

Chapter 5:

What is Sexuality?

Objectives:

- ✓ To define sexuality as more than genital sexual activity
- ✓ To learn what human sexuality is and how it affects our behavior
- ✓ To become more comfortable talking and asking questions about sexuality
- ✓ To review how male and female bodies develop and change during puberty
- ✓ To discuss how feelings and relationships change during sexual development
- ✓ To review how human reproduction occurs
- ✓ To review and dispel myths about sexual activity and reproduction
- ✓ To learn how to care for sexual and reproductive organs
- ✓ To learn about sexual orientation



Activities

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Introduction to Sexuality

Materials: Board and chalk and newsprint and markers

Time: 15-20 minutes

Planning Notes:

- ✓ Expect some laughing, teasing and acting out behavior when you introduce the topic of sexuality. Young people are not used to discussing sexuality in a structured setting. They may be uncomfortable and behave inappropriately at times.
- ✓ If you are using this program in a religious setting, you may want to add or substitute "What have you learned about sexuality from our religions teachings?"

Purpose:

To introduce the concept of sexuality and provide an opportunity to identify messages about sexuality

Procedure:

1. Explain that in the next sessions, the group will explore definitions of and messages about sexuality. Acknowledge that it is normal for some teens to feel a little embarrassed or uncomfortable. Point out that in our society, although we hear about sexuality all the time in music, television programs and movies, people often do not have serious discussions about the subject.
2. Write the word "sexuality" on the board or newsprint. Ask for definitions and write the responses on the board or newsprint. Avoid clarifying what sexuality is or is not.
3. Tell the teens they will work in groups to spend a few minutes thinking about what they have heard about sexuality.
4. Give the following instructions:
 - You will divide into three groups. Each group will have a different assignment.
 - Group 1 will list what their parents have said about sexuality.
 - Group 2 will list what their friends have said about sexuality.
 - Group 3 will list what they have seen or heard about sexuality through the entertainment media—movies, music, magazines and television.
 - Each group will share its finished list with the others.
5. Clarify that it is okay to list **whatever** they have heard. There are no right or wrong answers in this activity.
6. Have teens count off by three. Form groups in three different areas of the room.
7. Give each group a marker and newsprint. Assign "parents," "friends" or "media" to each group. Tell teens they have five minutes to brainstorm, as discussed in Step 4.
8. Circulate and give suggestions to help groups start. (For example, parents might say, "Sex should wait for marriage;" friends might say, "Everyone is having sex;" a common media message is, "You'll be sexier if you use our product.")
9. After five minutes, ask each group to post the newsprint and share its list of messages.
10. Conclude the activity using the Discussion Points.

Discussion Points:

1. How are the messages from parents, friends and the media similar? Different? Why do you think that is so?
2. Which messages do you agree with? Disagree with?
3. Can you think of any sexuality messages you have heard from other sources, such as religious teaching, romantic partners or health teachers?
4. If you were a parent, what is the most important sexuality message you would give your child?
5. Which of these messages might make a person feel uncomfortable talking or learning about sexuality?
6. Are there messages you think are incorrect and that you want more information about?

The Circles of Human Sexuality

Materials: Newsprint and markers and board and chalk; Leader's Resources, "Circles of Sexuality," "Circles of Sexuality Explanation" and "Sexual Development through the Life Cycle;" copies of the handout, "Circles of Sexuality," for each participant; pens/pencils

Time: 40-50 minutes

Planning Notes:

Purpose: To develop a broad definition of sexuality

- ✓ Review the Leader's Resources, "Circles of Sexuality" and "Circles of Sexuality Explanation." For additional information about how children and adolescents develop sexually, read the Leader's Resource, "Sexual Development through the Life Cycle."
- ✓ Create a large version of the Leader's Resource, "Circles of Sexuality," on newsprint or the board for use in Step 4.

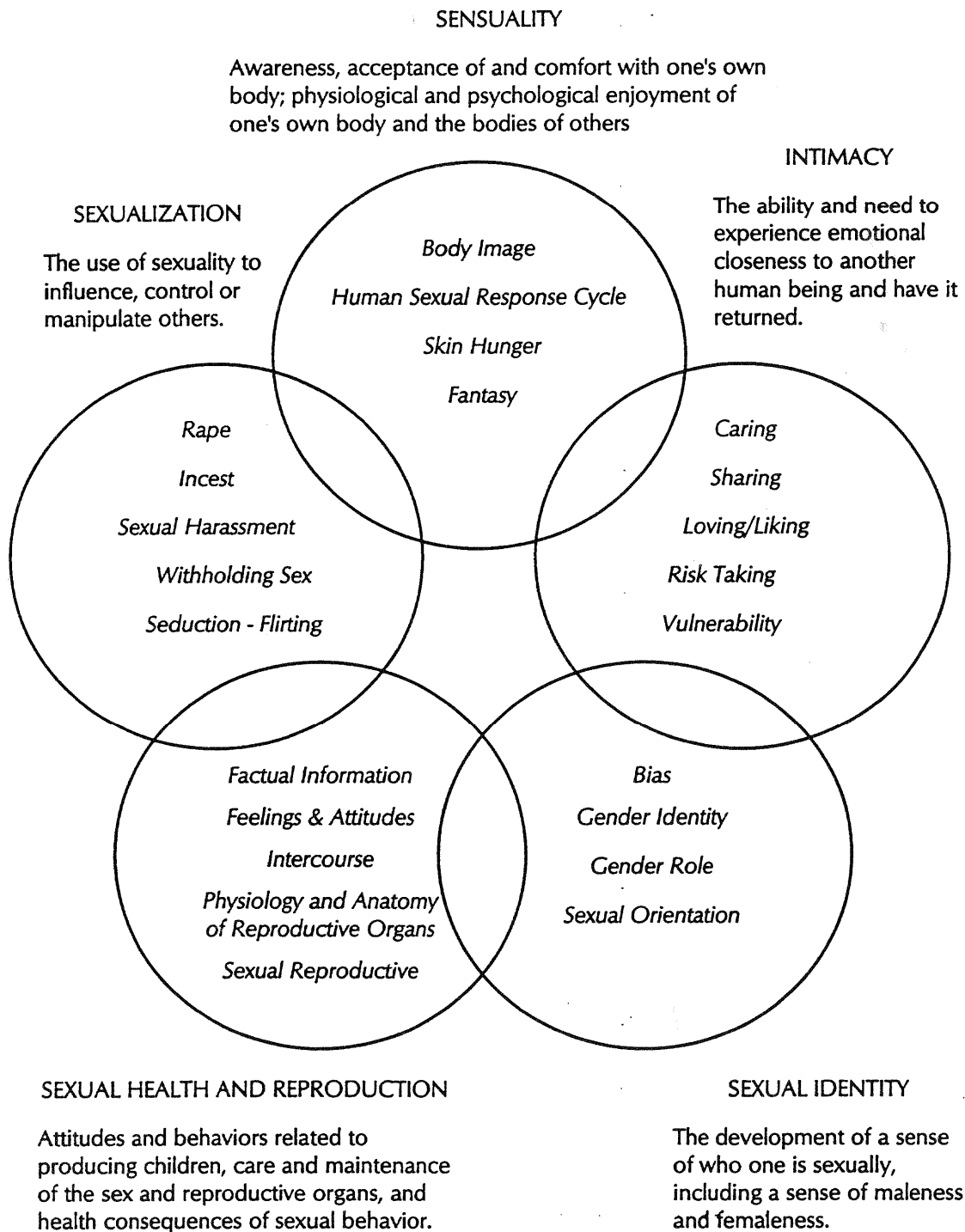
Procedure:

1. Make a generalization about the messages teens listed in the introductory activity. If many of the messages were about genital sexual behavior (for example, intercourse, reproduction, contraception) and sexual relationships, note that point.
2. Explain that when most people see the words "sex" or "sexuality," they think of intercourse and other kinds of physical sexual activity. Tell the group that **sexuality is much more than sexual feelings or sexual intercourse**. It is an important part of who a person is and what she or he will become. It includes all the feelings, thoughts and behaviors of being female or male, being attractive and being in love, as well as being in relationships that include sexual intimacy and physical sexual activity.
3. Write "sexuality" on the board and draw a box around the letters "s-e-x." Point out that s, e and x are only three of the letters in the word "sexuality."
4. Display the five circles of sexuality and give each teen a handout. Explain that this way of looking at human sexuality breaks down into five different components: sensuality, intimacy, identity, behavior and reproduction and sexualization. Everything related to human sexuality fits in one of these circles.
5. Beginning with the circle labeled "sensuality," explain each circle briefly. Take five minutes to:
 - Read the definition of the circle aloud and point out its elements.
 - Ask for examples of a behavior that would fit in the circle. Write them in the circle and ask participants to write them on their handouts.
 - Use the Leader's Resource for more information to help your group understand the concepts underlying the circle.
 - Continue with the each circle until you have explained each component of sexuality.
6. Ask for and answer any question about elements the circles of sexuality contain.
7. Conclude the activity using the Discussion Points.

Discussion Points:

1. Which of the sexuality five circles feels most familiar? Why do you think that is so?
2. Is there any part of these five circles that you never thought of as being "sexual" before? Please explain.
3. Which circle is most important for friends your age to know about? Least important?
4. Which circle would you be interested in discussing with your parent(s)?
5. Which circle would you be interested in talking about with someone you were dating?

Circles of Sexuality



Circles of Sexuality Explanation

Sexuality is much more than sexual feelings or sexual intercourse. It is an important part of who a person is and what she or he will become. It includes all the feelings, thoughts and behaviors of being female or male, being attractive and being in love, as well as being in relationships that include sexual intimacy and physical sexual activity.

Circle 1:

SENSUALITY is awareness and feeling about your own body and other people's bodies, especially the body of a sexual partner.

Sensuality enables us to feel good about how our bodies look and feel and what they can do. Sensuality also allows us to enjoy the pleasure our bodies can give us and others. This part of our sexuality affects our behavior in several ways:

- ✓ *Need to understand anatomy and physiology* – with knowledge and understanding, adolescents can appreciate the physiology of their bodies.
- ✓ *Body image* – whether we feel attractive and proud of our own bodies and the way they function influences many aspects of our lives. Adolescents often choose media personalities as the standard for how they should look, so they are likely to be disappointed by what they see in the mirror. They may be especially dissatisfied when the mainstream media does not portray positively, or at all, their types of skin, hair, eyes, body sizes or other physical characteristics.
- ✓ *Experiencing pleasure and release from sexual tension* – sensuality allows us to experience pleasure when we or others touch certain parts of our bodies. As the culmination of the *sexual response cycle*, males and females can experience orgasm when they masturbate or have a sexual experience with a partner.
- ✓ *Satisfying skin hunger* – our need to be touched and held by others in loving, caring ways is often referred to as *skin hunger*. Adolescents typically receive less touch from family members than do young children. Therefore, many teens satisfy their skin hunger through close physical contact with a peer. Sexual intercourse may result from a teen's need to be held, rather than from sexual desire.
- ✓ *Feeling physical attraction for another person* – the center of sensuality and attraction to others is not in the genitals, but in the brain, the most important "sex organ." The unexplained mechanism responsible for sexual attraction rests here.
- ✓ *Fantasy* – the brain also gives us the capacity to have fantasies about sexual behaviors and experiences. Adolescents often need help understanding that the sexual fantasies they experience are normal, but do not have to be acted upon.

Circle 2:

SEXUAL INTIMACY is the ability and need to be emotionally close to another human being and have that closeness returned.

Sharing intimacy is what makes personal relationships rich. While sensuality is about physical closeness, intimacy focuses on emotional closeness. Several aspects of intimacy include:

- ✓ *Liking or loving another person* — having emotional attachments or connections to others is a manifestation of intimacy.
- ✓ *Emotional risk-taking* — to have true intimacy with others, a person must open up and share feelings and personal information. We take a risk when we share our thoughts and emotions with others, but it is not possible to be really close to another person without being honest and open with them.

As sexual beings, we can have intimacy with or without having sexual intercourse. In a full and mature romantic relationship between two people, the expression of sexuality often includes both intimacy and intercourse. Unfortunately, intimacy established through caring and good communication is not always a part of adolescents' sexual experiences.

Circle 3:

SEXUAL IDENTITY is a person's understanding of who she or he is sexually, including the sense of being male or female.

Sexual identity can be thought of as three interlocking pieces that, together, affect how each person sees herself or himself. Each "piece" of sexual identity is important:

Gender identity — knowing whether you are male or female. Most young children determine their gender by age two. *Gender role* — knowing what it means to be male or female, or what a man or woman can or cannot do because of their gender. Some things are determined by the way male and female bodies are built. For example, only women menstruate and only men produce sperm. Other things are culturally determined. In our culture only women wear dresses to work, but in other cultures, men wear skirt-like outfits everywhere.

There are many "rules" about what men and women can/should do that have nothing to do with the way their bodies are built. This aspect of sexuality is especially important for young adolescents to understand, since peer and parent pressures to be "macho" or "feminine" increase at this age. Both boys and girls need help sorting out how perceptions about gender roles affect whether they are encouraged or discouraged to make certain choices regarding relationships, leisure activities, education and careers.

Sexual orientation — whether a person's primary attraction is to people of the same gender (homosexuality), the other gender (heterosexuality) or both genders (bisexuality).

- ✓ Sexual orientation generally begins to emerge by adolescence.
- ✓ Between 3 and 10 percent of the general population is believed to be exclusively homosexual.

- ✓ Heterosexual, gay, lesbian and bisexual youth can all experience same-gender sexual activity around puberty. Such behavior, including sex play with same-gender peers, crushes on same-gender adults or sexual fantasies about people of the same gender are normal for pre-teens and young teens and are not necessarily related to sexual orientation.
- ✓ Because of negative social messages, young adolescents who are experiencing sexual attraction to, and romantic feelings for, someone of their own gender may need support from adults who can help teens clarify their feelings and accept their sexuality.

Circle 4:

REPRODUCTION and *SEXUAL HEALTH* are the capacity to reproduce and the behaviors and attitudes that make sexual relationships healthy, physically and emotionally.

Specific aspects of sexual behavior and reproduction that belong in this circle include:

- ✓ *Factual information about reproduction* is necessary to understand how male and female reproductive systems work and how conception occurs. Adolescents typically have inadequate information about their own or their partners' bodies. They need the information that is essential for making informed decisions about sexual behavior and health.
- ✓ *Feelings and attitudes* are wide-ranging when it comes to sexual behavior and reproduction, especially health-related topics such as sexually transmitted diseases (including HIV infection) and the use of contraception, abortion and so on. Talking about these issues can increase adolescents' self-awareness and empower them to make healthy decisions about their sexual behavior.
- ✓ *Sexual intercourse* is one of the most common human behaviors, capable of producing sexual pleasure and/or pregnancy. In programs for young adolescents, discussion of sexual intercourse is often limited to male-female vaginal intercourse, but all young people need information about the three types of intercourse people commonly engage in — oral, anal and vaginal.
- ✓ *Contraceptive information* describes all available contraceptive methods, how they work, where to obtain them, their effectiveness and side effects. The use of latex condoms for disease prevention must be stressed. Even if young people are not currently engaging in sexual intercourse, they will in the future. They **must** know how to prevent pregnancy and/or disease.

Circle 5:

SEXUALIZATION is using sex or sexuality to influence, manipulate or control other people.

Often called the "shadow" side of our sexuality, sexualization spans behaviors that range from harmlessly manipulative to sadistically violent and illegal. Behaviors include flirting, seduction, withholding sex from a partner to "punish" the partner or to get something you want, sexual harassment (a supervisor demands sex for promotions or raises), sexual abuse and rape. Teens need to know that **no one** should exploit them sexually. They need to practice skills to avoid or fight against unhealthy sexualization should it occur in their lives.

Sexual Development through the Life Cycle

Many people cannot imagine that all people, including babies, children, teenagers, adults and old people are sexual beings. Some believe that sexual activity is reserved for early and middle adulthood and teenagers often feel that adults are too old for intercourse, or "having sex." Sexuality, though, is much more than just sexual intercourse, and humans are sexual beings throughout their lifetime.

Sexuality in infants and toddlers. Children are sexual even before birth. Males can have erections while still in the uterus and some boys are born with an erection. Infants touch and rub their genitals because it provides pleasure. Boys and girls can experience orgasms from masturbation, but boys do not ejaculate until puberty. By about age two, children know their gender. They are aware of differences between genitals and in how boys and girls urinate.

Sexuality in children ages three to seven. Preschoolers are interested in everything about their world, including sexuality. They may practice urinating in different positions. They are very affectionate and enjoy hugging other children and adults. They begin to be more social and may imitate adult social and sexual behaviors, like holding hands or kissing. Many young children "play doctor" during this stage, looking at other children's genitals and showing theirs. This is normal curiosity. By age five or six, however, most children become more modest and private about dressing and bathing.

Children of this age are aware of marriage or "living together," based on their family experience. They may roleplay being married or having a partner while they "play house." Most young children talk about marrying or living with a person they love when they get older. School-age children may play sexual games with friends of their same sex, touching each other's genitals or masturbating together. Most sex play at this age happens because of curiosity.

Sexuality in preadolescent children (ages eight to 12). Puberty, the time when the body matures, begins between the ages of nine and 12 for most children. Girls begin to grow breast buds and pubic hair as early as nine or 10. Boys' development of penis and testicles usually begins between 10 and 11. After puberty, pregnancy can occur. Children become more self-conscious about their bodies at this age and often feel uncomfortable undressing in front of others, even a same-sex parent.

Masturbation continues and increases during these years. Preadolescent boys and girls do not usually have much sexual experience, but they often have many questions. They have usually heard about intercourse, petting, oral and anal sex, homosexuality, rape and incest, and they want to know more about these things. The idea of actually having intercourse, however, is unpleasant for most preadolescent girls and boys.

Homosexual experiences are common at this age. Boys and girls tend to play with friends of the same sex and are likely to explore sexually with them. Masturbating together and looking at or caressing each other's genitals is common among boys and girls. Such same-sex behavior is usually unrelated to a child's sexual orientation.

Some group dating occurs. Preadolescents may attend girl/boy parties, dance and play kissing games. By age 12 or 13, some young adolescents will pair off and begin dating or "making out." In some urban areas, boys often experience vaginal intercourse at this age. Girls are usually older when they begin having vaginal intercourse. However, it is not uncommon for young teens to practice sexual behaviors other than vaginal intercourse, like petting to orgasm and oral intercourse.

Sexuality in adolescents (ages 13 to 19). Once children reach puberty, their interest in genital sex increases and continues through adolescence. There is no way to predict how a particular teenager will act sexually. As a group, most adolescents explore relationships with one another, fall in and out of "love" and participate in sexual behaviors before the age of 20. One out of three adolescent girls becomes pregnant; many have abortions.

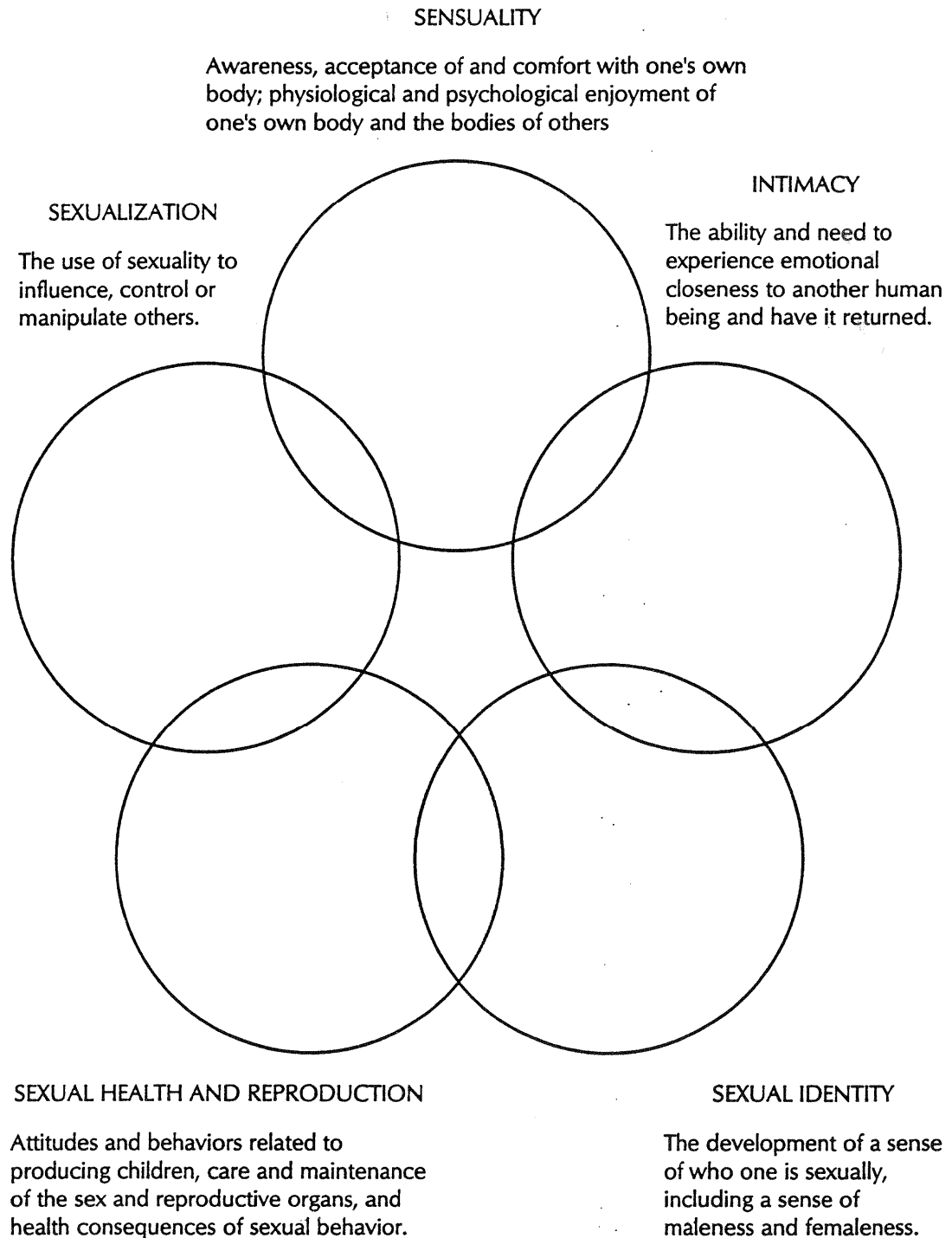
Adult sexuality. Adult sexual behaviors are extremely varied. In most cases, they remain a part of an adult's life until death. At around age 50, women experience menopause, which affects their sexuality. Their ovaries no longer release eggs, and their bodies no longer produce estrogen. They may experience several physical changes: vaginal walls become thinner and intercourse may be painful; there is less vaginal lubrication; the entrance to the vagina becomes smaller.

A lot of women use estrogen replacement therapy to relieve many of these problems. Using vaginal lubricants can also make sexual intercourse easier, once a woman's vagina produces less lubrication. Most women are able to have pleasurable intercourse and experience orgasm for the rest of their lives.

Adult men also experience some changes in their sexuality, but not at such a predictable time as menopause. Men's testicles slow down their testosterone production after age 20 to 25. Erections occur more slowly. Men also become less able to have another erection after an orgasm. It may take up to 24 hours to sustain another erection. The amount of semen released during ejaculation also decreases, but men are capable of producing a baby even when they are very old—some men have become fathers in their 90s! Some older men often have an enlarged or cancerous prostate gland in their later years. If it is necessary to remove the prostate, a man's ability to have an erection or an orgasm is unaffected.

Although adult men and women do go through some sexual changes as they age, they do not lose their desire nor their ability for sexual expression. Even among the very old (those 80 and older), the need for touch and intimacy remains, although the desire and ability to have sexual intercourse may wane.

Circles of Sexuality



Picturing Sexuality

Materials: Large illustration of "Circles of Sexuality" (from previous activity); discarded magazines; newsprint; scissors; tape or glue; drawing materials (such as crayons, markers or colored pencils)

Time: 45-55 minutes

Planning Notes:

- ✓ Collect magazines that reflect the diversity of your group and are targeted to a range of audiences, including: men, women, teens, various cultures and people with varied interests such as fashion, music, sports, art and architecture, homemaking, business and so on.

Purpose: To define sexuality in concrete terms through the use of visual images and the written word

Procedure:

1. Display the large illustration of the circles of sexuality and remind participants of previous discussions that gave a broad definition of sexuality.
2. Tell teens that in this activity, they will create images of what sexuality means to them, now that they have learned about the five circles.
3. Go over the following instructions:
 - In small groups, you will create collages illustrating a circle of sexuality. Be creative and honest. There are no right or wrong answers. Picture sexuality the way you see it.
 - Each group will illustrate one circle. At the end, we will put them all together to make a large poster for the bulletin board.
 - You can use magazine pictures, drawings, songs, rap lyrics or anything else to illustrate your circle.
 - Create images that are clear enough to explain the circles of sexuality to others.
4. Divide the group into five small groups, then distribute newsprint, magazines, scissors, glue or tape and drawing materials to each. Tell them they have about 20 minutes to work.
5. When time is up, ask the first group for a reporter to display their collage and explain the images the group chose. Assist in explaining the circle if necessary and add additional information or examples from the Leader's Resource, as appropriate.
6. Repeat the reporting process for each small group.
7. Conclude the activity using the Discussion Points.

Discussion Points:

1. Is anything about sexuality missing that should be added? If so, what? (Allow participants to add to the circles, if relevant.)
2. Were you surprised by images in the circles? If so, why?
3. What were the most difficult aspects of our sexuality to depict with visual images?
4. Are there any images that groups purposely decided not to include? Why?
5. Was there any disagreement in your group about what to include? If yes, what was it about?
6. Which circle of sexuality would be the hardest to explain to a parent or a younger sibling? Why? (Ask volunteers to articulate the concepts underlying that circle.)

Slang Language

Materials: 12 sheets of newsprint; 12 markers; masking tape; wall space for 12 newsprint sheets

Time: 25-35 minutes

Planning Notes:

- ✓ For use in Step 3, write each of the following terms, once each, at the top of each sheet of newsprint:

man	vaginal
intercourse	
woman	masturbation
homosexual	anus
breast	testicles
penis	menstruation
vagina	oral sex

Purpose: To introduce the correct sexual terms and to increase comfort with them

- ✓ While many teens are “street smart,” that does not mean they are well-informed. Many young people may not know the correct terms for body parts, functions or activities related to sexuality; they use slang only. Do not express disapproval or shock about words and phrases you hear in this activity.
- ✓ You may want to inform administrators or program sponsors about this activity and its purpose, so that they can prepare for any questions from parents or community members about why teens are listing and discussing slang terms, some of which may be considered “vulgar.”
- ✓ Explain that as of the close of this activity, the group will use only correct sexual terminology. This technique helps avoid continuing use of slang language and the inappropriate behavior that often accompanies its use.

Procedure:

1. Point out that people often use slang terms when talking about any aspect of sexuality. Some people use slang when they do not know the correct term or do not feel comfortable using it. Others use slang to shock. Ask for two or three examples of slang words for sexual terms. If no one volunteers, give examples such as “screw” for having intercourse, “dick” for penis and “boobs” for breasts.
2. Explain that in the activity it is okay to use as many slang terms as teens know for certain words.
3. Ask for volunteers to hang the 12 sheets of newsprint on the walls around the room.
4. Give the following instructions for the activity:
 - Walk around the room to each newsprint sheet and write one slang word for the term on the newsprint.
 - Use words your family or other members of your cultural group use, words you have heard or read and words your friends and peers use.
 - Feel free to write down **any word**, including words in other languages.
 - If all the words you know are already listed by the time you reach a sheet, that’s okay.
 - When you have finished, take your seat.

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5. Allow 10-15 minutes for participants to complete the lists.
 6. Ask for one volunteer per newsprint sheet to read the words and terms aloud. If no one volunteers, read them yourself.
 7. Conclude the activity using the Discussion Points.

Discussion Points:

1. How did you feel when I explained what to do during this activity?
2. How would you have felt if our principal (director, pastor, leader and so on) had walked into the room during the activity? Why?
3. When do people usually use slang sexual terms? Correct terms? Why do you think that is so?
4. How do you feel about the words listed for "man" compared to those listed for "woman?" (Words for "woman" are usually more negative than words for "man.")
5. Are any of the words the kind that young children sometimes use? What does it mean when people use those words?
6. Are there any words missing from our lists? Any we should add? ("Making love" or another positive term is often omitted on the "intercourse" list.)

Puberty Video

Materials: Recent video on puberty; VCR, extension cord; board and chalk or newsprint and markers

Time: 45-55 minutes

Planning Notes:

- ✓ The video provides all participants with a basic understanding of puberty. If a video on this topic would be repetitive, omit this activity.
- ✓ Several suggested videos are listed below. Consult the list of video distributors for the addresses and telephone numbers of distributors.
 - "The Puberty Years" (Sunburst Communications, 33 minutes, 1989, \$199.00)
 - "Then One Year" (Churchill Films, 23 minutes, 1992, \$295.00)
 - "Kids to Kids" (Tambrands, Inc., 25 minutes, 1991, \$6.95)
- ✓ If you find another video locally, preview it. Look for film of real teens (not a slide-tape production or an animated film), a positive tone that affirms healthy sexuality and information on various aspects of sexual and reproductive development, including sexual organs, sexual feelings, intercourse and conception and masturbation.

Purpose:

To review the physical and emotional changes of puberty

Procedure:

1. Tell the group they are going to see a video on puberty which, for most of them, will be a review. Ask what puberty is and write their composite definition on the board or newsprint. It should be similar to the following: *puberty is the time in a person's life when the body and feelings change from those of a child to those of an adult.*
2. Ask the teens, "What facts do you know about puberty and the changes that happen to young men and women during that time?" Write "males" and "females" on the board or newsprint and list responses under each category or, when appropriate, under both categories..
3. Ask participants to listen, during the video, for new information to add to the lists.
4. Show the video.
5. Ask about new information and list any new facts the teens cite. Then add any additional information they did not mention. If the video did not make the following points, add them:
 - Many teenagers and adults masturbate, or touch and rub their genitals, for sexual pleasure. Masturbation is not physically harmful in any way. However, a person may feel guilty about masturbating if messages from the person's family, culture or religion have taught that masturbation is wrong.
 - During puberty not all girls and boys begin to feel attracted physically and sexually to people of the other gender. Some feel attracted to their own gender, and some feel attracted to both genders. Experiencing feelings of sexual attraction happens to everyone, but in different ways. The feelings are always normal for that person.
7. Conclude the activity using the Discussion Points.

Discussion Points:

1. Some psychologists say that the early adolescent years are a “stormy” time for teenagers. Do you agree?
2. Which physical changes of puberty are most difficult to deal with? Why? What emotional ones?
3. How do parents and other adults react when young people go through puberty? Why do you think that is so?
4. What difference, if any, does it make that girls usually enter puberty one to two years earlier than boys?
5. What is one thing about puberty you would be interested in knowing more about? (NOTE: Answers to this question should help guide the leader and group in selecting which of the following *Life Planning Education* activities to use.)

Feelings, Fears and Frustrations

Materials: Board and chalk or newsprint and markers; masking tape; signs labeled "A," "B," "C" and "D;" Leader's Resource, "Feelings;" paper; pens/pencils

Time: 40-50 minutes

Planning Notes:

- ✓ This activity might arouse strong feelings. It is meant only to provide education, not therapeutic intervention. If you are implementing this program in a setting where mental health professionals are available, you might want to ask a colleague to co-facilitate this session with you. Then you can more easily make follow-up referrals for young people who need counseling. Unless you are a mental health professional yourself, please refer participants to others who have specific skills necessary to deal with difficult issues like depression, sexual abuse, substance abuse, eating disorders and so on.

Purpose: To recognize and articulate some of the emotions that accompany adolescence

Procedure:

1. Point out that the group has spent a great deal of time learning about the physiology of sexuality, sexual development and human reproduction. These topics are important because participants are in **adolescence** and significant sexual development is part of what happens in adolescence.
2. Write "adolescence" on the board. Ask teens to try to describe adolescence in a single word or phrase. List their descriptions on the board or newsprint, then summarize the responses. If no one else has, add "changes" to the list and explain that most psychologists and educators describe adolescence as a **time of change**.
3. Ask the group, "Besides your bodies, what other things have changed for you since you became a teenager?" Ask them to spend five minutes writing about these changes.
4. Ask several volunteers to share what they have written. Begin a list on the board titled "Changes" and write the major things volunteers have written about. Ask if any other participants wish to add to the list. When the list is complete, it should include the following:
 - Feelings and moods
 - Relationships with parents
 - Relationships with friends
 - Feelings about yourself
 - Feelings about someone you like
 - The way others think about you
 - Things you like to spend time doing
 - Things you think about
 - Plans for the future
5. Emphasize that while body changes are happening on the outside, feelings are changing on the inside, where no one can see. It is important to **talk about feelings** with family, friends and other adults you trust, because feelings affect a person's relationships, self-esteem and behavior.

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6. Explain that you want the group to spend some time talking with each other about the different feelings they are experiencing as teenagers. Go over instructions:
 - Each of the four corners of the room is labeled with a letter — “A,” “B,” “C” and “D.”
 - I will read four different feelings about a topic — for example, feelings about parents — and tell you which corner represents each feeling.
 - Once I have read the feelings, choose the corner that is closest to how you feel about the topic and go stand there.
 - When everyone is in their corners, find a partner to share your feelings on this topic. Both partners should share their feelings in the time allowed.
 7. Read the first statement from the Leader’s Resource. Repeat the choices and direct teens to the appropriate corners. Then tell them to find a partner and share their feelings on that topic.
 8. Call “time” and ask volunteers from each corner to share their experiences. Comment on the similarities in emotions that teens experience and support any teens that are alone or in very small groups. Point out that not everyone has the same experience when it comes to certain things.
 9. Repeat the procedure with other statements as long as time permits.
 10. Conclude the activity using the Discussion Points.

Discussion Points:

1. What about being a teenager has caused positive feelings? Which things have caused negative feelings?
2. What are some of the reasons that changes occur in adolescence? (Answer: Many reasons, including hormones that affect growth and development, changes in school situations, new pressures from family and friends, sexual maturity and so on.)
3. Would you like to be several years younger? Why or why not?
4. Would you like to be several years older? Why or why not?
5. Are a person’s feelings ever wrong, or bad? (Answer: No, feelings exist and they are always valid, even when they are negative such as anger, jealousy or sadness/depression. People learn as young children that they cannot always act on their feelings, but they should always be able to talk about them to someone they trust.)
6. Who would you talk to, or where would you could go, if you were feeling especially bad about something? (Answer: Parent, other adult in family, doctor, religious leader, friend, school counselor or nurse, a trusted teacher or program staff person, community crisis center or telephone hot line.)

Feelings

1. When I think about how things are between me and my parent or parents, I feel:
 - a. Really good — things are fine.
 - b. Just okay — things are not great, but not bad either.
 - c. Pretty bad.
 - d. Miserable — it couldn't get much worse.
2. Now that I'm older, I seem to feel a lot more _____ than I used to.
 - a. Nervous
 - b. Angry
 - c. Depressed
 - d. Happy
3. When I think about my best friend or friends I feel:
 - a. Anxious about our friendship
 - b. Really good — things are good between us
 - c. Jealous of other people they hang out with
 - d. Angry that things between us have changed
4. When I think about going out with someone I really like, I feel:
 - a. Excited
 - b. Nervous
 - c. Turned on
 - d. Scared
5. One of the most powerful feelings I have ever experienced is:
 - a. Fear
 - b. Anger
 - c. Love
 - d. Joy

Reproduction Review

Materials: Copies of the handouts, "Male Genitals and Reproductive Organs," "Female Genitals" and "Female Reproductive Organs," for each participant; Leader's Resource, "Anatomy and Physiology of Reproduction;" stapler; enlarged illustrations of all three handouts; pens/pencils

Time: 40-50 minutes

Planning Notes:

Purpose: To increase knowledge of the male and female reproductive systems

- ✓ Prepare enlarged drawings of the male and female genitals and reproductive organs for use in Step 4. If you have an overhead projector, you can create transparencies from the handouts.
- ✓ Review the Leader's Resource, "Anatomy and Physiology of Reproduction," until you feel comfortable with the material. You do **not** have to be an expert on human reproduction to conduct this activity, but you do need to be comfortable with terminology such as "penis," "vagina," "anus," "intercourse" and so on.
- ✓ Collate and staple the three handouts to create packets for each participant.

Procedure:

1. Tell teens you are going to give them a quiz to see how much they actually know about the female and male reproductive systems. Explain that no one will be graded on this quiz.
2. Ask the group to form pairs so they can work together.
3. Go over instructions for the activity:
 - Fill in the blanks on all three handouts with the correct name of each part of the body.
 - Do not worry about spelling.
 - If you do not know the medical term for a body part, use the word(s) you know.
4. Distribute the packets of handouts to each participant and tell teens to begin working.
5. After most teens are finished, display the enlarged illustration of the first handout, the female genitals. Explain that "vulva" is the correct term for the external genitals, even though it is not a familiar term, even for many adults. Point out that there are myths about the female vulva (that it is dirty, or ugly, or smelly) and emphasize that they are not true. The vulva is a normal, healthy part of a girl's body, just like the penis and scrotum are normal parts of a boy's body.
6. Go over the individual parts of the vulva, labeling and explaining each. Point out the following:
 - The clitoris is a sensitive part of a girl's body. Its function is to provide sexual pleasure.
 - There are three openings, each with its own function.
 - A girl can see this view of her body by holding a hand mirror between her open legs.
7. Display the second illustration and ask for a volunteer to explain the female reproductive process, beginning with ovulation and ending with the menstrual period. Ask the group to assist if the volunteer runs into difficulty. Add any missing information from the Leader's Resource. Be sure the following points are made:

Adapted with permission from *Teen Outreach Program: Youth Development Through Service and Learning*, New York, N.Y.: Association of Junior Leagues, Intl., in press.

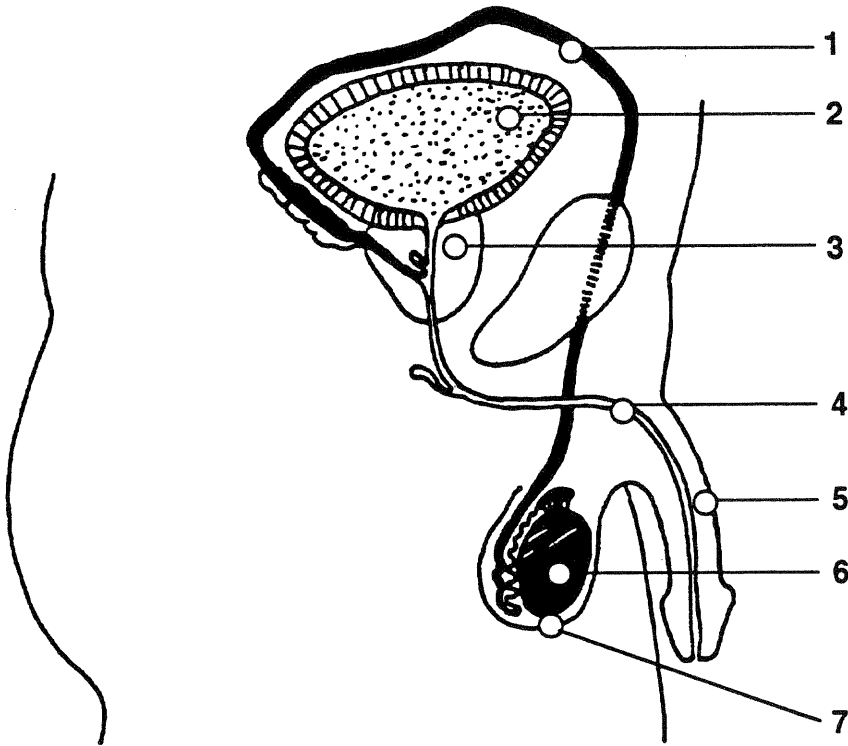
-
- When she is born, a girl has thousands of egg cells in her ovaries. Together, these egg cells are called “ova;” one egg cell is called an “ovum.” During the years that teens and women menstruate, they release only a small percentage of their ova.
 - During puberty, a teen’s ovaries begin to release one ovum each month. Once that process has begun, she is capable of becoming pregnant every time she has vaginal intercourse with a male partner.
 - Conception occurs when a sperm cell fertilizes the ovum while it is in one of the females’ Fallopian tubes.
8. Have a second volunteer explain the male reproductive process, beginning with sperm production and ending with ejaculation. Be sure to make the following points:
- Boys are born with two round glands, called testicles, located in the lower part of his body, near his penis.
 - At maturity, his testicles begin to produce and store millions of sperm cells.
 - Sperm cells can only be produced at 96.6 degrees — two degrees below normal body temperature. The scrotum acts like a temperature gauge and draws the testicles closer to the body when it is cold or drops the testicles further from the body when it is hot, keeping them at the right temperature for reproduction.
 - Whenever a male ejaculates after his testicles have begun producing sperm, millions of sperm cells are released from his penis, along with other fluids.
 - If ejaculation occurs inside a female’s vagina or near its opening, sperm can swim up into the female’s Fallopian tubes. If there is a female egg cell in the Fallopian tube, conception occurs when the sperm fertilizes the egg cell.
9. Conclude the activity using the Discussion Points.

Discussion Points:

1. Which parts of the male and female anatomy are the same or similar? (Answer: Both have a urethra and an anus; the female clitoris and the head of the male penis are similar because they contain many nerve endings and are highly sensitive.)
2. Why do boys generally feel more comfortable than girls about their genitals? (Answer: They can see them and are taught to touch and handle their penis in order to urinate. Girls are often discouraged from touching “down there” and cannot easily see their own genitals.)
3. Why is it important to feel comfortable touching your own genitals? (Answer: Genitals are sources of erotic pleasure and masturbation is a risk-free way of expressing and experiencing one’s sexuality; boys and men need to touch their testicles to feel for lumps that might be a sign of testicular cancer; girls and women use tampons; for both sexes, some methods of contraception require touching genitals.)
4. Why is it important for teens to understand exactly how and when conception occurs? (Answer: It is always important for teens to know how their bodies function, and how they can stay healthy overall. Knowing exactly how and when conception occurs is necessary for knowing how to prevent pregnancy — by abstaining from intercourse or using contraception.)

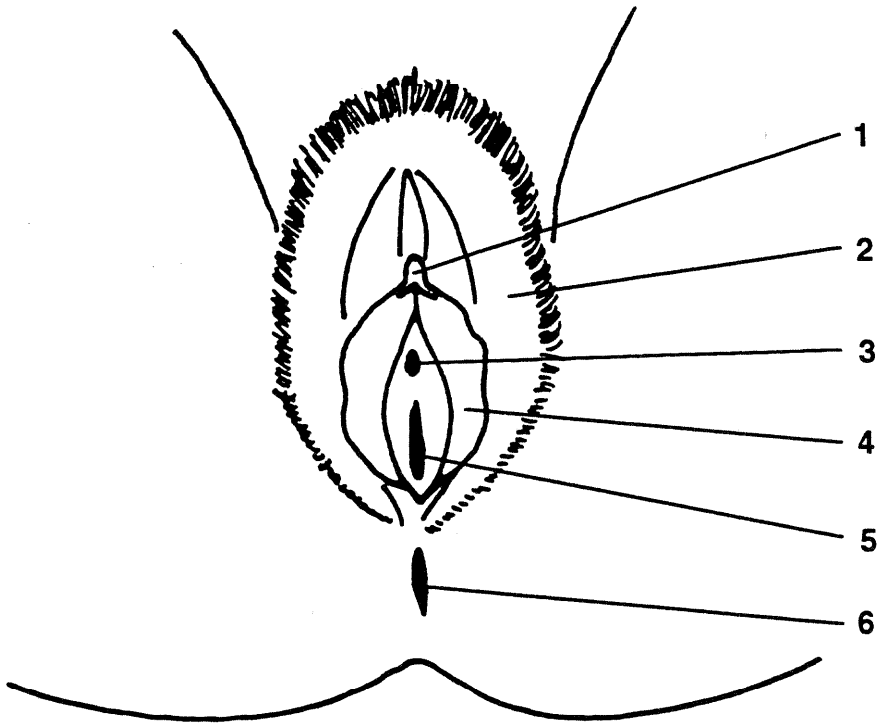
Handout

Male Genitals and Reproductive Organs



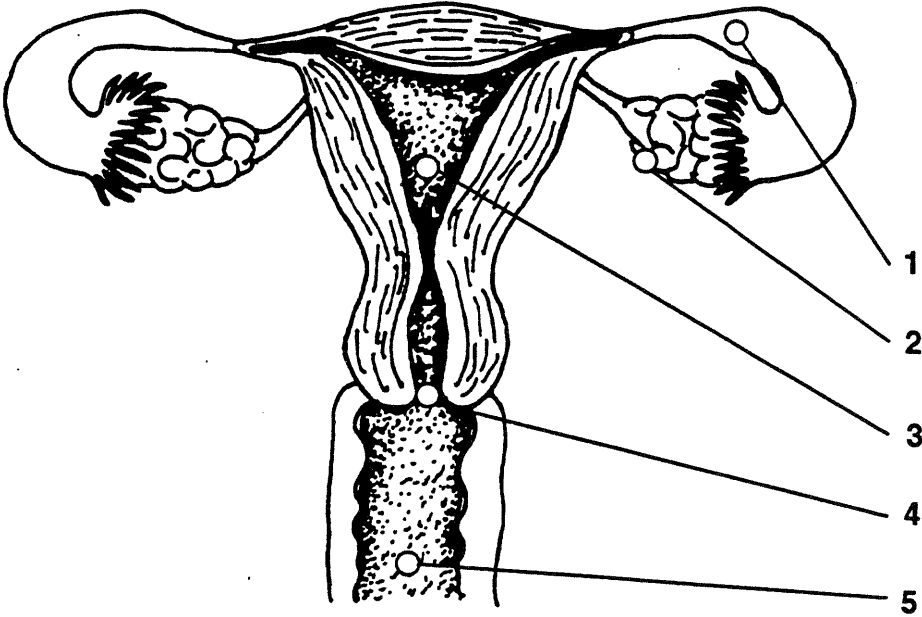
1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

Female Genitals



1. _____
2. _____
3. _____
4. _____
5. _____

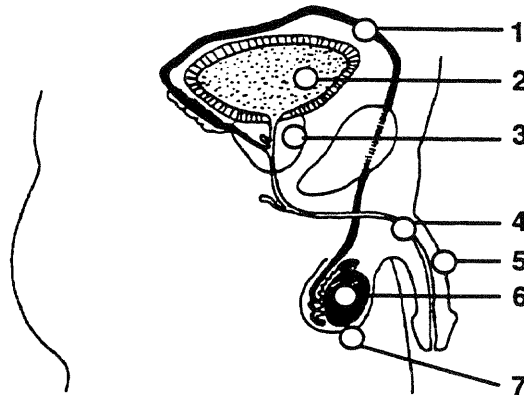
Female Reproductive Organs



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

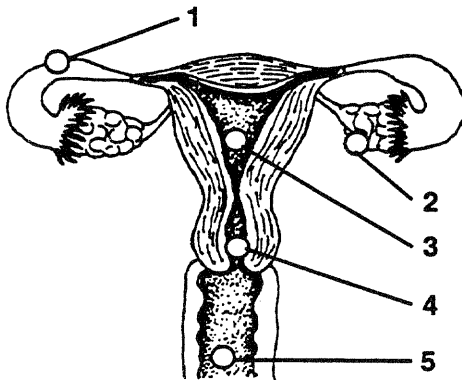
Anatomy and Physiology of Reproduction

Male



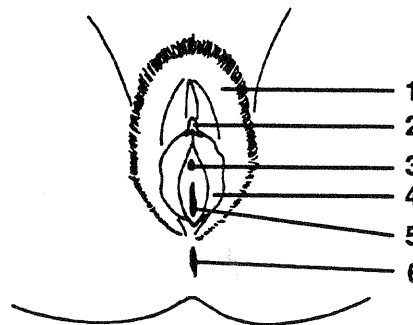
1. Vas deferens
2. Bladder
3. Prostate gland
4. Urethra
5. Penis
6. Testicle
7. Scrotum

Female-Internal



1. Fallopian Tube
2. Ovary
3. Uterus (Womb)
4. Cervix
5. Vagina

Female- External



1. Labia majora (outer lips)
2. Clitoris
3. Urethra (opening)
4. Labia minora (inner lips)
5. Vagina (opening)
6. Anus (opening)

Fact or Fiction?

Materials: Board and chalk or newsprint and markers for scoreboard; Leader's Resources, "Answers to Fact or Fiction" and "Questions for Fact or Fiction;" scissors; container (paper bag, shoe box or hat); prizes (optional)

Time: 45-55 minutes

Planning Notes:

- ✓ Make a copy of the Leader's Resource, "Questions for Fact or Fiction," and cut it into strips. Fold the strips and place them in the container.
- ✓ You may add or delete statements, depending on the age and sophistication of your group.

Purpose: To reinforce information and dispel myths related to sexuality and reproduction

Procedure:

1. Tell the group they will play a game to learn what is **fact** and what is **fiction** about sexuality and reproduction. Point out that even though references to sexuality are everywhere — in magazines, television, movies and music — there is rarely any correct information. A lot of what passes for fact is really only fiction, even though many teenagers and adults may believe it is true.
2. Explain instructions for the game:
 - The group will be divided into two teams that will compete against each other.
 - A member of the first team will draw a statement from this container and say whether it is fact or fiction. Team members will give advice to answer the question.
 - Then, the second team will draw a statement. The game will continue until we run out of time.
 - Each correct answer gets one point and the team with the most points will win.
3. Divide the group into two teams and begin the game by asking someone from the first team to draw a statement from the container. Encourage the person to confer with other teens on his or her team. If the answer given is correct, award one point. If it is incorrect, say so in a way that preserves the young people's self-esteem: "Lots of people believe that is true, but..." or "I learned it that way, but then I found out it was wrong."
4. Go on to the second team. Continue until time is up or until everyone has chosen a statement.
5. Award prizes to the winning team and the runners up, pointing out that when young people learn correct information about sexuality and human reproduction, everyone is a winner.
6. Conclude the activity using the Discussion Points.

Discussion Points:

1. Are there any questions about facts or fiction that you are still unsure about? Where can you get additional information? (Answer: Parents; books on human sexuality, growth and development; the school nurse or other health practitioners and so on.)
2. Can you think of other sexuality myths or myths your friends believe?
3. Which "fact" surprised you the most?
4. What new fact will you share with a friend, romantic partner or family member?

Questions for Fact or Fiction

1. Most teenagers have had sexual intercourse by the time they finish high school.
2. Once a girl has had her first period, she can become pregnant.
3. A girl can become pregnant before she has her first period.
4. It is unhealthy for a girl to bathe or swim during her period.
5. Abstinence is the only method of contraception that is 100 percent effective.
6. A teenager has to be 18 to get contraception from a clinic, without a parent's consent.
7. Only females can have sexually transmitted diseases without any symptoms.
8. A woman cannot get pregnant if she has sex in certain positions.
9. A woman cannot get pregnant if she has sexual intercourse during her period.
10. Oral contraceptives (the pill) often cause cancer in women.
11. Douching will prevent pregnancy from occurring.
12. Once a person has had gonorrhea and been cured, she or he cannot get it again.
13. Condoms are not very effective in preventing pregnancy and STDs.
14. Cancer of the testicle is more common among teenage males than among men over 35.
15. Teenagers can be treated for STDs without their parents' permission.
16. A woman is temporarily infertile while she is nursing a baby.
17. All boys have wet dreams during puberty.
18. Males need to have sex to keep good health.
19. Alcohol makes it easier for people to get sexually aroused.
20. A woman can always calculate the "safe" time during her menstrual cycle when she can have vaginal intercourse and be protected from pregnancy.
21. There is no known cure for herpes.

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-
22. Having a sexual experience with someone of the same sex means you are lesbian or gay.
 23. Men's penises are all about the same size when they are erect.
 24. Once a man gets aroused and has an erection, he must ejaculate to avoid harmful effects.
 25. A woman can get pregnant even if a man doesn't ejaculate inside her vagina.
 26. If a penis is touched a lot, it will become permanently larger.
 27. Normal adolescents do not masturbate once they become sexually active.
 28. Women should begin having pelvic exams in their late teen years.
 29. A woman with a heavy discharge from her vagina probably has a sexually transmitted disease.
 30. In a homosexual relationship, one person usually takes the male role and the other takes the female role.
 31. For most women, menstrual cramps are very real.
 32. "Crack" cocaine is the only drug that affects an unborn baby's health after the first three or four months of pregnancy.
 33. In males, one testicle usually hangs slightly lower than the other one.
 34. A woman will always bleed and feel pain when she has vaginal intercourse for the first time.
 35. In some cultures, girls' genitals are mutilated to keep them from having sex before marriage.
 36. Anal intercourse is a safe way for a woman to avoid pregnancy and STDs.
 37. Men who rape generally rape strangers.
 38. A man who has had a vasectomy no longer ejaculates during intercourse.

Answers to Fact or Fiction

1. *Most teenagers have had sexual intercourse by the time they finish high school.*

FICTION Recent research indicates that only 30 percent (about one-third) of all girls and 50 percent (about one-half) of all boys have had sexual intercourse by age 17. The figures are even lower for teens under age 15. It is important to recognize that many older teens and most young teens choose **not** to have intercourse.

2. *Once a girl has had her first period, she can become pregnant.*

FACT When a girl starts having menstrual periods it means that her reproductive organs have begun working and that she can become pregnant, if she has vaginal intercourse. It does not mean she is ready to have a baby, only that she is capable of bearing one.

3. *A girl can become pregnant before she has her first period.*

FACT Before a girl's first period, her ovaries release the first ovum, or egg, during ovulation. She can become pregnant if she has intercourse around the time of her first ovulation, **before she has her first menstrual period.**

4. *It is unhealthy for a girl to bathe or swim during her period.*

FICTION There is no health reason to restrict any activity during a menstrual period. Bathing during menstruation is especially important for good hygiene. Some girls and women will avoid certain activities during menstruation because of religious beliefs or cultural customs.

5. *Abstinence is the only method of contraception that is 100 percent effective.*

FACT Abstaining from ("not having") sexual intercourse of any kind is the **only** way to be absolutely sure of avoiding the risk of pregnancy or sexually transmitted diseases.

6. *A teenager has to be 18 in order to get contraception from a clinic, without a parent's consent.*

FICTION In all states but Utah, teens of any age can get contraception, without a parent's consent or notification. Family planning clinics ensure the confidentiality of their services. They do not tell anyone, including a parent, that a teenager wants contraception. Most health care providers do encourage young people to talk with parents or guardians about health care needs and concerns.

7. *Only females can have sexually transmitted diseases without having any symptoms.*

FICTION Some STDs, such as herpes, have obvious symptoms in men and women. Others, such as gonorrhea and chlamydia, typically show no symptoms in women and often show no symptoms in men, as well. HIV infection may occur in men and in women with no symptoms of the disease for 10 years or more. It is important for everyone, male or female, to be examined regularly by a health practitioner if she or he engages in sexual intercourse.

8. *A woman cannot get pregnant if she has sex in certain positions.*

FICTION A woman who has vaginal intercourse in any position – sitting, standing, lying down – is at risk for becoming pregnant **every** time she has sex. Even women who have anal intercourse may become pregnant if semen comes in contact with the vulva and sperm make their way into the vagina.

9. *A woman cannot get pregnant if she has sexual intercourse during her period.*

FICTION It **seems** like a woman should be safe from pregnancy during her period, since her last ovulation was 14 days before and she shouldn't ovulate again for 10-14 days. Pregnancy is

possible, however, at any time during the menstrual cycle. Women, and especially teens, sometimes ovulate sooner than expected, and even during their periods. Stress, illness and other factors can bring on ovulation at a time other than normal.

10. *Oral contraceptives (the pill) often cause cancer in women.*

FICTION There is no evidence that the pill causes cancer and, in fact, it may help prevent some forms of cancer. Minor side effects for users of oral contraceptives include nausea, breast tenderness, headaches, spotting and slight weight gain. Compared to the side effects of earlier oral contraceptives in the 1960s and 1970s, these effects are minimal, primarily due to the lower dosage of estrogen in today's pills. There are significant health risks of oral contraceptive use for women who smoke, are over 35, are overweight, or have high blood pressure or diabetes.

11. *Douching will prevent pregnancy from occurring.*

FICTION Douching may actually force sperm farther up into the vagina and may cause conception. It does nothing to help prevent pregnancy. Douching is not necessary to keep a healthy vagina clean. In fact, commercial douches may harm the body's natural cleansing mechanism by destroying bacteria that clean the vagina.

12. *Once a person has had gonorrhea and been cured, they cannot get it again.*

FICTION A person can get gonorrhea as many times as she or he has oral, anal or vaginal intercourse with an infected partner. It is very important for anyone who is treated for gonorrhea (or any other sexually transmitted disease) to make sure that his or her sexual partners are also treated.

13. *Condoms are not very effective in preventing pregnancy and STDs.*

FICTION Condoms are not 100 percent effective, but besides abstinence, they are the most effective way of preventing STDs, including HIV infection. In addition, if used correctly, latex condoms will prevent pregnancy about 80 percent of the time.

14. *Cancer of the testicle is more common among teenage males than among men over 35.*

FACT Cancer of the testicle is rare, but it usually occurs among teen and young adult men. The first sign is a lump on the testicle that can easily be detected through testicular self-examination. All boys should feel their testicles on a regular basis after a bath or shower when the scrotum is relaxed. If they feel any unusual lumps or irregularities, they should consult a health practitioner. If detected early, this is a very treatable form of cancer.

15. *Teenagers can be treated for STDs without their parents' permission.*

FACT Teenagers, protected by the law, can be tested or treated for an STD without parental permission.

16. *A woman is temporarily infertile while she is nursing a baby.*

FICTION Some women who breast feed regularly, without supplementing their babies' feedings with formula, may not ovulate during that time, and therefore will not become pregnant again until after they stop nursing. That is not true, however, for all, or even most, nursing women. Breast-feeding cannot be relied on for pregnancy prevention.

17. *All boys have wet dreams during puberty.*

FICTION Some boys do not have wet dreams at all, and that is normal for them. Wet dreams occur only as necessary to release excess sperm. Many males who have regular ejaculations through masturbation or sexual intercourse will not have wet dreams.

18. *Males need to have sex to keep good health.*

FICTION It is normal and healthy for **both** males and females to have sexual feelings and a desire to express them, but neither males nor females **need** to have sex to be healthy.

19. *Alcohol makes it easier for people to get sexually aroused.*

FICTION Actually, alcohol has the opposite effect. Alcohol is a depressant: it decreases the flow of blood to the genital area, making it more difficult for males to have an erection and more difficult for males and females to experience orgasm. These drugs may reduce a person's inhibitions ("hang-ups") and make an individual feel more free to have sex, but they can also reduce sexual performance. More importantly, they can make people feel like it is okay to do things they would not ordinarily do sexually, such as have intercourse or not protect against pregnancy, STDs and HIV infection.

20. *A woman can always calculate the "safe" time during her menstrual cycle when she can have vaginal intercourse and be protected from pregnancy.*

FICTION There is **no** time during a woman's cycle when she is absolutely safe from pregnancy. Even if she is monitoring her cycle for signs of ovulation, she cannot be certain she will not get pregnant during unprotected intercourse.

21. *There is no known cure for herpes.*

FACT Herpes is a virus that can cause painful sores on the mouth, genitals or anus and other parts of the body. Once contracted, it cannot be cured. Women with herpes may have a greater risk of developing cancer of the cervix, so they should have an annual Pap smear (medical test done during a pelvic exam). Herpes can also cause brain damage or death in infants who are infected with the virus during birth. Women who have herpes must not deliver a child vaginally if any herpes lesions or sores are on the genitals or in the birth canal at the time of delivery, because the baby's sight might be affected.

22. *Having a sexual experience with someone of the same sex means you are gay or lesbian.*

FICTION Having a same-sex experience does not mean a person is a homosexual. Almost half of all men and one-fourth of all women report having had same-sex experiences. Many young people have a sexual experience with a close friend or peer of the same sex, as a way of exploring their sexuality. What determines that someone is gay, lesbian, or bisexual is their **feelings**, not their sexual behavior. Gay men and lesbians feel primarily attracted to, and become romantically involved with, people of their same gender; bisexuals feel strongly attracted to people of both genders (although they may prefer one over the other).

23. *All penises are all about the same size when erect.*

FACT The size of a penis when it is flaccid (soft) has no bearing on its size when erect (hard). Penises are many different sizes when they are flaccid, but size is more or less equalized by erection in most men. More importantly, the size of a man's penis says nothing about his masculinity, his ability to be a good lover or his ability to father a child.

24. *Once a man gets aroused and has an erection, he must ejaculate to avoid harmful effects.*

FICTION There is no harm if a man does not ejaculate after he gets an erection: semen does not get "backed up" in his testicles and cause infection or disease. A man may feel some discomfort and heaviness in his testicles if he is sexually excited for a long period of time without ejaculating. Some people call this condition "blue balls." The feelings will disappear once he stops the sexually stimulating activity.

25. *A woman can get pregnant even if a man doesn't ejaculate inside her vagina.*

FACT If a man ejaculates near the opening to a woman's vagina or touches her vulva while he has semen on his fingers, it is possible for sperm to find their way inside and fertilize an ovum. Women have become pregnant without ever actually having vaginal intercourse.

26. *If a penis is touched a lot, it will become larger permanently.*

FICTION Genes from both parents determine a person's physical characteristics, including size, eye color, body type, overall adult height and so on. No amount of touching will affect the size of a man's penis (or of a woman's breasts).

27. *Normal adolescents do not masturbate once they become sexually active.*

FICTION Masturbation, or touching and stimulating the genitals, is a normal sexual behavior that occurs in males and females of all ages. Masturbation is a common means of achieving sexual pleasure and release. Masturbation is not physically harmful and it is a safe way to express sexuality without risking pregnancy or disease. People whose family, religion or culture teach that masturbation is wrong may feel guilty if they masturbate.

28. *Women should begin having pelvic exams in their late teen years.*

FACT When a woman reaches her late teen years, she should have a pelvic exam once a year to make sure her genitals and reproductive organs are healthy. She does not need to wait until she begins having intercourse to have an exam, but she should certainly have one once she begins to have sexual intercourse.

29. *A woman with a heavy discharge from her vagina probably has a sexually transmitted disease.*

FICTION All women and girls who have reached puberty have a normal vaginal discharge that is part of the vagina's natural way of cleansing itself. The amount of discharge varies at different times in a woman's menstrual cycle and from woman to woman. It is usually heaviest around the time of ovulation. If the discharge starts to itch or burn, or has a different color or odor than usual, that may be sign of a common vaginal infection or of an STD. In either case, the woman should consult a health practitioner.

30. *In a homosexual relationship, one person usually takes the male role and the other takes the female role.*

FICTION In a homosexual relationship today, just as in a heterosexual relationship, there is no need to play out traditional male and female roles.

31. *For most women, menstrual cramps are very real.*

FACT Menstrual cramps are real. Most doctors believe they are caused by hormones called prostaglandins, which cause the uterus to contract. When women have very strong contractions during their periods, some experience painful cramps. Other women report no cramping during their periods, or only minor discomfort.

32. *"Crack" cocaine is the only drug that affects a fetus's health after the first three or four months of pregnancy.*

FICTION While crack cocaine certainly affects fetus' health, there are other substances that are also harmful. Many newborns suffer brain damage as a result of Fetal Alcohol Syndrome acquired because their mothers drank alcohol during their pregnancies. Women who smoke while they are pregnant directly affect the health of their unborn child — smoking increases a woman's risk of miscarriage and stillbirth and a baby's risk of low birth weight.

33. *In males, one testicle usually hangs slightly lower than the other one.*

FACT All bodies are uneven — one hand or foot is usually larger. One testicle hangs slightly lower than the other. This is completely normal and eliminates the likelihood of chafing which would occur if testicles rubbed together when a man walks. (One of a woman's breasts is usually slightly larger, as well.)

34. *A woman will always bleed and feel pain when she has vaginal intercourse for the first time.*

FICTION Most women have a hymen, a thin membrane that partially covers the vaginal entrance just inside the opening. Hymens vary in size and thickness and some women are not born with one at all. Many hymens are torn or stretched during normal physical activity. A small amount of bleeding may occur during first vaginal intercourse if a woman's hymen has never been stretched or torn. If her partner is gentle and they are both ready for lovemaking, there will usually be little or no pain during first intercourse.

35. *In some cultures, girls' genitals are mutilated to keep them from having sex before marriage.*

FACT In some African and Middle Eastern cultures, girls have their clitoris and/or their labia removed at birth, during childhood or at puberty. This procedure is meant to prevent young girls from being sexually stimulated and having intercourse or becoming pregnant outside of marriage. Infection and scarring often result. With the clitoris gone, these women will not experience normal pleasure from sex. Female genital mutilation has been declared illegal in many countries, but the tradition continues. Millions of women in Africa are affected and some immigrants continue the practice in Europe and the United States.

36. *Anal intercourse is a safe way for a woman to avoid pregnancy and STDs.*

FICTION This is a particularly dangerous myth, since engaging in anal intercourse is one of the easiest ways to spread HIV infection and some other STDs. Because the anus is not as elastic as the vagina and is not lubricated, it can tear more easily, allowing viruses and bacteria to be transmitted directly into the blood of a partner. In addition, it is possible for a woman to become pregnant from anal sex if semen from the ejaculation seeps out onto the vulva and moves into the vagina.

37. *Men who rape generally rape strangers.*

FICTION Over half of all reported rapes are committed by men known to the women — either an acquaintance, friend, date or relative. Many people believe that most rapes happen in deserted alleys or wooded areas when in fact, half of all rapes occur in the woman's home. No matter what a woman says or does to make a person think it is okay to have sex with her, once she says "stop," and the person forces her anyway, it is rape.

38. *A man who has had a vasectomy no longer ejaculates during intercourse.*

FICTION Semen, the fluid ejaculated out of the penis when a man has an orgasm, consists of sperm cells and fluids from several glands in the male reproductive system. When a man has a vasectomy, his vas deferens are severed so that sperm cells can no longer travel from his testicles out through his penis. All of the glandular fluids, however, continue to be secreted and they make up most of the semen that is ejaculated during orgasm. Neither the man nor his partner will notice a difference in the amount of ejaculate after a vasectomy.

Health and Hygiene Matching Game

Materials: Copies of the handout, "Health & Hygiene Matching Game," for each participant; Leader's Resources, "Adolescent Health & Hygiene;" samples of personal products (sanitary pads and tampons, athletic supporter, deodorants, skin cleansers and products, feminine hygiene products [douches and sprays] and products for "jock itch"); pamphlets (see last planning note below); pertinent questions from the Question Box about sexual/reproductive health

Purpose: To learn about good health and hygiene practices

Time: 40-50 minutes

Planning Notes:

- ✓ Provide an opportunity for teens to ask questions about hygiene and discuss personal concerns in same-gender groups. While young teens need an opportunity to talk "across the gender gap" about many topics, they also need time among same-gender peers to help them feel comfortable about asking personal questions concerning their own bodies and health.
- ✓ Ideally, follow this activity with a question/answer session for separate groups of male and female participants. You will need a co-leader of the other gender to help lead this activity and conduct the discussion with one of the groups. The co-leader can be someone your group knows and likes or someone new. The person should be trained in reproductive health and sexuality education. Clarify that the co-leader must abide by the ground rules, including remaining nonjudgemental and keeping confidentiality.
- ✓ If your participants have difficulty reading, you may want to list each behavior and explanation aloud, then review the list of behaviors so teens can choose the correct one.
- ✓ Call your local health department, affiliate of the American Cancer Society or other reproductive health center to obtain pamphlets for each participant on breast or testicular self-examination. Request other health education materials appropriate for teens.
- ✓ If you are going to separate your group by gender for a question/answer session after this activity, explain why and introduce your co-leader. This will reassure teens who wish to ask intimate questions later. Point out that you are not separating males and females because they should not discuss certain subjects, but rather, because most teens want a chance to discuss personal hygiene with people of the same gender.

Procedure:

1. Ask participants to give examples of things people their age do for their health and hygiene that they did not do when they were children. (Answers may include: menstrual hygiene, bathing more often or using deodorant to avoid body odor, carefully cleaning skin to avoid pimples, shaving, wearing a bra or an athletic supporter and so on.)
2. Tell the group that you want to see how much they already know about the health behaviors adolescents and adults practice. Distribute the handout and go over the instructions:
 - Choose a partner to work with.
 - Look at the 15 health behaviors in the left-hand column. Next to each behavior, in the right-hand column, is the explanation for a health or hygiene practice.

Adapted with permission from *Teen Outreach: Youth Development Through Service and Learning*, New York, N.Y.: Association of Junior Leagues, Intl., 1994.

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- At first glance, it looks like many of the pairs of behaviors and explanations belong together, yet, **only one pair** is correctly matched. All the others are incorrect. Some are very tricky!
 - Read each behavior in the left column and decide if the explanation beside it matches that behavior. If not, find the appropriate explanation in the right column.
 - Write the number of the behavior in the box next to the appropriate information that matches it.
3. Go over the first example with the group. Ask something like, “Does masturbation really help prevent acne by eliminating blackheads? No! So what can help prevent acne?” You do not have to give the right answer, just get the teen pairs started.
 4. Have teens begin working. Circulate to help any pair with clarification, if necessary.
 5. After 15 minutes, call “time” and go over the handouts, asking participants for the matching explanation. Add information from your Leader’s Resource, as appropriate. (You may want to give more detail about certain items when you get into same-gender groups.) As you discuss a behavior, display any relevant personal products and pass them around so teens can become familiar with them.
 6. Ask for any comments, then separate into same-gender groups for further discussion, using the Discussion Points and participants’ questions.
 7. Be sure to distribute any available pamphlets to teens.

Discussion Points:

1. What did you learn from this activity that surprised you?
2. What is a health behavior that is important enough to tell a brother or sister or friend about?
3. Is there anything you learned today that your parent(s) or friends would disagree with? Things that they do differently than the way you just learned? How will you handle that?
4. Is there any health behavior discussed in this activity that people in your culture are taught to do differently? What does your culture teach about that particular behavior? Why do you think that is so?

Handout

Health and Hygiene Matching Game

1	MASTURBATION		1	PREVENTS ACNE BY ELIMINATING BLACKHEADS
2	USING TAMPONS		2	NOT NECESSARY WITH REGULAR BATHING
3	WEARING AN ATHLETIC SUPPORTER		3	CAN ELIMINATE "JOCK ITCH"
4	BREAST SELF-EXAMINATION		4	A NORMAL, HEALTHY WAY TO RELIEVE SEXUAL TENSION
5	USING DEODORANT		5	IMPORTANT FOR SEXUAL AND REPRODUCTIVE HEALTH
6	DOUCHING		6	CLEANS THE GENITALS DAILY AND KEEPS THEM ODOR FREE
7	RUBBING CORNSTARCH ON GENITALS		7	MASKS THE NORMAL ODOR ASSOCIATED WITH HEALTHY GENITALS
8	AVOIDING VAGINAL INFECTIONS		8	PROTECTS AND SUPPORTS THE PENIS AND TESTICLES
9	USING FEMININE HYGIENE SPRAYS		9	MAY DESTROY NATURAL BACTERIA THAT KEEP THE VAGINA CLEAN
10	FREQUENT BATHING		10	PROTECTS YOU AND A PARTNER FROM FURTHER INFECTION
11	USING AN ABRASIVE FACIAL CLEANSER		11	CAN DETECT SMALL LUMPS THAT COULD DEVELOP INTO CANCER
12	CIRCUMCISION		12	DOES NOT AFFECT SEXUAL OR REPRODUCTIVE HEALTH
13	APPLYING A HOT WATER BOTTLE OR HEATINGPAD TO ABDOMEN		13	CAN CAUSE TOXIC SHOCK SYNDROME (TSS) IF LEFT TOO LONG
14	BEING TESTED AND TREATED FOR STDs		14	DEPENDS ON DIET, CLOTHING, BATHING AND OTHER HEALTH BEHAVIORS
15	HAVING A REGULAR PELVIC EXAMINATION		15	MAY ELIMINATE MENSTRUAL CRAMPS

Adolescent Health and Hygiene

1. **MASTURBATION** — *Is a normal, healthy way to relieve sexual tension.* Most people masturbate at some time during their lives. Common myths about masturbation include that it causes blindness, insanity, weakness, excessive hair growth, warts, acne and so on. None of these things are true. People of both sexes and all ages masturbate, including people who have sexual partners, because it feels good. It can be a good way for teenagers to release sexual tension without risking pregnancy or disease. Teens who masturbate are normal and so are teens who do not.
2. **USING TAMPONS** — *Can cause Toxic Shock Syndrome (TSS) if left too long.* Tampons are thin rolls of cotton and/or other fibers that are placed in the vagina to absorb menstrual flow. Attached to one end of the tampon is a string that extends through the vagina and hangs outside the vulva. The string is gently pulled to remove the tampon after use.

Toxic Shock Syndrome (TSS) is a serious infection that can result if a tampon is left inside the body too long. Regular or junior tampons are recommended because they do not absorb as much flow and must be replaced more often. Tampons should be changed at least every four hours and pads should be used at night to help prevent TSS.

3. **WEARING AN ATHLETIC SUPPORTER** — *Protects and supports the penis and testicles.* The athletic supporter, also known as a jock strap, is an elastic strap to protect and support the genitals during active play or competition. Boys who participate in contact sports such as football, hockey, rugby or soccer, use a plastic or fiberglass "cup" to insert in the supporter for additional protection.
4. **BREAST OR TESTICULAR SELF-EXAMINATION** — *Can detect small lumps that could develop into cancer.* These self examination techniques are very important to detect early signs of breast or testicular cancer. Breast self-examination consists of (a) looking in the mirror at the breasts and (b) feeling each breast in a circular motion to search for any lumps or thickening that could signal cancer. Teenagers rarely get breast cancer, but getting in the habit of doing breast self-examination once a month is a good idea. By age 25, all women should examine their breasts once a month because breast cancer is very common among women.

Testicular self-examination consists of rolling each testicle gently between the thumb and fingers, feeling for a lump the size of a small pea. This is best done just after a bath or shower when the scrotum is relaxed. Most men will notice a ridge along the top and back portion of their testicles; this ridge is the edge of the epididymis, the place where sperm are stored until they mature. Teenage boys should examine their testicles once each month. Testicular cancer is rare, but it is more common among teenagers than among males over 35.

5. **USING DEODORANT** — *Is not necessary with regular bathing.* Despite what the deodorant advertisers tell us, bathing regularly and wearing clean clothes will usually keep a person smelling clean and fresh. Sweat glands do become more active during adolescence and some people like to use a deodorant and/or anti-perspirant product. Deodorants are designed to cover up natural body odors; antiperspirants are designed to absorb perspiration in the armpit and reduce underarm wetness. Each person has to decide whether her or his body odor or amount of perspiration requires the use of one of these products.

6. DOUCHING — *May destroy natural bacteria that keep the vagina clean.* Douching is the cleansing of the inside of the vagina. The process consists of inserting a small nozzle attached to a tube and then to a bag (which looks like a hot water bottle) or the tip of a commercially prepared plastic douche bottle into the vagina and rinsing the vagina out with liquid. Douching is not usually recommended since it washes away the natural bacteria that keep the vagina clean and free of infection. Some women like to douche, especially after menstruation or intercourse, in order to feel clean. While it is not necessary and may even be harmful, women who want to douche should do so with clear water or a mixture of one quart of water and two tablespoons of white vinegar. Commercial douche products cost more and may contain chemicals, dyes or fragrances that should be avoided.
7. RUBBING CORNSTARCH ON GENITALS — *Can eliminate "jock itch."* Jock itch is a chapping or irritation of the penis, scrotum and, sometimes, the upper thighs. It is caused by tight clothing that prevents air from circulating around the genitals. The resulting redness, soreness and itching can be very uncomfortable. Rubbing corn starch on the genitals can relieve the discomfort and eliminate the problem. If it does not, a teen or man may need to see a health practitioner and get special medication.
8. AVOIDING VAGINAL INFECTIONS — *Depends on diet, clothing, bathing and other health behaviors.* Some vaginal infections, like yeast infections, are common among adolescent girls. The first sign of a vaginal infection is generally a change in a woman's discharge. All women and adolescent girls have a normal vaginal discharge that is nature's way of cleansing the vagina regularly. The normal discharge is usually clear or cloudy and has no unpleasant odor, as long as a woman's vagina is free of infection.
 - ✓ Vaginal infections can often be avoided by practicing good health habits:
 - ✓ Eat nutritious food, exercise regularly and sleep enough to maintain good overall health;
 - ✓ Keep the vulva clean and dry by bathing or showering frequently and wearing cotton underwear;
 - ✓ Wipe from front to back after using the toilet, to keep bacteria from feces away from the vaginal opening;
 - ✓ Avoid tight-fitting clothing such as pantyhose, nylon underwear or tight jeans;
 - ✓ Avoid irritating chemicals such as commercial douches, bubble baths, hygiene sprays and deodorized tampons.
9. USING FEMININE HYGIENE SPRAYS — *Masks the normal odor associated with healthy genitals.* Contrary to many jokes and myths, a woman's genitals do not have an unpleasant odor unless they are dirty or infected, so there is no need for deodorizing sprays. Advertisers would have women believe they need to perfume their genitals to hide unpleasant smells. In fact, using sprays that contain chemicals and perfumes may actually harm the sensitive skin and tissue of the vulva.

10. **FREQUENT BATHING** — *Cleanses the genitals regularly and keeps them odor free.* Oil and sweat glands in the genital area of boys' and girls' bodies become active at puberty, so frequent bathing or showering is important to keep the genitals clean and free of odor.
11. **USING AN ABRASIVE FACIAL CLEANSER** — *Can help prevent acne by eliminating blackheads.* Blackheads occur when the extra oil produced by adolescents' glands clog pores in the skin. If blackheads are not removed, oil continues to back up in the oil gland below the pore, causing pressure and inflammation. If germs get in the pore, pimples can develop. Teens who have blackheads often find using an abrasive soap or cleanser will help. Such a soap has tiny cleansing grains in it that scrub the blackheads loose and remove them. Keeping the skin clean and free of excess oil is the best way to prevent pimples, or acne. Washing the skin two or three times a day with regular soap may be enough for some teens, while others need to use a special soap with ingredients that kill bacteria.
12. **CIRCUMCISION** — *Does not affect sexual or reproductive health.* Male circumcision occurs when a doctor removes a fold of skin, called the foreskin, from around the top of the penis. It is usually done in the first few days after birth. Among Jewish families it is done for religious reasons, but people of all religions in the U.S. circumcise their baby boys because our society believed for years that circumcision was necessary for male health and hygiene. Today, health practitioners agree that uncircumcised boys and men can experience the same sexual health as those who are circumcised. Circumcision is a choice, not a necessity. From puberty onwards, the penis secretes an oily substance called "smegma" that can accumulate under the foreskin and cause odor. Uncircumcised boys and men need to gently pull the foreskin back and wash the head of the penis when bathing.
13. **APPLYING A HOT WATER BOTTLE OR HEATING PAD TO ABDOMEN** — *May eliminate menstrual cramps.* Menstrual discomfort differs for all girls and women. Some have painful cramps before and during their periods; others do not. Cramps are caused when the uterus contracts during menstruation. This means that muscles around the uterus tighten and relax to help the uterus shed its lining. Applying heat where cramps are felt — usually the abdomen and sometimes the back — can reduce or alleviate pain, in many cases. Other possible remedies include:
 - ✓ A hot bath
 - ✓ A walk
 - ✓ A hot beverage (chamomile, comfrey and raspberry teas are recommended)
 - ✓ Pain-relieving medication such as ibuprofen or acetaminophen if the cramps are severe

If very serious cramps occur frequently, a girl or woman may need to consult her health practitioner.

Some premenstrual symptoms, such as bloating, tender breasts, headaches, constipation and feeling tired and irritable can be prevented by:

- ✓ Cutting down on salt and salty foods to avoid retaining water
- ✓ Exercising more frequently to speed up circulation
- ✓ Drinking more water to aid digestion and prevent constipation
- ✓ Getting extra sleep during the days before and during a period

14. **BEING TESTED AND TREATED FOR STDs** — *Can protect you and a partner from further infection.* Sexually transmitted diseases, or STDs, can only occur if there has been sexual contact with another person. Any adolescent who has engaged in sexual intercourse of any kind, including oral, anal, or vaginal sex, may be infected with an STD. Many STDs have no symptoms, especially in females, and can only be detected by a medical test. Testing is important to keep STDs from infecting internal reproductive organs and from spreading to another person. Treatment is usually very effective and **teenagers can be treated without a parent's permission** in every state in the country.
15. **HAVING A REGULAR PELVIC EXAMINATION** — *Is essential for sexual and reproductive health for women.* A pelvic exam is a routine yearly examination of a woman's reproductive and sexual organs to be sure they are healthy and normal and to check for early signs of infection or medical problems. Most health practitioners agree that girls should begin having exams by age 18, or earlier if they are having intercourse. Many girls are nervous about having their first pelvic exam, but the exams need not be painful and are very important for maintaining reproductive health. During a pelvic exam, the health practitioner first examines a woman's external genitals, then inserts a speculum — a plastic or metal instrument that gently spreads apart the walls of the vagina — to see the lining of the vagina, the cervix and the lower part of the uterus. The examiner wipes a cotton swab across the cervix to take a *pap smear* — a test for cervical cancer that saves thousands of lives each year. To take charge of their own reproductive health and lives, all women should make an annual pelvic exam part of their routine health care.

Introduction to Sexual Orientation

Materials: Paper bag or box to use as a container; index cards (two for each participant); pens/pencils; Leader's Resource, "Questions and Answers about Homosexuality;" (optional) guest speaker

Time: 30 minutes (Session 1); 45-50 minutes (Session 2)

Planning Notes:

Purpose: To learn about issues faced by lesbian, gay and bisexual people and to promote tolerance of all sexual orientations

- ✓ Sexual orientation is a controversial topic. This activity is designed to promote understanding and tolerance. While being sensitive to your community's attitudes, remember young people need accurate information and an opportunity to discuss an issue that may be difficult for them.
- ✓ As you lead this activity, remember there may well be lesbian, gay and bisexual teens in your group. You will not know the sexual orientation of all the participants so keep your language inclusive and affirming. Avoid saying things like "they" or "people like them."
- ✓ A group member may "come out" (disclose their lesbian, gay or bisexual orientation) to you because leading this activity signals that you may be a "safe" person to talk to. You can be very helpful just by signalling how glad you are that they chose to talk to you, listening, affirming how they identify and reassuring her or him that you are an ally. If you feel comfortable, you might want to help the young person explore who else they want to tell and how they might do that. If you do not feel comfortable with that role, know what resources in your agency, school or community exist to help gay, lesbian and bisexual young people and make the referral. Do not hurry the young person away, brush them off with a quick referral or say that they are in a "phase" or merely "lack experience with the other sex."
- ✓ Review the Leader's Resource, "Questions and Answers about Homosexuality."
- ✓ In the next session, either you or a guest speaker will answer questions submitted in this session's Step 5. A guest speaker who is lesbian/gay or has a family member or friend who is lesbian/gay can provide a wonderful opportunity for young people to ask questions. If you are familiar with issues of sexual orientation and feel comfortable discussing them with the group, you could answer the questions, but a guest speaker is recommended.
- ✓ To locate a speaker, call a local gay/lesbian service organization or Parents, Family and Friends of Lesbians and Gays (PFLAG). Ask for a trained speaker who can talk about being lesbian, gay or bisexual or about having a family member who is. A younger speaker would be better, so that the teens can relate more to the story. Make sure that the speaker is trained to answer questions from young people.

Procedure: *Session One*

1. Without revealing the topic of the activity, ask the participants to close their eyes and listen as you read the following:

Tomorrow, the principal calls a school assembly and announces that no one is allowed to mention their racial or ethnic heritage in any way. You cannot talk about where your family comes from, what religion you are or what holidays you observe. You can't bring a lunch to school that was cooked at home. No T-shirts proclaiming pride in your heritage can be worn to school. Only perfectly proper English can be used on school grounds. Even if English is not your first language, you are forbidden to speak anything else. You cannot talk about your family, because in doing so you might reveal their race or ethnicity. You can't talk about the kind of music you listen to, what kind of clubs you like to go to or what sports heroes or celebrities you admire. You cannot give opinions on current events. Lastly, you must not dress in a way that might reveal that you are following styles popular with others like you.

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2. Ask the participants to open their eyes and ask them how they feel about these new rules and how they would feel if they had to keep so many secrets. Answers like “angry, sad, isolated” should emerge. If they do not, ask what if you cannot talk about your boyfriend or girlfriend or touch them at school?
 3. Then, ask what those feelings might lead them to do if this situation were real? Answers might include, not come to school, use alcohol and other drugs, break the rules or get depressed.
 4. Explain that the situation is, of course, fictional, but that it describes very well what lesbian, gay and bisexual people face everyday. Feelings of invisibility, isolation, anger and fear are common among lesbian, gay and bisexual people. Add that because they are often afraid to “come out” to others – to reveal their sexual orientation – they are forced to keep many parts of their lives secret, just like the scenario. Sometimes these feelings lead to some of the things the group mentioned: dropping out of school, becoming depressed and escaping with alcohol and other drugs. Note that eventually many lesbian, gay and bisexual people, including teens, find ways to tell important people in their lives and to find friends who support them. The struggle to decide who is safe to tell is lifelong, because there is so much fear and ignorance about homosexuality.
 5. Distribute two index cards to each participant and explain that you want to give them the opportunity to learn more about lesbian, gay and bisexual issues. Explain that in the next session, either your or a guest speaker will answer these questions. Ask them to write down what they really want to know. Help the group get started by giving examples of questions.
 - How do two men actually **do it**, have sex I mean?
 - Is it true that lesbians really want to be men?
 - Is homosexuality illegal?
 6. Collect the cards in the container and conclude the session with the Discussion Points.

Discussion Points:

1. How would it feel to have to hide something as basic as your sexual orientation – which sex you are romantically and physically attracted to?
2. What were the first messages you learned about homosexuality? Do you remember learning anything from your family? Friends? Religion? Was it positive or negative?
3. Have you ever learned about or discussed issues of sexual orientation in any class in school? If so, can you tell us about it?
4. Have you ever seen a movie or television program that had a lesbian, gay or bisexual character? What did you think about it?

Planning Notes:*Session Two*

- ✓ If you have a guest speaker, share the teens' questions and share the sessions' goals with the speaker prior to the session. Explain she or he has 20 minutes to tell her/his story, either how she/he came to identify as lesbian or gay and what their life is like, or how they found out about a loved one's sexual orientation and how they deal with that. Reserve 20 minutes for answering participants' questions.
- ✓ Obtain agency or school permission for guest speakers, if necessary.
- ✓ If you are not having a guest speaker and will be answering questions yourself, prepare answers to the questions.

Procedure:

1. If you have a guest speaker, introduce her or him and explain that the speaker will talk about her or his experiences and then will answer questions from the previous session as well as any that are asked today. Ask the guest speaker to begin.
2. If there is no guest speaker, take out the container of questions and begin to answer them one at a time. Ask participants if they understand your answers or would like further clarification. Continue until all questions are answered or there is five minutes before the end of the session.
3. Conclude the activity with the Discussion Points.

Discussion Points:

If there was a guest speaker:

1. How do you feel about what our guest shared with us today?
2. What other questions do you have about things she or he said?

If you answered the questions:

1. How do you feel about being able to discuss these issues?
2. What other questions do you have?

Questions and Answers about Homosexuality

1. **How many homosexuals are there?**

No one knows how many gay and lesbian people there are, but it is estimated that between 3 and 10 percent of all people are homosexual – that includes people in our schools, churches, mosques and synagogues, neighborhoods and businesses. In our country, that would mean between 15 million and 30 million people. That's a lot of people, but we often do not know when people are lesbian or gay because they hide their sexual orientation to protect themselves from prejudice and discrimination. Other millions of people are bisexual, meaning they are attracted to people of both genders.

2. **What makes people gay?**

It is not known what makes people gay, lesbian or bisexual, just as it is not known what makes people heterosexual, or "straight." There is no evidence that certain childhood experiences or a particular type of parent causes a person to become gay or lesbian.

It is unclear whether or how genetics, prenatal influences or other biological factors influence the development of sexual orientation, but it is clear that biology may play a role. Recent research has uncovered medical evidence that people seem to be born with a predisposition, or a leaning, toward a sexual orientation. Biological differences between male heterosexuals and gay men have been found to exist in certain areas of the brain. Research has found that when two sisters or two brothers both have a homosexual orientation, they are much more likely to be identical twins and share the same genetic makeup than to be fraternal twins (each having her or his own genetic makeup) or siblings.

3. **Is being gay a disease?**

There is no scientific evidence that homosexuality is an illness of any kind, either mental or physical. For years there were people who supported the theory that homosexuality was a mental illness. They used unscientific research, on gay people suffering from emotional and psychological disorders, that has since been discredited.

Twenty years ago, the American Medical Association, the American Psychological Association and the American Psychiatric Association stated that homosexuality is not an illness. Since it is not an illness, it cannot be "cured."

People have tried without success to change their own and others' sexual orientation. But, like right or left handedness and other aspects of who we are as human beings, sexual orientation cannot be changed. The social and emotional problems that homosexuals experience, such as high rates of alcohol and drug abuse, dropping out of school, HIV infection and suicide, are caused by the hatred and prejudice in our society, not by being lesbian or gay.

4. **How do I know if I'm a lesbian or gay person?**

Being homosexual, like being heterosexual, is something people just **know**. It is a feeling of being attracted to people of the same sex rather than the other sex. Some people who are lesbian or gay may want to be attracted to people of the opposite sex – they may even date opposite-sex people – but they usually know their true inner feelings. Being gay or lesbian means feeling **primarily** attracted to people of the same sex. Those feelings are different from

having a crush on a same-sex teacher, or participating in same-sex play with peers, around the age of puberty. Most young teens have experienced some same-sex behavior, but only a small proportion of them will develop into gay or lesbian adults.

5. **Do gay men molest little boys?**

Most cases of child molestation actually involve **heterosexual** men, not gay men. Perhaps as many as 85 percent or 90 percent of child molesters are heterosexuals. Sexual abuse of children is based on abuse of power not attraction.

6. **Do gay men and lesbians try to recruit others?**

No, gay men and lesbians do not try to "recruit" anybody. Gay men and lesbians know better than anybody that you cannot change a person's sexual orientation. Many of them have tried to change their orientation and many others have withstood efforts on the part of family, friends, religious leaders and health professionals to "recruit" them into heterosexuality.

7. **Is it against the law to be homosexual?**

Having a homosexual orientation is not illegal in any state. Laws making it illegal to be lesbian or gay would violate the most basic human rights of an individual; such laws do not exist in the United States. There are, however, laws in some states that prohibit sexual behaviors homosexuals engage in, such as oral or anal intercourse with a person of the same sex. Some states also have laws that prohibit such behaviors with a person of the opposite sex. Many advocates have recently challenged and changed such laws to decriminalize sexual conduct between two consenting adults.

8. **Is it true that lesbians really want to be men?**

No, it is not true. People who want to be the other gender are called "transsexuals," not homosexuals. They are uncomfortable with their gender and may undergo special surgery, called a "sex change operation," in order to change their gender. Less than one person in 100,000 feels that way, but it does happen to some men and women.

People who like to dress the way the other gender usually does are called "transvestites" or "cross-dressers." They are usually heterosexuals. A few gay men and lesbians are transsexuals and transvestites, but the great majority have no desire to be the other gender.

9. **Can't you always tell when someone is gay or a lesbian?**

No, you cannot tell unless you **know** someone is attracted to people of their same gender. Lesbians and gay men, like heterosexuals, come in all sizes, shapes, colors and ages. They also participate in every aspect of life, including vocations and careers, leisure activities, families and friendships, religions and so on. The difference is that they are attracted romantically and sexually to people of their same gender – every other attempt to describe them as a group is a stereotype.

10. **How do gay men and lesbians actually have sex?**

Two men, or two women, have sex in most of the same ways a man and woman do – they hug, kiss, hold and touch each other to show their feelings for one another. They cannot have penile/vaginal intercourse, but they can practice any of the many other sexual behaviors heterosexual men and women practice.

Video: Lesbian and Gay Youth

Materials: VCR and monitor; video "Gay Youth" (40 min., Filmmakers Library, 1992); newsprint and markers or board and chalk; paper; pens/pencils

Time: 45-55 minutes (Session 1);
45-55 minutes (Session 2)

Planning Notes:

Purpose: To hear from other teens about the experience of being gay, lesbian or bisexual

- ✓ Unless you have at least 90 minutes, show this video in one session and process it in a follow-up session — one single session for the video processing is preferable. If a separate session for processing is necessary, arrange for it to follow as soon as possible. Alternatively, the video can be shown in two sessions, with the second session starting with Gina Gutierrez' story.
- ✓ The personal stories portrayed in this video are powerful and may evoke strong emotions. Be sensitive to these feelings and arrange time following the video to talk individually with any participants who wish to discuss the video further.
- ✓ You may wish to invite a counselor or other mental health professional to co-facilitate this session with you and be available for further talk.

Procedure:

Session 1

1. Introduce the video as a glimpse into the lives of several gay and lesbian teens who tell their own stories. Read the following quotes to the group:

"I thought I should try to get over this." Bobby Griffith

"I got depressed when I realized what it meant: everything I wanted to be was shot." Simeon

"By drinking I could be less inhibited, get closer and be more affectionate." Nicole
"My mom said, "Get out of my life." Chris

2. Tell the group that while not all lesbian and gay youth have negative experiences like these, many do. Explain that in the video they will meet Bobby, Simeon, Nicole, Chris, Gina and other teens and hear about their lives from their perspectives. Caution the group that the video is fairly intense. Tell them some viewers find they are saddened by the video while others feel exhilarated by the positive comments and strengths of the teens.
3. Show the video.
4. Before discussing the video, ask everyone to write a paragraph about their feelings after having seen the video.
5. Tell the group that individuals can share their work at the next session.

Session 2 (if necessary because of time)

1. Allow three or four people to read their paragraphs describing their reactions to the video. Allow the group to react and share.
2. Conclude the activity using the Discussion Points.

Discussion Points:

1. What did you think about the video and the teens who were in it?
2. How did it make you feel to hear Bobby Griffith's mother talk about his suicide?
3. At one point early in the video Nicole says, "I wanted to like myself, but I didn't think it was okay to like myself." Why do you think so many lesbian, gay and bisexual teens go through a similar struggle to like themselves? What could you do to help?
4. Bobby Griffith tells us that his father tried to talk him out of living the gay "lifestyle" and suggested that all he really needed to do was to date more girls. What do we know about attempts to change a person's sexual orientation? (Answer: Just as it would be impossible to change a person's heterosexual orientation to homosexual or bisexual, it is impossible to change a person's homosexual orientation to heterosexual. A person may change his or her sexual behavior, but her or his orientation appears to be an unchanging part, from birth to death.)
5. What was so different about Toni's experience as a young lesbian woman? (Answer: She had an uncle who was gay, she did not feel so isolated and alone; her mother was accepting of her sexuality, proud of her for being herself and happy for her.)
6. Do you agree or disagree with what Jason said, "Being gay is 'you' — it's like being black"? Please explain.
7. What did you think of Gina Gutierrez and the way she deals with her sexual orientation? What has being "out" meant for her in her family and at school?
