next to each flipchart.

Activity Procedure

A. Life Changes Brainstorm

1. Explain to the group that there are many ways your life would change if you became a parent, some of them positive and some more difficult. In this activity, we will explore what some of those changes are.
2. Reveal the pieces of flipchart paper around the room and review each of the five categories, discuss what they mean, and provide a couple of examples.
 - **Relationships:** This can include your family, friends, and your romantic relationships. For example, your relationship with your parents may change.
 - **School and education:** Things at school may be different, or your education may be affected. For example, you may no longer be able to play sports or participate in after-school activities.
 - **Finances and legal responsibilities:** When you become a young parent, you have legal obligations to your child. You will have new financial obligations, too. Try to think of what some of those may be. For example, you may need to pay for child care or medical expenses.
 - **Social life:** Your free time and social life, the time you spend with your friends and doing the things you like, will definitely change. For example, you may not be able to go out on Friday nights.
 - **Physical and emotional well-being:** Some physical changes may seem obvious, but you may also go through some emotional changes. For example, you may deal with a lot of stress.

FACILITATOR NOTE

Write one example on each flipchart to help them understand the assignment. For example, under the category “social life,” an example might be “a young parent may miss the Prom” or “meet other young parents and support each other.” Confirm that everyone understands the assignment before you ask the participants to begin.

Relationships: <ul style="list-style-type: none">• Less time for friends• Parents are angry• Partner leaves you• Parents and friends are excited	School & Education: <ul style="list-style-type: none">• Can't play sports• Hard to finish high school• No time for college or a delayed start• More motivated to finish school and go to college	Financial & Legal Responsibilities: <ul style="list-style-type: none">• Child care• Child support• Medical expenses• Lawyer fees to get custody• Need to get a job	Physical & Emotional: <ul style="list-style-type: none">• Body changes with pregnancy• stress• Hormone changes• Happiness of having child	Social Life: <ul style="list-style-type: none">• No time for parties or going out• Make friends with other young parents• Have to be home early
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Below are examples of what these flipcharts might look like by the end of the activity:

3. Divide the participants into five small groups and assign them to one of the posters posted around the room. There should only be one group per flipchart at a time.
4. Explain that for each of the life changes categories listed on the flipcharts, they are to come up with a list of ways in which they think a young person's life would change after becoming a parent.
5. Keep track of the time and keep things moving quickly, allowing only about one minute per flipchart for each small group. After a minute is up, tell the groups to move to the next flipchart. Ask them to review what is already written under the category and then add as many changes as they can think of to the list.
6. Continue this process until each group has contributed to all five posters. Then invite the groups to

tour and review all of the posters in a gallery walk.

B. Life Changes Discussion

- Once everyone has returned to their seats, begin a discussion with the group about the life changes they have come up with. For each chart, ask a few volunteers to share which examples on the flipchart are most important to them and why. **Be sure to discuss both positive and negative life changes.**
- Debrief the activity by asking the following discussion questions:
 - Did you see more positive changes or more negative changes on the charts? Why do you think that is? And do you think it is realistic?
 - Are there any life changes that are specific to young women? Why do you think that is?
 - Are there any life changes that are specific to young men? Why do you think that is?
 - How do the gender messages create an unequal expectation or balance of responsibilities? For whom?
 - Which of the new messages might change this to create more balance and responsibility?



C. Peer Educator Story Share

Have the peer educator share a story about their experience with how their life has changed since becoming a parent—all of the challenges and the positive developments, too. If using a story share video, play the video. Follow with a brief discussion guided by any of the following questions:

- What major challenge did Isabel or Melissa experience after becoming a parent?
- What steps did they take to overcome the challenge?

Key Messages

State the key messages from this activity:

- Becoming a parent changes your life in some good ways and some challenging ways. It's important to plan for and be ready to become a parent at any age.*
- Not everyone will become a parent or desires to in their lifetime. For those that do, it is best to prepare for a baby, put it on your timeline—and make sure that it's on your partner's timeline, too.*

FACILITATOR NOTES

In cases where participants discuss positive aspects of parenting, be sure to explore how these issues could also potentially lead to more challenges. The point is not to deny any positive experiences, but to look at these reasons with more depth and see how realistic they are.

Refer to the gender message posters from Session 2 when discussing the gender-related questions.



Transition Statement

Was anyone surprised by the costs and responsibilities of having a baby? It is a big job, and one that lasts a lifetime. Let's move to our closing MIX to hear what key aspects of life changes stuck out for you.

Activity 9.5: Closing MIX

5 minutes

Activity Summary

- | | |
|--------------------------------|-----------|
| A. Q&A | 2 minutes |
| B. Closing MIX | 2 minutes |
| C. Re:MIX Code Chant | 1 minutes |

Materials Needed

- ❑ Participant Resource 1.1A: Re:MIX Playlist

Activity Procedure

A. Q&A

1. Ask participants if they have any questions, and answer these. If there are no questions, answer any remaining questions in the Notecard Knowledge Box.

B. Closing MIX

1. Give the group 30 seconds to finish up jotting down any last thoughts, words, and ideas on their Playlist for today.
2. Invite the group to gather together in a circle, bringing their Playlists with them.
3. Remind the group what the MIX stands for in Re:MIX: Maximizing strengths, Imagining a healthy future, and eXploring identities.
4. Share your own MIX (i.e., a way you plan to maximize your strengths, imagine a healthy future, and/or explore your identity), based on the key messages and take-aways of the day.
5. Ask participants (or a few volunteers, depending on time) to share their Playlist MIX for the day, in one of the following ways:
 - **Word Beat:** Participants share one or two words from today's Playlist.
 - **Lyric Share:** Participants string together words or phrases from today's Playlist to create a lyric.
 - **Collaboration:** Participants share words or phrases from today's Playlist, one after another, to create a "rap" or "song" collaboration.
 - **Album art:** Participants share created album art.
6. Thank participants for their contributions today.

C. Re:MIX Code Chant

1. In a call-and-response format, call out the Re:MIX Code statements one by one, while the participants call them back.

SESSION 10: COMMITMENT TO THE FUTURE

Session Overview

In this session, participants will learn about clinics to help keep them healthy and will envision themselves living their future ideal life. While holding that vision, they will identify personal behaviors they intend to sustain or change to prevent unplanned pregnancy and lead a healthy and fulfilling life.

Session Timetable

10.1 Welcome . . . . .	.5 minutes
10.2 The Clinic	15 minutes
10.3 Imagine Your Future	10 minutes
10.4 Letter to My Future Self	10 minutes
10.5 Closing Web—Final Mix.	15 minutes

Total Time **55 minutes**

Activity 10.1: Welcome

5 minutes

Activity Summary

- A. Welcome 1 minutes
- B. Opening Activity 2 minutes
- C. Preview of Session 10 1 minutes
- D. Q&A 2 minutes

Learning Objectives

After completing this activity, participants will be able to:

- 1. Recall/reinforce key messages from Session 9

Materials Needed

- ☐ Attendance form
- ☐ Markers
- ☐ Flipchart paper
- ☐ Notecard Knowledge Box
- ☐ Pens or pencils
- ☐ Tape
- ☐ Note cards

Advance Preparation Steps

- 1. Identify sections for each facilitator to lead, if using a cofacilitation model.
- 2. Post the flipchart showing the daily Re:MIX units and sessions.
- 3. Prepare a flipchart with the agenda for Session 10.
- 4. Post the Keep-Its flipchart.
- 5. Post the “Re:MIX Code” flipchart.
- 6. Review any questions in the Notecard Knowledge Box and prepare answers, grouped into categories if possible.
- 7. Pass out participant folders, blank notecards, and writing utensils.

FACILITATOR NOTE

Remember that this is the last session, so make sure that you answer any remaining questions in the Notecard Knowledge Box.

Activity Procedure

A. Welcome

1. Welcome participants back for Session 10, and ask them to sign the attendance form.
2. Remind participants of the The Keep-Its, referring to the flipchart posted on the wall.

B. Preview of Session 10

1. Refer to the flipchart with the agenda for Session 10. Explain that today is our last Re:MIX session together, and it will be an opportunity for us to make some final plans for the future.

C. Q&A

1. If there were questions in the Notecard Knowledge Box, address some or all, as time allows.
2. Ask if there were any new questions (not in the Notecard Knowledge Box) from the last session, and answer them, as appropriate.

Session 10 Agenda

- 10.1 Welcome
- 10.2 The Clinic
- 10.3 Imagine Your Future
- 10.4 Letter to My Future Self
- 10.5 Closing Web - Final MIX



Transition Statement

Today is our final session where we will wrap up what we've learned, and consider how to apply it to the future. Before we do this, there is one aspect that is important to understand when making decisions about your health. Let's do a few activities to learn about clinics and how to use them to take care of our sexual health



Activity 10.2 The Clinic

15 minutes

Activity Summary

A. List of Services	3 minutes
B. List of Questions	3 minutes
C. Calling the Clinic	6 minutes
D. Discussion	3 minutes

Learning Objectives

After completing this activity, participants will be able to:


- 1. State where local teen clinics are located
- 2. Describe the services provided at a family planning clinic
- 3. Demonstrate how to call a family planning clinic and make an appointment

Materials Needed

- ❑ Flipchart paper
- ❑ Markers
- ❑ Tape
- ❑ Copies of CDC Infographic *A Teen-Friendly Reproductive Health Visit* (available from http://www.cdc.gov/teenpregnancy/pdf/teenfriendlyclinic_8.5x11.pdf)
- ❑ Participant Resource 10.2—Calling a Health Clinic

Advance Preparation Steps

- 1. Identify sections for each facilitator to lead, if using cofacilitation model.
- 2. Review Participant Resource 10.2—Calling a Health Clinic.
- 3. Review the Resource Guide for information on clinics.



Refer participants to information on youth-friendly clinics provided in the resource guide.

Activity Procedure

A. List of Services

- 1. Explain that there are local health clinics that provide a wide range of services for teens with low to no cost, and in some cases without parental consent.
- 2. Ask participants whether they have ever visited any of these clinics or know someone who has. If any have, ask if they can share what some of the available services are, and write them up on a sheet of flipchart paper.
- 3. Ask if anyone else can come up with some additional clinic services, and write those on the flipchart. If not already mentioned, be sure to add contraception, pregnancy testing, and STI/HIV testing.



B. Questions Brainstorm

1. The first step to visiting a clinic is calling and setting up an appointment. To prepare them for calling and making a clinic appointment, explain that the next activity will help them come up with a list of questions that they can ask clinics prior to making an appointment. Then, they will get a chance to practice with a partner.
2. Label a sheet of flipchart paper with Possible Questions for the Clinic Phone Call, and ask participants to tell you what questions they think they would need to ask to make an appointment at a clinic. Tell them to consider that if a clinic is not “teen friendly,” then it may not be as welcoming to a male-identifying young person or an LGBTQ youth, so there may be questions they need to ask to feel comfortable there. Ask the participants what kinds of questions they will want to ask, and write these on the flipchart. The example below shows what a typical flipchart might look like after this activity.

FACILITATOR NOTE

You do not need too many questions here, just some basics to help youth gather the right information.

Possible Questions for the Clinic Phone Call

- What services do you provide?
- What contraception methods or STI services do you offer?
- How much do these services cost?
- What is involved in a visit?
- How long will it take?
- Do I need an appointment?
- Do I need a parent's permission?
- Is it confidential? What does that mean, exactly?
- Can I bring a friend?
- What do I need to bring?
- Can I choose my provider by their gender?
- How do I get there?
- What are your hours?

C. Phone Call Role Plays

1. Explain that to get more comfortable with calling a clinic, they will practice with a partner making a mock phone call to a clinic. Refer to Participant Resource 10.2—Calling a Health Clinic, and explain that in pairs, one person will play the clinic staff and one person will play the caller, and then they will switch roles.
2. Divide participants into pairs.
3. Instruct them to begin, giving them about two minutes, then call “switch” so they know to switch roles.
4. Once both participants have played both roles, ask them to return to their seats.



Be sure to share with participants the local Title X clinics in your area and point these providers out in the resource guide.

D. Discussion

1. Explain that youth under age 18 may need to obtain parental permission if they want prescription methods of contraception like the pill, the shot, the implant, and the IUD. However, condoms are available to anyone, at clinics and at all kinds of stores. Take a moment to acknowledge that though clinics should be welcoming to meeting a young person's sexual health needs, sometimes staff at stores may not be supportive to a young person who is purchasing condoms. Remind participants that there is no law against their purchasing condoms and they have a right to access them when they need them.
2. Debrief the activity with the following discussion
 - How comfortable would you feel calling the clinic on your own?
 - How comfortable would you feel going to the clinic on your own? If not on your own, what about with a friend?
 - What do you think prevents some teens from visiting a clinic?
 - What advice can you give someone to help them overcome their concerns about going to a clinic?
 - How do you think the experience of going to a clinic would be different for a male-identifying youth or a female-identifying youth? What about an LGBTQ youth?
 - How can a male-identifying person support a partner in going to the clinic and getting contraception?
 - What other fears or concerns do you have about visiting a clinic? (Help to alleviate some of their fears, and remind them of the benefits for sexually active teens of visiting a clinic.)

Key Messages

State the key messages from this activity:

1. *Many health clinics are set up to help youth with youth-friendly services that are free and confidential.*
2. *Taking care of yourself and your partner by going to a health clinic is important now, but also throughout your life.*



Remind the participants that these resources were assessed for teen-friendliness.



Transition Statement

In the next activity, we will return to where we started—thinking about an ideal future and how staying healthy and safe can help us get there.

FACILITATOR NOTE

This activity is an important “connect-the-dots” exercise that links life goals, intent, and self-efficacy to avoid pregnancy and STIs, gender messages, and awareness of the costs of becoming pregnant.

Activity 10.3: Imagine Your Future

10 minutes

Activity Summary

- A. Peer Educator Story Share. 3 minutes
- B. Back to Your Future 5 minutes
- C. Discussion 2 minutes

Learning Objectives

After completing this activity, participants will be able to:

1. Identify steps that connect current life to future goals
2. Identify ways in which a pregnancy could interfere with or delay their reaching these goals

Developmental Assets

- Positive values
 - ☐ Restraint
- Social competencies
 - ☐ Planning and decision making
- Positive identity
 - ☐ Personal power
 - ☐ Sense of purpose
 - ☐ Positive view of personal future

Materials Needed

- ☐ Flipchart paper
- ☐ Markers
- ☐ Paper
- ☐ Pens/pencils
- ☐ Participant dreams and goals from timeline exercise in Session 1 (Activity 1.4A)
- ☐ Video playing equipment, if using story share video

Advance Preparation Steps

1. Identify sections for each facilitator to lead, if using a cofacilitation model.
2. The peer educator prepares a brief Story Share about their future goals and dreams. If using a story share video, review and become familiar with the options for Activity 10.3 Story Share Isabel or Activity 10.3 Story Share Melissa. Select one, and cue it up.
(Video Link: <https://bit.ly/PE-Story-Share>)

Activity Procedure



A. Peer Educator Story Share

1. Have the peer educator tell the group that they are going to revisit the future goals timeline they created on our first day together. First, though, they are going to share a quick story about how some of their goals changed after they became a parent and how some of their goals stayed the same (depending on the story of the peer educator).
2. The peer educator shares their story. If using the story share video, play the video. Follow with a brief discussion guided by any of the following questions:
 - In what ways did Isabel's or Melissa's plans for their future change after becoming a parent?
 - What have you learned from hearing Isabel's or Melissa's story shares about being a young parent?

B. Back to Your Future

1. Ask participants to look back at their timeline they developed in Session 1 (Participant Resource 1.4) and think about the goals and dreams they listed for themselves at different points in their lives.
2. Now ask them, under the best or ideal conditions, if they are seeking to become a parent, where would it fit into this timeline? Which age range does it fit in? Have them write it into their timeline if they had not already done so, move it if they want to, or leave it where it is. That is their story, and they get to set the stage.
3. Now, ask participants to rearrange, add, or take away any of the goals already on their timeline. This is a great opportunity for them create a MIXed story, one that honors what they already know but allows them to grow and change as they gain new knowledge, skills, and understanding about the world and themselves.
4. Explain that it is OK if they are not sure about what they want to do in their future career—tell them to just use their imagination. Also, let them know that it is rare that anyone's life works out exactly as they had planned or hoped; dealing with setbacks is part of life. You may not get to choose the exact path or situation at every turn, but you do have a lot of choices about how you deal with it and plan for what is next. Comment that we hope that their experience with Re:MIX has helped them to build the skills and gain the information they need to help them along that path.

FACILITATOR NOTE

- Now (high school)
- After high school
- My mid-20s
- My 30s

FACILITATOR NOTE

Offer some options, if needed:

- Graduate from high school
- Graduate from college
- Learn a trade
- Become a musician or artist
- Make some money
- Buy a car
- Become a homeowner
- Start your own business
- Travel
- Become a politician
- Be a homemaker
- Have a satisfying career that you are good at
- Have a child or children

C. Discussion

1. Debrief by asking the following questions:
 - What role do you play in planning your life and your future?
 - How can you adapt to change when things do not work out as planned?
 - What support do you need from other people around you to make your future goals and plans happen?

Key Messages

State the key messages from this activity:

1. *Setting up goals for yourself now will help you to achieve them.*
2. *Being a young parent can change or delay your plans.*



Transition Statement

It's a great step to develop your goals and dreams now, so you can work toward achieving them. Let's do a reflective activity that will help to set intentions for the future.

Activity 10.4: Letter to My Future Self**10 minutes****Activity Summary**

- A. Letter Writing 7 minutes
- B. Discussion 3 minutes

Learning Objectives

After completing this activity, participants will be able to:

1. Identify goals and values they intend to apply in their lives
2. Describe how they will use the Re:MIX Code to create a healthy future

Developmental Assets

- Social competencies
 - Planning and decision making
- Positive identity
 - Personal power
 - Sense of purpose
 - Positive view of personal future

Materials Needed

- Participant Resource 10.4—Letter to My Future Self

Advance Preparation Steps

1. Review the Letter to My Future Self exercise and Participant Resource 10.4.

Activity Procedure**A. Letter to My Future Self**

1. Explain that in this exercise, participants will work individually to imagine their lives, 20 years from now. Invite participants to think for a moment about how old they will be in 20 years. They will write a letter to their adult selves telling them that they are pregnant or that their partner is pregnant.
2. Explain that in each session we've been honoring the Re:MIX code by learning ways we can maximize our strengths and explore our identities. This exercise calls for you to imagine a healthy future.
3. Refer to Participant Resource 10.4—Letter to My Future Self and let them know that they will have a few minutes to write their letters. Explain that this exercise is not about needing to have their future all figured out. Instead, the exercise is about exploring the possibilities that lie ahead for their lives and identifying what feels right for them.

FACILITATOR NOTE

Imagining the future, especially for older teens who may be feeling pressures about their post-high school plans, could bring up discomfort. Be sure to normalize different experiences.

4. Instruct everyone to begin, and give them 3–5 minutes to write their letters. Remind them that they can use the handout to express their ideas however they choose- ex. letter form, bullet points, drawings, song lyrics, or poetry. Let them know when it is time to stop; not everyone may have finished, but they can finish them another time.
5. Ask for a few volunteers who would like to share aloud to the group. If anyone reads their letter, be sure to thank them for their bravery and honesty in sharing.

B. Group Discussion

1. Debrief the activity with the following discussion questions:
 - How did it feel to imagine your future in this way?
 - Which parts of your future felt easier to write about? Which parts felt more difficult to imagine?
2. Invite participants to keep their letters in a safe place to reference in their future, stating it can be fun to revisit them yearly, every few years, or 20 years from now.

Key Messages

State the key messages from this activity:

1. *Looking ahead toward our future is a great way to set intentions that align with our goals and values.*
2. *You are in the driver's seat of your life's journey*



Transition Statement

It has come to the end of Re:MIX, and we must say goodbye. Throughout our time together, we have shared our MIX many times, and in this final activity, you'll get one more chance to share your final MIX..

Activity 10.5: Closing Web—Final MIX**15 minutes****Activity Summary**

A. Closing Web15 minutes

Learning Objectives

After completing this activity, participants will be able to:

1. Identify a way in which they can offer support to others in sticking to their commitments
2. Identify ways in which they can seek support from others in sticking to their commitments

Developmental Assets

- Positive values
 - Caring
- Social competencies
 - Interpersonal competence
- Support
 - Family Support
 - Other adult relationships

Materials Needed

- Ball of yarn
- Scissors to cut pieces of yarn (at end)

Activity Procedure**A. Closing Web**

1. Explain that this group has disclosed a lot of personal experiences, information, and viewpoints to each other over the past 10 sessions. As a result, the group has become closer and more connected. For our final activity, we are going to do something to demonstrate our connection to each other.
2. Show the group the ball of yarn. Explain that we are going to create a spider web together, and each person in the group will be asked to share their final MIX, just as they have been doing for every session, but this time all of the MIXes will weave together like a web and create one big story.
3. Begin creating the web by sharing a MIX of your own, then while holding onto the end of the string, toss the ball to a

FACILITATOR NOTES

Make sure all participants get a turn!

Optional: Cut a piece of yarn for each participant, and invite them to wear it as a bracelet or reminder of their time together.

participant, and invite that participant to share their MIX. Then have the participant toss the ball to another participant, who will then share their MIX. The result will be creation of a “spider web” and the sharing of everyone’s final MIXes.

4. Invite the group to examine and appreciate the web they have created. Explain that the spider web represents our group and our interconnected stories and experiences.
5. Thank all of the participants for their contributions and say good-bye to the group.

FACILITATOR NOTES

Optional: Cofacilitators or a facilitator and participant can join hands over their heads to create an arc (remember to ask for consent before touching someone). Ask participants to walk through the arc (or simply give high fives) and thank each of them individually as they pass through, making eye contact and wishing them well with their futures, stories, and choices.



Participant Resource 10.2—Calling a Health Clinic:

Making a Family Planning Appointment**Background**

Gloria is calling the local teen clinic to make an appointment to get on contraception. This is her first time calling and although she is a bit nervous, she learned about what to do and is ready.

Clinic: Happy Healthy Teen Clinic, how may I help you?

Gloria: Hi, I'm calling to make an appointment.

Clinic: Sure. What type of service do you need?

Gloria: I need contraception. Maybe the implant or the IUD—I'm not sure which one yet, but I've learned about the options and I think that I'm ready.

Clinic: It sounds like you've done your homework; that's a great start. Why don't we get you an appointment for a consultation where you can learn more about your options, and then if you're ready, you can make your decision. I just need to get some information from you first. What's your name?

Gloria: Gloria Romero.

Clinic: Great. And your date of birth?

Gloria: April 6, 2002.

Clinic: Thanks. OK, since you are under 18, please also know that we'll need to get your parent's permission before providing you with a contraception method, but you won't need their permission to come in and talk with us. You are welcome to bring your parents, though, if you choose. What day and time are good for an appointment? Our teen clinic hours are from 1:00 to 6:00 p.m., Monday to Friday.

Gloria: Can I come in Friday at 3:00?

Clinic: Yes, let's plan to see you on Friday at 3:00 then. Please bring your picture ID with you. Do you have any other questions?

Gloria: Yes. What will happen when I arrive?

Clinic: You'll come in and fill out some information for us. When the provider meets with you, she'll discuss your options for contraception. Depending on which option you choose, and whether we have your parent's consent, you may be able to get your method that day.

Gloria: And how much will it cost?

Clinic: We operate on a sliding fee scale, which means we charge you based on how much money you make and what you can afford. For most teens, our services are free, so don't worry about cost.

Gloria: Thanks, I don't have any more questions.

Clinic: OK. We'll see you Friday. Thanks for calling.

[Hang Up]



Participant Resource 10.4—Letter to My Future Self

Directions

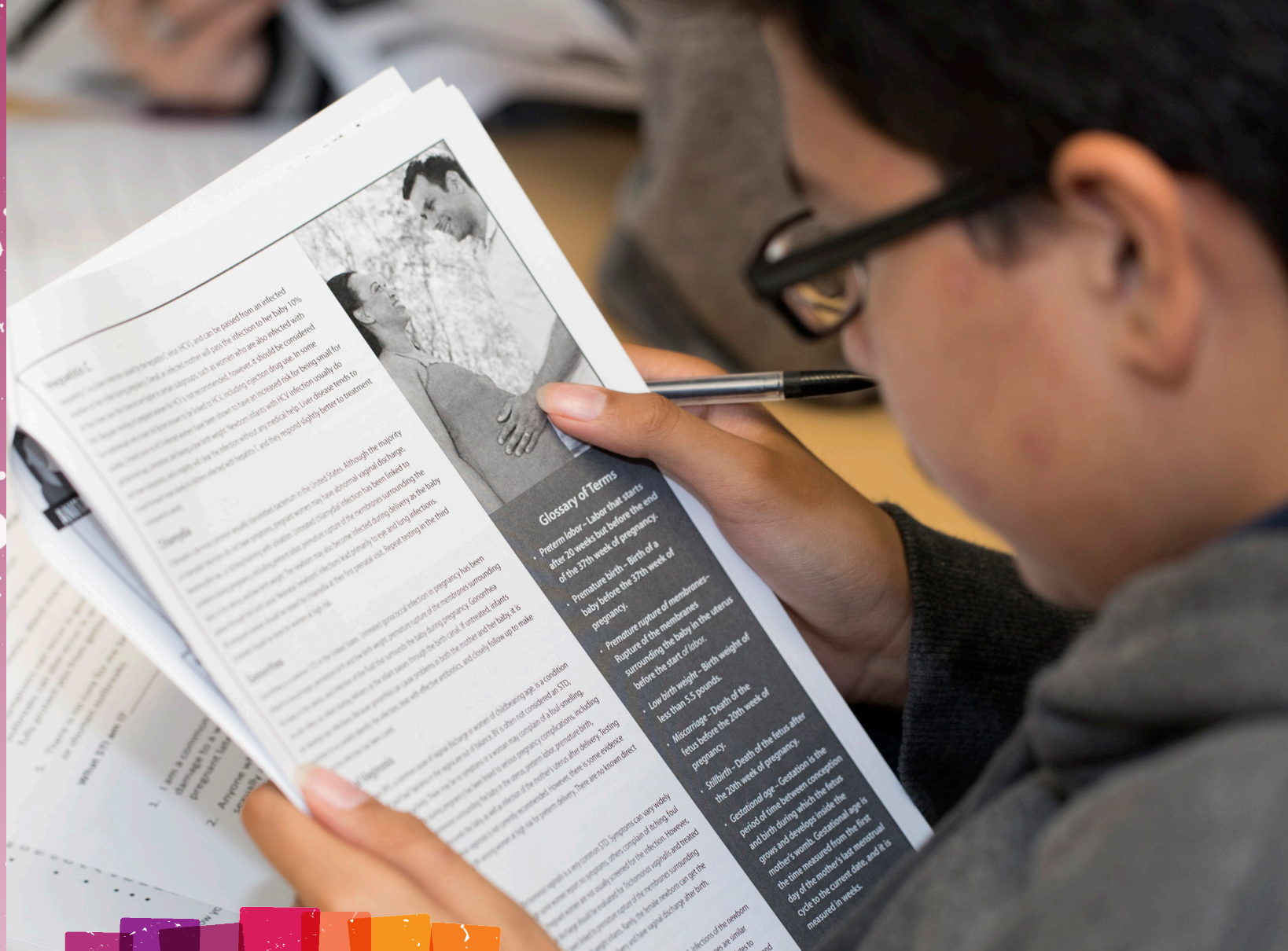
Take a few minutes to think about what you hope for your life 20 years from now. Write a letter to your future self. You may write whatever you would like, and can use any of the following questions to guide you:

1. In 20 years, how old will I be? How do I plan to maximize my strengths personally or professionally by that age?
2. Where will I be living? When imagining a healthy future, who will I count on for support?
3. What do I hope to be doing in life related to family, career, or hobbies?
4. How will I have changed for the better when I'm exploring identities? How will I have stayed the same?
5. What will I be most proud of?
6. What will I still hope to accomplish in my future?

This letter is just for you. You may choose to keep it and read it again in the future.

Dear Future Self,





RE:MIX

MAXIMIZE, IMAGINE, EXPLORE

GLOSSARY AND APPENDIX

Values—a person's principles or standards of behavior; one's judgment of what is important in their life

Gender Identity—how a person thinks about themselves in terms of being a man, woman, neither, or both

Gender Expression—the physical representation of a person's gender through outer appearance (e.g., clothing, hair, personal style, etc.).

Sex Assigned at Birth—what the doctor assigns someone at birth and puts on their birth certificate (usually male or female, and sometimes intersex) (This classification is based on attributes that we are born with, such as anatomy [i.e., genitals], hormones, and chromosomes.)

Physical Attraction—part of our sexual identity (or who we are attracted to sexually and physically)

Emotional Attraction—who you feel a deep connection to, with or without the physical elements of attraction

LGBTQ—an acronym that stands for lesbian, gay, bisexual, transgender, and questioning, used to designate a community of people whose sexual or gender identities can create shared political and social concerns

Transgender—individuals who identify with a gender different from the sex they were assigned at birth

Cisgender—individuals whose sex assigned at birth is in agreement with their gender identity

Heterosexual—sexual/physical attraction to people of the opposite sex

Homosexual—sexual/physical attraction to people of the same sex (Homosexual men are often referred to as “gay,” and homosexual women are often referred to as “lesbian.”)

Bisexual—sexual/physical attraction to both men and women

Pansexual—sexual/physical attraction to people of all sexes, genders, and sexual identities

Gender Pronouns—She, her, hers and he, him, his are the most commonly used pronouns. Some people call these “female/feminine” and “male/masculine” pronouns, but many avoid these labels because, for example, not everyone who uses “he” feels like a “male” or feels “masculine.” There are also lots of gender-neutral pronouns in use, such as they, them, their, Ze, and Zirs.

Gender Norms—a set of “rules” or ideas about the way members of certain genders “should” look and behave

GLOSSARY

Assertive Communication—a type of communication style that is honest and straightforward where a person clearly says what they think and feel in a respectful way

Aggressive Communication—a type of communication style that is disrespectful and does not take into account the feelings of others; one that is often angry, sarcastic, and harsh

Passive Communication—a type of communication style that is vague and unclear, that often does not communicate what a person really thinks or feels, and that is sometimes used to avoid conflict

Rape—unlawful sexual intercourse or any other sexual penetration of the vagina, anus, or mouth of another person without consent

Sexual Assault—this can take many forms, including attacks such as rape or attempted rape, as well as any unwanted sexual contact or threats (Usually, a sexual assault occurs when someone touches any part of another person's body in a sexual way, even through clothes, without that person's consent.)

Sexual Consent—affirmative, conscious, and voluntary agreement to engage in sexual activity

Hormonal Method—a family planning method, such as the pill, patch, ring, shot, IUD, implant, and emergency contraception, that works by:

- a. Stopping ovulation (release of the egg from the ovary)
- b. Creating a thicker mucus around the cervix and lining of the uterus
- c. Creating an inhospitable (harmful) environment for sperm to survive in the uterus

Barrier Method—a family planning method, like condoms, that works by creating a barrier that does not allow the sperm to reach the egg

Ovaries—two almond-shaped organs in the body where the eggs are stored

Fallopian Tubes—the passages through which the eggs travel to the uterus, and where they can become fertilized by a present sperm

Uterus—the organ where a fertilized egg develops into a fetus

Vagina—the tube connecting the uterus to the outside of the body (The entrance to the vagina is on the outside of the body.)

Eggs—the reproductive cells containing half of what is needed (genetically) to create a baby, and which are stored the ovaries

Sperm—the reproductive cell containing half of what is needed (genetically) to create a baby, and which are produced in the testicles

Penis—an organ consisting of two parts—the shaft (the main part) and the glans (the tip, sometimes called the head)—that delivers sperm through the urethra

Testicles—the two organs that produce sperm and the sex hormone testosterone

Fertilization—the process during which the sperm enter the egg and join with the genetic material there

Pregnancy—the period of time (usually about 40 weeks) in which a fetus matures and grows into a baby prior to birth

Ovulation—the point (about once a month) when an egg is released from the ovary

Menstruation—the shedding from the uterus of the thick lining that develops during ovulation (and which would support and nourish an embryo if implantation were to take place)

Sexually transmitted infection (STI)—an infection caused by a bacterium, parasite, or virus that is passed from one person to another person through sexual contact

Sex positive—an attitude toward human sexuality that regards all consensual sexual activities as fundamentally healthy and pleasurable.

Trauma informed approach—According to SAMHSA's concept of a trauma-informed approach, "A program, organization, or system that is trauma-informed: Realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; responds by fully integrating knowledge about trauma into policies, procedures, and practices; and seeks to actively resist retraumatization."

Positive youth development—an intentional, prosocial approach that engages youth within their communities, schools, organizations, peer groups, and families in a manner that is productive and constructive; that recognizes, utilizes, and enhances young people's strengths; and that promotes positive outcomes for young people by providing opportunities, fostering positive relationships, and furnishing the support needed to build on their leadership strengths.

Gender-synchronized approach—the intentional intersection of gender-transformative efforts reaching both men and boys and women and girls of all sexual identities and gender identities, to engage people in challenging harmful and restrictive constructions of masculinity and femininity that drive gender-related vulnerabilities and inequalities and hinder health and well-being.

Resources

National Youth-Friendly Resources

Informational Websites

- **Planned Parenthood Federation of America** | [Plannedparenthood.org/teens](https://www.plannedparenthood.org/teens)
Up-to-date, clear, medically accurate information about sexual health
- **It's Your Sex Life** | [Itsyoursexlife.com](https://itsyoursexlife.com)
Interactive site by MTV with sexual health and relationship resources for teens and young adults
- **Go Ask Alice!** | [Goaskalice.columbia.edu](https://goaskalice.columbia.edu)
A database of questions and answers about sexual and reproductive health
- **Bedsider** | [Bedsider.org](https://bedsider.org)
Accurate information about contraception, including an interactive tool for researching options
- **The Trevor Project** | [Thetrevorproject.org](https://thetrevorproject.org)
Resources and support for LGBTQ+ youth, including a 24 hour suicide prevention hotline
- **Sex, Etc.** | [Sexetc.org](https://sexetc.org)
Created by teens, for teens, providing accurate and honest sexual health information
- **Scarleteen** | [Scarleteen.com](https://scarleteen.com)
Provides a wealth of sexual health information, advice, and support for teens and young adults

Helplines

- **Love Is Respect**
1-866-331-9474 or text LOVEIS to 22522
- **Get Tested**
1-800-CDC-INFO
- **National Sexual Assault Hotline**
800-656-4673
- **The Trevor Project**
866-488-7386
- **Roo by Planned Parenthood**
Q&A live chat at roo.plannedparenthood.org or text PPNOW to 774636

Warm-Up/Welcome Activities

Quick and Simple Welcome Activities

(<5 minutes)

TV Land

- Ask participants if they could drop into any television show and live a character's life, who would it be, on what show and why?

What Would You Be?

- Simple introduction game where participants choose what they would be (and why) from a variety of categories: vegetables, animals, flowers, fruit, etc. For example: "If you were a vegetable, what kind would you be?" (an onion because I have layers).

Traveling the World

- Ask participants if they could go anywhere in the world, where would they go and why?

King or Queen

- Ask participants, if they were ruler of the universe for a day, what is the first thing they would change?

Teacher-Pupil

- Ask participants to name one thing they could teach a classmate to do and one thing they would like to learn to do. Can be something simple or complex. For example: I can teach someone to make an omelette and I would like to learn to sing.

Three words

- Ask participants to share the three words that best describe them and why.

Dream Job

- Ask participants if they could have any job in the world, what would their dream job be?

That's Hilarious

- Ask participants to share a funny story of something that happened to them as a kid.

Two Truths and a Lie

- Have participants share one or two truths and one lie about themselves. The group has to guess which is the lie.

May take a little longer, but worth it

(>5minutes)

Either Or

- Have participants stand and gather on either side of the room for a variety of questions asking “either or” options. Facilitator will use hands to indicate which side is which. For example: Are you a morning person (indicates right side of room) or a night person (indicates left side of room)? Cats or dogs? Snacks: salty or sweet? Taking a trip: hot weather or cold? Comedy or Scary movie? Messy or neat? Only child or siblings?

Food and You

- Ask each participant to say their name and a favorite food that begins with the first letter of their name. For example: “I’m Pam and I love popcorn.” As each new student takes a turn, he or she must repeat the names and foods of those who have already gone. The last person will have the greatest challenge!

Classmate Scavenger Hunt

- Prepare a “scavenger hunt” checklist ahead of time with a variety of items on a list. For example: someone with blue shoes, someone who just moved, someone with pierced ears, someone who plays a musical instrument, someone with 2 cats, someone who loves to read, etc. Tell participants they must find a different person for each item and write down a name for each item they check off their list. Make sure most of the items are things that will need a conversation to get the answer. Give them a set time (5–7 minutes) to see how different people. Optional: Give a prize to the winner!

Mic Check

- Invite everyone to join the cipher (i.e. stand in a circle). The group facilitator can come prepared with a prompt or elicit one from the group. For example, how did the zebra get its stripes? or what happened the day Drake wrote “hotline bling”? The story can start off with “once upon a time” or be conversational in nature. The group has creative license to start and end the story in the way they want as long as they answer the question...one line at a time.
- The person who starts the story yells “Mic Check” and the group responds with “1, 2, 1,2”. That person adds their opening line. Everyone will collectively develop the story by adding one line when they get “the mic”—meaning when it is their turn. It’s fun to pretend to hold a fake microphone (pencil, ruler, comb, or just imaginary). One person starts the story and the next person in succession adds to the story plot. It can take on a funny twist, can be extreme or practical, funny or sad. It is up to the group.

APPENDIX C

Re:MIX Facilitation Kit List

The following quantities, or amounts listed, are estimates based on quantities needed per group of 15-20 youth. Facilitators should adjust accordingly, based on classroom size.

In addition to the pdf links provided below, printable posters and activities are available in the curriculum, as indicated in the table of contents and the 'sessions' column below.

Printable Posters						
Item	Amount (#)	Location (Eng)	Location (Spa)	Session(s)	Page (Eng)	Pg # (Spa)
Keep Its Poster	1	PDF Link	PDF Link	All	p. 33	N/A
Re:MIX Code Poster	1			All	p. 44	p. 259
Gender Unicorn Poster	1			Session 2	p. 61	p. 261
Person with a Vagina Anatomy Poster	1			Session 6	p. 128	p. 269
Person with a Penis Anatomy Poster	1			Session 6	p. 129	p. 270

Activity Printables (for facilitator use, not for student use)			
Item	Amount(#)	Location	Session(s)
Two Signs: Agree and Disagree	1	Unit 1 PDF Link	Session 1 (p.35)
TimeLine Papers (Now (in HS), After HS, Mid 20's, Mid 30's)	1		Session 1 (p.45)
Media Samples	1		Session 2 (p.56)
Relationship Behavior Cards	1	Unit 2 PDF Link	Session 3 (p.71)
Two Signs: Healthy and Unhealthy	1		Session 3 (p.71)
Emoji Cards	1		Session 4 (p.84)
Condom Steps	1	Unit 3 PDF Links	Session 7 (p.143)
CDC Fact Sheets (HIV, chlamydia, herpes, syphilis, HPV, gonorrhea)			Session 8 (p.182)
Babies Cost What Cards		Unit 4 PDF Links	Session 9 (p.166)
Pretend \$20 Bill	1		Session 9 (p.169)
Attendance Form	1		All

Activity Props			
Item	Amount (#)	Cost (\$)*	Location
STI Giantmicrobe Plushie Set	1	\$20	Web Link
Sperm Giantmicrobe Plushie	1	\$10	Web Link
Ovum Giantmicrobe Plushie	1	\$10	Web Link
HIV Giantmicrobe Plushie	1	\$10	Web Link
Red Cards	1 per student	\$10	Web Link
Green Cards	2 per student	\$10	Web Link
Yarn Ball	1	\$10	Web Link
Note Card Knowledge Box	1	\$7	Web Link
Anatomy Puzzles**	1 per group of 4-5 students	\$15-20 per puzzle	Web Link
Birth Control Kit (see below)	1	\$150	Web Link

Birth Control Kit	Amount (1)	Amount (2)	<p>*Costs calculated are based on estimates determined in 2020. Actual costs will vary.</p> <p>**To purchase anatomy puzzles facilitators will need to submit the anatomy graphics included in the "posters" files.</p>
	<ul style="list-style-type: none"> • Patch • Pill • Implant • IUD • Ring • Plan B • Depo Vile 	<ul style="list-style-type: none"> • Receptive Condom • Insertive Condom 	

Additional Supplies	
Item	Amount (#)
Sharpies (36 ct.)	5
Flipchart	1
3x5 Index Cards	1
Heavy Duty Magnets (30 ct.)	12 sets of 2: 1 set of 6
Dry Erase Markers	5
Name Tents (100 ct.)	25
Scissors	1
Pens	25
Dry Erase Wipes	1
Small Whiteboards (6 pack)	9
Blue Painters Tape	1



PARTICIPANT HANDOUTS

Name:

Class/Teacher:

Participant Resource 1.1 The Re:MIX Code

Maximize Strengths:

My strengths are valuable.

I have something unique to contribute.

Imagine a Healthy Future:

I am creating the life I want.

I have people I count on for support.

Explore Identities:

I am the boss of me.

I have a story worth telling.

I treat others the way they want to be treated.

Participant Resource 1.4 Building a Storyboard

Building a Storyboard

Think about who you are now and who you want to be in the future. When you look ahead, what do you see for yourself? How do you imagine things will be?

For the time periods below, write something about who you are (now) and what you hope to be part of your life in the future:

Now (High School)

After High School

Mid-20s

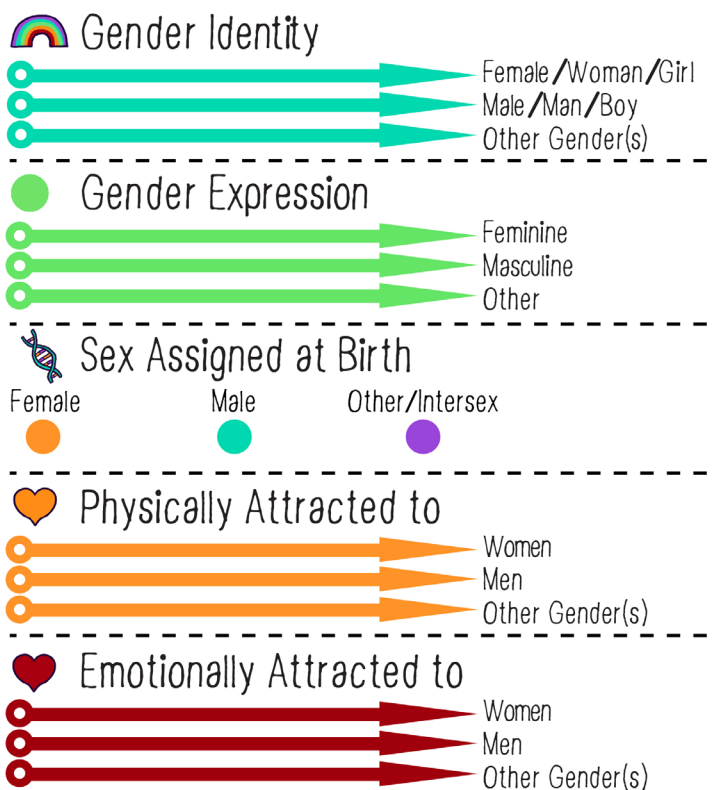
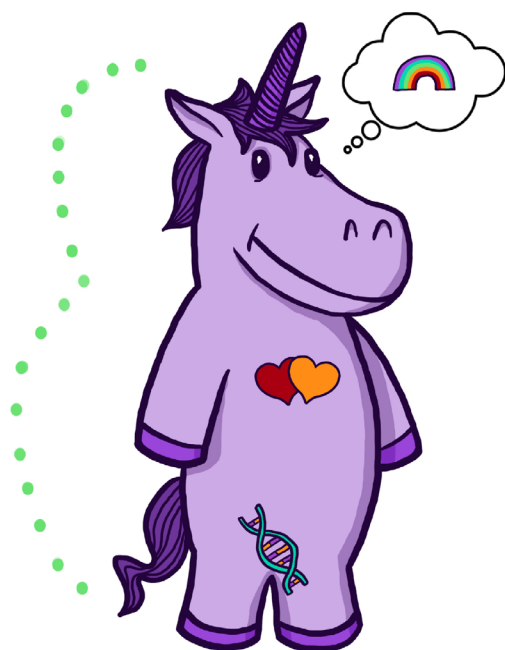
30s



Participant Resource 2.3 The Gender Unicorn

The Gender Unicorn

Graphic by:
TSER
Trans Student Educational Resources



To learn more, go to:
www.transstudent.org/gender

Design by Landyn Pan and Anna Moore

Participant Resource 3.2—Healthy Relationship Behaviors

Directions:

Complete the following sentences based on your own opinion and views.

For me, three important behaviors in a healthy relationship are...

For me, the most important behavior of a healthy relationship is...

because...

Participant Resource 3.4A—Unhealthy Relationship Behaviors and Deal-Breakers

Directions:

Complete the following sentences based on your own opinion and views.

Part 1:

Three unhealthy behaviors I would not tolerate from a partner in a relationship are:

Part 2:

Deal-breakers are negative behaviors in a relationship that a person should immediately walk away from. We call these behaviors “deal-breakers” because they are unacceptable and nonnegotiable.

For me, my deal-breakers are:

because...

Participant Resource 3.4B—Helping a Friend

Discuss the scenario below with your partner to figure out how you would help a friend who may be experiencing unhealthy characteristics in their relationship. Talk with your partner about how you could support your friend while communicating your concern about the relationship.

Your friend has a new partner. They've been spending a lot of time together, so you haven't seen them much lately. They seem to really click and you're happy that they have found someone they really like; but you do miss them being around. While you are at the mall, you run into your friend and after a brief conversation, you're now starting to feel concerned. They don't seem like themselves anymore, and the whole time you were talking they were nervous that their new partner would see them talking to you. You ask why they haven't returned your calls, and they say that it's hard to explain, but their new partner wants them all to themselves because they really care about them and don't want them to share time with anyone else. Then all of a sudden they have to go, worried that their new partner would be wondering where they were and that they'd be mad if they were late to meet up.

Participant Resource 4.2—At the Movies

Now you are at the movies. Your date is late—AGAIN! You wish they would stop doing this. Which of these has the best chance of getting through to them?

John: Hey, Nina—there you are! Ready to go in?

Nina: I guess so. The movie started 30 minutes ago, but hopefully we didn't miss too much.

John: Hey, Nina—there you are! Ready to go in?

Nina: Are you serious? I'm not going in there with you; I'm going home. Watch it by yourself if you want to. I'm so sick of you being late all the time. You don't care about me or anybody else. It's all about you, all the time. You're so inconsiderate!

John: Hey, Nina—there you are! Ready to go in?

Nina: John, what happened? We were supposed to meet 30 minutes ago!

John: I know, I'm really sorry. My ride was late and my cell phone battery died, so I couldn't call you.

Nina: I know those things can happen, but this is really frustrating. It's the third time in a row that you've been late. I try really hard to be on time, and I feel like you don't show me the same respect. Do you think you can make it a priority to be on time the next time we have plans?

John: Yes, I can do that. I'm really sorry. And I should have used my friend's phone to call you. Can I make it up to you by buying you some popcorn? And you get to choose the movie next time!

Nina: OK, I appreciate it. Let's go in.

Participant Resource 4.3—Ways to Say No

Even though saying “no” just once should be enough, it sometimes isn’t. Someone who really cares about you would listen the first time, but what if he or she does not? If someone does not respect your right to say no the first time, here are some ways to back up your verbal “no.”

1. Say NO with your voice, firmly.
2. Reinforce the NO with your eyes and body language.
3. If you choose to, share your reason why.
4. If you need to, say NO again and create some space.
5. Offer an alternative, if you choose.
6. If the above steps do not work, walk away.

Participant Resource 4.4A—Scripted Role Play with Eric and Jasmine

Background

Eric and Jasmine have been dating for four months. They like each other and have a good time when they are together. One Saturday night, Eric and Jasmine are hanging out at a friend's house. They are alone together and start fooling around. Eric asks Jasmine for oral sex, but Jasmine does not want to give oral sex to Eric.

Eric: Come on, just this once.

Jasmine: No, Eric. You know I'm really into you, I just don't want to do that.

Eric: Don't be scared, I'll show you what to do. Please...

Jasmine: No. I'm not scared. I'm fine kissing. Can't we just keep doing this?

Eric: I don't understand why you won't do it. What's the big deal?

Jasmine: [Turning away from Eric] I'm fine with kissing, but not with other stuff.

Eric: I don't want to just kiss you. That's not enough for me.

Jasmine: OK, then I don't even want to kiss you right now. I'm out of here.

[Jasmine walks away.]

Participant Resource 4.4B—Scripted Role Play with Chris and Jesse

Background

Chris and Jesse have been dating for a few months. They have not had sex, but their relationship has been getting more serious. Chris and Jesse are hanging out in Chris's car one night after work. They have been kissing for a while, and Jesse wants to have sex, but Chris does not.

Jesse: Chris, I think we should take the next step.

Chris: Jesse, I don't want to have sex.

Jesse: What? Why not? What's wrong?

Chris: Nothing is wrong. I just don't want to have sex. I don't want to put us at risk.

Jesse: I can't believe this. You're the one that's saying no?

Chris: I'm not ready. Let's go back to my house and chill.

Jesse: Well, OK... as long as nothing is wrong.

Chris: Nothing is wrong. We're cool.

Participant Resource 4.4C—Unscripted Role Play: Persons 1 and 2

Background

Person 1 and Person 2 have been dating for a while. Person 1 really wants to have sex with Person 2. In this role play, Person 1 will put a lot of pressure on Person 2 to have sex, even though Person 2 repeatedly says “no.” Take turns playing Person 2 and use your best refusal skills to say NO.

Person 1: I think we should take the next step. I really want to have sex with you.

Person 2: (say no clearly, use your body language)

Person 1: But we can be even closer to each other if we have sex.

Person 2: (say no, and explain why, if you choose to)

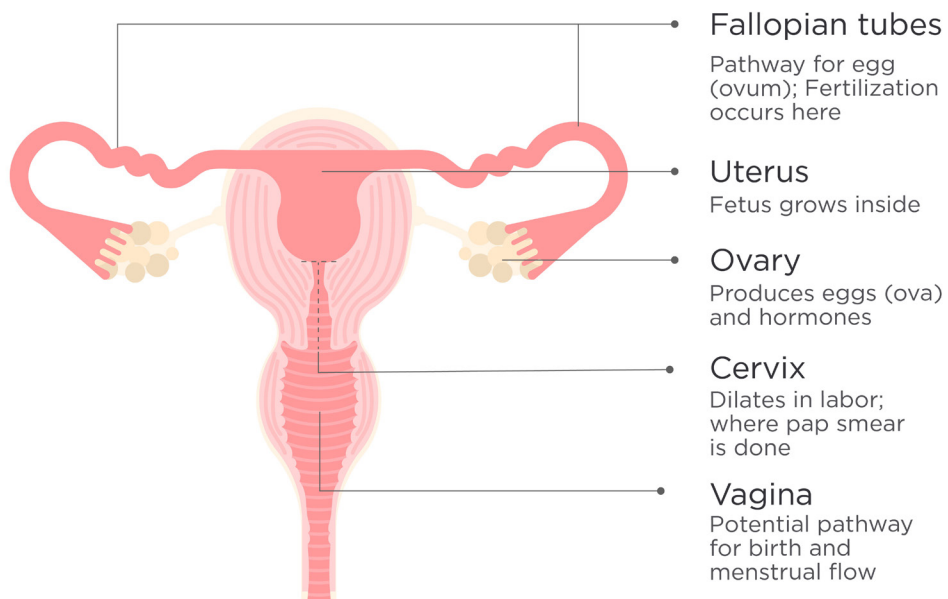
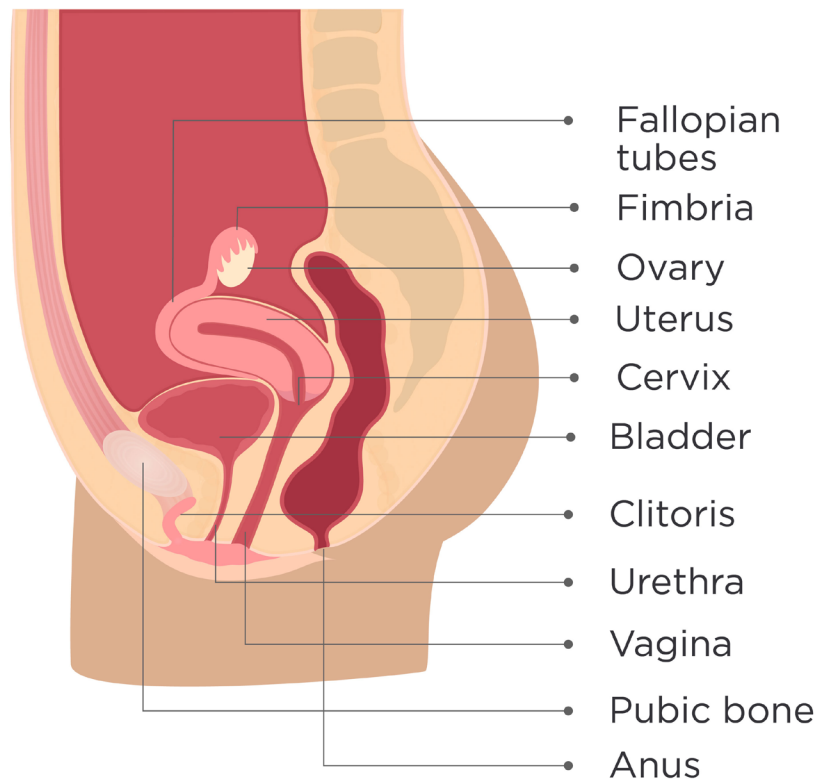
Person 1: Come on, please, we’ve been together long enough.

Person 2: (repeat answer, say how you feel, suggest alternatives)

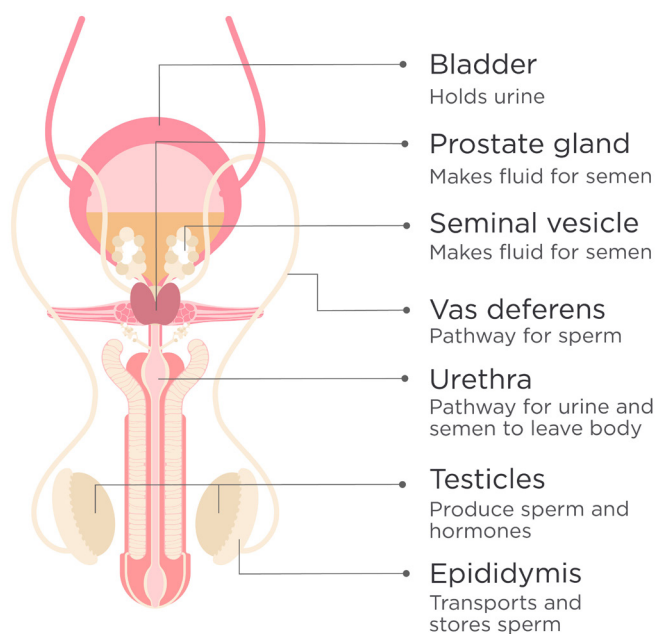
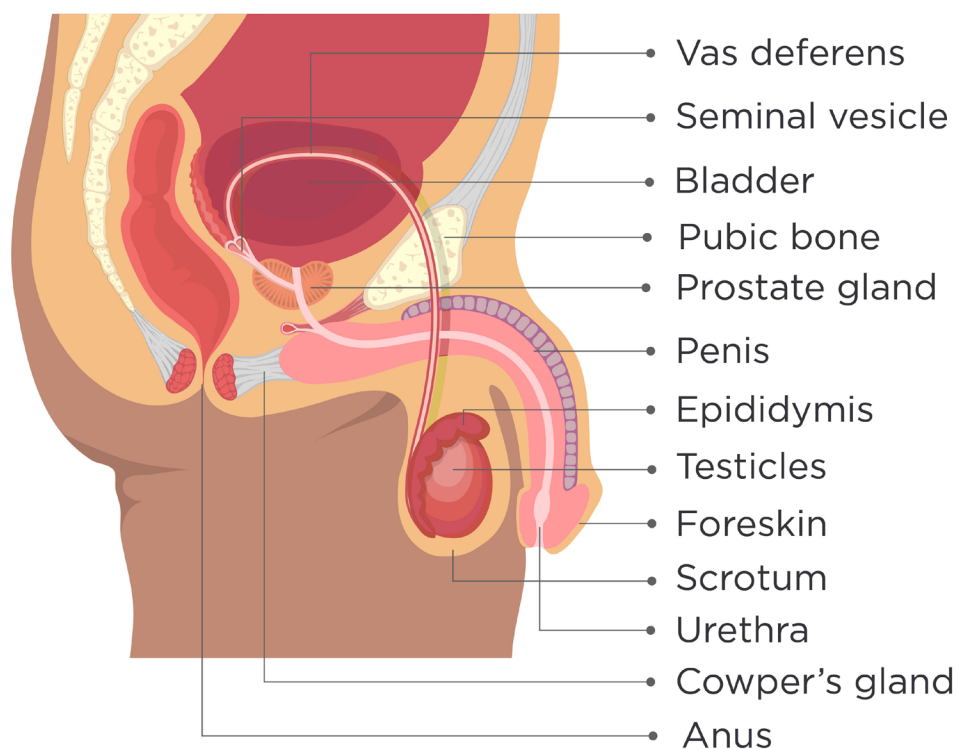
Person 1: OK, I’m sorry. I didn’t mean to make you feel uncomfortable.

Person 2: (express your feelings)

Participant Resource 6.2A—Anatomy of a Person with a Vagina



Participant Resource 6.2B—Anatomy of a Person with a Penis



Participant Resource 7.3—Steps for Correctly Using an External Condom

1. Purchase or get free condoms.
2. Place the condoms nearby, and keep them easily accessible.
3. Make sure that the condom package is not damaged, and check the expiration date.
4. Check for air bubbles, push the condom to one side, and open the package carefully; do not rip the condom.
5. Make sure that the condom faces the correct direction. It should look like a small hat, with the tip facing upward.
6. Pinch the air out of the tip and roll the condom down, along the shaft of the penis, stopping at the base of the penis.
7. Insert the penis for intercourse.
8. After ejaculation, withdraw the penis from the partner while holding the condom at the base.
9. Facing away from the partner, remove the condom and throw it away; never use a condom twice.

Participant Resource 8.2A—Condoms Not Available Role Play

Background

Antonio and Gloria meet at a party. They start talking and are really connecting. After a couple of hours, they go upstairs to one of the empty bedrooms and start fooling around. They both want to have sex, but no condoms are available.

Antonio: I'm really feeling you. I want to have sex with you. Are you feeling me like that, too?

Gloria: I sure am, but I don't have a condom. Do you?

Antonio: Don't worry. Nothing will happen.

Gloria: No, I don't want to have sex if you don't have a condom. I have plans in life, so there's no way I'm willing to risk getting pregnant.

Antonio: You can't get pregnant if I pull out in time.

Gloria: That's not true. I am not going to have sex if we don't have condoms. If you want, we can go to the store and see if we can get some, or we can go back downstairs and hang out.

Antonio: I don't want to go to the store at this time of night. I don't understand what you're worried about... Aren't you having a good time?

Gloria: Yes, I am having a good time, but I am not going to have sex without a condom.

Antonio: C'mon, I'll make you feel good.

Gloria: I really like you, but it's not going to happen tonight. Let's go back to the party. (Gloria gets up and heads downstairs.)

APPENDIX D

Participant Resource 8.2B—Don't Like the Feeling Role Play

Background

Monique and Justin have been dating a few months and started having sex recently. Although they both agreed to use condoms, Justin is now curious about what it would be like to have sex without a condom. Monique is very clear that she does not want to get pregnant or risk contracting an STI.

Justin: Just this once, let's not use condoms, OK?

Monique: ...

Justin: ...

Monique: ...

Continue acting out the unscripted dialogue.

Participant Resource 8.3—STI Scavenger Hunt

1. I am caused by two types of viruses.
2. Fluids found in sores carry the virus, and contact with those fluids can cause infection.
3. In the United States, about one out of every six people aged 14–49 years have me.
4. My symptoms can occur in genital areas that are covered by a latex condom. However, outbreaks can also occur in areas that are not covered by a condom, so condoms may not fully protect you from getting me.
5. There is no cure for me because I'm a virus. However, there are medicines that can prevent or shorten outbreaks.

Which STI am I? _____

1. I am a common STI. I can cause serious, permanent damage to a person with a vagina's reproductive system, making it difficult or impossible to get pregnant later on.
2. Anyone who has sex can get me through unprotected anal, vaginal, or oral sex. However, sexually active young people are at a higher risk of getting me. This is due to behaviors and biological factors common among young people.
3. Most people who have me have no symptoms. If you do have symptoms, they may not appear until several weeks after you have sex with an infected partner.
4. For people with a vagina, symptoms may include an abnormal vaginal discharge or a burning sensation when urinating.
5. I can be cured with the right treatment.

Which STI am I? _____

1. I can cause infections in the genitals, rectum, and throat.
2. Some people who have me may have no symptoms at all. However, people with a penis who do have symptoms may have a burning sensation when urinating; a white, yellow, or green discharge from the penis; and painful or swollen testicles (although this symptom is less common).
3. Most people with a vagina who have me do not have any symptoms. Even when they have symptoms, they are often mild and can be mistaken for a bladder or vaginal infection.
4. Most of the time, urine can be used to test for me.
5. I can be cured with the right treatment. It is important that you take all of the medications your doctor prescribes to cure your infection.

Which STI am I? _____

Participant Resource 8.3—STI Scavenger Hunt (continued)

1. Symptoms are divided into stages. These stages are called primary, secondary, latent, and late.
2. You can get me by direct contact with a sore during anal, vaginal, or oral sex.
3. I have been called “the great imitator” because I have so many possible symptoms, many of which look like symptoms from other diseases.
4. During the first (primary) stage of me, you may notice a single sore called a chancre, but there may be multiple sores. The sore is the location where I entered your body.
5. During the secondary stage, you may have skin rashes and/or sores in your mouth, vagina, or anus.

Which STI am I? _____

1. I am a virus that can lead to acquired immunodeficiency syndrome, or AIDS.
2. Unlike some other viruses, the human body cannot get rid of me. That means that once you have me, you have me for life.
3. A medicine called PrEP (pre-exposure prophylaxis) is available for people who do not have me in their body. This medicine helps reduce their risk of acquiring me..
4. When people get me and do not receive treatment, they will typically progress through three stages of disease.
5. Medicine to treat me, known as antiretroviral therapy (ART), helps people at all stages of the disease if taken the right way, every day. Treatment can slow or prevent progression from one stage to the next.

Which STI am I? _____

1. I am the most common STI. I am so common that nearly all sexually active people get me at some point in their lives.
2. You can get me by having oral, vaginal, or anal sex with someone who has the virus. I am most commonly spread during vaginal or anal sex.
3. I can be passed even when an infected person has no signs or symptoms.
4. I can cause cervical and other cancers, including cancer of the vulva, vagina, penis, or anus. I can also cause cancer in the back of the throat, including the base of the tongue and tonsils (called oropharyngeal cancer).
5. There are safe and effective vaccines that can prevent me. They can protect all against diseases (including cancers) caused by me when they are given to the recommended age-groups.

Which STI am I? _____

Participant Resource 10.2—Calling a Health Clinic

Making a Family Planning Appointment

Background

Gloria is calling the local teen clinic to make an appointment to get on contraception. This is her first time calling and although she is a bit nervous, she learned about what to do and is ready.

Clinic: Happy Healthy Teen Clinic, how may I help you?

Gloria: Hi, I'm calling to make an appointment.

Clinic: Sure. What type of service do you need?

Gloria: I need contraception. Maybe the implant or the IUD—I'm not sure which one yet, but I've learned about the options and I think that I'm ready.

Clinic: It sounds like you've done your homework; that's a great start. Why don't we get you an appointment for a consultation where you can learn more about your options, and then if you're ready, you can make your decision. I just need to get some information from you first. What's your name?

Gloria: Gloria Romero.

Clinic: Great. And your date of birth?

Gloria: April 6, 2002.

Clinic: Thanks. OK, since you are under 18, please also know that we'll need to get your parent's permission before providing you with a contraception method, but you won't need their permission to come in and talk with us. You are welcome to bring your parents, though, if you choose. What day and time are good for an appointment? Our teen clinic hours are from 1:00 to 6:00 p.m., Monday to Friday.

Gloria: Can I come in Friday at 3:00?

Clinic: Yes, let's plan to see you on Friday at 3:00 then. Please bring your picture ID with you. Do you have any other questions?

Gloria: Yes. What will happen when I arrive?

Clinic: You'll come in and fill out some information for us. When the provider meets with you, she'll discuss your options for contraception. Depending on which option you choose, and whether we have your parent's consent, you may be able to get your method that day.

Gloria: And how much will it cost?

Clinic: We operate on a sliding fee scale, which means we charge you based on how much money you make and what you can afford. For most teens, our services are free, so don't worry about cost.

Gloria: Thanks, I don't have any more questions.

Clinic: OK. We'll see you Friday. Thanks for calling.

[Hang Up]

Participant Resource 10.4—Letter to My Future Self

Directions

Take a few minutes to think about what you hope for your life 20 years from now. Write a letter to your future self. You may write whatever you would like, and can use any of the following questions to guide you:

1. In 20 years, how old will I be? How do I plan to maximize my strengths personally or professionally by that age?
2. Where will I be living? When imagining a healthy future, who will I count on for support?
3. What do I hope to be doing in life related to family, career, or hobbies?
4. How will I have changed for the better when I'm exploring identities? How will I have stayed the same?
5. What will I be most proud of?
6. What will I still hope to accomplish in my future?

This letter is just for you. You may choose to keep it and read it again in the future.

Dear Future Self,



Spanish Translation Resource Guide



Re:MIX was not designed to be a bilingual curriculum. However, in order to be culturally inclusive and responsive, EngenderHealth decided to adapt some of our key materials for Spanish-speaking youth.

EngenderHealth developed these Spanish adaptation resources and tips in partnership between Child Trends, A to Z Translators, former peer educators, and a review committee comprised of bilingual educators working with middle and high school youth in Central Texas.

Please reference the following translated resources to support facilitators and participants:

- 1. Re:MIX Participant Handbook**
- 2. Re:MIX Glossary of Terms**
- 3. Selected Re:MIX Activities:**
 - a. Activity 1.2: Where Do You Stand?**
 - b. Activity 2.4: Gender Messages**
 - c. Activity 3.2: Relationship Behaviors**
 - d. Activity 4.3: Ways to Say No**
 - e. Activity 5.2: What is Consent?**
 - f. Activity 6.2: Anatomy Puzzles**
 - g. Activity 9.3: Babies Cost What?**
 - h. Activity 10.2: The Clinic**
- 4. A selection of frequently asked questions (FAQs) from youth**
- 5. Anatomy images for use in creating Spanish posters and puzzles for the classroom**
- 6. All Re:MIX YouTube videos (located within the curriculum), which can be enabled with Spanish captioning**

Spanish Translation Resource Guide —Tips & Considerations for Implementers

- These materials were translated into the Spanish dialect relevant to the Central Texas area. Future implementers may need to adapt these materials further to be appropriate for their target population.
- As part of our overarching approach to sexual education, we translated these materials using a lens for gender inclusivity. Therefore, facilitators will notice the use of the gender-neutral “x” in these resources. We recommend that you incorporate additional time during the facilitator training and curriculum implementation to explain the intentional use of this, as needed, if facilitators and/or participants are unfamiliar with the gender-neutral “x”.
- Consider including additional time for activities and sessions, as needed, to ensure that Spanish-speaking students understand the material and can request additional support.
- Ensure that you have adequate staff and/or volunteers to support Spanish-speaking students.
- Allow youth to submit questions in Spanish through the notecard knowledge box. When possible, review and answer all notecard knowledge box questions in both English and Spanish.
- Due to limitations of time and budget, the Re:MIX Training of Facilitators Guide does not include any training modules on how to use these translated materials and implementers should adapt materials and/or create additional training modules as appropriate to best serve facilitators and youth populations.
- We recommend implementers consider additional adaptations to respond to their unique needs. Some suggestions provided by our educator review committee include:
 - Form one or more review committees to consider additional adaptations. These committees could be comprised of potential youth participants, program staff, organization leadership, parents, peer educators and/or other health professionals.
 - Allow youth to create and/or adapt role play scenarios into language that aligns with how they speak in Spanish.
 - Transcribe the YouTube videos included in the program into Spanish handouts.
 - Translate all Re:MIX activities into Spanish.
 - Translate all of the FAQs from the Re:MIX Training of Facilitators Guide, or your own FAQs from previous implementation experience, into Spanish.

For additional ideas about cultural adaptations you might also consider, we recommend reviewing EngenderHealth’s cultural adaptation framework, which was created for a previous program for youth titled Gender Matters for Native Youth, which is available on our website at www.engenderhealth.org/youth/implementation-materials.

If you are looking for a complete bilingual curriculum to use in conjunction with the Re:MIX program, we recommend Child Trends’ El Camino program, available for free online at www.childtrends.org/project/el-camino. Parts of El Camino were influenced by components of Re:MIX.

Actividad 1.2: ¿Cual es tu visión sobre este tema ?

Objetivos de aprendizaje

Después de completar esta actividad, los participantes podrán:

1. Examinar sus propias actitudes sobre el género, las diferencias de género, los roles de género, los dobles estándares y las desigualdades.
2. Preguntar cómo las actitudes individuales sobre el género afectan los comportamientos y sus preferencias

Procedimiento de actividad

A. Ejercicio de Valores

1. Explicale a los participantes que esta actividad está diseñada para darles una comprensión general de sus valores y los **valores** de los demás y actitudes sobre lo que es ser mujer, hombre u otra identidad de género, en las relaciones y en la vida. Esta actividad está diseñada para desafiar su pensamiento actual, al tiempo que los lleva a aceptar que todos tienen derecho a su propia opinión.
2. Define y discute brevemente qué es un “valor” y de dónde proviene. Pídeles a los participantes sus ideas sobre lo que es un “valor”. Comparte la definición de valor y pregunta si tienen alguna duda.
3. Para verificar la comprensión, comparte un valor, algo que aprecies e intentes seguir, y explica de dónde proviene. (El valor puede ser uno que haya cambiado con el tiempo). Pide a los participantes que piensen y compartan un ejemplo propio.

DEFINICIÓN

Valores

son los principios o estándares de comportamiento de una persona; también son un juicio de lo que es importante en su vida.

4. Comienza el ejercicio haciendo que todos los participantes se unan a ti en el medio de la sala. Explica que leerás en voz alta una serie de declaraciones de valores. Después de leer cada uno, decidirán si están de acuerdo o en desacuerdo con la declaración y a partir de lo que escojan irán al lado de la sala que corresponde. Házles saber que en esta actividad, son libres de cambiar de opinión y cambiar al otro lado de la sala en cualquier momento. También házles saber que algunas de las declaraciones se referirán a temas como el sexo y las relaciones. Indica que se les anima a participar en la manera que se sientan cómodos haciéndolo.
5. Elige varias de las siguientes declaraciones (de 4 a 6, dependiendo del tiempo) para leer en voz alta, una a la vez, comenzando con la primera declaración, y pide al grupo que elijan el lado que mejor se adapte a sus propios valores o creencias y que se ponga de pie por el lado seleccionado.

A continuación se presentan ejemplos de declaraciones que se pueden leer en voz alta para el ejercicio de Valores.

NOTA PARA FACILITADOR

Si todos los participantes tienen la misma opinión (“están de acuerdo” o “en desacuerdo”) sobre una declaración en particular, desempeña el papel de “abogado del diablo” caminando hacia el lado opuesto y preguntándoles: “¿Por qué alguien estaría parado en este lado? ¿Qué dirían si estuvieran parados aquí?”

Si un participante no sabe de qué lado pararse, pídele que diga un poco más sobre por qué la decisión es difícil. Puede ser un problema de interpretación que el facilitador (u otros participantes) puedan ayudar a aclarar. Anima al participante a elegir un lado.

- La pizza es mi comida favorita.
- Es más fácil ser una niña
- Las mujeres son mejores padres que los hombres.
- Está bien que un hombre sea visto llorando en público.
- Los hombres quieren tener sexo con muchas parejas.
- Hombres y mujeres quieren lo mismo en una relación.
- Una relación en la que una persona toma todas las decisiones es saludable porque hay menos conflictos.
- La anticoncepción es responsabilidad de una mujer.
- Está bien que un chico le pregunte a otro chico si quiere ir al baile de graduación con él.

6. Una vez que todos hayan elegido un lado, pídele a algunos voluntarios que expliquen por qué eligieron ese lado, por qué están de acuerdo o en desacuerdo con la declaración. Intenta obtener las perspectivas de ambos lados. Recuérdales a los participantes que pueden cambiar de lado cuando quieran.
7. Asegúrate que todos regresen al centro de la sala antes de leer la siguiente declaración. Esto alentará a los participantes a unirse, mientras los alienta a elegir un lado cada vez.
8. Una vez que todas las declaraciones hayan sido leídas y discutidas, invita a los participantes a regresar a sus asientos.

APPENDIX E

B. *Discusión de Grupo*

Informa la actividad discutiendo las siguientes preguntas con los participantes. Pídeles a los participantes que consideren los mensajes dañinos o los estereotipos que escucharon durante el ejercicio.

- ❑ ¿Qué tipo de mensajes escuchaste que eran estereotipos sobre hombres o mujeres? ¿Alguno de estos mensajes fueron dañinos? ¿Cómo?
- ❑ ¿Cómo afectan los valores o creencias de las personas sobre cómo deben actuar o comportarse los hombres y las mujeres en la forma en que interactúan entre sí en la vida y en las relaciones?
- ❑ ¿Puedes compartir una experiencia cuando tú o un amigx han sido juzgadx por un estereotipo basado en el género? ¿Cómo se manejó esta situación?
- ❑ ¿Aprendiste algo sobre ti en esta actividad? ¿Qué aprendiste? ¿Qué aprendiste sobre los demás en esta actividad?

Mensajes Clave

Indica los mensajes claves para esta actividad:

1. *Los valores y las creencias pueden afectar la forma en que decidimos lo que es importante para nosotros, lo que afecta nuestra salud y bienestar.*
2. *Es importante respetar los valores y creencias de otras personas, pero también está bien desafiarlos si son perjudiciales para ellos mismos o para otros.*
3. *Tienes la libertad de definir tu propio género y cómo eliges expresarlo.*

Actividad 2.4: Mensajes de género

Objetivos de aprendizaje

Después de completar esta actividad, los participantes podrán:

1. Observar y analizar imágenes y mensajes sobre género que son comunes en los medios y que a menudo son socialmente aceptados
2. Observar y cuestionar las imágenes de los medios de comunicación sobre el género en formas en las que podrían no haber sido conscientes
3. Explicar cómo los mensajes de género dañinos pueden afectar negativamente nuestra imagen propia, la toma de decisiones, las relaciones y la salud

Procedimiento de actividad

A. Lluvia de ideas de géneros

1. Pregunta a los participantes si alguna vez han oído hablar del término **normas de género**, y si alguien puede dar algunos ejemplos. Luego indica que se trata de un conjunto de “reglas” o ideas sociales sobre la forma en que los miembros de ciertos géneros “deberían” verse y comportarse. Explica que en esta actividad, el grupo tendrá la oportunidad de pensar en las normas de género, roles y mensajes que recibimos de nuestra sociedad.
2. Señala a los dos carteles de género (uno para hombres y otro para mujeres) y explica que todos tendrán la oportunidad de contribuir a ambos carteles y agregar palabras, imágenes, símbolos u otros ejemplos de lo que significa género para ellos. Explica que una vez que todos hayan tenido la oportunidad de contribuir a ambos carteles, los revisaremos como grupo.
3. Envía la mitad del grupo a un cartel y la otra mitad al otro cartel. Explica que en los próximos minutos, deben escribir en el cartel todas las palabras, imágenes y figuras que se les ocurran para describir mensajes para hombres y mensajes para mujeres.
4. Después de unos minutos, haz que los grupos cambien los carteles.
5. Cuando la tarea esté completa, solicita a los participantes que paren por un momento y asignen un reportero para el grupo. Explica que el reportero resumirá el cartel compartiendo lo que se ha expresado en el cartel. Un grupo a la vez, haz que el reportero resuma el cartel al lado del cual se encuentra. Los carteles completados deben parecerse a los ejemplos a continuación:

DEFINICIÓN

Normas de género

un conjunto de “reglas” o ideas sobre las formas en que los miembros de ciertos géneros “deberían” verse y comportarse.

Mensajes que reciben las mujeres sobre género...

- ser flaca
- ser físicamente atractiva
- ser sexual, pero no demasiado sexual
- ser madre
- ser ama de casa

Mensajes que reciben los hombres sobre el género...

- tener mucho sexo
- tener músculos o ser fuerte
- ser el sostén de la familia o el proveedor principal
- no ser emocional
- tomar decisiones

APPENDIX E

6. Refiriéndote a los dos carteles de mensajes de género, pregunta al grupo qué mensajes son los más perjudiciales para nuestra salud y bienestar. Entrega a cada grupo un marcador rojo y pídeles que circulen los mensajes más dañinos, mientras discuten por qué estos son perjudiciales para nuestra salud.
7. Haz a los participantes las siguientes preguntas de discusión:
 - Durante esta actividad, ¿hubo más mensajes positivos o saludables o más mensajes dañinos o no saludables? ¿Por qué crees que es?
 - ¿Qué tiene de injusto los mensajes de género que discutimos?
 - ¿Cómo se desarrollan algunos de estos mensajes en tu vida (es decir, te tratan de manera diferente a un hermano de un género diferente)?
8. Pide a los participantes que regresen a sus asientos.
9. Explica que hasta ahora, hemos estado hablando de mensajes de género que son perjudiciales para nuestra salud, que son de doble estándar o injustos, y que nos encasillan bajo una definición para actuar como hombres o mujeres estereotipados. Sin embargo, hay otros mensajes que son más justos para personas de todos los géneros. Los mensajes de género **equitativos** son aquellos que ayudan a todos a sentirse seguros, saludables y felices. Los ejemplos de mensajes de género equitativos incluyen ser justos, solidarios, útiles, fuertes y valientes.

NOTA PARA FACILITADOR

Algunos de los mensajes más dañinos son:

- Tener relaciones sexuales con muchas parejas.
- Participar en el consumo de alcohol
- No ser emotivo
- El no comunicar sus necesidades

NOTA PARA FACILITADOR

Ejemplos de algo injusto sobre el género...

- Las demandas que nos impone la sociedad
- Una visión binaria de género (sólo los hombres y las mujeres están representados, pero no otras identidades de género)
- El querer que encajemos en modelos limitados
- Estándares dobles



¿Alguien tiene alguna experiencia sobre cómo tú, tus amigos o las personas que conoces han combinado o cambiado los mensajes de género de manera que se adapten a quienes son?

DEFINITION

Equitativo

caracterizado por equidad o justicia; justo y correcto; bueno; razonable

B. Análisis de medios

1. Pregunta al grupo de dónde creen que provienen muchos de los mensajes de género que hemos explorado. Explica que muchos de los mensajes de género que recibimos nos llegan de los medios de comunicación--música, publicidad-- y de las redes sociales.
2. Pregúntale al grupo si alguien puede pensar en una canción o un ejemplo de otro medio que demuestra algunos de los mensajes negativos de género que marcaron en los carteles. Explica que les vas a mostrar algunas imágenes de los medios o les pondrás música. Dependerá de ellos determinar si los mensajes de género nos muestran mensajes buenos y saludables o mensajes negativos y no saludables.
3. Distribuye las imágenes a todos los participantes y pídeles que vean las imágenes con un compañero y que discutan qué mensajes de género les llaman la atención. Explica que los mensajes pueden ser sobre las emociones, actitudes hacia el sexo, apariencia física, cultura, relaciones o los roles que desempeñamos (familia, escuela, trabajo, etc.). Dales unos minutos para analizar las imágenes.
4. Pregúntale al grupo:
 - ¿Qué tipo de mensajes de género ves en las imágenes?
 - ¿Qué dicen las imágenes sobre nosotros y cómo deberíamos comportarnos?
 - ¿Cómo influencia tienen sobre cómo nos comportamos en nuestras relaciones?
 - ¿Qué dicen sobre nuestra etnia o cultura?

NOTA PARA FACILITADOR

Pídeles a los participantes que estén atentos a los mensajes de otros medios que ven y que los traigan en cualquier momento para compartir con el grupo.

Mensajes clave

Indica los mensajes clave de esta actividad.

1. *Los mensajes de género nos rodean en los medios de comunicación y en la vida diaria.*
2. *Tienes el poder de analizar y cuestionar mensajes dañinos y normas sociales sobre género.*
3. *Puedes formar tus propias opiniones sobre cuales mensajes quieres en tu vida y cuáles no.*

Actividad 3.2: Comportamientos de relación

Objetivos de aprendizaje

Después de completar esta actividad, los participantes podrán:

1. Nombrar comportamientos / características saludables y no saludables que existen dentro de las relaciones
2. Indicar los comportamientos / características importantes que buscan en sus propias relaciones saludables

Procedimiento de actividad

A. Tipos de relaciones

1. Explica que a continuación harán una lluvia de ideas sobre las características de una relación saludable y una relación poco saludable, pero primero queremos definir diferentes tipos de relaciones.
2. Usando el rotafolio que describe tipos de relación pregúntale al grupo por un par de ejemplos para cada categoría, en este orden y completa según sea necesario: familiar, profesional, amistad y romántico. El resultado podría parecerse al gráfico que se muestra a la derecha.
3. Explica que en esta actividad nos vamos a centrar en las relaciones románticas. Estas relaciones pueden ser de naturaleza íntima y sexual y también pueden involucrar muchas emociones diferentes.
4. Enfatiza la importancia de las **relaciones equitativas** con los participantes, pregunta si alguien recuerda lo que significa la palabra “equitativo” (discutida en la Sesión 2). Pregunta: ¿Cómo son las relaciones equitativas?
5. Explica que ahora vamos a explorar juntos las características de las relaciones inequitativas (o poco saludables) y las características de las relaciones equitativas (o saludables).

TIPOS DE RELACIÓN	
FAMILIAR	AMISTAD
hermano	Mejor amigo
hermana	conocido
padre	par
primos	
tia	
abuelos	
PROFESIONAL	ROMÁNTICO
jefe	novio / novia
compañero de trabajo	cónyuge
maestro	amigos con
estudiante	beneficios

DEFINITION

Relaciones equitativas

en el que dos o más personas:

- Se comunican bien unxs con otrxs
- Respetan los límites de cada unx (consensuado)
- Se sienten segurxs, apoyadx y conectadx

NOTA PARA FACILITADOR

Antes de comenzar, debes explicar que hablar sobre sexo y relaciones a veces puede ser difícil para algunas personas, y luego transmite lo siguiente:

El sexo y la sexualidad pueden ser temas muy delicados y, a veces, difíciles de hablar. No todos han tenido experiencias sexuales positivas, y algunos jóvenes tienen dificultades, especialmente cuando han pasado por cosas malas en el pasado. El propósito de este programa es aprender a cuidar de la salud sexual. Si en algún momento se sienten incómodos o tienen problemas para participar, infórmalos.

B. Lluvia de ideas “saludable o no saludable”

1. En una hoja de rotafolio, escribe “Saludable” en el lado izquierdo y “No saludable” a la derecha. Explica que a continuación analizaremos los comportamientos saludables y no saludables de las relaciones. Explica que muchas relaciones caen en una u otra de estas categorías, algunas relaciones pueden tener aspectos de ambas, lo que hace que difícil determinar en qué tipo de relación uno se encuentra. Para ayudar, haremos una lista de diferentes tipos de comportamientos de las relaciones. A pesar de que nos estamos centrando en las relaciones íntimas en esta discusión, estas características o comportamientos pueden aplicarse a todo tipo de relaciones (amigos, familiares, etc.).
2. Comienza la lluvia de ideas pidiéndole al grupo que defina comportamientos de relaciones saludable, escribiendo la lista en el rotafolio bajo el encabezado Saludable.
3. Una vez que tengas una lista completa, cambia la lluvia de ideas a una lista de conductas de relaciones no saludables, escríbelas en el rotafolio debajo del encabezado No Saludables. Cuando hayas terminado, el rotafolio debe parecerse al ejemplo a continuación.
4. Revisa la lista de comportamientos saludables. Señala que todos tienen derecho a disfrutar las relaciones con estos comportamientos, aunque no siempre veamos esto en las relaciones que nos rodean

SALUDABLE	NO SALUDABLE
• Honesto	• Mentir
• Lealtad	• Mala comunicación
• Buena comunicación	• Engañar
• Edificante	• Violencia
• Respeto	• Celos,
• Confianza	• sospechoso
• Igual o justo	• Manipulador
• Comprensivo	• Crítico
	• Degradante

NOTA PARA FACILITADOR

Las experiencias de relación poco saludables pueden incluir estrés e inestabilidad emocional. Durante una relación poco saludable, las decisiones de tener relaciones sexuales o consumir drogas pueden verse afectadas por presión, manipulación, culpa y otros factores. Estos pueden conducir a un embarazo no deseado y a las infecciones de transmisión sexual (ITS).

APPENDIX E

5. A continuación, revisa la lista de comportamientos no saludables. Pregúntale al grupo: ¿Cómo podría ser diferente tu experiencia en una relación no saludable en comparación con una relación saludable?
6. Explica que puede haber momentos en los que nos encontremos en una relación no saludable, y es importante saber qué hacer cuando esto suceda. Vamos a hablar más sobre qué podemos hacer para evitar esas situaciones, abordarlas o, cuando sea necesario, salir de ellas.
7. Coloca la lista de características saludables y no saludables en la pared, para volver a repasarla más adelante en la actividad.

C. *Tarjetas de relación*

1. Coloca los letreros Saludables y No Saludables en lados opuestos de la pared.
2. Entrega una tarjeta de “Comportamiento de las Relaciones” a cada participante (o tantos como sea posible).
3. Pídele a los participantes que lean su tarjeta y piensen si el comportamiento es saludable o no. Invítalos uno por uno a pasar al frente de la sala. Pide que lean su tarjeta en voz alta y luego que la coloquen debajo del letrero Saludable o del letrero No Saludable. Pídele al grupo que se mantenga sin comentarios hasta que se hayan colocado todas las tarjetas.
4. Después de colocar todas las tarjetas, revísalas una por una y pregúntale al grupo si están de acuerdo con la ubicación o si la tarjeta se debe mover. Si el grupo no está de acuerdo con una ubicación, consulta las listas de comportamientos Saludables y No Saludables y trabaja junto con el grupo para llegar a un acuerdo.

D. *Reflexión y Compartir en Pareja*

1. Consulta el Recurso del participante 3.2--Comportamientos de Relación Saludable, y diles a los participantes que escribirán los tres comportamientos o características saludables más importantes que desean de una relación romántica.
2. Reconoce que no todos han tenido una relación romántica o quieren estar en una, pero este ejercicio nos ayuda a comprender lo que estamos buscando en todo tipo de relaciones y posibles relaciones románticas en el futuro.
3. Indica a los participantes que comiencen y dales entre 1 y 2 minutos para completar el ejercicio.
4. Cuando terminen, haz que se unan y compartan su comportamiento / característica de relación saludable más importante y por qué es importante para ellos.
5. Finalmente pide que algunos voluntarios compartan con el grupo más grande.

Mensajes clave

Indica los mensajes clave de esta actividad.

1. *Las relaciones saludables se basan en la comunicación, la honestidad, la equidad, el respeto y la responsabilidad.*
2. *Los comportamientos no saludables en las relaciones conducen a malos resultados de salud, como embarazos no deseados e ITS, e incluso violencia en las relaciones.*
3. *Practica comportamientos de relaciones saludables y espera lo mismo de tu pareja. No te quedes en una relación no saludable*

Actividad 4.3: Maneras de decir no

Objetivos de aprendizaje

Después de completar esta actividad, los participantes podrán:

1. Conocerán los seis pasos para usar en un rechazo efectivo

Procedimiento de actividad

A. Formas de decir no

1. Diles a los participantes que van a aprender sobre un modelo de comunicación que pueden usar para decir NO a algo que no quieren hacer. El modelo tiene seis formas de decir “no” y reforzar “no”, pero es posible que una persona solo tenga que decir “no” una o varias veces, según la situación.
2. Distribuye el recurso 4.3 para participantes: formas de decir que no y revisar lo siguiente:
 - Di NO con tu voz, con firmeza.
 - Refuerza el NO con tus ojos y lenguaje corporal.
 - Si lo desea, comparte su razón.
 - Si es necesario, di NO nuevamente y crea algo de espacio.
 - Ofrece una alternativa, si lo deseas.
 - Si los pasos anteriores no funcionan, aléjate.
3. Proporciona a los participantes el siguiente ejemplo para ilustrar estas estrategias. Digamos que estás en una fiesta y alguien en la fiesta te ofrece algún tipo de droga. La persona dice que el medicamento es totalmente seguro y te hará sentir muy bien, pero no quieres tomarlo
4. Pídele a un voluntario que te ayude a repasar las Seis Maneras de Decir No usando el ejemplo.
 - Indica la primera forma de decir No-- di NO con tu voz-- con firmeza, y luego pídele al voluntario que haga una demostración de esto.
 - Luego, indica el segundo paso--Refuerza el mensaje con los ojos y el lenguaje corporal-- y pídele al voluntario que lo demuestre. Proporciona estos consejos adicionales:
 - Haz contacto visual. ○
 - Levántate. ○
 - Di NO con firmeza. (“NO, no quiero probar eso. NO, no estoy interesadx”) ○
 - A continuación, indica el tercer paso-- Di no y, si lo deseas, comparte una razón. Deja claro a los participantes que establecer un límite no tiene que incluir una explicación. El “no” de una persona es suficiente. Sin embargo, puede ser útil saber por qué estás diciendo no a algo o alguien. Pídele al voluntario que demuestre. Proporciona estas sugerencias adicionales:
 - NO, no quiero probar eso. No consumo drogas. ○
 - NO, no quiero probar eso. Me siento bien sin usar drogas. ○
5. Ahora explica que usar estas tres formas puede ser suficiente. La persona que ofrece las drogas puede dejarte en paz y comprender que no las vas a tomar. Sin embargo, la persona podría seguir ofreciendo o insistiendo que las pruebes. En ese caso, considera los siguientes tres pasos.

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6. Indica el siguiente paso--Si es necesario, di NO nuevamente y crea algo de espacio-- y pídele al voluntario que haga una demostración. Proporciona estas sugerencias adicionales:

No, no quiero probar eso (y después):

- *Levántate.*
- *Aleja.*
- *Ve al baño.*
- *Levántate para conseguir agua o un refresco.*
- *Comienza a hablar con otro amigo.*
- *Aparenta que acabas de recibir una llamada telefónica y camina hacia un lado.*

7. Indica el siguiente paso--Ofrece una alternativa, si lo deseas--y pídele al voluntario que haga una demostración. Proporciona estas sugerencias adicionales:

No, no quiero probar eso. Quieres:

- *¿Salir afuera?*
- *¿Bailar?*
- *¿Ir a comer algo?*
- *¿Ir a hablar con [nombre de amigo]?*
- *¿Jugar [un videojuego, un juego de mesa, un deporte, etc.]?*

8. Finalmente, indica el último paso--Aléjate-- y pídele al voluntario que haga una demostración (y regrese a su asiento). Proporciona estas sugerencias adicionales:

Simplemente aléjate, incluso si esto crea una situación incómoda. Es mejor estar en una situación incómoda que verse obligadx a hacer algo que no deseas hacer--y luego lidiar con situaciones más incómodas más adelante. Los amigxs que realmente se preocupan por ti, nunca deberían insistir en que hagas algo que no quieres hacer. Y punto. Si la persona se vuelve agresiva y la situación se siente insegura, sal, haz ruido, encuentra un amigo o adulto de confianza y / o llama al 911.

Mensajes clave

Indica los mensajes clave de esta actividad:

1. *No significa no.*
2. *Decir “no” una vez debería ser suficiente, pero no siempre es así. En esas situaciones, respalda tu “no” verbal usando los pasos que aprendimos hoy, incluyendo el uso de tu lenguaje corporal, dando una explicación si lo deseas, ofreciendo alternativas o alejándote.*

Actividad 5.2: ¿Qué es el consentimiento?

Objetivos de aprendizaje

Después de completar esta actividad, los participantes podrán:

1. Definir el concepto de consentimiento sexual
2. Aplicar la definición de consentimiento a situaciones prácticas de la vida real
3. Identificar estrategias para establecer el consentimiento para la actividad sexual
4. Identificar estrategias para respetar los límites sexuales de una pareja
5. Identificar cómo las normas de género influyen en la capacidad de las personas para pedir consentimiento y respetar los límites sexuales de la pareja

Punto 1: El consentimiento es un claro "sí", sobre lo que está por suceder a continuación (y están contentos con eso).

Punto 2: No significa "no." Todos en la situación deben sentirse libres de decir "no" sin sentirse presionados, molestados o forzados.

Punto 3: El consentimiento puede ser retraído. Está BIEN que las personas cambien de opinión. El sexo nunca se le debe a alguien.

Punto 4: Las personas inconscientes no pueden dar su consentimiento. Incluso si consintieron antes, mientras estaban conscientes, si se vuelven inconscientes, no están consintiendo. Debido a que el alcohol y las drogas perjudican su capacidad de pensar y actuar, si una o ambas personas están bajo la influencia de drogas o alcohol, no se puede dar su consentimiento.

Punto 5: Una vez que se da el consentimiento, esto no significa que tiene el consentimiento para todo y para siempre. El consentimiento no es continuo, lo que significa que debes darlo / obtenerlo cada vez que participes en cualquier actividad sexual.

¿ES ESTO CONSENTIMIENTO SEXUAL?

Qué pasa si tu pareja:

- ¿Acepta ir a una cita contigo?
- ¿Te permite comprar la cena?
- ¿Entra en tu habitación cuando tus padres no están en casa?
- ¿Acuerda besarse contigo completamente vestido?
- ¿Acuerda besarse contigo desnudo?
- ¿Está borracho?
- ¿Te somete a la presión de tener relaciones sexuales después de amenazar terminar contigo?
- ¿Ha aceptado tener relaciones sexuales contigo antes, pero no quiere hacerlo en este momento?
- ¿Te permite tocarle sus genitales?
- ¿No dice nada cuando comienzas a tener relaciones sexuales?
- Dice "no", pero sigue respondiéndote de manera sexual.
- Dice "sí", está consciente e indica a través de su lenguaje corporal que se sienten cómodos.

APPENDIX E

Procedimiento de actividad

A. *Consentimiento*

1. Escribe la palabra **consentimiento** en una hoja del rotafolio y pregúntale al grupo si saben lo que significa esta palabra. Después de tomar algunas respuestas y escribirlas, explica que el consentimiento significa dar permiso para que algo suceda o para aceptar hacer algo. Escribe eso también.
2. Pídeles a los participantes que piensen en la actividad del Creador de Estatuas de la Sesión 2, y pide un voluntario que explique lo que primero tuvimos que preguntarle a nuestro compañerx antes de “esculpirlos”.
3. Dile a los participantes que vamos a practicar nuevamente pidiendo permiso o consentimiento separándonos en parejas y turnándonos para preguntarnos si aprobamos chocándola.
4. Recuérdales que si tu pareja no quiere participar en chocándola, pueden decir que no, y debemos escuchar y honrar su decisión. En cualquier momento, también pueden primero decir que sí y luego decidir que en realidad no quieren participar.
5. Los co-facilitadores, o el único facilitador y un voluntario participante, pueden primero demostrar lo que parece decir sí o no a un ejercicio de aprobación chocando las manos. Luego, invita a los participantes a buscar un compañerx y practiquen preguntando si quieren chocar las manos. Después de unos segundos de esto, haz que regresen a sus asientos y pregúntales, ¿por qué es importante pedir permiso o consentimiento antes de tocar a otra persona?

DEFINITION

Consentimiento

dar permiso para que algo suceda o aceptar hacer algo

B. *Consentimiento Sexual*

1. Recuérdales a los participantes que recientemente aprendieron sobre lo que significa tener una relación saludable. Dos palabras que a menudo aparecen cuando se describen relaciones saludables son “responsabilidad” y “respeto”. Explica que parte del respeto significa que ambos individuos en una relación tengan la responsabilidad no solo de establecer sus propios límites sexuales, sino también de respetar los límites sexuales de los demás.
2. Explica que, al igual que los acuerdos que tenemos en nuestras relaciones, también tenemos que establecer nuestros propios límites y decidir a qué estamos dispuestos a consentir en este momento de nuestras vidas. Esto no tiene que ser igual para siempre: siempre puedes cambiar de opinión.
3. Ahora agrega la palabra “sexual” después de la palabra “consentimiento” en el rotafolio y pregúntale al grupo si desean agregar algún significado adicional al nuevo término “consentimiento sexual”.

NOTA PARA FACILITADOR

Los temas de esta sesión pueden traer recuerdos o sentimientos difíciles a algunos participantes si se les ha obligado a tener relaciones sexuales sin dar su consentimiento, recientemente o en el pasado. Si ese es el caso y quieren hablar sobre ello, pídeles que se acerquen a los facilitadores después de la sesión.

Ten en cuenta que incluso si una persona no ha dicho “no” antes de comenzar la actividad sexual, tienen que esperar a que digan “sí”

4. Después de agregar las respuestas adicionales al rotafolio, escribe la definición de “consentimiento sexual”: acuerdo afirmativo, consciente y voluntario para participar en actividades sexuales.
5. Explica que el consentimiento sexual significa un acuerdo afirmativo, consciente y voluntario para participar en actividades sexuales. Muestra el rotafolio y explica los términos que se muestran en él, como se muestra a la derecha.
6. Aclara que el consentimiento sexual simplemente significa que ambas personas quieren y están dispuestas a participar en una actividad sexual en particular. En este sentido, es importante que ambas parejas estén de acuerdo, o consientan, en todos y cada uno de los actos sexuales y que se den permiso verbal específico para tocarse mutuamente. Como cualquier toque, la actividad sexual es íntima. Todos nosotrxs, a cualquier edad, debemos asegurarnos de que nos toquen de una manera que se sienta adecuado, se sienta bien y se sienta seguro.
7. Continúa explicando que **cualquier contacto sexual sin consentimiento es agresión sexual y es ilegal**. La violación es una forma comúnmente conocida de agresión sexual. Pero la agresión sexual incluye otras formas de contacto sexual no deseado, como el ser tocado sin consentimiento o actos sexuales forzados.

El consentimiento sexual es...

Afirmativo- Sí significa “sí”, no solo la ausencia de “no”.

Consciente-no puedes dar tu consentimiento si estás borrachx, desmayadx o drogadx.

Voluntario- no es consentimiento si eres presionadx o forzadx de alguna manera.

C. Video de consentimiento

1. Explica al grupo que hay un video simple pero efectivo que explica el consentimiento, y que lo veremos y luego lo discutiremos.
2. Muestra el video “Consentimiento: es tan simple como el Té”.
3. Luego, pregunta a los participantes si tuvieron alguna reacción o pregunta sobre el video.
4. Dirija una discusión con las siguientes preguntas:
 - ¿Cuáles son algunas formas en que puedes dar tu consentimiento verbalmente?
 - ¿Con la ausencia de un “no”, se otorga el consentimiento? (En otras palabras, si una persona no dice nada o no dice “no” antes de participar en un acto sexual, ¿se da el consentimiento?)
 - ¿Puede una persona cambiar de opinión una vez que se da el consentimiento? ¿Por qué es importante poder cambiar de opinión?
 - Si alguien está bajo la influencia de drogas o alcohol, ¿se puede dar el consentimiento? ¿Por qué es importante?
 - Si alguien da su consentimiento una vez, ¿se da el consentimiento para siempre? ¿Por qué no?

DEFINITION

Violación

relaciones sexuales ilegales o cualquier otra penetración sexual de la vagina, el ano o la boca de otra persona sin consentimiento

Agresión sexual

Esto puede tomar muchas formas, incluyendo violación o intento de violación, también como cualquier contacto sexual no deseado o amenazas. Por lo general, una agresión sexual ocurre cuando alguien toca cualquier parte del cuerpo de otra persona de manera sexual, incluso a través de la ropa, sin el consentimiento de esa persona.

APPENDIX E

D. ¿Es esto consentimiento sexual?

1. Explica al grupo que ahora vamos a practicar decidir si se ha otorgado o no el consentimiento sexual. Entrega una tarjeta verde y una tarjeta roja a cada participante. Explica que leerás una declaración y que ellos levantarán una tarjeta verde si aceptan que la declaración confirma que la persona ha dado su consentimiento sexual, y una tarjeta roja si la persona no ha dado su consentimiento sexual. Recuérdales que el consentimiento sexual debe ser un permiso afirmativo, consciente y voluntario para entablar cualquier contacto sexual o íntimo. Esto podría incluir besarse, tocarse las partes del cuerpo y participar en actos sexuales como el sexo anal, el sexo oral o la penetración vaginal/el sexo.
2. Muestra el rotafolio preparado con los diferentes escenarios.
3. Uno por uno, lee cada declaración en voz alta, pídeles a los participantes que levanten sus tarjetas y luego haz un seguimiento de cada declaración preguntando:
 - ¿A qué está consintiendo la persona en el escenario?
 - ¿Se da el consentimiento sexual en el escenario? (En caso afirmativo o no, explica por qué).
4. Facilita una discusión a medida que cada una de las declaraciones y respuestas hasta que el grupo comprenda por qué o por qué no se ha dado su consentimiento.
5. Registra el consenso del grupo en la página del rotafolio con un símbolo como una marca de verificación (por ejemplo, en verde, si se comunicó el consentimiento) o una "x" (por ejemplo, en rojo, no se comunicó el consentimiento).
6. Una vez que se hayan leído todas las declaraciones, explica que, incluso después de que alguien haya dado su consentimiento, es importante seguir confirmando durante el tiempo juntos y asegurarse de que todavía están de acuerdo, y vigilar las señales de que una persona aún puede estar insegura sobre la actividad sexual.
7. En una hoja de rotafolio, dibuja una línea por el medio y escribe "Lenguaje corporal poco claro" en la parte superior de la columna de la izquierda. Pídeles a los participantes que proporcionen ejemplos de signos de que una persona puede estar insegura de tener relaciones sexuales y enuméralos en el lado izquierdo. (Estos signos pueden ser dados por el lenguaje corporal, signos físicos, expresiones faciales, comportamiento u otros signos además de una declaración verbal).
8. Luego, en la misma hoja de rotafolio, escribe "Confirmación que alguien está de acuerdo" en el lado derecho y pide a los participantes que enumeren algunas cosas que una persona podría decir o hacer para confirmar con su compañerx para asegurarse que quieran continuar. El rotafolio podría terminar pareciéndose al gráfico de la derecha.

<u>Lenguaje corporal inseguro o poco claro</u>	<u>Confirmando que está de acuerdo</u>
<ul style="list-style-type: none"> • Lenguaje corporal indiferente (débil o rígido) • Lágrimas • Estar retraído (alejarse, no hablar, mirar hacia otro lado) • Nerviosismo 	<ul style="list-style-type: none"> • "¿Estás bien? ¿Esto se siente bien?" • "¿Qué pasa? ¿Quieres hablar de esto?" • "¿Cómo te sientes? ¿Todavía quieres hacer esto?" • "¿Estás nervioso? ¿Quieres hacer otra cosa?"

Mensajes clave

Indica los mensajes clave de esta actividad:

1. *Consentimiento* significa que “sí” significa sí y “no” significa no. Sin un claro “sí”, tú no tienes consentimiento y la actividad sexual no debería suceder.
2. *Sé lo jefe de ti mismo; no dejes que otras personas te presionen para que hagas cosas que no quieres hacer.*
3. *El consentimiento no es posible si una o ambas personas están bajo la influencia de drogas o alcohol.*
4. *La agresión sexual es CUALQUIER contacto sexual sin consentimiento, y la violación es un tipo de agresión sexual.*

NOTA PARA FACILITADOR

Establecer límites personales es un requisito previo para evitar el embarazo y las ITS, y es valioso no solo para adolescentes, pero a lo largo de la edad adulta. Esto también refuerza los conceptos claves de que todos tienen derechos y opciones sexuales y que otros deben respetarlos.



Si tú o alguien que conoces ha pasado por una experiencia de actividad sexual no deseada o una agresión sexual, consulta los servicios en la guía o no dudes en hablar con uno de los facilitadores para obtener más apoyo.

Activity 6.2: Anatomy Puzzles

Objetivos de aprendizaje

Después de completar esta actividad, los participantes podrán:

1. Comprender qué significa “pubertad” y sus implicaciones para el embarazo
2. Identificar y describir elementos básicos de anatomía y fisiología reproductiva
3. Describir cómo ocurre la fertilización y el embarazo

Procedimiento de actividad

A. *Hablando de sexo*

1. Explica que vamos a comenzar a hablar sobre algunos de los resultados físicos del sexo, específicamente el embarazo. Pero primero, queremos reforzar el mensaje que para la mayoría de las personas, el sexo es una parte normal, saludable y natural del ser humano. Es completamente natural y normal tener sentimientos y curiosidades sexuales y explorarlos. El sexo tiene muchos resultados físicos y emocionales positivos-- cuando sea el momento adecuado para ti. Diles a los participantes que esperamos que la información que han recibido aquí los ayude a tomar decisiones saludables sobre el momento adecuado en sus vidas, la pareja adecuada y la situación correcta-- como jóvenes y durante toda su vida, para participar en actividades sexuales.
2. Pregunta a los participantes cuáles son algunos de los resultados naturales de tener relaciones sexuales (estos no tienen que ser positivos o negativos, solo lo que sucede como resultado). Algunos ejemplos incluyen conexión emocional, placer y embarazo.
3. Explica que en esta sesión y en la próxima, nos enfocaremos en los resultados físicos del embarazo y las ITS, para que sepan cómo prevenir un embarazo hasta que estén listxs, así como también prevenir una ITS.

B. *Cambios de pubertad*

1. Explica que cuando somos jóvenes, comenzando en promedio entre las edades de 10 y 14 años (y tan jóvenes como 8) para las personas con vaginas, y en promedio entre las edades de 12 y 16 (y tan jóvenes como 10) para las personas con penes, nuestros cuerpos comienzan a cambiar en formas específicas que se conocen como “pubertad”. La pubertad solo significa que nuestros cuerpos están pasando por procesos biológicos y cambios físicos que son provocados por las hormonas para prepararnos para la edad adulta. Cada uno de nosotros es único, por lo que la pubertad puede comenzar a diferentes edades y suceder de diferentes maneras.
2. Explica que los cambios físicos son los signos más notables de que está abandonando la infancia y entrando en la adolescencia para luego pasar a la edad adulta. Los adolescentes también desarrollan o pasan por cambios emocionales y sociales, como parte del crecimiento y la madurez en adultos, pero hoy nos vamos a centrar solo en los cambios físicos.

NOTA PARA FACILITADOR

No todos los resultados son negativos, y es importante resaltar esto con los participantes, para que comprendan la naturaleza positiva del sexo, así como las consecuencias del embarazo o las ITS.

3. Si piensas en tus amigxs o compañerxs en tu grado, recordarás que hubo todo tipo de variaciones (y probablemente continuarán ocurriendo, durante la escuela secundaria y después) de niños que parecen físicamente más maduros o menos maduros. Hay muchas combinaciones diferentes.
4. Pídeles a los participantes que identifiquen algunas formas en que los cuerpos cambian durante la adolescencia y que las escriban en una hoja de rotafolio.

Por ejemplo, estos pueden incluir lo siguiente:

Para personas con vaginas:	Para personas con penes:
<ul style="list-style-type: none"> • Desarrollo de los senos • Llegada de la menstruación • Crecimiento acelerado (cada vez más alto o aumentando de peso) • Crecimiento del vello púbico y axilar 	<ul style="list-style-type: none"> • Cambios de voz • Crecimiento acelerado (p. Ej., crecer unos centímetros más en un año) • Crecimiento del pene, testículos y escroto • Crecimiento del vello púbico, facial y axilar

5. Explica que la pubertad implica muchos cambios, la mayoría de ellos relacionados con nuestra anatomía, sistemas reproductivos y los cambios que ocurren en nuestros cuerpos para prepararse para tener un bebé, lo que también se convierte en un momento en que es posible el embarazo. Aunque no todos los cuerpos se embarraan y no todas las personas se convertirán en padres, la información sigue siendo importante para que todxs la conozcan. Esto es lo que discutiremos a continuación.

APPENDIX E

C. Rompecabezas de Anatomía: Sistema Reproductivo–Persona con una Vagina

1. Pregúntale al grupo si han aprendido sobre los sistemas reproductivos en la escuela, de sus padres o de leer un libro. Descubre lo que saben y luego explica que aprenderán sobre anatomía reproductiva (o recibirán un repaso) al armar un rompecabezas de las partes de los sistemas reproductivos.
2. Divide el grupo grande en grupos más pequeños de tres o cuatro, y dale a cada grupo un conjunto de piezas del rompecabezas del sistema reproductivo para una persona con vagina. Dale 5 minutos para completar el rompecabezas.
3. Pregunta si para alguien se le hizo difícil armar su rompecabezas. Si un grupo no armó el suyo, haz que el otro grupo le eche una mano. Repasa los rompecabezas juntos como un grupo, mientras explicas que todos tienen partes dentro del cuerpo (internas) y partes fuera del cuerpo (externas) que se usan en el sexo y para la reproducción.
4. Muestra el póster de anatomía del sistema reproductor interno para que todos lo vean y comienza a revisar las respuestas correctas y más información. Los participantes también pueden seguir el Recurso del Participante 6.2A-- Anatomía de una persona con vagina.

- **Huevos/óvulo**

Debe saber: Un huevo u óvulo contiene la mitad de lo que se necesita (genéticamente) para crear un bebé; la otra mitad proviene del esperma. Los huevos se almacenan en dos ovarios en forma de almendra. Levanta la figura de felpa de huevo sobre el ovario en la proyección o póster de la anatomía de una persona con vagina.

Información adicional: El óvulo es una célula reproductiva que se almacena en los ovarios; suficientes huevos están presentes al nacer para durar toda la vida. Sin embargo, no es hasta la pubertad que maduran los huevos.

- **Ovulación**

Debe saber: –Aproximadamente una vez al mes, se libera un óvulo de uno de los ovarios. Este proceso se conoce como ovulación. Usando la figura de felpa de huevo contra el póster de Anatomía de una persona con vagina, muestra este proceso usando la figura de felpa de huevo que sale del ovario, con la ayuda de la fimbria, que mueve el huevo hacia la trompa de Falopio.

NOTA PARA FACILITADOR

Al referirse a la anatomía reproductiva o los genitales humanos, es más inclusivo y respetuoso decir “persona con vagina” en lugar de “anatomía femenina” o decir “persona con pene” en lugar de “anatomía masculina”. Esto se debe a que no todas las personas que se identifican como mujeres tienen una vagina y no todas las personas que se identifican como hombres tienen un pene. Recuerda que la identidad de género y el sexo asignado al nacer son diferentes y no siempre se alinean (es decir, en la comunidad transgénero).

DEFINITION

Ovarios

los órganos donde se almacenan los óvulos o huevos

Trompas de Falopio

Los tubos a través de los cuales viajan los óvulos y donde pueden ser fertilizados por un espermatozoide.

Útero

El órgano donde un óvulo fertilizado se convierte en un feto.

Vagina

El tubo que conecta el útero con el exterior del cuerpo. (La entrada a la vagina está en el exterior del cuerpo).

- *Información adicional:* En algún momento durante la pubertad, los huevos comienzan a madurar. Una vez que ha comenzado la ovulación, es posible que esa persona quede embarazada si un pene ingresa a la vagina y se libera esperma, ya sea por preeyaculación o eyaculación. La ovulación ocurre aproximadamente una vez al mes, pero algunas personas pueden tener ciclos que son un poco más cortos o más largos. Los ciclos de ovulación pueden verse afectados por el estrés, los medicamentos, las afecciones médicas, la dieta y los viajes. Antes y después de la ovulación, un aumento en el moco cervical conduce a secreciones vaginales, que pueden aparecer de color claro a lechoso y pueden tener una consistencia resbaladiza, espesa o viscosa. Estas secreciones salen de la vagina y pueden causar manchas de lejía en la ropa interior de color más oscuro debido a la acidez natural de los fluidos vaginales.

DATOS BÁSICOS

- El útero tiene aproximadamente el tamaño y la forma de una pera invertida.
- Un ovario es aproximadamente del tamaño de una almendra.
- Las personas con vagina nacen con todos los óvulos que tendrán en su vida. Los ovarios de un recién nacido contienen alrededor de 600,000 huevos.

- **Menstruación**

Debe saber: Durante la ovulación (es decir, cuando se libera un óvulo del ovario), el cuerpo automáticamente crea un revestimiento grueso en el área hecha para sostener un feto (el útero). Si el óvulo no se fertiliza, ese revestimiento grueso sale de la vagina como sangre de “período”.

Información adicional: El óvulo (ya sea fertilizado o no) continúa por la trompa de Falopio y llega al útero. El útero es aproximadamente el tamaño y la forma de una pera invertida. Durante el mes, el revestimiento del útero se vuelve grueso con sangre en anticipación de un óvulo fertilizado. El revestimiento acumulado ayudará a nutrir el óvulo fertilizado, que se implanta en la pared del útero. Si no hay óvulos fertilizados, este forro acumulado no es necesario, se desprende de la pared uterina y sale del cuerpo a través de la vagina. Este proceso se llama menstruación o un período. La menstruación generalmente ocurre aproximadamente una vez al mes y puede durar de 3 a 7 días. (Demuestra el proceso usando la figura de felpa).

- **Fertilización del huevo.**

Debe saber: Cuando el esperma ha entrado en el óvulo, decimos que el óvulo ha sido fertilizado. Muestra esto haciendo que la figura de felpa de esperma suba por la vagina, el cuello uterino y el útero para encontrarse con la figura de felpa de huevo en la trompa de Falopio, sobre la proyección o póster.

Información adicional: Después de que el óvulo se libera del ovario, viaja a través de las trompas de Falopio. Es aquí donde el óvulo puede fertilizarse con una célula de esperma, que contiene la otra mitad del material genético necesario para crear un bebé. Los espermatozoides pueden ingresar a la trompa de Falopio después de una relación vaginal sin protección o si falla un método de barrera.

APPENDIX E

- **Embarazo**

Debe saber: Cuando ocurre la ovulación (se libera un óvulo del ovario), y el óvulo se encuentra con el espermatozoide (o se fertiliza), entonces puede convertirse en un bebé y el revestimiento grueso se convierte en la placenta. Muestra esto haciendo que la figura de felpa de huevo se implante en el útero en el póster.

Información adicional: Si un óvulo es fertilizado, se adhiere a la pared del útero y la sangre acumulada no se derrama, por lo que no hay periodo. El útero es donde el óvulo fertilizado finalmente se convierte en un feto. En aproximadamente 40 semanas (aproximadamente nueve meses), nacerá un bebé.

5. Más información adicional a continuación: Explica que las personas con vaginas tienen tres “agujeros” o aberturas en sus cuerpos: la vagina, la uretra y el ano. Estas partes son todos elementos de la vulva, que son los genitales externos. Los tres agujeros tienen diferentes propósitos.

- **La vagina** es el paso para la sangre menstrual (y el lugar donde se inserta un tampón), el lugar donde se usan algunos métodos anticonceptivos, el lugar donde se inserta un pene (o dedos o consoladores), y también el paso a través del cual nace un bebé.
- **La uretra** es el conducto para orina y no es parte de la vagina, por lo que aún puedes orinar mientras usas un tampón.
- El ano, en todas las personas, es la última parada del sistema digestivo. Debido a que no está conectado al sistema reproductivo, el sexo anal no conduce al embarazo. Sin embargo, se necesita protección durante el sexo anal para prevenir las ITS, incluida la infección por VIH.
- Los otros elementos de la **vulva** incluyen:

Monte de Venus es el tejido graso que se encuentra sobre la articulación de los huesos púbicos. El vello púbico a menudo crece en esta área.

El glándulo del clítoris generalmente es el tamaño y la forma de un guisante, pero puede variar según la persona y tiene aproximadamente 8,000 terminaciones nerviosas que lo hacen sensible a la estimulación. El clítoris es la parte del cuerpo que cuando se estimula puede conducir a un orgasmo. Esto puede suceder durante la masturbación (que es la estimulación de los propios genitales) o dentro de la actividad sexual con otra persona. Un orgasmo es la sensación de placer intenso, que provoca una serie de contracciones involuntarias de los músculos de los genitales, que ocurre cuando se estimulan genitales como el clítoris o el pene.

Los labios internos y externos también conocidos como los labios menores y los labios mayores son pliegues de la vulva a ambos lados de la abertura vaginal. Su tamaño y forma pueden variar. A veces se les conoce como “labios”.

NOTA PARA FACILITADOR

Anima a los estudiantes a escribir cualquier preguntas adicionales y colocarlas en la Caja de Fichas de Conocimiento.

Recuerda a las participantes que la mejor manera de evitar el embarazo es no tener relaciones sexuales vaginales.

6. Pregúntale al grupo si tienen alguna pregunta y contesta. Recuerda a los participantes la opción de colocar preguntas en la caja de fichas de conocimiento.
7. Luego pregunta: ¿Cuál es la mejor manera de evitar un embarazo? Explica que, además de no tener relaciones sexuales, hay otras formas de evitar que el óvulo y el espermatozoide se unan, y eso es con el uso de un método anticonceptivo, también llamado anticoncepción. Aprenderán sobre eso en la próxima sesión. Pero por ahora, aprenderán sobre el sistema reproductivo de una persona con pene.

D. Rompecabezas de Anatomía: Sistema Reproductivo—Persona con Pene

1. Dale a cada grupo pequeño un conjunto de piezas del rompecabezas del sistema reproductivo de una persona con un pene. Permíteles cinco minutos para completar el rompecabezas.
2. Pregunta si se le hizo difícil a alguien armar su rompecabezas. Si un grupo no armó el suyo, haz que otro grupo les eche una mano.
3. Muestra a los participantes el póster de anatomía del sistema reproductivo que muestra los órganos internos y externos de una persona con pene y revisa la siguiente información (nuevamente dividida en información “imprescindible” e “información adicional”). Los participantes también pueden hacer un seguimiento del Recurso del Participante 6.2B: Anatomía de una persona con pene.

• Testículos

Debe saber: Los testículos son dos órganos en el exterior del cuerpo que producen espermatozoides, o la otra mitad de lo que se necesita (genéticamente) para crear un bebé. Los testículos son del tamaño de nueces y están protegidos por un saco. Adjunto al testículo está el epidídimo, que almacena espermatozoides y los transporta al conducto deferente.

Información adicional: Durante una eyaculación, los espermatozoides viajan y recolectan un líquido llamado semen. Este líquido amarillo blanquecino ayuda a nutrir los espermatozoides. Antes de una eyaculación, puede ocurrir la preeyaculación, donde solo se libera un poco de líquido de la glándula de Cowper a través de la uretra. Es importante saber que este líquido preeyaculatorio también puede contener células de espermatozoides. Por lo tanto, “retirarse” siempre conlleva cierto riesgo de embarazo. El semen se forma dentro de las glándulas llamadas vesículas seminales, a partir del líquido que también proviene de la próstata, y se eyacula a través de la uretra, el mismo tubo que permite orinar.

DEFINITION

Pene

Hecho de dos partes, el eje (la parte principal) y el glande (la punta, a veces llamada la cabeza), transporta espermatozoides a través de la uretra.

Testículos

Los dos testículos (o testes) producen espermatozoides y la hormona sexual masculina testosterona.

DATOS BÁSICOS

Alrededor de 500 millones de espermatozoides pueden madurar todos los días.

APPENDIX E

- **Erección**

- *Debe saber:* –El pene es naturalmente blando y flácido. Cuando el pene se llena de sangre debido a cambios de temperatura o excitación sexual, se vuelve duro (o erecto).
- *Información adicional:* El pene también puede ponerse erecto durante los ciclos de sueño o por la necesidad de orinar. Durante la pubertad, las erecciones pueden ocurrir sin ninguna razón en particular y sin previo aviso. El pene se vuelve duro o erecto debido al torrente de sangre que llena el tejido dentro del pene.

- **Eyaculación**

Debe saber: Los espermatozoides solo salen de un pene erecto. El proceso de salida del pene se llama eyaculación. La eyaculación ocurre comúnmente después de que una persona con un pene llega a un orgasmo después de la estimulación del pene, ya sea a través de la masturbación o la actividad sexual. La eyaculación también puede ocurrir durante el sueño, sin estimulación directa del pene, a través de un proceso llamado emisiones nocturnas o “sueños húmedos”. Muestra el proceso de eyaculación haciendo que la figura de esperma de felpa viaje desde los testículos a través del conducto deferente y la uretra y fuera del pene sobre el póster de anatomía.

Información adicional: Durante una eyaculación, los espermatozoides viajan y recolectan un líquido llamado semen. Este líquido amarillo blanquecino ayuda a nutrir el esperma. Antes de una eyaculación, puede ocurrir la preeyaculación, donde solo se libera un poco de líquido a través de la uretra. Es importante saber que este líquido preeyaculatorio también contiene células de esperma. Por lo tanto, la abstinencia (o “retirarse”) siempre conlleva cierto riesgo de embarazo. El semen se eyacula a través de la uretra, el mismo tubo que permite orinar. Una persona no puede eyacular y orinar al mismo tiempo.

- **Fertilización por el esperma**

Debe saber: Cuando el óvulo y el esperma se unen, decimos que el óvulo ha sido fertilizado. Si no hay huevo, el esperma morirá.

Información adicional: Cuando se inserta el pene dentro de la vagina y se produce una eyaculación, existe la posibilidad de embarazo. Los espermatozoides nadan a través del canal vaginal hacia el útero y hacia las trompas de Falopio, buscando un óvulo. Si hay un óvulo presente, el esperma intentará fertilizar el óvulo. Solo se necesita un espermatozoide para fertilizar un óvulo. Una vez más, los espermatozoides pueden vivir hasta cinco días dentro de otra persona, por lo que, incluso si no hay óvulos presentes cuando dos personas tienen relaciones sexuales, los espermatozoides aún pueden fertilizar un óvulo liberado en los próximos días.

- **Pene**

Debe saber: Explica que las personas con pene generalmente nacen con prepucio, un rollo de piel retráctil que cubre el extremo de un pene. Algunas personas pueden someterse a una cirugía, la mayoría de las veces cuando son recién nacidos, que extirpa gran parte del prepucio. Este proceso se llama circuncisión y se puede hacer por muchas razones diferentes, más comúnmente relacionadas con creencias religiosas o influenciadas por normas de la sociedad dentro de una cultura particular. Los penes tienen muchos tamaños, formas y apariencias diferentes. Es importante que una persona con pene conozca y aprecie su propio cuerpo único.

4. Preguntale a los participantes si tienen alguna pregunta. Recuérdales la opción de colocar preguntas en la Caja de Fichas de Conocimiento.
5. Concluye la lección de anatomía reiterando que la mejor manera de evitar el embarazo es no tener relaciones sexuales vaginales. Sin embargo, cuando ocurre el sexo, es mejor usar un método anticonceptivo (de manera consistente y correcta) para evitar que los espermatozoides lleguen al óvulo.

Mensajes clave

Indica los mensajes clave de esta actividad:

1. *Todos pasan por la pubertad en diferentes momentos e intensidades; hay muchas variaciones, ¡no hay nada malo en ti!*
2. *La mejor manera de evitar un embarazo es no tener relaciones sexuales vaginales.*
3. *Si eliges tener sexo vaginal, existen varios métodos anticonceptivos que puedes usar para limitar las posibilidades de que el óvulo y el esperma se reúnan para que el embarazo sea menos probable. Hablaremos de estos métodos en nuestra próxima sesión.*

Actividad 9.3: ¡¿Cuánto Cuestan los Bebés?!

Objetivos de aprendizaje

Después de completar esta actividad, los participantes podrán:

1. Indicar detalles precisos sobre los costos de compras específicas para infantes y bebés
2. Considerar las consecuencias financieras actuales y futuras de convertirse en un padre joven

Procedimiento de actividad

A. *Lista de compras para bebés*

1. Explica nuevamente que los bebés necesitan muchas cosas para ser atendidos adecuadamente. Explica que juntos haremos una lista de compras de todas las cosas que un bebé recién nacido va a necesitar.
2. Permite que los participantes digan sus respuestas mientras las escribe en una hoja de rotafolio. La lista resultante podría verse como el ejemplo a la derecha.
3. Avancemos rápidamente hasta el primer cumpleaños del bebe, ¿qué vamos a necesitar ahora?
4. Y ahora, a medida que el bebé crece, ¿qué más necesitará cuando comience a caminar, comer alimentos sólidos, ir a la guardería y más?
5. Pregunta a los participantes: ¿Qué observan sobre nuestra lista de compras?

B. *¡¿Cuánto Cuestan los Bebés?!*

1. Pregúntale a los participantes si alguna vez vieron el programa de concurso El Precio es Justo. Explica que esta actividad será igual que ese show.
2. Haz que un facilitador actúe como anfitrión del programa de concurso y dé la bienvenida a los participantes a ¡¿Cuánto Cuestan los Bebés?, el programa de concurso donde los concursantes deben adivinar los costos de algunos artículos que necesitan los bebés.
3. Invita a tres concursantes a “¡pasar!” (al frente del salón) y entrégales a cada uno una pequeña pizarra y marcador.

LISTA DE COMPRAS PARA BEBÉ

- Ropa (los bebés crecen rápido y la ropa les queda pequeña en poco tiempo!)
- Ropa de cama (cuna, colchón, sábanas, mantas)
- Pañales y suministros para cambiar pañales (pomadas, cambiador, papelería para pañales, bolsa para pañales)
- Suministros para la lactancia (sostenes de lactancia, extractores de leche materna, almohadillas).
- Juguetes, sonajeros
- Coche
- Asiento de coche
- Biberones, chupetes, etc.

4. Luego explica las reglas del juego:
 - El facilitador mostrará un cartel con un artículo escrito en él.
 - Los concursantes tendrán 20 segundos para adivinar cuánto cuesta ese artículo y anotar ese precio.
 - Anima a la audiencia a gritar los precios para ayudar a los concursantes.
 - Una vez que los concursantes hayan escrito sus respuestas, darán la vuelta a sus pizarras y mostrarán al resto del grupo sus respuestas. En este momento, el facilitador dará vuelta a la tarjeta para mostrar el costo correcto del objeto.
 - El concursante que esté más cerca del precio real sin pasarse es el ganador.
5. Comienza el juego sosteniendo el cartel de Pañales mientras dices lo siguiente al grupo:
 - El primer artículo por el que necesitamos un precio son los pañales por un mes para un bebé recién nacido. Anoten cuánto creen que cuesta suministrar pañales durante un mes. Muchachxs, siéntanse libre de ayudarlos. [Anima a los otros participantes a que griten algunos números.]
6. Haz que los concursantes le den vuelta a sus tablas para revelar sus respuestas. Pregúntale a la audiencia quién está más cerca del costo real del artículo, luego di lo siguiente al grupo:
 - La respuesta correcta es \$85.80. Un paquete económico de pañales para recién nacidos cuesta aproximadamente 26 centavos por pañal, y un bebé promedio requiere de 10 a 12 cambios por día durante los primeros tres meses. Entonces, 11 pañales x 30 días a 26 centavos cada uno es igual \$85.80 por mes.
7. Invita al ganador de esta ronda a permanecer en la “fila de concursantes” y solicita a los otros dos concursantes que entreguen sus pizarras a dos nuevos concursantes. (O tal vez quieras traer a tres concursantes nuevos).
8. Continúa siguiendo el mismo proceso para los artículos restantes, proporcionando los costos reales y la información de seguimiento durante el ejercicio.
 - Asiento infantil para coche: \$180. Informes para el Consumidor: el precio recomendado de los asientos para el coche varía entre \$60 y \$200, pero el asiento para bebés mejor calificado cuesta \$180. Las clasificaciones se basan en la facilidad de uso, ajuste al vehículo y protección contra choques. Tengan en cuenta que los hospitales no les permitirán irse si no tienen un asiento de seguridad para su bebé. Además, los bebés crecerán y requerirán al menos de 2 a 3 asientos de coches diferentes durante la infancia.
 - Guardería por mes: \$1,000. Los facilitadores pueden compartir sus propias experiencias sobre los costos y desafíos de la guardería, si es su caso, y pueden preguntar a los participantes si tienen alguna experiencia que compartir también.
 - [Ronda extra con los tres ganadores finales; invítalos a levantarse si se han sentado.]: El costo de vida de un padre soltero y un hijo es de aproximadamente \$3,490 por mes.

NOTA PARA FACILITADOR

Consumer Reports es una organización sin fines de lucro que prueba productos para asegurarse de que sean seguros. Echale un vistazo a www.consumerreports.org para más información.

NOTA PARA FACILITADOR

En muchas familias, algunos de los costos inmediatos y continuos pueden ser menores, porque la ropa, los juguetes, los asientos de coche, etc., son prestados o donados. La ubicación geográfica del lugar donde vive alguien también puede alterar el costo de los artículos y el costo general de los gastos de vida. Está bien reconocer esto (e incluirlo en la historia de los educadores de parejas, si es apropiado), pero esto todavía deja muchos costos continuos (como pañales y guarderías) que no pueden ser “prestados”. También es importante reconocer que un embarazo también puede traer resultados positivos (madurez, independencia, atención positiva, etc.) y no necesariamente puede empeorar el curso o la trayectoria de vida. En cualquier caso, la vida siempre cambiará y será diferente una vez que alguien tenga un bebé.

C. *Pensando por adelantado*

1. Después de que todos hayan regresado a sus asientos, explica que con los costos financieros de tener un bebé, es importante que los padres se aseguren de poder mantener a un bebé. Pregúntales ¿cuánto creen que tendrían que ganar, ya sea por hora o anualmente, en un trabajo a tiempo completo de 40 horas a la semana, para poder vivir con \$3,490 por mes?
2. Brinda a los participantes la oportunidad de dar algunas respuestas, luego diles que tendrían que ganar un mínimo de \$20 por hora, o \$41,600 por año.
3. Ahora pregunta si saben cuál es el salario mínimo. Házle saber que el salario mínimo federal es de solo \$7.25.
4. Luego pregunta qué tipo de trabajos, o carreras, creen que pagarán \$20 por hora, y escribe sus respuestas en un rotafolio, agregando algunos de tus ejemplos. El rotafolio resultante podría verse así:
5. Después de haber generado una buena lista, pregunta qué necesitan para ganar \$20 por hora o más. Luego, hazles saber que a menudo necesitarán un título universitario, otra certificación comercial o años de experiencia en el campo. Indica que estos requisitos a menudo no están disponibles para los padres jóvenes, lo que puede hacer que sea más difícil satisfacer las necesidades financieras de criar a un hijo.

LISTA DE COMPRAS PARA BEBÉ

- Detective / investigador criminal
- Contador
- Mecánico de aviones
- Arquitectx
- Oficial de policía
- Enfermerx registrada
- Higienista dental
- Trabajo gerencial
- Maestrx
- Gestión sin fines de lucro



6. Pregunta a los participantes si alguno de ellos escribió sobre una carrera específica cuando hicieron sus cronogramas en la Sesión 1. Si es así, pídeles que compartan esas carreras ahora. Luego pregunta, ¿cuáles son algunos pasos necesarios para alcanzar esas metas profesionales? Elije algunos participantes para compartir sus respuestas.

Mensajes clave

Indica los mensajes clave de esta actividad:

1. *Los bebés son caros--al igual que los niños pequeños y los estudiantes de secundaria.*
2. *La crianza de los hijos es una gran responsabilidad con muchas alegrías y responsabilidades a cualquier edad-- puede ser costosa y dura mucho tiempo.*

Actividad 10.2 La clínica

Objetivos de aprendizaje

Después de completar esta actividad, los participantes podrán:

1. Indicar dónde están ubicadas las clínicas locales para adolescentes
2. Describir los servicios prestados en una clínica de planificación familiar
3. Demostrar cómo llamar a una clínica de planificación familiar y hacer una cita

Procedimiento de actividad

A. *Listado de Servicios*

1. Explica que hay clínicas de salud locales que brindan una amplia gama de servicios para adolescentes con un costo bajo o sin costo, y en algunos casos sin el consentimiento de los padres.
2. Pregunta a los participantes si alguna vez han visitado alguna de estas clínicas o si conocen a alguien que lo haya hecho. Si es así, pregunta si pueden compartir cuáles son algunos de los servicios disponibles y escríbelos en una hoja de rotafolio.
3. Pregunta si alguien más puede proponer algunos servicios clínicos adicionales y escríbelos en el rotafolio. Si aún no se menciona, asegúrate de agregar anticonceptivos, pruebas de embarazo y pruebas de ITS / VIH.

B. *Lluvia de ideas*

1. El primer paso para visitar una clínica es llamar para hacer una cita. Para prepararlos para llamar y hacer la cita, explica que la próxima actividad los ayudará a formular una lista de preguntas que pueden hacer a las clínicas antes de hacer una cita. Luego, tendrán la oportunidad de practicar con un compañero.
2. Etiqueta una hoja de papel de rotafolio con Posibles Preguntas para la Llamada Telefónica de la Clínica y solicita a los participantes que te digan qué preguntas creen que tendrían que hacer para hacer una cita en una clínica. Diles que tomen en cuenta que algunas clínicas no son “amigable para los adolescentes”, por lo tanto no pueden ser muy cómodas para una persona joven que identifica como hombre o un joven LGBTQ, por lo que puede haber preguntas que deben hacer para sentirse cómodxs allí. Pregunta a los participantes qué tipo de preguntas querrán hacer y escríbelas en el rotafolio. El siguiente ejemplo muestra cómo se vería un rotafolio típico después de esta actividad.

Posibles preguntas para la llamada telefónica de la clínica

- ¿Qué servicios proporcionan?
- ¿Qué métodos anticonceptivos o servicios de ITS ofrecen?
- ¿Cuánto cuestan estos servicios?
- ¿Qué implica una visita?
- ¿Cuánto tiempo tardará?
- ¿Necesito una cita?
- ¿Necesito el permiso de uno de los padres?
- ¿Es confidencial? ¿Qué significa eso exactamente?
- ¿Puedo traer un amigo?
- ¿Qué necesito traer?
- ¿Puedo elegir mi proveedor por su género?
- ¿Como llego hasta ahí?
- ¿Cuáles son tus horarios?

C. *Juego de Roles- Llamar a una Clínica*

1. Explica que para sentirse más cómodxs llamando a una clínica, practicarán con un compañerx haciendo una llamada telefónica falsa a una clínica. Consulta el Recurso del Participante 10.2--Llamar a una Clínica de Salud y explica que en parejas, una persona se hará pasar por el personal de la clínica y una persona se hará pasar por la persona que llama, y luego cambiarán de roles.
2. Divide a los participantes en parejas.
3. Indícales que comiencen, dándoles dos minutos, luego dale la señal de “cambiar” para que sepan cambiar de roles.
4. Una vez que ambos participantes hayan desempeñado ambos roles, pídeles que regresen a sus asientos.



Asegúrese de compartir con los participantes las clínicas locales de Título X en su área y señale a estos proveedores en la guía de recurso

D. *Discusión*

1. Explica que los jóvenes menores de 18 años pueden necesitar obtener el permiso de los padres si desean métodos anticonceptivos recetados, como la pildora, la inyección, el implante y el DIU. Sin embargo, los condones están disponibles para cualquier persona, en clínicas y en todo tipo de tiendas. Tóma un momento para reconocer que, aunque las clínicas deberían ser acogedoras para satisfacer las necesidades de salud sexual de una persona joven, a veces el personal de las tiendas no apoyan a los jóvenes que compran condones. Recuérdales a los participantes que no existe una ley contra la compra de condones y que tienen derecho a acceder a ellos cuando los necesiten.
2. Analiza la actividad con la siguiente discusión
 - ¿Qué tan cómodo te sentirías llamando a la clínica por tu cuenta?
 - ¿Qué tan cómodo te sentirías yendo solx a la clínica? Si no estás solx, ¿qué tan cómodx te sentirías yendo con un amigo?
 - ¿Qué crees que impide que algunos adolescentes visiten una clínica?
 - ¿Qué consejo les puedes dar a alguien para ayudarlo a superar sus preocupaciones acerca de ir a una clínica?
 - ¿Cómo crees que la experiencia de ir a una clínica sería diferente para un joven que se identifica como hombre o joven que se identifica como mujer? ¿Y qué para un joven que se identifica LGBTQ?
 - ¿Cómo puede una persona que se identifica como hombre ayudar a su pareja a ir a la clínica y obtener anticonceptivos?
 - ¿Qué otros temores o inquietudes tienes sobre visitar una clínica? (Ayuda a aliviar algunos de sus miedos y recuérdales los beneficios de visitar una clínica para los adolescentes activos sexualmente).

Mensajes clave

Indica los mensajes clave de esta actividad:

1. Muchas clínicas de salud están establecidas para ayudar a los jóvenes con servicios amigables para los jóvenes que son gratuitos y confidenciales.
2. Cuidarse a sí mismo y a su pareja yendo a una clínica de salud es importante ahora, pero también a lo largo de tu vida.



Recuerda a los participantes que estos recursos fueron evaluados para ver qué tan amigable son para adolescentes.



FOLLETOS DE PARTICIPANTES

Nombre:

Clase/Profesorx:

Recurso para Participante 1.1 El Código de Re:MIX

Maximiza tus fortalezas:

Mis fortalezas son valiosas.

Tengo algo único que contribuir.

Imagina un futuro saludable:

Estoy creando la vida que yo quiero.

Hay personas con las que cuento con su apoyo.

Explora tus identidades:

Soy mi propix jefx.

Tengo una historia que vale la pena contar.

Trato a los demás de la manera que ellxs quieren ser tratados.

Recurso para Participante 1.4 Visualizando tu futuro

VISUALIZANDO TU FUTURO

Piensa en quién eres ahora y en quién quieres ser en el futuro. Cuando te imaginas tu futuro, ¿qué ves para ti mismx? ¿Cómo te imaginas que serán las cosas?

Para los períodos de tiempo a continuación, escribe algo acerca de quién eres (hoy) y de lo que esperas que sea parte de tu vida en el futuro:

Hoy (Escuela Secundaria)

Después de la Escuela Secundaria

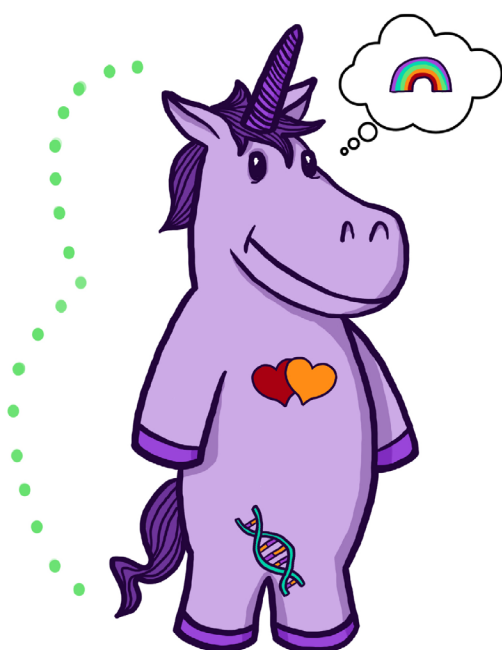
A mediado de los 20 años

A mediado de los 30 años

Recurso para Participante 2.3 El Unicornio del Género

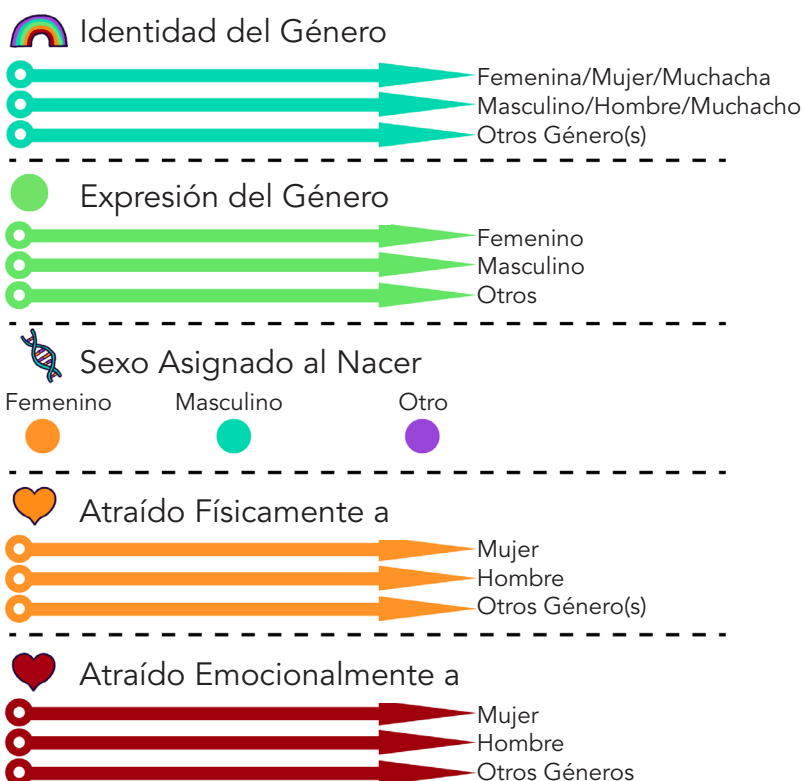
El Unicornio del Género

Graphic by:
TSER
Trans Student Educational Resources



To learn more, go to:
www.transstudent.org/gender

Design by Landyn Pan and Anna Moore



APPENDIX E

Recurso para Participante 3.2—Comportamientos de relaciones saludable

Instrucciones:

Completa las siguientes oraciones basadas en tu propia opinión y punto de vista.

Para mí, tres comportamientos importantes en una relación saludable son...

Para mí, el comportamiento más importante de una relación saludable es...

porque...

Recurso para Participante 3.4B—Ayudando a un amigx

Discute la situación a continuación con tu compañerx para descubrir cómo ayudarías a un amigx que puede estar viviendo aspectos no saludables en su relación. Habla con tu compañerx sobre cómo puedes apoyar a tu amigx mientras compartes tu preocupación sobre la relación.

Tu amigx tiene una nueva pareja. Ha estado pasando mucho tiempo con la nueva pareja, por lo que últimamente no lxs has visto mucho. Parece que se llevan muy bien y estás contentx que tu amigx haya encontrado a alguien que realmente les guste; pero sí lx extrañas. Te lx acabas de encontrar y después de una conversación, ahora estás empezando a sentirte preocupadx. Ya no parece ser lx mismx, y todo el tiempo que estuvieron hablando, estaba nerviosx de que su nueva pareja lxs viera hablando contigo. Preguntas por qué no ha devuelto tus llamadas y dice que es difícil de explicar, pero su pareja lx quiere para él/ella/lx solamente porque realmente se preocupa por él/ella/lxs y no quiere que comparta tiempo con nadie más. Entonces, de repente, se marcha, preocupadx de que su pareja se preguntara dónde estaba y de que se enojaran si llega tarde para encontrarse con su pareja.

Recurso para Participante 4.2—En el Cine

Ahora estás en el cine. Tu cita está retrasada -- ¡OTRA VEZ! Desearías que dejara de hacer esto. ¿Cuál de estos escenarios tiene la mejor oportunidad de hacerse entender con ellos?

John: Hola, Nina, ¡ahí estás! ¿Lista para entrar?

Nina: Supongo que sí. La película comenzó hace 30 minutos, pero espero que no nos hayamos perdido demasiado.

John: Hola, Nina, ¡ahí estás! ¿Lista para entrar?

Nina: ¿Hablas en serio? No voy a entrar allí contigo; me voy a casa. Ve la película tú solo si quieres. Estoy harta de que llegues tarde todo el tiempo. No te importo yo ni a nadie más. Siempre se trata de ti. ¡Eres tan desconsiderado!

John: Hola, Nina, ¡ahí estás! ¿Lista para entrar?

Nina: John, ¿qué pasó? ¿Se suponía que nos íbamos a encontrar hace 30 minutos!

John: Lo sé, lo siento mucho. Llegué tarde y la batería de mi teléfono celular se agotó, así que no te pude llamar.

Nina: Sé que esas cosas pueden suceder, pero esto es realmente frustrante. Es la tercera vez que has llegado tarde. Me esfuerzo mucho por llegar a tiempo, y siento que no me muestras el mismo respeto. ¿Crees que puedes priorizar llegar a tiempo la próxima vez que tengamos planes?

John: Sí, puedo hacer eso. Lo siento mucho. Y debería haber usado el teléfono de mi amigx para llamarte. ¿Te puedo compensar comprándote palomitas? ¡Y puedes elegir la película la próxima vez!

Nina: OK, lo aprecio. Entremos.

Recurso para Participante 4.3—Maneras de Decir No

Aunque decir “no” solo una vez debería ser suficiente, a veces no lo es. Alguien que realmente se preocupa por ti escucharía la primera vez, pero ¿y si no lo hace? Si alguien no respeta tu derecho a decir no la primera vez, aquí hay algunas formas de respaldar tu “no” verbal. Es importante aclarar que nunca es tu culpa si alguien no quiere entender que no significa no.

1. Di NO con tu voz, con firmeza.
2. Refuerza el NO con tus ojos y tu lenguaje corporal.
3. Explica por qué estás diciendo no.
4. Si lo necesitas, di NO nuevamente y marca distancia.
5. Ofrece una alternativa si lo deseas.
6. Si los pasos anteriores no funcionan, aléjate.

Recurso para Participante 4.4A—Ejercicio de actuación con guión, Eric y Jasmine

Antecedentes

Eric y Jasmine han estado saliendo durante cuatro meses. Se quieren y se divierten cuando están juntos. Un sábado por la noche, Eric y Jasmine están pasando el rato en la casa de un amigo. Están solos y empiezan a besarse y tocarse. Eric le pide a Jasmine sexo oral, pero Jasmine no quiere darle sexo oral a Eric.

Eric: Vamos, solo por esta vez.

Jasmine: No, Eric. Sabes que estoy realmente interesada en ti, simplemente no quiero hacer eso.

Eric: No tengas miedo, te mostraré qué hacer. Por favor...

Jasmine: No. No tengo miedo. Estoy bien besándote. ¿No podemos seguir haciendo esto?

Eric: No entiendo por qué no lo harás. ¿Cuál es el problema?

Jasmine: [Alejándose de Eric] Estoy bien con los besos, pero no con otras cosas.

Eric: No quiero besarte. Eso no es suficiente para mí.

Jasmine: OK, entonces no quiero besarte en este momento. Me voy de aquí.

[Jasmine se aleja.]

Recurso para Participante 4.4B—Ejercicio de actuación con guión, Chris y Jesse

Antecedentes

Chris y Jesse han estado saliendo durante unos meses. No han tenido relaciones sexuales, pero su relación se ha vuelto más seria. Chris y Jesse están pasando el rato en el auto de Chris una noche después del trabajo. Se han estado besando por un tiempo, y Jesse quiere tener sexo, pero Chris no.

Jesse: Chris, creo que deberíamos dar el siguiente paso.

Chris: Jesse, no quiero tener sexo.

Jesse: ¿Que? ¿Por qué no? ¿Qué pasa?

Chris: Nada está mal. Simplemente no quiero tener sexo. No quiero ponernos en riesgo.

Jesse: No puedo creer esto. ¿Eres tú que dice que no?

Chris: No estoy listx. Volvamos a mi casa y relajémonos.

Jesse: Bueno, está bien ... siempre y cuando nada esté mal.

Chris: Nada está mal. Estamos bien.

Recurso para Participante 4.4C—Ejercicio de actuación improvisado, personas 1 y 2

Antecedentes

Persona 1 y Persona 2 han estado saliendo por un tiempo. Persona 1 realmente quiere tener relaciones sexuales con Persona 2. En este ejercicio de actuación, Persona 1 ejercerá mucha presión sobre persona 2 para tener relaciones sexuales, a pesar de que Persona 2 repetidamente dice “no”. Túrnense para jugar a Persona 2 y usen sus mejores habilidades de rechazo para decir NO

Persona 1: Creo que deberíamos dar el siguiente paso. Tengo muchas ganas de tener sexo contigo.

Persona 2: (di NO claramente, usa tu lenguaje corporal)

Persona 1: Pero podemos estar incluso más cerca uno al otro si tenemos relaciones sexuales.

Persona 2: (di NO y explica por qué, si lo deseas explicar)

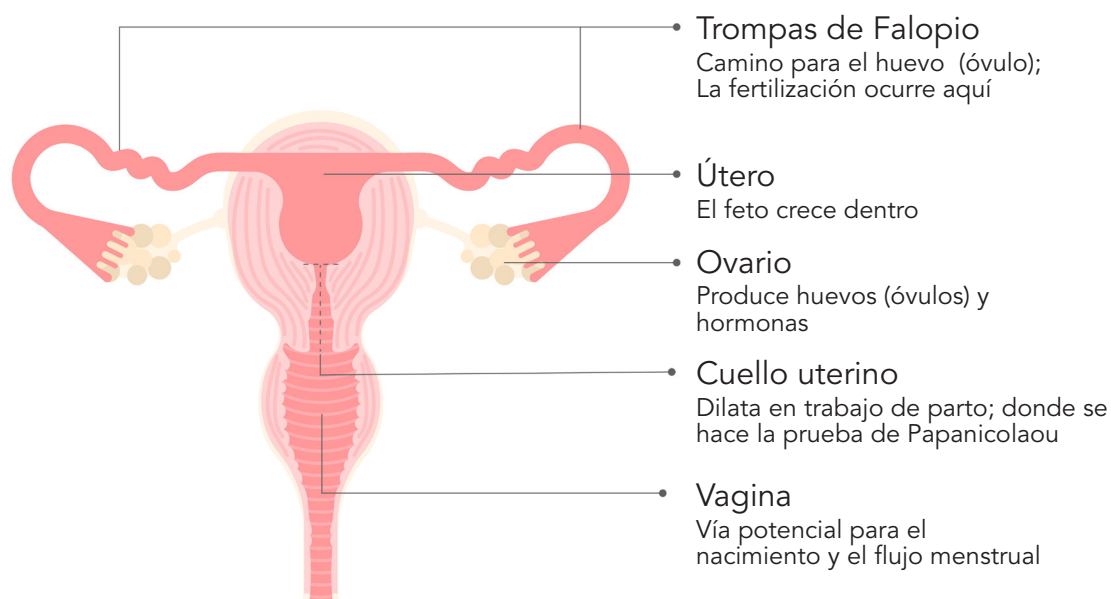
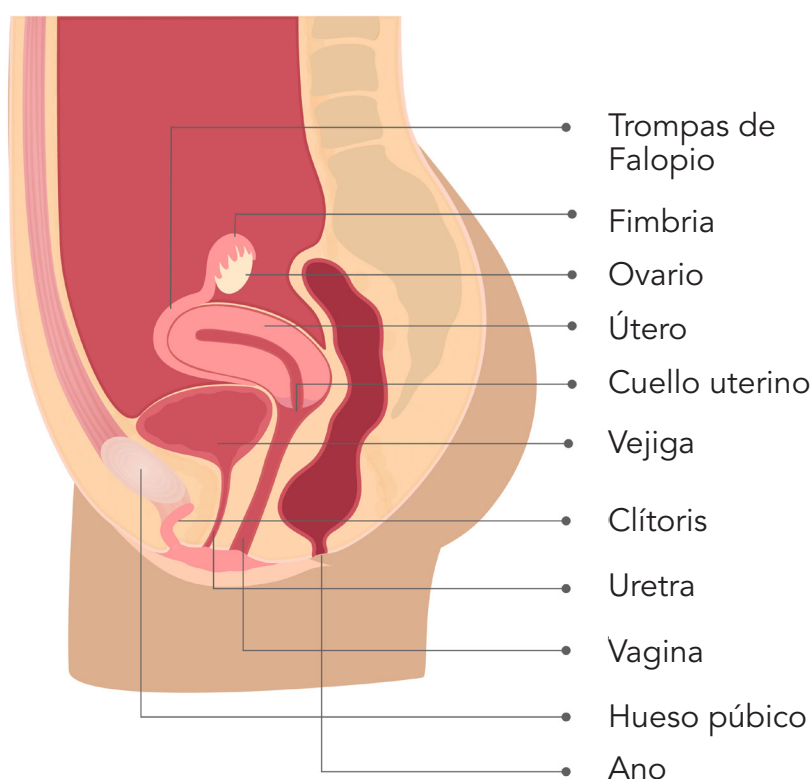
Persona 1: Vamos, por favor, hemos estado juntos lo suficiente.

Persona 2: (repite la respuesta, di cómo te sientes, sugiere alternativas)

Persona 1: OK, lo siento. No quise hacerte sentir incómodx.

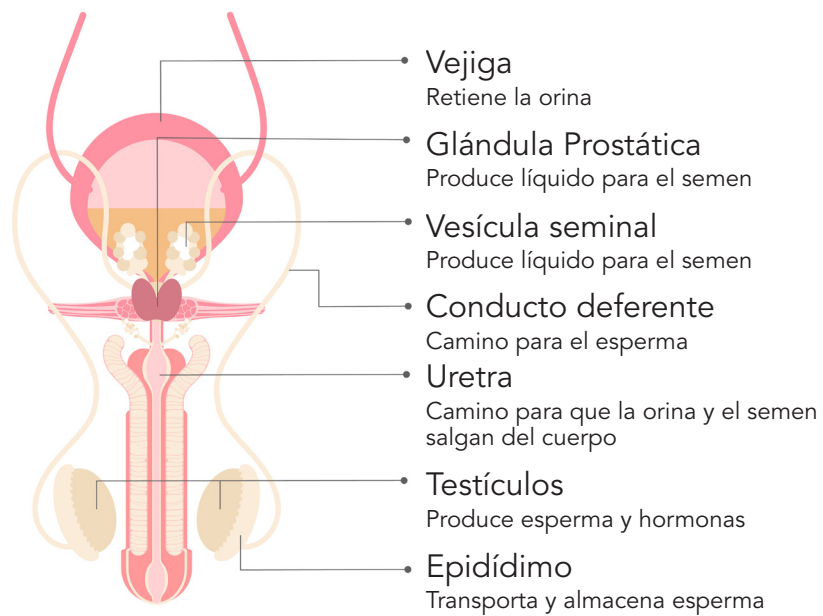
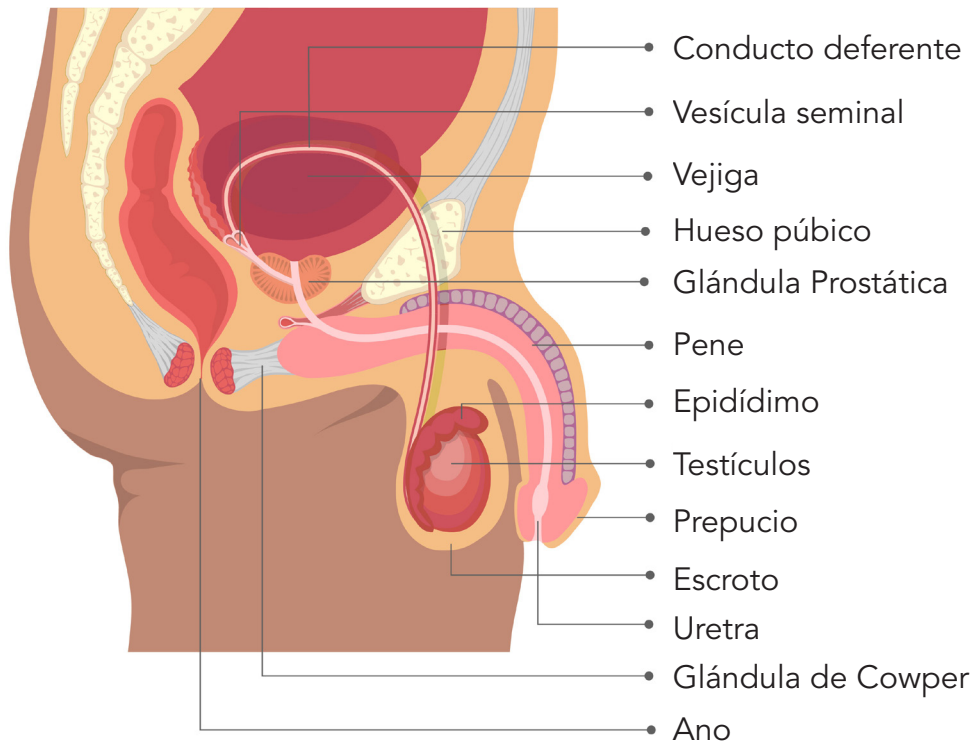
Persona 2: (expresa tus sentimientos)

Recurso para Participante 6.2A—Anatomía de una persona con vagina



<https://www.plannedparenthood.org/es/temas-de-salud/salud-y-bienestar/anatomia-sexual-y-reproductiva/cuales-son-las-partes-de-la-anatomia-sexual-femenin>

Recurso para Participante 6.2B—Anatomía de una persona con pene



<https://www.plannedparenthood.org/es/temas-de-salud/salud-y-bienestar/anatomia-sexual-y-reproductiva/cuales-son-las-partes-de-la-anatomia-sexual-masculina>

Recurso para Participante 7.3 — Pasos para usar correctamente un condón externo

<https://www.plannedparenthood.org/es/temas-de-salud/anticonceptivos/el-condon/como-se-pone-un-condon>

1. Compra u obtén condones gratis.
2. Coloca los condones cerca y mantenlos fácilmente accesibles.
3. Asegúrate de que el paquete del condón no esté dañado y verifica la fecha de vencimiento.
4. Comprueba si hay burbujas de aire, empuja el condón hacia un lado y abre el paquete con cuidado; no rasgues el condón.
5. Asegúrate de que el condón esté orientado en la dirección correcta. Debe verse como un sombrero pequeño, con la punta mirando hacia arriba.
6. Extrae el aire de la punta y desliza el condón hacia abajo, a lo largo del eje del pene, deteniéndote en la base del pene.
7. Inserta el pene para tener relaciones sexuales.
8. Después de la eyaculación, retira el pene de la pareja mientras sostienes el condón en la base.
9. De espaldas a tu pareja, retira el condón y bóvalo en la basura; nunca uses un condón dos veces.

Recurso para Participante 8.2A — Ejercicio de actuación, condones no disponibles

Antecedentes

Antonio y Gloria se encuentran en una fiesta. Comienzan a hablar y sienten una conexión entre ellos. Después de un par de horas, suben a una de las habitaciones vacías y comienzan a besarse y tocarse. Ambos quieren tener sexo, pero no hay condones disponibles.

Antonio: Me gustas mucho. Quiero tener sexo contigo ¿Sientes lo mismo?

Gloria: Claro que sí, pero no tengo condón. ¿Y tú sí?

Antonio: No te preocupes. Nada pasará.

Gloria: No, no quiero tener sexo si no tienes condón. Tengo planes en la vida, y no estoy dispuesta a arriesgarme a quedar embarazada.

Antonio: No puedes quedar embarazada si me retiro a tiempo.

Gloria: Eso no es verdad. No voy a tener relaciones sexuales si no tenemos condones. Si quieres podemos ir a la tienda y ver si podemos conseguir algo, o podemos volver abajo y pasar el rato.

Antonio: No quiero ir a la tienda a esta hora de la noche. No entiendo lo que te preocupa sobre ... ¿No la estás pasando bien?

Gloria: Sí, la estoy pasando bien, pero no voy a tener relaciones sexuales sin condón.

Antonio: Vamos, te haré sentir bien.

Gloria: Realmente me gustas, pero no va a suceder esta noche. Volvamos a la fiesta.

(Gloria se levanta y baja las escaleras.)

Recurso para Participante 8.2B— Ejercicio de Actuación, no me gusta cómo me siento

Antecedente

Monique y Justin han estado saliendo unos meses y comenzaron a tener relaciones sexuales recientemente. Aunque ambos usaron condones, Justin ahora siente curiosidad por saber cómo sería tener relaciones sexuales sin condón. Monique tiene muy claro que no quiere quedar embarazada.

Justin: Solo esta vez, no usemos condones, ¿OK?

Monique: ...

Justin: ...

Monique: ...

Continúa actuando el diálogo sin guion.

Recurso para Participante 8.3 – Juego de búsqueda de Infecciones de Transmisión Sexual (ITS)

1. Soy causada por dos tipos de virus.
2. Los líquidos que se encuentran en las llagas son portadores del virus y el contacto con esos líquidos puede causar una infección.
3. En los Estados Unidos, aproximadamente una de cada seis personas de 14 a 49 años me tiene.
4. Mis síntomas pueden ocurrir en áreas genitales que están cubiertas por un condón de látex. Sin embargo, los brotes también pueden ocurrir en áreas que no están cubiertas por un condón, por lo que es posible que los condones no te protejan por completo.
5. No hay cura para mí porque soy un virus. Sin embargo, existen medicamentos que pueden prevenir o acortar los brotes.

¿Qué ITS soy? _____

1. Soy una infección de transmisión sexual común que puede infectar tanto a personas con vaginas como a personas con penes. Puedo causar un daño grave y permanente al sistema reproductivo de una mujer, lo que dificulta o imposibilita que quede embarazada más adelante.
2. Cualquier persona que tenga relaciones sexuales puede contraerme a través del sexo anal, vaginal u oral sin protección. Sin embargo, los jóvenes sexualmente activos tienen un mayor riesgo de contraerme. Esto se debe a los comportamientos y factores biológicos comunes entre los jóvenes.
3. La mayoría de las personas que me contrae no tienen síntomas. Si tienen síntomas, es posible que no aparezcan hasta varias semanas después de haber tenido relaciones sexuales con una pareja infectada.
4. Las mujeres con síntomas pueden notar un flujo vaginal anormal o una sensación de ardor al orinar.
5. Pueden curarme con el tratamiento adecuado.

¿Qué ITS soy? _____

1. Puedo causar infecciones en los genitales, el recto y la garganta.
2. Algunos hombres infectados no tienen ningún síntoma. Sin embargo, los hombres que tienen síntomas pueden tener una sensación de ardor al orinar; una secreción blanca, amarilla o verde del pene; y testículos dolorosos o inflamados (aunque este síntoma es menos común).
3. La mayoría de las mujeres que me contraen no tienen ningún síntoma. Incluso cuando una mujer tiene síntomas, a menudo son leves y pueden confundirse con una infección de vejiga o vaginal.
4. La mayoría de las veces, la orina se puede usar para hacerse una prueba.
5. Pueden curarme con el tratamiento adecuado. Es importante que tomes todos los medicamentos que tu doctor te recete para curar tu infección.

¿Qué ITS soy? _____

Recurso para Participante 8.3 – Juego de búsqueda de Infecciones de Transmisión Sexual (ITS) (continuado)

1. Los síntomas en adultos se dividen en etapas. Estas etapas se denominan primaria, secundaria, latente y tardía.
2. Me puedes contraer por contacto directo con una llaga durante el sexo anal, vaginal u oral.
3. Me han llamado “el gran imitador” porque tengo muchos síntomas posibles, muchos de los cuales parecen síntomas de otras enfermedades.
4. Durante mi primera etapa (primaria), puedes notar una sola llaga, pero puede haber múltiples llagas. La llaga es la ubicación donde entré a tu cuerpo.
5. Durante la etapa secundaria, puedes tener erupciones en la piel y / o llagas en la boca, la vagina o el ano.

¿Qué ITS soy? _____

1. Soy un virus que puede provocar el Síndrome de Inmunodeficiencia Adquirida, o SIDA.
2. A diferencia de otros virus, el cuerpo humano no puede deshacerse de mí. Eso significa que una vez que me tienes, me tienes para toda tu vida.
3. Algunos hombres infectados no tienen ningún síntoma. Sin embargo, los hombres que tienen síntomas pueden tener una sensación de ardor al orinar; una secreción blanca, amarilla o verde del pene; y testículos dolorosos o inflamados (aunque este síntoma es menos común).
4. Cuando las personas me contraen y no reciben tratamiento, generalmente progresan a través de tres etapas de la enfermedad.
5. La medicina para el tratamiento, conocida como terapia antirretroviral (ART), ayuda a las personas en todas las etapas de la enfermedad si se toma de la manera correcta, todos los días. El tratamiento puede retardar o prevenir la progresión de una etapa a la siguiente.

¿Qué ITS soy? _____

1. Soy la ITS más común. Soy tan común que casi todas las personas sexualmente activas me contraen en algún momento de sus vidas.
2. Soy un virus diferente al VIH y al herpes.
3. Puedes contraerme teniendo sexo oral, vaginal o anal con alguien que tenga el virus. Comúnmente me propago durante el sexo vaginal o anal. Me pueden transmitir incluso cuando una persona infectada no tiene signos ni síntomas.
4. Puedo causar cáncer cervical y otros tipos de cáncer, incluyendo el cáncer de vulva, vagina, pene o ano. También puedo causar cáncer en la parte posterior de la garganta, incluyendo la base de la lengua y las amígdalas (llamado cáncer de orofaringe).
5. Hay vacunas seguras y efectivas que me pueden prevenir. Pueden proteger a todos contra las enfermedades (incluidos los cánceres) causados por mí cuando se administran a los grupos de edades recomendadas.

¿Qué ITS soy? _____

Recurso para Participante 10.2 – Llamando a una clínica de salud

Haciendo una cita de planificación familiar

Antecedentes

Gloria está llamando a la clínica local de adolescentes para hacer una cita para obtener anticonceptivos. Esta es la primera vez que llama y, aunque está un poco nerviosa, aprendió qué hacer y está lista.

Clínica: Happy Healthy Teen Clinic, ¿Cómo puedo ayudarle?

Gloria: Hola, estoy llamando para hacer una cita.

Clínica: Claro. ¿Qué tipo de servicio necesitas?

Gloria: Necesito escoger un método anticonceptivo. Tal vez el implante o el dispositivo intrauterino (DIU). No estoy segura de cuál todavía, pero he aprendido sobre las opciones y creo que me gustaría probar el implante.

Clínica: Parece que estás bien informada; es un gran comienzo. ¿Por qué no te damos una cita para una consulta donde puedes obtener más información sobre tus opciones y luego, si estás lista, puedes tomar una decisión? Solo necesito obtener tu información primero. ¿Cuál es tu nombre?

Gloria: Gloria Romero.

Clínica: Genial. ¿Y tú fecha de nacimiento?

Gloria: 6 de abril del 2002.

Clínica: Gracias. OK, dado que tienes menos de 18 años, también debes saber que necesitaremos el permiso de tus padres antes de proporcionarte un método anticonceptivo, pero no necesitarás su permiso para venir y hablar con nosotros. Sin embargo, si lo deseas, puedes traer a tus padres. ¿Qué día y hora son buenos para una cita? El horario de nuestra clínica para adolescentes es de 1:00 a.m. 6:00 p.m. de lunes a viernes.

Gloria: ¿Puedo ir el viernes a las 3:00 de la tarde?

Clínica: Sí, te vemos el viernes a las 3:00. Por favor trae tu identificación con foto. ¿Alguna otra pregunta

Gloria: Sí. ¿Qué pasará cuando llegue?

Clínica: Entrarás y completarás una información para nosotros. Cuando la proveedora se reúna contigo, discutirá tus opciones de planificación familiar. Dependiendo de la opción que elijas y si contamos con el consentimiento de tus padres, es posible que puedas obtener tu método anticonceptivo ese día.

Gloria: ¿Y cuánto me costará?

Clínica: Operamos con una tarifa de escala, lo que significa que te cobramos según la cantidad de dinero que ganas y lo que puedes pagar. Para la mayoría de los adolescentes, nuestros servicios son gratuitos, así que no te preocupes por el costo.

Gloria: Gracias, no tengo más preguntas.

Clínica: OK. Te veremos el viernes. Gracias por llamar.

[Final de llamada]

Recurso para Participante 10.4 – Carta en el futuro

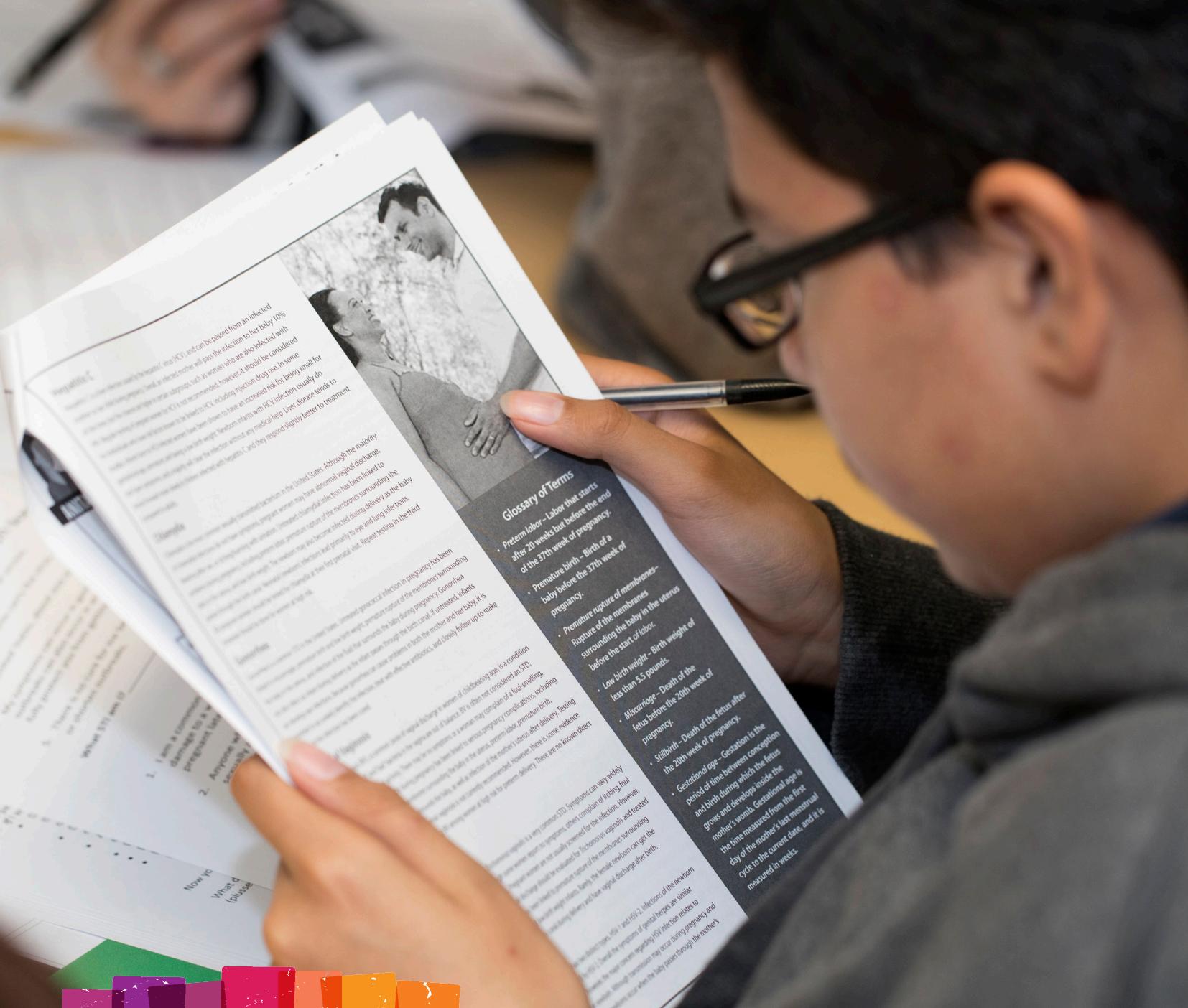
Instrucciones

Toma unos minutos para pensar en lo que esperas de tu vida dentro de 20 años. Escríbete una carta a ti mismo para leer en el futuro. Puedes escribir lo que quieras y puedes usar cualquiera de las siguientes preguntas para guiarte:

1. En 20 años, ¿cuántos años tendré? ¿Cómo planifico maximizar mis fortalezas de manera personal o profesional a esa edad?
2. ¿Dónde viviré? Al imaginar un futuro saludable, ¿con quién contaré para recibir apoyo?
3. ¿Qué espero hacer en la vida relacionada con la familia, la carrera o los pasatiempos?
4. ¿Cómo habré mejorado? ¿Cómo seguiré siendo lx mismx?
5. ¿De qué estaré más orgullosx?
6. ¿Qué seguiré esperando lograr en mi futuro?

Esta carta es solo para ti. Si quieres, puedes guardarla y leerla en el futuro.

Querido Yo en el Futuro,



GLOSARIO & PREGUNTAS MÁS FRECUENTES

Glosario

Valores—principios o estándares de comportamiento de una persona; el propio juicio de lo que es importante en tu vida

Identidad de género—cómo piensa una persona sobre sí mismx en términos de ser hombre, mujer, ninguno o ambos

Expresión de género—la representación física del género de una persona a través de la apariencia externa (por ejemplo, ropa, cabello, estilo personal, etc.).

Sexo asignado al nacer—lo que el médico le asigna a alguien al nacer y pone en su certificado de nacimiento (generalmente masculino o femenino, y a veces intersexual). (Esta clasificación se basa en los atributos con los que nacemos, como la anatomía [es decir, genitales], hormonas y cromosomas).

Atracción física—parte de nuestra identidad sexual (o de quienes nos atraen sexual y físicamente)

Atracción emocional—con quién siente una conexión profunda, con o sin los elementos físicos de atracción

LGBTQ—un acrónimo que significa lesbiana, gay, bisexual, transgénero o personas que cuestionan su identidad, utilizado para designar una comunidad de personas cuyas identidades sexuales o de género pueden crear preocupaciones compartidas política y socialmente.

Transgénero—personas que se identifican con un género diferente del sexo que le asignaron al nacer

Cisgénero—personas cuyo sexo asignado al nacer está de acuerdo con su identidad de género

Heterosexual—atracción sexual/física hacia personas del sexo opuesto

Homosexual—atracción sexual/física hacia personas del mismo sexo (los hombres homosexuales suelen denominarse “homosexuales” y las mujeres homosexuales suelen denominarse “lesbianas”).

Bisexual—atracción sexual/física tanto para hombres como para mujeres.

Pansexual—atracción sexual/física hacia personas de todos los sexos, géneros e identidades sexuales

Pronombres de género—El, Ella, Ellos, Ellas, Lx, Lxs son los pronombres más utilizados. Algunas personas llaman a estos pronombres “mujer/femenina” y “hombre/ masculino”, pero muchos evitan estas etiquetas porque, por ejemplo, no todos los que usan “él” se sienten “hombres” o “masculinos”. También se usan muchos pronombres neutrales en cuanto al género, como elle, elles, de elle.

APPENDIX E

Normas de género—un conjunto de “reglas” o ideas sobre la forma en que los miembros de ciertos géneros “deberían” verse y comportarse

Comunicación asertiva—un tipo de estilo de comunicación honesto y directo en el que una persona dice claramente lo que piensa y siente de manera respetuosa.

Comunicación agresiva—un tipo de estilo de comunicación que es irrespetuoso y no toma en cuenta los sentimientos de los demás; uno que a menudo es enojado, sarcástico y duro

Comunicación pasiva—un tipo de estilo de comunicación que es vago y poco claro, que a menudo no comunica lo que una persona realmente piensa o siente, y que a veces se usa para evitar conflictos

Violación—relaciones sexuales ilegales o cualquier otra penetración sexual de la vagina, el ano o la boca de otra persona sin consentimiento

Asalto sexual—esto puede tomar muchas formas, incluidos ataques como violación o intento de violación, así como cualquier contacto sexual no deseado o amenazas (por lo general, un asalto sexual ocurre cuando alguien toca cualquier parte del cuerpo de otra persona de manera sexual, incluso por encima de la ropa, sin el consentimiento de esa persona).

Consentimiento sexual—acuerdo afirmativo, consciente y voluntario para participar en actividades sexuales.

Método hormonal—un método de planificación familiar, como la píldora, parche, anillo, inyección, dispositivo intrauterino (DIU), implante y anticoncepción de emergencia, que funciona:

- a. Deteniendo la ovulación (liberación del óvulo del ovario)
- b. Creando una mucosidad más espesa alrededor del cuello uterino y el revestimiento del útero
- c. Creando un ambiente inhóspito (dañino) para que los espermatozoides no sobrevivan en el útero

Método de barrera—un método de planificación familiar, como los condones, que funciona creando una barrera que no permite que los espermatozoides lleguen al óvulo

Ovarios—dos órganos con forma de almendra en el cuerpo donde se almacenan los óvulos.

Tubos de Falopio—los conductos a través de los cuales los óvulos viajan al útero y donde pueden ser fertilizados por un espermatozoide presente

Útero—el órgano donde un óvulo fertilizado se convierte en un feto

Vagina—el tubo que conecta el útero con el exterior del cuerpo (la entrada a la vagina está en el exterior del cuerpo).

Huevos—las células reproductivas que contienen la mitad de lo que se necesita (genéticamente) para crear un bebé y que se almacenan en los ovarios

Esperma—la célula reproductora que contiene la mitad de lo que se necesita (genéticamente) para crear un bebé y que se produce en los testículos.

Pene—un órgano que consta de dos partes: el eje (la parte principal) y el glande (la punta, a veces llamada cabeza), que transporta los espermatozoides a través de la uretra.

Testículos—los dos órganos que producen esperma y la hormona sexual testosterona

Fertilización—el proceso durante el cual los espermatozoides ingresan al óvulo y se unen con el material genético

Embarazo—el período de tiempo (generalmente alrededor de 40 semanas) en el que un feto madura y crece hasta convertirse en un bebé antes del nacimiento

Ovulación—el punto (aproximadamente una vez al mes) cuando se libera un óvulo del ovario

Menstruación—el desprendimiento del útero del revestimiento grueso que se desarrolla durante la ovulación (y que apoyaría y nutriría a un embrión si se realizara la implantación)

Infección de transmisión sexual (ITS)—una infección causada por una bacteria, parásito o virus que se transmite de una persona a otra a través del contacto sexual

Sexo positivo—una actitud hacia la sexualidad humana que considera que todas las actividades sexuales consensuadas son fundamentalmente saludables y placenteras

Enfoque basado en el trauma—de acuerdo con el concepto de Administración de Salud Mental y Abuso de Sustancias (SAMHSA por sus siglas en inglés) de un enfoque basado en el trauma, “Un programa, organización o sistema que está informado sobre el trauma: se da cuenta del impacto generalizado del trauma y comprende los posibles caminos para la recuperación; reconoce los signos y síntomas de trauma en clientes, familias, personal y otras personas involucradas con el sistema; responde integrando completamente el conocimiento sobre el trauma en las políticas, procedimientos y prácticas; y busca resistir activamente la retraumatización”.

Desarrollo juvenil positivo—un enfoque intencional y prosocial que involucra a los jóvenes dentro de sus comunidades, escuelas, organizaciones, grupos de pares y familias de una manera productiva y constructiva; que reconoce, utiliza y mejora las fortalezas de los jóvenes; y eso promueve resultados positivos para los jóvenes al brindar oportunidades, fomentar relaciones positivas y brindar el apoyo necesario para desarrollar sus fortalezas de liderazgo.

Enfoque sincronizado con el género—la intersección intencional de los esfuerzos de transformación de género que alcanzan a hombres y niños y mujeres y niñas de todas las identidades sexuales e identidades de género, para involucrar a las personas en desafiantes construcciones dañinas y restrictivas de masculinidad y feminidad que impulsan vulnerabilidades relacionadas con el género y las desigualdades y obstaculizan la salud y el bienestar.

Preguntas frecuentes

1. **¿Te puedes embarazar si tragas semen?**

El embarazo ocurre cuando una célula de esperma fertiliza un óvulo y el óvulo fertilizado se implanta en el revestimiento del útero. Como el estómago y el útero no están conectados, es imposible embarazarte si tragas semen. Sin embargo, alguien puede contraer una infección de transmisión sexual (ITS) al tragar semen, por lo que es importante siempre usar un condón durante este tipo de sexo oral.

2. **Me gusta un chico y hemos hecho cosas como tocarnos y besarnos. ¿Soy gay?**

Cada persona expresa su atracción hacia alguien más de una manera diferente y solo tú decides como te identificas. Además, la sexualidad y la atracción son fluidas y pueden cambiar con el tiempo. Es posible que alguien que se identifica como hombre y encuentre atractivo a otro hombre sea homosexual. También es posible que sean bisexuales, pansexuales o que se sientan principalmente atraídos a las mujeres, pero que les guste un hombre en particular.

3. **¿Escuché que no puedes quedar embarazada si orinas después de tener relaciones sexuales?**

Es un mito que alguien que orina después del sexo no puede quedar embarazada. Orinar después del sexo no tiene ningún efecto sobre si alguien quedará embarazada. Sin embargo, existe evidencia médica que orinar poco después del sexo puede ayudar a prevenir infecciones del tracto urinario.

4. **Mi amiga está embarazada. ¿Cómo puedo ayudarla a decidir qué hacer?**

Es importante ofrecerle apoyo a tu amiga durante este tiempo, y el apoyo puede significar muchas cosas diferentes. El apoyo puede ser escucharla mientras te comparte como se siente, ayudarla a identificar las opciones disponibles para ella, o estar a su lado mientras habla sobre su embarazo con otras personas importantes en su vida. Principalmente, es importante apoyar constantemente a tu amiga y recordarle que cualquier decisión relacionada con el embarazo es decisión de ella y no de alguien más.

5. **¿Puedes tener un aborto sin que tus padres sepan si eres menor de edad (tienes menos de 18 años)?**

Diferentes estados en los Estados Unidos tienen diferentes restricciones legales y regulaciones relacionadas con el aborto. En muchos estados, es posible interrumpir un embarazo sin tener que notificar a tus padres. Sin embargo, ese no es el caso en todos los estados. La ley del estado de Texas, por ejemplo, requiere que un padre o tutor legal otorgue un permiso por escrito para que adolescentes (menores de 18 años) tengan un aborto. Hay algunas excepciones:

- *Una adolescente puede pedir y recibir permiso de un juez para abortar sin el permiso de los padres; esto se conoce como derivación judicial.*
- *Los adolescentes legalmente emancipados no necesitan permiso de un padre o tutor.*
- *Si hay una emergencia médica y la adolescente embarazada necesita un aborto, no se requiere permiso de los padres.*

6. **¿Si tengo sexo oral sigo siendo virgen? Si tengo sexo anal, ¿sigo siendo virgen?**

Virgen es una palabra que algunas personas usan para describir a una persona que nunca ha tenido relaciones sexuales. El sexo puede significar cosas diferentes para diferentes personas, y solo tú puedes decidir qué significa para ti. Sin embargo, en esta clase, cuando decimos “sexo”, incluimos sexo oral, anal y vaginal, porque esos comportamientos requieren protección para minimizar el riesgo de embarazos no deseados e ITS.

7. **¿Está bien tener un aborto?**

Esta es una pregunta sobre terminar con un embarazo y los valores que rodean esa decisión. Un aborto es un procedimiento médico legal, pero diferentes personas tienen diferentes valores o creencias sobre el aborto. La decisión de abortar es profundamente personal y tú eres la única persona que puede decidir si es algo que quieres hacer y si está bien.

8. **¿Con qué frecuencia se rompen los condones?**

Los condones generalmente se rompen cuando se usan incorrectamente. Cuando se usan de manera correcta y consistentemente, los condones son 98% efectivos para prevenir el embarazo. Con el uso típico, los condones son entre 80 y 85% efectivos para prevenir el embarazo; esta disminución en la efectividad se debe a muchos factores, como la edad del condón, la rotura y el uso incorrecto.

9. **¿Cuál es la mejor edad para comenzar a tener relaciones sexuales?**

La decisión de tener relaciones sexuales es profundamente personal y requiere comunicación activa entre dos personas. No hay edad en la cual alguien debe o no debe tener relaciones sexuales. Es importante saber que existen ciertas restricciones legales sobre la edad que alguien puede consentir a la actividad sexual. Por ejemplo, en Texas, nadie menor de 14 años puede consentir legalmente a tener relaciones sexuales y los jóvenes entre 14 y 17 años no pueden consentir en tener relaciones sexuales con alguien tres o más años mayor que ellos.

10. **¿Está bien la masturbación? y ¿es mala la masturbación?**

La masturbación es cuando una persona toca sus genitales, resultando en que se sientan bien. La masturbación es común y saludable. La masturbación solo es un problema si se interpone en el camino a que alguien vaya a la escuela, a trabajar, a salir con amigxs u otras cosas que alguien disfruta hacer.

