Section 2: Foundations of Adolescent Sexual Reproductive Health

Training of Facilitators

This publication was made possible by grant number TP2AH000033 from the Office of Population Affairs (formerly the Office of Adolescent Health), US Department of Health and Human Services (HHS). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Office of Population Affairs or HHS.
2.1: Introduction to Adolescent Sexual Reproductive Health (ARSH)
Welcome and Introduction to Re:MIX

Facilitation and Inclusion Strategies

Foundations of ASRH

Fidelity, Quality, and Reporting
Learning Objectives

After completing this module, participants will be able to:

- Describe the overall goals and objectives for the ASRH training unit.
- Identify the characteristics of a sexually healthy adolescent.
Section 2 Topics

- Characteristics of a sexually healthy adolescent
- Assumptions about youth
- Human sexuality
- Human reproductive systems and functions
- Developmental milestones for youth, including puberty
- Sexually transmitted infections (STIs)
- Contraceptive methods, including correct condom use
- Types of participant questions, including values-based questions
- Gender norms, equitable relationships, and health and well-being
- Personal values and facilitation of Re:MIX
- Safety and inclusion for lesbian, gay, bi, trans, queer/questioning, and other (including nonbinary, intersexual, asexual, and pansexual) (LGBTQ+) youth
To increase your skills, knowledge, and confidence for delivering SRH education effectively to youth.
Adolescence is a critical phase in a person’s life, and interventions at this stage are likely to have far-reaching impacts because lifelong habits are frequently formed during this period.

Ensuring that SRH education is relevant to youth needs and capacities at their particular stage in life is essential to effectively reaching them with SRH information.

To be relevant, successful interventions need to focus on building adolescents’ capacities to analyze risks, make healthy choices, and become actively engaged in deciding their own futures.
Characteristics of Sexually Healthy Adolescents

- Appreciate their bodies
- Take responsibility for their behaviors
- Are knowledgeable about sexuality
- Make personal decisions that are consistent with their personal values
- Communicate effectively
- Understand and seek information about their family’s values
- Interact with all genders respectfully and appropriately
- Can express love and intimacy in developmentally appropriate ways, based on their own comfort levels and readiness
- Can evaluate their readiness for mature sexual relationships
2.2: What is Sexuality?
After completing this module, participants will be able to:

有意思的图片

Explain the difference between the terms “sex” and “sexuality.”

Describe the five components of human sexuality and discuss their importance throughout the lifespan.
Sexuality begins before birth and lasts throughout the life span.

A person’s sexuality is shaped by their attitudes, behaviors, beliefs, emotions, likes and dislikes, personalities, physical appearances, spiritual selves, values, and all of the other ways in which they have been socialized.

Consequently, the ways in which individuals express their sexuality are influenced by cultural, ethical, moral, and spiritual factors.
The Five Components of Sexuality

1) Sexual Identity
2) Sexual Health and Reproduction
3) Sensuality
4) Intimacy
5) Sexualization

Source: Life Planning Education: A Youth Development Program by Advocates for Youth.
Circles of Sexuality

- Sexualization
- Sensuality
- Sexual Health & Reproduction
- Sexual Identity
- Intimacy

Source: Life Planning Education: A Youth Development Program by Advocates for Youth.
Sexual identity refers to a person's understanding of who they are sexually, including the sense of being female, male, or something else. Sexual identity consists of three interlocking and important pieces that together affect how people see themselves.

- **Gender Identity** (a person’s perception of having a particular gender)
- **Gender Role** (behaviors, and expectations of behaviors, of each gender)
- **Sexual Orientation** (related to the gender or genders a person is attracted to)
Sexual health and reproduction comprise our abilities, attitudes, and behaviors related to conceiving/reproducing, enjoying sexual behaviors, and maintaining our sexual and reproductive anatomy. This includes:

- Anatomy and Physiology of Reproductive Organs
- Conception and Contraception
- Sexual Development
- Sexual Intercourse
- Sexual Behaviors
- STIs including HIV
Sensuality refers to our awareness of, acceptance of, and comfort with our bodies as well as the physiological and psychological enjoyment we experience with our bodies and with the bodies of others. Related issues include:

- Body Image
- Fantasy
- Physical Attraction to and from Others
- Touching and Being Touched
- Pleasure and Release from Sexual Tension
Intimacy refers to the ability and need to have relationships in which we experience emotional connections with other people. Emotional aspects of intimacy include:

- Caring
- Sharing
- Liking and Loving
- Risk Taking
- Being Vulnerable
- Setting/Respecting Boundaries

Note: Mature romantic relationships involve both intimacy and sexual intercourse. Intimacy is established over time through caring and communication—unfortunately this is not always part of the adolescent sexual experience.
Sexualization involves using sex or sexuality to control, influence, or manipulate other people. This includes:

- Flirting and Seduction
- Incest
- Rape
- Sexual Harassment
- Sexual Withholding
2.3: Assumptions about Youth
After completing this module, participants will be able to:

- Explain why people make assumptions and how assumptions can be harmful.
- Identify common assumptions people make about youth.
- Identify strategies for mitigating assumptions and stereotypes.
Assumptions About Youth

- Why do we make assumptions and have stereotypes about people?

- What assumptions do adults make about youth—particularly with regard to SRH?

- How can assumptions and stereotypes be harmful?
Assumptions Activity

How did you feel during the first round, when you stepped forward to acknowledge a stereotype or assumption that you have made about others?

How did you feel during the second round, when you stepped forward to acknowledge an assumption that others have made about you?

How does it feel to know that people have stereotypes about us?

Why did we tear up and throw away the assumptions?
How can we resist making assumptions about the youth we serve?

Write down two or three ways that you will commit to resisting making the same assumptions that you have in the past, in the future.
2.4: Personal Experiences with Sexuality
After completing this module, participants will be able to:

- Identify how personal values may influence comfort with and effectiveness in facilitating Re:MIX.
- Examine how personal experiences related to learning about and discussing sex shape our values.
- Explain the values of the Re:MIX program.
Values about Sex

Consider some commonly held values related to gender equality, sexuality, and sexual activity and discuss whether or not you agree with those values.

Working in pairs, share some of your own personal experiences with learning about and discussing sex.

Develop language around the values of the Re:MIX curriculum that can serve as Re:MIX value statements.
Memory Search: Pairs Discussions

- How did you first learn about sex and sexual health?
- What and when did you learn about condoms and contraception?
- Did your family talk openly about sex and sexuality?
- How has culture and religion affected your sexual learning or views about sex?
- Did you receive formal sex education in school? If so, did your teacher(s) appear comfortable with the subject and what impact did their attitudes and behaviors have on your learning?
- How have your professional and/or personal experiences prepared you to be an advocate for adolescent sexual health? What else do you need?
- What sexual health topics are most and least comfortable teaching teens?
- How can you overcome any feelings of discomfort?
Memory Search: Large-Group Debrief

- What did you recall from your experiences and how these experiences may affect the way you work as an educator?

- How do our role models (e.g., educators, parents, teachers, and coaches) influence our values related to gender equality and sexuality?

- How will you influence youth in Re:MIX?
No 15-year-old person is old enough to have sexual intercourse.

Sex should always occur within a committed, monogamous relationship.

Condoms should be free at middle schools and high schools.

Youth under the age of 14 should be able to obtain emergency contraception without parental consent or a prescription.

Sometimes boys cannot resist their sexual urges.

It’s easier for girls to say “no” to sex than it is for boys.
Did anyone find it difficult to choose sides for any of the statements? If yes, why?

Why is it important to recognize and understand your own values related to gender and sexuality?

Why is it important for the Re:MIX curriculum to be clear on the values that it promotes related to gender and sexuality?

How might your attitudes and values affect how you facilitate Re:MIX?

How can you reconcile or deal with any of your values that contradict the Re:MIX values?

How would you approach dealing with youth who have values that contradict the Re:MIX values?
2.5: Getting the Gender Message
After completing this module, participants will be able to:

- Define and redefine gender norms in ways that build equitable relationships and promote health and well-being.
- Articulate how they classify gender and gender differences.
- Differentiate between gender identity, gender expression, biological sex, and sexual and emotional orientation.
- Recognize, analyze, and question common, socially accepted media images and messages about gender.
- Explain how harmful gender messages can negatively affect self-image, decision-making, relationships, and health.
Sex assigned at birth is assignment and classification of people as male, female, intersex, or another sex based on a combination of anatomy, chromosomes, and hormones. This is typically assigned by a doctor at the time of birth and documented on a birth certificate.

Source: The Gender Unicorn by Trans Student Educational Resources.
Gender identity is the **internal sense** of being male, female, neither, both, or any other gender(s). Everyone has a gender identity, including you.
Gender expression is the **physical manifestation** of one’s gender identity through clothing, hairstyle, voice, body shape, etc. It is not necessarily all feminine or all masculine; it can be a mix (i.e., androgynous). It does not have to match a person’s gender identity, and it can change over time.

Source: *The Gender Unicorn* by Trans Student Educational Resources.
Respecting Pronouns

Remember, different people use different pronouns. Do not assume what pronoun a person uses and instead ask them what they prefer.

<table>
<thead>
<tr>
<th>Subjective</th>
<th>Objective</th>
<th>Possessive</th>
<th>Reflexive</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>She</td>
<td>Her</td>
<td>Hers</td>
<td>Herself</td>
<td>She speaks. I listen to her. It was her preference.</td>
</tr>
<tr>
<td>He</td>
<td>Him</td>
<td>His</td>
<td>Himself</td>
<td>He speaks. I listen to him. It was his preference.</td>
</tr>
<tr>
<td>They</td>
<td>Them</td>
<td>Theirs</td>
<td>Themself/Themselves</td>
<td>They speak. I listen to them. It was their preference.</td>
</tr>
<tr>
<td>Ze</td>
<td>Hir/Zir</td>
<td>Hirs/Zirs</td>
<td>Hirself/Zirself</td>
<td>Ze zpeaks. I listen to Zir. It was zirs preference.</td>
</tr>
</tbody>
</table>

Source: Gender Pronouns Guide by LGBT Campus Center at University of Wisconsin-Madison.
Physical attraction is a term to describe the gender(s), gender expression, and/or sex assigned at birth of the people to whom one is attracted physically.

物理吸引力是一个术语，用来描述被吸引的人的性别（们）、性别表达和/or 在出生时所赋予的性。
Emotional attraction is a term to describe the gender/s, gender expression and/or sex assigned at birth of the people to whom one is attracted emotionally.

Source: The Gender Unicorn by Trans Student Educational Resources.
Remember, gender identity, gender expression, sex, and sexual identity do not depend on each other!
What Is LGBTQ+?

The term “LGBTQ+” is an abbreviation that represents: lesbian, bi, gay, trans*, queer/questioning, and other (including intersex, asexual, pansexual, and ally).

Language and terminology is constantly evolving, and this is only one of a number of terms currently used to represent this community.
Cisgender and Transgender

Cisgender

- A person whose gender identity and sex assigned at birth align

Transgender

- A person whose gender identity and sex assigned at birth do not align

Source: Gender Nation Glossary by Refinery 29 and GLAAD.
Gender Nonconforming (GNC)

- A gender expression descriptor that indicates a nontraditional gender presentation (masculine woman or feminine man)
- A gender identity label that indicates a person who identifies outside of the gender binary

Genderqueer (GQ)

- A gender label often used by people who do not identify with either binary male or female identity
- An umbrella term for many gender nonconforming, nonbinary identities

Source: Gender Nation Glossary by Refinery 29 and GLAAD.
Youth Today

Source: Twitter

<table>
<thead>
<tr>
<th>Age</th>
<th>Identify as exclusively heterosexual</th>
</tr>
</thead>
<tbody>
<tr>
<td>13-20</td>
<td>48%</td>
</tr>
<tr>
<td>21-34</td>
<td>65%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age</th>
<th>Know someone using gender-neutral pronouns</th>
</tr>
</thead>
<tbody>
<tr>
<td>13-20</td>
<td>56%</td>
</tr>
<tr>
<td>21-27</td>
<td>43%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age</th>
<th>Always buy clothes designed for their gender</th>
</tr>
</thead>
<tbody>
<tr>
<td>13-20</td>
<td>44%</td>
</tr>
<tr>
<td>21-34</td>
<td>54%</td>
</tr>
</tbody>
</table>

Source: “Teens These Days Are Queer AF, New Study Says” by Zing Tsjeng.
Understand that gender is personal and very complex.
Ask for preferred pronouns, when possible.
Listen to stories without judgement.
Establish your classroom as a safe space for all identities.
Avoid stereotypes.
Respect students’ privacy.
Do not make assumptions about gender or sexual identities.
Gender norms are socially determined constructs describing the characteristics, behaviors, and roles deemed appropriate and expected of men and women (and boys and girls) by a given society.

Gender norms are learned and reinforced through a socialization process that begins at birth and continues throughout the life cycle.

Gender norms change over time.

Remember: “sex” and “gender” are not synonymous.
Personal Experiences with Gender Messages

Questions to Consider

- What gender messages have you received about the items below:
  - How to dress
  - How to interact with others
  - How to express emotions
  - How to talk and make decisions about sex
  - How to access help and healthcare
  - How to be a parent
  - How to prove your womanhood/manhood
- How did these messages make you feel?

Questions for Discussion

- How do unhealthy and inequitable gender messages and norms impact men and boys? Women and girls? Others?
- How do these messages and norms influence decisions about sex?
Harmful Gender Messages for Men

- Be tough and strong
- Do not cry or show emotion
- Do not ask for help
- Be in control
- Be the breadwinner
- Be dominant over women

- Have lots of sex and many sexual partners
- Take risks
- Drink and use drugs
- Use violence to solve problems

"BE A MAN"
Harmful Gender Messages for Women

- Look pretty / skinny
- Be seen, not heard
- Let men make the decisions
- Keep your opinions to yourself
- Do not get angry
- Be flirty, but do not have sex until marriage
- Do not talk about sex
- Be a caretaker and homemaker
- Take care of your man to keep him
- Have children

“ACT LIKE A LADY”
Why Gender Matters: Adolescent Males with Traditional Attitudes about Masculinity…

- Are more likely to engage in relationships that are less intimate
- Are more likely to believe that relationships between women and men are adversarial
- Are more likely to report higher numbers of sexual partners
- Are less likely to use condoms consistently
- Are more likely to believe that pregnancy validates masculinity
- Are less likely to believe in men’s responsibility to prevent pregnancy
- Are more likely to abuse their partner physically or sexually
- Are less likely to access healthcare

Why Gender Matters: Adolescent Females with Traditional Attitudes about Femininity…

- Are more likely to experience unintended pregnancies
- Are less likely to use condoms consistently
- Are more likely to accommodate the interests and desires of their partners
- Are at greater risk for contracting an STI (including HIV)
- Are at greater risk for experiencing relationship and sexual violence and coercion
- Are at greater risk of having more and riskier sexual partners, having unprotected sex, and having sex for money and/or drugs

Gender in the Media

- Television
- Movies
- Music
- Magazines
- Video Games
- Toys

Images showing gender portrayal in media:
- Male image with 50 Cent
- Female image with lingerie
- Male image with suit
- Female image with guitar
- Magazine cover featuring Christina Aguilera
### Media Consumption

**Source:** Common Sense Census: Media Use by Tweens and Teens by Common Sense Media.

<table>
<thead>
<tr>
<th>Media Activity</th>
<th>Tweens (8–12)</th>
<th>Teens (13–18)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Watching TV/DVDs/videos</td>
<td>2:26</td>
<td>2:28</td>
</tr>
<tr>
<td>Playing video, computer, or mobile games</td>
<td>1:19</td>
<td>1:54</td>
</tr>
<tr>
<td>Listening to music</td>
<td>0:51</td>
<td>1:21</td>
</tr>
<tr>
<td>Reading</td>
<td>0:29</td>
<td>1:11</td>
</tr>
<tr>
<td>Using social media</td>
<td>0:16</td>
<td>0:32</td>
</tr>
<tr>
<td>Doing other activities on computer/mobile devices</td>
<td>0:13</td>
<td>0:36</td>
</tr>
<tr>
<td>Browsing websites</td>
<td>0:12</td>
<td>0:28</td>
</tr>
<tr>
<td>Video chatting</td>
<td>0:06</td>
<td>0:13</td>
</tr>
<tr>
<td>Going to the movies</td>
<td>0:02</td>
<td>0:03</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>5:55</strong></td>
<td><strong>8:46</strong></td>
</tr>
</tbody>
</table>
Benefits of Gender-Transformative Programs

- Gender-transformative programs increase awareness of unhealthy and inequitable gender norms that exist in our communities.
- Gender-transformative programs seek to critically examine the costs of abiding by traditional norms.
- Gender-transformative programs actively redefine unhealthy and inequitable norms to become healthy and equitable norms for all people.
How Can We Transform Gender Norms?

Gender accommodating approaches maintain existing gender dynamics and roles to achieve project outcomes.

Examples include:
- Acknowledging risks and power inequities, but not challenging them
- The ¡Cuídate! curriculum, which aims to reduce HIV risk among Latino youth, and addresses machismo but in the context of framing condom use as culturally acceptable
Gender exploitative approaches **create, exacerbate, or exploit gender inequalities** in order to support project outcomes.

Examples include:

- Using violent, predatory images of male sexuality
- Portraying women as powerless victims

*Note: While social marketing campaigns for condoms that use aggressive or violent imagery have increased condom usage, these campaigns also reinforced dangerous stereotypes related to male dominance.*
Gender blind refers to an absence of any consideration of gender and the unequal power relations between the sexes, which may affect programming and program outcomes.
Gender transformative approaches seek to **actively change gender norms** in order to create positive, healthy relationships between men and women and to promote gender equality in support of project outcomes.

Examples include:

- Developing awareness, questioning, and redefining socially constructed gender roles, behaviors, and attributes
- Intentionally and proactively working to advance gender equality
- Addressing the multitude forces in an individual's environment
Do You Think Social Constructs Can Change?

Photo Credit: Analuisa Gamboa

Photo Credit: Samantha Sophai
2.6: Human Anatomy and Physiology
After completing this module, participants will be able to:

- Explain the importance of using anatomically correct vocabulary to refer to the human reproductive anatomy.
- Describe the human reproductive system.
- Identify the location and function of major anatomical parts.
- Explain reproductive processes such as erections, ejaculation, ovulation, fertilization, implantation, and menstruation.
What Do You Call It?
Anatomy Puzzles
Reproductive Anatomy: Person with a Penis

Anatomy of a Person with a Penis

- Bladder
  - Holds urine
- Prostate gland
  - Makes fluid for semen
- Seminal vesicle
  - Makes fluid for semen
- Vas deferens
  - Provides a path for sperm
- Urethra
  - Provides a path for urine and semen to leave the body
- Testicle
  - Produces sperm and hormones
- Epididymis
  - Transports and stores sperm

Vas deferens
- Seminal vesicle
- Bladder
- Pubic bone
- Prostate gland
- Penis
- Epididymis
- Testicle
- Foreskin
- Scrotum
- Urethra
- Cowper’s gland
- Anus
Reproductive Anatomy: Person with a Vagina

Anatomy of a Person with a Vagina

- Fallopian tube
  - Provides a space for egg to be fertilized and a path to travel
- Fimbria
- Ovary
- Uterus
- Cervix
- Bladder
- Clitoris
- Urethra
- Vagina
- Pubic bone
- Anus
- Uterus
  - Provides a space for fetus to grow
- Ovary
  - Produces eggs (ova) and hormones
- Cervix
  - Dilates during labor
- Vagina
  - Provides a path for menstrual flow and fetus to leave the body
How Do You Get Pregnant?

Source: Planned Parenthood
Pregnancy is most likely to occur during the three-day window centered around the ovulation period.

Everyone’s ovulation cycle varies, which makes it difficult to determine the exact fertility period—this is particularly true during adolescence when bodies are adapting to new hormones.
Unlike the fertility cycle of a person with a vagina, a person with a penis is fertile every day.

A person with a penis produces billions of sperm daily and every act of unprotected sex can potentially result in a pregnancy.

Remember: It takes two people to get pregnant and two people are responsible for preventing a pregnancy!
Once ovulation begins, each month the egg is not fertilized or does not implant, it joins with the protective uterine lining to be shed through the process of menstruation. This process—often referred to as “a period”—normally lasts between 5 and 7 days.

While people may have different menstrual cycles, most menstrual cycles last between 21 and 35 days. An average menstrual cycle is 28 days, but normal cycles vary within 10 days. It is particularly common for adolescents to have irregular menstrual cycles for the first few years.
Menstrual Cycle

First Day of Bleeding

- The menstrual cycle is a cycle that is divided by two important days: the first day of bleeding and ovulation.
- The menstrual cycle repeats monthly once it begins during puberty until menopause occurs.
Menstrual Cycle

The menstrual cycle is divided into two parts: stable and unstable.

- The stable side—after an egg is released—is always 14 days (+/- a day)
- The unstable side—before an egg is released—can vary by up to 10 days each month, making predicting ovulation difficult. Diet, exercise, travel, and other types stress can affect a person’s cycle.
Menstrual Cycle

First Day of Bleeding

- Sperm can live between 3 to 7 days.
- Eggs can live between 1 and 3 days.
- Any day that an egg and sperm are together is considered part of the fertility window.
- A woman with a 22-day cycle will ovulate on day 8. If she has sex on day 5, while she may have her period, she can still become pregnant if the sperm is still alive on day 8.
2.7: Puberty
After completing this module, participants will be able to:

- Demonstrate a thorough understanding of puberty and the changes that occur in adolescents’ minds and bodies.
- Identify several physical and emotional changes that occur (1) only in people with penises, (2) only in people with vaginas, and (3) in both.
Puberty

- The time between childhood and adulthood where everyone matures emotionally, physically, and sexually
- A process (it does not occur all at once, like overnight)
- Typically occurs between the ages of 9–17 years, but varies—no formula for when it begins or how long it lasts
- Follows a universal physical sequence, although timing varies
- Experienced differently by everyone—no two people have the same experience
Puberty Game

- Male
- Female
- Both Male & Female
Different is Normal

Source: Planned Parenthood
2.8: Adolescent Development
Learning Objectives

After completing this module, participants will be able to:

- Explain the fundamental development of the adolescent brain.
- Discuss the cognitive, emotional, physical, and sexual developmental milestones of adolescents ages 13–17.
The brain develops from the back to the front. The prefrontal cortex, located in the front, is one of the last structures in the brain to develop. In fact, it is not fully developed until a person is in their twenties. The prefrontal cortex is a key part of the brain as it is responsible for the following major functions:

- Memory
- Mood
- Organization
- Planning

Adolescents can be impulsive and make risky decisions, at least in part, because their prefrontal cortex has not fully matured.
Hand Model of the Brain

Source: Dr. Daniel Siegel
Stages of Adolescent Development

Ages of Adolescence

- **Early Adolescence: 11–14 years**
  - 11–13 for a person with a vagina
  - 12–14 for a person with a penis
- **Middle Adolescence: 15–17 years**
  - 13–16 for a person with a vagina
  - 14–17 for a person with a penis
- **Late Adolescence: 18–21 years**
  - 16–19 for a person with a vagina
  - 17–19 for a person with a penis

Areas of Development

- Cognitive Development
- Emotional Development
- Physical Development
- Sexual Development
2.9: Sexually Transmitted Infections
After completing this module, participants will be able to:

- Identify the most common STIs and discuss associated causes, transmission factors, treatment options, and prevention strategies.
Key STI Questions

- What is an STI?
- How do you contract an STI?
- What are the signs and symptoms of STIs?
- How do I protect myself and my partners from contracting or transmitting an STI?
- What are the most common STIs?
- How can I find out if I have an STI and access treatment?
The abbreviation “STI” stands for “sexually transmitted infection”—because they are infections. STIs can be bacterial, viral, or parasitic. *(Note: STIs may also be known as sexually transmitted diseases, or STDs.)*

STIs are transmitted through an exchange of bodily fluids, sexual activity, or skin-to-skin contact—depending on the specific STI. Anyone can contract an STI.

There are some common symptoms associated with STIs, although some STIs show no symptoms.

STIs are preventable and treatable. Some are completely curable, others require lifelong management.
Transmission

- STIs are transmitted through physical contact that involve skin-to-skin contact and contact with bodily fluids, including blood, breastmilk, semen (including pre-ejaculate fluid), and vaginal secretions.

- You can contract an STI by any unprotected sexual contact—including anal, oral, and vaginal sex—with an infected partner.

- STI’s do not care who you are, who you have sex with, or what kind of sex you have—if you have any type of unprotected sex with an infected partner, you are at risk of contracting an STI.
Symptoms

- Blisters, bumps, or sores on or around the mouth or genitalia
- Burning or pain during ejaculation, urination, and bowel movements
- A need to urinate frequently
- Itching and/or swelling in and around the genitalia
- Swelling and/or redness in the throat
- Flu-like feelings including aches, chills, and fever

* Many people experience zero symptoms. Everyone who is sexually active should get tested!
Abstain from physical contact that can lead to the transmission of STIs.

Honestly talk to your partner about risks and ensure each partner is tested before having sex.

Use a barrier method each time you have any type of sexual contact.

Do not engage in risky behaviors.
Prevention: Risk Spectrum

No Risk
› Discussing Fantasies
› Masturbation

Low Risk
› Massage / Touching
› Casual Kissing
› Intimate Kissing

Medium Risk
› Oral-Anal Contact
› Oral Sex on a Woman
› Oral Sex on a Man—No Ejaculation
› Oral Sex on a Man—With Ejaculation

High Risk
› Penetrative Vaginal Intercourse
› Penetrative Anal Intercourse
› Receptive Vaginal Intercourse
› Receptive Anal Intercourse

Photo Credit: Micaela Parente
Treatment Options for Common STIs

Visit a local clinic to access STI testing and care. If you have contracted an STI, the type of care you receive will vary depending upon the type of STI.

<table>
<thead>
<tr>
<th>Bacterial</th>
<th>Parasitic</th>
<th>Viral</th>
</tr>
</thead>
<tbody>
<tr>
<td>Curable</td>
<td>Curable</td>
<td>Treatable</td>
</tr>
<tr>
<td>› Chlamydia</td>
<td>› Pubic Lice</td>
<td>› Herpes</td>
</tr>
<tr>
<td>› Gonorrhea</td>
<td>› Scabies</td>
<td>› HIV</td>
</tr>
<tr>
<td>› Syphilis</td>
<td>› Trichomoniasis</td>
<td>› Human Papillomavirus (HPV)</td>
</tr>
</tbody>
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Responsibility

Everyone is responsible for taking care of their own bodies. That means:

- Obtaining the information needed to make healthy sexual decisions (from healthcare providers or other trusted resources)
- Respecting our bodies and our partners by being open and honest about our sexual health and STI status and avoiding risky behaviors
- Getting tested regularly (annually or semiannually)
- Seeking medical attention for any symptoms and following treatment guidelines prescribed by healthcare providers
STI Scavenger Hunt

Note: These plush microbes are available at https://www.giantmicrobes.com/us/main/stds.
Transmission: STIs are transmitted by sexual contact with an infected person.

Symptoms: Common symptoms include blistering, burning, itching, and swelling in the genital area, but many people do not experience any symptoms.

Prevention: Abstinence is the only 100% effective method for preventing STIs. Avoid risky behaviors (multiple partners, unprotected sex, etc.) to reduce your risk.

Treatment: If you suspect you might have an infection, promptly seek medical attention for testing and care.

Responsibility: Everyone is responsible for making healthy decisions to protect themselves and their partners from STIs.
Common STI Questions

- What are STIs and how do people contract them?
- What are the most serious STIs?
- How can I protect myself from STIs?
- How do I know if I have an STI?
- What should I do if I think I might have an STI?
- Can STIs be cured?
2.10: Contraceptive Methods
Learning Objectives

After completing this module, participants will be able to:

- Describe common methods of contraception, including how the method is used, its efficacy rate, where to obtain it, and its common side effects.
Contraceptive Methods

Contraceptives, also known as “birth control,” can help prevent pregnancies.

There are 6 categories of contraceptives:

- Hormonal
- Barrier
- Chemical
- Surgical
- Emergency
- Abstinence
Method 1: Hormonal Contraceptives

- Use hormones (progestin and/or estrogen) to:
  - prevent ovulation (no egg is released)
  - prevent sperm from entering the uterus, by thickening the cervical mucus
  - prevent implantation, by thinning the uterine lining

- Are 99% effective when used correctly.

- Do not protect against STIs.
Types of Hormonal Contraceptives

- Oral Contraceptive / Pill (Daily)
- Patch (Weekly)
- Ring (Monthly)
- Injection (Every 3 Months)
- Implant (Every 3 Years)
- Intrauterine Device (IUD) (Every 5–10 years)
Method 2: Barrier Contraceptives

- A barrier contraceptive is a material or object that prevent sperm and egg from meeting.
- Condoms (there are two types) are the most common type of barrier methods.
- Condoms are the only methods that prevent against STIs.
**Method 3: Chemical Contraceptives**

- Chemical contraceptives are called spermicides and they use chemicals to destroy sperm.

- Spermicides are available in three different forms: film, foam, or gel.

- Spermicides are *not* effective in preventing pregnancies when used alone; however, they can be used with another form of contraception.

- Spermicides do *not* protect against STIs.
Method 4: Surgical Contraception

Surgical contraception reshapes the sexual anatomy to prevent eggs and sperm from meeting. There are two types of surgical contraception—tubal ligation and vasectomy.

Source: Mayo Clinic
Method 5: Emergency Contraception

- Emergency contraception contains the same hormones as oral contraceptives and can help prevent a pregnancy from occurring, if taken within 72 hours of engaging in unprotected sex.
- Emergency contraception has no effect on an actual pregnancy and should not be used as a regular form of birth control.
- Emergency contraception prevents fertilization from occurring, it does not cause an abortion.
Method 6: Abstinence

Abstinence is the only 100% effective method for preventing both pregnancies and STIs.
Selecting a Contraceptive Method

- Does the method prevent pregnancy?
- Does the method prevent STIs/HIV?
- How effective is the method?
- What are the benefits of this method?
- What are the possible side effects of this method?
- Where can you obtain this method?
Discussing Contraception with Youth

- How is the method used?
- How effective is the method?
- Where can someone access the method?
2.11: How to Use a Condom
After completing this module, participants will be able to:

- Explain the correct order of steps used to put on a condom.
- Demonstrate the correct use of a condom on a model.
- Identify reasons for incorrect condom use.
- Demonstrate familiarity and comfort in using a condom.
Everyone has the right to say “no” to sex at any time.

It is illegal to have sex without the other person’s consent.

A person who is intoxicated or under the influence, cannot legally provide consent.

“No” always means no, only “yes” means yes.

Pressuring someone into having sex does not equal consent.

Consent should be given verbally and enthusiastically.
Condom Steps Activity Debrief

- What was challenging about this exercise?
- Were you unsure of the order of any steps or were there disagreements on your team about the correct order? Why?
- Could some of the steps fit in more than one place or could some of the steps have been switched?
- Do you think most people who use condoms follow these steps? Why or why not?
2.12: Characteristics of Youth-Friendly Services
Learning Objectives

After completing this module, participants will be able to:

- Identify the characteristics of youth-friendly services.
- Provide appropriate referrals to students on youth-friendly health services.
Health Experts, Meet Teen Experts

Source: Adolescent Health Initiative at the University of Michigan Health System
Characteristics of Youth-Friendly Services

■ Programmatic
  ▶ Youth are involved in program design

■ Service Provider
  ▶ Staff are trained in adolescent issues

■ Health Facility
  ▶ Facility offers convenient hours (after school/on weekends)

■ Youth Perceptions
  ▶ Privacy is maintained
Drawing a Picture:
Adolescent-Centered Medical Homes

Source: Michigan Medicine
Youth-Friendly Health Service Offerings

- Information and counseling on sexuality, contraception, sexual abuse, and condom negotiation and use
- Pregnancy testing and pregnancy options
- Contraceptive method choices, services, and follow-up support
- STI screening, counseling, and treatment
- HIV testing and counseling
- Postabortion care
- Referrals and follow-up support