SHARE Educational Resource
Sexual Health and Relationships Education
safe, happy and responsible

www.healthscotland.com
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The appendices for this pack can now be found online at:
www.healthscotland.com/SHARE
1. Introduction
Foreword and acknowledgements

Since 2002, the SHARE programme has been delivered in schools and other educational settings across Scotland. It is underpinned by research and development with teachers, health professionals, academics, trainers, parents and more importantly young people themselves. It supports the implementation of national policy guidance on the provision of relationships and sex education and health promoting schools, the outcomes of the Sexual Health and Blood Borne Virus Framework 2011–2015 as well as building on the UN Convention on the Rights of the Child.

SHARE supports the Relationships, Sexual Health and Parenthood (RSHP) organiser of Curriculum for Excellence for those pupils in S2–S4. It helps young people to explore and reflect on their values and attitudes around respectful relationships, regardless of whether these are sexual relationships, as well as improving the lifelong skills they require.

The programme has been updated to reflect the experiences and outcomes of the RSHP organiser, makes links with other ‘risky’ behaviours (such as alcohol and drugs) and equality and other legislative changes. It is supported by a range of additional materials, such as video and audio clips, learning objectives and project sheets, to supplement and enrich the preparation and delivery of the sessions. In addition, the appendices give guidance and additional information that will help educators plan and delivery the programme and individual sessions. These are available on GLOW as well as via the NHS Health Scotland site www.healthscotland.com/SHARE

In keeping with previous revisions, this refresh of SHARE has been a collaborative partnership drawing on the research and practical knowledge of academics and practitioners from education, health and the third sector across Scotland. Special thanks go to the SHARE Advisory Group who guided the revision, and in particular to Lesley Walker for incorporating suggested changes and drawing on her health improvement and classroom experience in this updated version.

We hope that you find this refresh supportive in helping young people improve their knowledge and attitudes around sexual wellbeing and, as always, would welcome feedback on your experiences. (email: healthscotland-wishh@nhs.net).

Shirley M Windsor  
NHS Health Scotland  
February 2014
1. Introduction

National context for Relationships, Sexual Health and Parenthood (RSHP) education in Scotland

Background

*Respect and Responsibility* was Scotland’s first sexual health strategy, published in 2005 by the Scottish Government. It reaffirmed existing policy and guidance on sex and relationships education in schools, and built on the guidance issued to all schools in 2001 by the Scottish Executive. It was consistent with the principles outlined in the *Report of the Working Group on Sex Education in Schools*, known as the McCabe Report (2000). The strategy emphasised the role of schools in ‘fostering healthy attitudes towards relationships, sex and sexuality in young people’.

Current context

*The Sexual Health and Blood Borne Virus Framework 2011–15* was published in August 2011 by the Scottish Government, and includes, among others, the following outcomes:

- Fewer newly acquired blood-borne virus and sexually transmitted infections; fewer unintended pregnancies.
- Sexual relationships are free from coercion and harm.
- A society where the attitudes of individuals, the public, professionals and the media in Scotland towards sexual health and blood-borne viruses are positive, non-stigmatising and supportive.

*Curriculum for Excellence* is recognised in the Framework as having an important role in supporting delivery of its outcomes:

‘Education is a key tool in promoting positive sexual health and relationships and an understanding and awareness of blood-borne viruses. Through the Health and Wellbeing outcomes in Curriculum for Excellence, sexual health and blood-borne virus education will become part of the wider educational experience while also ensuring that young people, importantly including those who are more challenging to engage with, receive high-quality education that equips them with the skills they require to maintain positive sexual health and wellbeing and prevent blood-borne virus infection.’

The Framework also includes the following statement about the Relationships, Sexual Health and Parenthood (RSHP) education part of the Curriculum for Excellence, Health and Wellbeing component:

‘The delivery of RSHP within the Health and Wellbeing component of Curriculum for Excellence provides the opportunity for linkages with other health improvement issues and risk-taking behaviours such as blood-borne viruses, alcohol and drug misuse, smoking and mental health ... RSHP should be provided to all young people,'
with delivery in line with equality and diversity legal obligations. This should include young people not in school, young offenders and those who are looked after and accommodated.’

Learning in Health and Wellbeing ensures that children and young people develop the knowledge and understanding, skills, capabilities and attributes which they need for mental, emotional, social and physical wellbeing now and in the future.

Where children and young people feel included, respected, safe and secure and when their achievements and contributions are valued and celebrated, they are more likely to develop self-confidence, resilience and positive views about themselves.

It is the responsibility of all practitioners to:

• establish open, positive, supporting relationships across the whole school community, where children and young people will feel that they’re listened to, and where they feel secure in their ability to discuss sensitive aspects of their lives
• promote a climate in which children and young people feel safe and secure
• model behaviour which promotes health and wellbeing and encouraging it in others
• use learning and teaching methodologies which promote effective learning
• be sensitive and responsive to the wellbeing of each child and young person.

Learning through health and wellbeing enables children and young people to become resilient to risk-taking behaviours and understand the wider impacts of staying safe and making positive choices. It also promotes confidence, independent thinking and positive attitudes and dispositions. Because of this, it is the responsibility of every teacher to contribute to learning and development in this area.

The mental, emotional, social and physical wellbeing of everyone within the learning community should be positively developed by fostering a safe, caring, supportive, purposeful environment that enables the development of relationships based on mutual respect.

The Schools (Health Promotion and Nutrition) Scotland Act (2007) set out the requirement for all schools and education settings to be health promoting. The associated Health Promotion Guidance for Local Authorities and Schools places RSHP education within a broad framework of support for young people, training and ongoing support for staff and involvement of the wider community and parents/carers. The guidance states that:

‘Children and young people attending primary and secondary schools should receive consistent and accurate messages regarding sex and relationships education through materials which are stage- and age-appropriate.’
Getting it right for every child (GIRFEC) is reflected in the provisions of the Act.

The wellbeing of children and young people is at the heart of this approach, which describes what it looks like when things are going well. In other words, whether a child is safe, healthy, achieving, nurtured, active, respected, responsible and included. Having the same set of words helps children, young people, parents and carers and professionals to understand a child’s wellbeing in the same way. Every child and young person will progress differently, depending on their circumstances, but each has the right to expect appropriate support from adults to allow them to develop as fully as possible in all of these eight areas. A focus on wellbeing also ensures that all practitioners will take a holistic view of the child and its world, and ensures that all aspects of wellbeing are promoted, supported and safeguarded. These eight areas are set in the context of the ‘four capacities’, which are at the heart of the Curriculum for Excellence, and which in turn support every child and young person to be a successful learner, a confident individual, a responsible citizen and an effective contributor.

There are also clear links with the provisions of the Education (Additional Support for Learning) (Scotland) Act (2004). The ten standards for personal support set out in Happy, safe and achieving their potential (2005) also complement the vision of the health promoting school. See Appendix F for more information, including a link to the GIRFEC pages at the Scottish Government website.

Curriculum for Excellence

Effective learning through health and wellbeing, which promotes confidence, independent thinking and positive attitudes and actions, requires:

leadership, which:
• establishes a shared vision of health and wellbeing for all
• is open, collaborative and responsive
• engages and works with parents and carers and all stakeholders to provide children and young people with coherent and positive experiences which promote and protect their health
• promotes the health of all within the school community and develops arrangements to support their mental, social, emotional and physical wellbeing
• responds sensitively and appropriately if a critical incident takes place within the school community, and has contingency plans in place to enable this response to happen.

partnership working, which:
• engages the active support of parents and carers
• reinforces work across transitions and cluster planning across sectors
• maximises the contributions of the wider community
• draws upon specialist expertise
• ensures, through careful planning and briefing, that all contributions come together in ways that ensure coherence and progression.

**learning and teaching**, which:

• engages children and young people and takes account of their views and experiences, particularly where decisions are to be made that may impact on life choices
• takes account of research and successful practice in supporting the learning and development of children and young people, particularly in sensitive areas such as substance misuse
• uses a variety of approaches including active, cooperative and peer learning and effective use of technology
• encourages and capitalises on the potential to experience learning and new challenges in the outdoor environment
• encourages children and young people to act as positive role models for others within the educational community
• leads to a lasting commitment in children and young people to follow a healthy lifestyle by participation in experiences which are varied, relevant, realistic and enjoyable
• helps to foster health in families and communities through work with a range of professions, parents and carers, and children and young people, and enables them to understand the responsibilities of citizenship
• harnesses the experience and expertise of different professions, including developing enterprise and employability skills.

(Taken from Curriculum for Excellence: Health and Wellbeing principles and practice)

Many aspects of Health and Wellbeing, including elements of relationships, are designated the responsibility of all within the establishment or setting.

**Experiences and outcomes**

The sessions in SHARE contribute to experiences and outcomes within Health and Wellbeing, specifically to many of those at the third and fourth levels. As each experience and outcome requires in-depth exploration across the two levels, no single SHARE session will provide pupils with a complete experience. Additional resources to complement SHARE are shown in **Appendix B**. Experiences and outcomes shown in **semi-bold** are the responsibility of all.
1. Introduction

Relationships, Sexual Health and Parenthood

SHARE sessions linked to RSHP experiences and outcomes are shown in the table on pages 11–13. Due to the facilitative nature of SHARE, discussions may broaden to start to address additional experiences and outcomes. As such, the table is intended as a guide and is not prescriptive.

SHARE also has the potential to contribute to the following additional experiences and outcomes:

**Substance misuse**
After assessing options and the consequences of my decisions, I can identify safe and unsafe behaviours and actions.

**HWB 3-41a/HWB 4-41a**

I know that the use of alcohol and drugs can affect behaviour and the decisions that people make about relationships and sexual health.

**HWB 3-41b/HWB 4-41b**

**Mental, emotional, social and physical wellbeing**
I understand that there are people that I can talk to and that there are a number of ways in which I can gain access to practical and emotional support to help me and others in a range of situations.

**HWB 3-03a/HWB 4-03a**

I know that friendship, caring, sharing, fairness, equality and love are important in building positive relationships. As I develop and value relationships, I care and show respect for myself and others.

**HWB 3-05a/HWB 4-05a**

As I explore the rights to which I and others are entitled, I am able to exercise these rights appropriately and accept the responsibilities that go with them. I show respect for the rights of others.

**HWB 3-09a**

I am learning to assess and manage risk, to protect myself and others, and to reduce the potential for harm when possible.

**HWB 3-16a/HWB 4-16a**
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<tr>
<th>Experiences and outcomes: Relationships, Sexual Health and Parenthood</th>
<th>SHARE session</th>
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<tbody>
<tr>
<td>I understand the importance of being cared for and caring for others in relationships, and can explain why. HWB 3-44A/HWB 4-44</td>
<td>4 Relationships</td>
</tr>
<tr>
<td>I understand and can demonstrate the qualities and skills required to sustain different types of relationships. HWB 3-44b/HWB 4-44b</td>
<td>4 Relationships 9 Planning to keep safe 10 Good communication skills 11 Practising the skills to say no 12 Condom use skills</td>
</tr>
<tr>
<td>I understand and can explain the importance of, and need for, commitment, trust and respect in loving and sexual relationships. I understand the different contexts of such relationships including marriage. HWB 3-44c/HWB 4-44c</td>
<td>14 What is sex? 16 Resisting pressure 17 First experiences of sex</td>
</tr>
<tr>
<td>I recognise that power can exist within relationships and can be used positively as well as negatively. HWB 3-45a/HWB 4-45a</td>
<td>4 Relationships 9 Planning to keep safe 16 Resisting pressure</td>
</tr>
<tr>
<td>I am aware of the need to respect personal space and boundaries and can recognise and respond appropriately to verbal and non-verbal communication. HWB 3-45b/HWB 4-45b</td>
<td>4 Relationships 10 Good communication skills 11 Practising the skills to say no 20 Negotiating condom use</td>
</tr>
<tr>
<td>I reflect on how my attitudes, beliefs, values and morality can influence my decisions about friendships, relationships and sexual behaviour. HWB 3-46a/HWB 4-46a</td>
<td>1 Starting out 2 Talking about bodies and sex 4 Relationships 16 Resisting pressure 17 First experiences of sex 22 What would you do?</td>
</tr>
<tr>
<td>I know that popular culture, the media and peer pressure can influence how I feel about myself and the impact this may have on my actions. HWB 3-46b/HWB 4-46b</td>
<td>5 Being male or female 15 Safer choices around sex 16 Resisting pressure</td>
</tr>
</tbody>
</table>
## 1. Introduction

### Experiences and outcomes: Relationships, Sexual Health and Parenthood

<table>
<thead>
<tr>
<th>Description</th>
<th>SHARE session</th>
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| I am developing skills for making decisions about my relationships and sexual behaviour. I am able to apply these to situations that may be challenging or difficult. | 7 Sexual activity, pregnancy and contraception  
8 Sexual activity and STIs  
9 Planning to keep safe  
10 Good communication skills  
11 Practising the skills to say no  
12 Condom use skills  
16 Resisting pressure  
20 Negotiating condom use  
22 What would you do? |
| I understand my own body's uniqueness, my developing sexuality, and that of others. | 2 Talking about bodies and sex  
5 Being male or female  
6 Learning about sex |
| Using what I have learned I am able to make informed decisions and choices that promote and protect my own and others' sexual health and wellbeing. | 6 Learning about sex  
9 Planning to keep safe  
13 Revising sexual health and relationships (1)  
17 First experiences of sex  
21 Revising sexual health and relationships (2) |
| I know how to access services, information and support if my sexual health and wellbeing is at risk. I am aware of my rights in relation to sexual health including my right to confidentiality, and my responsibilities, including those under the law. | 19 Where to go for help |
| I know how to manage situations concerning my sexual health and wellbeing and am learning to understand what is appropriate sexual behaviour. | 11 Practising the skills to say no  
12 Condom use skills  
16 Resisting pressure  
17 First experiences of sex |
<table>
<thead>
<tr>
<th>Experiences and outcomes: Relationships, Sexual Health and Parenthood</th>
<th>SHARE session</th>
</tr>
</thead>
<tbody>
<tr>
<td>I know where to get support and help with situations involving abuse and I understand that there are laws that protect me from different kinds of abuse. <strong>HWB 3-49b/HWB 4-49b</strong></td>
<td>19 Where to go for help</td>
</tr>
<tr>
<td>I can explain the importance and the enduring and complex responsibility of being a parent/carer, and the impact on life choices and options. <strong>HWB 3-51a/HWB 4-51a</strong></td>
<td>18 Pregnancy and parenthood</td>
</tr>
<tr>
<td>Through investigation I can explain the support available for parents and carers looking after babies and bringing up children. <strong>HWB 4-51b</strong></td>
<td>Not specifically covered in SHARE</td>
</tr>
<tr>
<td>I can explain the support and care necessary to ensure a child is nurtured through the different stages of childhood. <strong>HWB 3-51b</strong></td>
<td>Not specifically covered in SHARE</td>
</tr>
</tbody>
</table>
1. Introduction

Philosophy and values of the SHARE programme

SHARE has been developed in consultation with practitioners, teachers, researchers, academics, trainers, young people and parents. It has evolved over a number of years. Our experience indicates that it is essential that any practitioner using this resource first receives SHARE training.

SHARE is a research-based sex and relationships education curriculum for 12- to 16-year-olds (Third and Fourth levels). It is intended primarily as an ongoing programme for use in secondary schools. The approach used and its methodology, content and aims are very specific (Wight et al., 1998). Educators should be trained to use it effectively, and be in broad sympathy with its philosophy and values.

SHARE is a comprehensive sexual health and relationships education programme, which means the focus is on providing information on contraception and safer sex practices, with abstinence as part of this information, rather than being the key message of the programme. There is evidence that comprehensive programmes can delay the initiation of sex, increase condom or contraceptive use, or both. Programmes have mixed but encouraging effects on reducing teenage pregnancy, childbearing and STIs (NHS Health Scotland, 2010). It should, however, be noted that these programmes, including SHARE, cannot, by themselves, change behaviour. The educational and community context is equally influential, hence the need for these programmes to be seen as part of the jigsaw of learning experienced by young people.

It is important to acknowledge that about two-thirds of young people will not have had sexual intercourse at the age of 15 (HBSC, 2010). Whenever possible, therefore, the exercises have been made sufficiently flexible to be appropriate to differing levels of maturity and experience. One limitation to such flexibility, however, is the fact that this sex and relationships education is likely to be the last formal input received by those students leaving school at the age of 16. Many health-risk behaviours are established during adolescence. It is therefore important to prepare young people to the best of our ability (UNICEF, 2007). Introducing the SHARE programme in the early years of secondary school provides intervention at the crucial point when some young people are beginning to think about sexual activity.

Some young people may have had, or be thinking about, same-sex experiences. A survey of sexual behaviour indicated that 4% of young men and 9% of women between the ages of 16 and 24 years reported a sexual experience with a same-sex partner (Macdowell et al., 2002, www.thelancet.com/themed/natsal, 2014). This does not include those who reported that they simply had feelings of attraction for someone of the same sex. Mental and emotional health outcomes for young people who identify as lesbian, gay, bisexual or transgender (LGBT) are poor. SHARE, as an inclusive programme which is valuing of all young people, can help counteract isolation and stigma often felt by LGBT young people.

The methodologies used by SHARE allow young people to acknowledge, explore and discuss the various influences on their attitudes and behaviour towards sexual
health and wellbeing. **There is no evidence that sex education leads to earlier or increased sexual activity among young people** and, at best, it is likely to have the effect of delaying or decreasing sexual activity, and increasing the adoption of safer sexual practices (Fraser, 2005).

While many young people gain great pleasure from intimate relationships with their partners, some risk psychological and physical harm in sexual relationships. Unwanted health outcomes can include unintended pregnancy, sexually transmitted infections (STIs) and blood-borne viruses (BBVs) such as HIV. Unwanted emotional outcomes can include pressure, abuse and regret. SHARE aims to reduce these risks by encouraging young people to think about them; to learn about the perspective of others, in particular those of the opposite gender; to acquire practical information; and, most importantly, to develop skills for negotiating sexual relationships. Safer sexual behaviour (avoiding sexual intercourse or using condoms) is promoted by addressing young people’s broader concerns about sex.

The educational basis of SHARE is that practice can prepare students for situations they are likely to confront outside the classroom, and therefore the programme involves active student participation. The main emphasis is to advocate improved communication to reduce the emotional risks of sexual relationships and to enable young people to negotiate taking precautions; in physical terms, it teaches that the safest way to avoid the risks of sexual relationships is to abstain from sexual intercourse, but that if one does have sexual intercourse, the safest approach is to use condoms effectively.

The positive impact of effective sex and relationships education should not be underestimated. The SHARE programme offers a starting point to discuss many issues around sexual health. These include healthy and unhealthy relationships and attitudes, including homophobia. It can also lead to further discussions about coercion and control in relationships (see Appendices B and C for resources and sources of support).

The values underlying SHARE are explicit in the programme. Educators are encouraged to discuss them with students in the first session, provide a handout for all students to keep and use them as a framework throughout.

**The values are:**

- **Our sexuality is a natural and healthy part of who we are.**
- **Each of us feels differently about our sexuality, and we may express it in different ways.**
- **Everyone has the right to their sexuality, regardless of age, gender, sexual orientation, ability, religion or belief, race or ethnicity.**
- **We should treat each other as we should like to be treated.**
- **We should never have to do anything sexual we don’t want to do.**
- **If we do choose to have sex, we should protect ourselves and sexual partners from unintended pregnancy and from sexually transmitted infections.**
These value statements involve both rights and responsibilities, and can be rephrased in these terms:

I have the **right** to be treated with respect → I have the **responsibility** to treat others with respect

I have the **right** to express my own feelings and thoughts → I have the **responsibility** to respect other people’s feelings and thoughts, even if they are different from mine

I have the **right** to ask for what I want in a relationship → I have the **responsibility** to say clearly what I want and what I don’t want

I have the **right** to good information on sex, and protection from unintended pregnancy and STIs → I have the **responsibility** to use information wisely

I have the **right** to sexual health and safety in relationships → I have the **responsibility** to keep myself and my partner(s) healthy and safe

I have the **right** to say no to sexual activity until I feel ready → I have the **responsibility** to say no to sexual activity that I don’t want
2. Planning the SHARE programme
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Effective Relationships, Sexual Health and Parenthood education

Acknowledging students’ experiences is likely to make programmes more effective. Effective RSHP programmes can help young people to gain the knowledge and skills to make appropriate choices in their future relationships.

There is review-level evidence that supports RSHP education as an important approach to sexual health improvement. Schools-based RSHP education has a role to play in changing attitudes, intentions and to some extent, behaviour, but does not hasten sexual initiation or the number of sexual partners.

Reviews indicate that school-based learning and teaching is more effective when it:

- is matched appropriately to the young person’s biological, cognitive and development stage
- takes account of social and media influences on sexual behaviour
- involve parents and peers
- encourages participation and skills-based training rather than reliance on films or videos alone
- has clear unambiguous messages that focus on individual behaviours
- integrates messages of abstinence or delay into a broader context and alongside skills training and information on contraception
- provides appropriate training for those delivering courses
- is based on theory, in particular social learning and social cognitive theories
- provides multiple opportunities for learning rather than single sessions
- encourages and improves access to, and use of, condoms.

(NHS Health Scotland, 2010)

Planning your programme

The SHARE programme is flexibly designed as a two- or three-year programme of 22 sessions.

The programme has been designed as a whole to address specific learning objectives. This will not be achieved if sessions are cut short or changed significantly. Most of the sessions are essential to the success of the programme and should always be delivered as part of the SHARE programme (see suggested two-year programme and three-year programme).
2. Planning the SHARE programme

The issue of who should deliver RSHP education has been debated for some years. Many schools have moved towards using form, year or guidance teachers to deliver the RSHP programme, as far as possible to students they know well. When the teachers who are delivering it are confident, competent and well supported, this system can be effective. In addition to this model, successful RSHP programmes take advantage of the skills that can be provided by the range of partner agencies in the community, and are then best delivered in a multidisciplinary way. Therefore, there needs to be a balance between maintaining continuity and relationships with groups of students, and schools working with local partner agencies to deliver a comprehensive programme that provides good information, access to services and effective learning and teaching around RSHP education.

Involving parents and carers

Research with parents indicates strong support for schools teaching RSHP as part of the curriculum. Many parents feel that schools and parents working in collaboration will provide young people with the range of information and advice necessary to support them in making decisions about their sexual health (Fullerton and Burtney, 2005). Having the same messages both at home and school will help reinforce learning.

It can be hard for parents and carers to talk to their children about sex and relationships. This might be because of lack of knowledge, discomfort around sex, or feeling disempowered by not understanding, or having access to, new technology. Young people appreciate being able to talk to their parents about these issues, so parents and carers should be supported and encouraged to engage in discussion about sex and relationships with their children from an early age. Effective parental monitoring, such as page blocking, can support the reduction of online risk behaviour and exposure to inappropriate sexual content.

Schools are expected to inform parents and carers about their RSHP programme. Most will be supportive; many will find it helpful to know when it is taking place and what sort of issues you will be covering; some will have anxieties – they may want to see materials you will be using or they may want to discuss their concerns, some of which may stem from their own lack of knowledge. The more open and involving of parents and carers you are, the more supportive they are likely to be. They will also be more able to discuss further at home the RSHP issues being discussed in the classroom.

Schools should ensure there is good information for parents, carers and residential care staff about:
- when RSHP programmes will be delivered
- what is covered in the programme
- how to discuss relationships, sexual health and parenthood with their child
- sources of support for parents.
You should also encourage students to talk to their parents, carers or residential care staff about anything that is concerning them.

Some practical ways to involve parents and carers in RSHP education include:
• Information in school handbook, newsletter or website.
• Presentations to parents and carers, during a parents’ night or at another time, as part of Health and Wellbeing.
• Workshops or peer education groups for parents and carers.

Learning Together, a review of RSHP resources to support parents and carers, is available at www.healthscotland.com/topics/health/wish/learning-together.aspx


Further information on consulting and involving parents and carers is included in Appendix F.

SHARE methods and materials

Planning a programme

First, decide whether the SHARE programme should take place over two or three years, and whether it is appropriate to start it in S2, or even in S1, especially if there has been a linked programme in feeder primary schools. A decision within each school should be made based on the needs of young people. Increasingly, secondary schools are opting to bring some of the more explicit aspects lower down the school. This is to ensure that issues are addressed before most young people become sexually active, while also meeting the needs of the minority who may already be sexually active.

Second, decide what material is suitable for each year group. You will need to take account of what has been covered already – in primary schools and in S1 – what is taught in other subject areas, particularly in science; and what goes on in other parts of the Health and Wellbeing curriculum. The models for the two-year programme and the three-year programme provide some suggestions on an appropriate sequencing for the sessions.

The two-year programme and the three-year programme indicate respectively which sessions are essential to its success. However you plan to work, it will be important that you move briskly into the material, keeping a close eye on the time, especially when students are working in small groups.
2. Planning the SHARE programme

The session plans

Each session provides learning objectives, links to RSHP experiences and outcomes, notes for the educator, preparation and materials needed (including educator knowledge), a description of the stages of running the session, including approximate timings, and key messages. Educator’s notes, project sheets and handouts are also provided.

Local knowledge

It will be important ahead of delivering SHARE to make yourself aware of what is available locally for young people, for example, nearest health centre, sexual and reproductive health services or young people’s drop-in; nearest pharmacy; and services supporting young people with mental health, drug or alcohol issues. If you need specific knowledge to deliver a session, this will be noted in the ‘materials and preparation’ section of the session plan.

Key messages

Each session has key messages, which are implicitly linked to the learning objectives. The key messages can be used flexibly. You can draw them out through discussion, share them with students at the start or the end of the session, or ask students to try and identify what they think are the key messages, and reinforce the ‘correct’ ones. You could use a combination of these approaches. Whichever approach you use, you should always encourage students to reflect on their learning and consider what they will do as a result of it.

Timing of sessions

Most of the sessions can be completed in about 40 minutes, but some may take longer. The timings shown are suggestions only and should be used flexibly. If you have longer, it may well be possible to cover the material of two sessions in an hour, or you may choose to use material of your own.

Teaching environment

In an ideal world, you would probably choose to work with small groups in a comfortable relaxing room with the chairs arranged informally in a circle. Such an opportunity is rare in secondary schools, so compromise is essential. If you can, have groups of fewer than 20 students and request a room which allows flexibility: the space to arrange the chairs in a variety of ways, a place for students to write, the opportunity to make some noise without disturbing others, facilities for showing films, wall space to display material and, above all, privacy.

If you are able to sit in a circle for whole-group discussions, or in a fairly tight cluster, it will help discussion. It symbolises a relationship between educator and student and
between students that is different from normal classroom relationships; it reduces physical distance and the likelihood of distraction, and brings the class together socially.

You may find yourself teaching in a room that is less than ideal, such as a science lab with fixed benches, or where you have to rearrange tables and chairs at the start of each lesson – and maybe again at the end. In these circumstances, you will need to consider the implications of the room for your planning and for the activities that you can do successfully.

It is very important for the success of the programme that a safe environment is created and maintained in the classroom. Despite the extensive use of participatory methods, tight classroom control will be essential.

**Group work**

The programme uses a wide range of methods: participatory activities and exercises, DVD/video, individual work, small-group work and whole-group discussions. For some students – and educators – this may be a new way of working and it will take time to establish. Good group work is about eliciting thoughts, feelings and ideas and helping students make sense of their experience.

If students are not used to working experientially, it may take some time to develop sufficient confidence and trust within the group, and between you and the group, to enable some of the activities to take place. It will also be important to consider carefully whether the atmosphere is likely to be conducive to sensitive discussion or whether it could fuel prejudice and discrimination.

Group work may be particularly challenging if you have students with learning disabilities in the class.

Establishing a group agreement (see Sessions 1 and 2) is essential as a basis for developing trust for groups of all abilities to create a safe atmosphere, set boundaries and provide a space that young people feel confident to engage and have discussion in.

It may also be useful to introduce some games (see Appendix E).

Here are some key aspects of good group-work practice:

- Be fully prepared beforehand, in terms of understanding the session, knowing the different stages of the exercise that have to be carried out and having all materials to hand.
- Use games to help create the atmosphere you want (see Appendix E for some suggestions).
- Think about the size and composition of small groups, whether you are going to allow an element of choice, or whether it will be more productive to impose groups (see ‘mixed-gender groups’).
2. Planning the SHARE programme

- Explain the learning objectives of the sessions so that students know where the activities are leading.
- Ensure that groups appoint a scribe and/or a spokesperson whenever the activity indicates the need.
- If you sense resistance or disruption in the class, stop, tell the class what you are experiencing and ask what is going on.
- In plenary discussion, keep a clear picture of what you want to draw out – if discussion digresses, you will need to make a judgement about whether to let it run and for how long.
- Listen and ask questions of the students rather than talking yourself.
- Allow time for the closing group activity and/or key messages of the session.
- Afterwards, try to find some time yourself for reflection on the session – ask yourself what went well, what was difficult, how could you overcome difficulties next time.

**Discussion**

Often the most challenging times are whole-group discussions when students are reluctant to put themselves on the line. If you struggle with this, try breaking the class down into smaller groups, have them discuss and report back. It is usually helpful to move around small groups, keeping them on task and encouraging discussion and challenging thinking. However, it may be more appropriate to stand back if a group is brainstorming, clearly well into a discussion and your approach would break the flow, or if you have asked them to share personal thoughts and feelings that they may not wish to be overheard.

Use a scribe or spokesperson to help focus small-group discussion and facilitate plenary discussion. If you need both roles, it is usually best to use the same person, and then there is no problem with reading handwriting. However, it is also valuable to rotate these roles.

It is most important that students understand that the spokesperson should speak for the whole group, and not identify their own views or those of other individuals.

**Mixed-gender groups**

The sessions in SHARE move from recommending single-gender or self-selected groups to recommending mixed-gender groups. Given the choice, students generally assume it is easier to discuss sexuality in same-gender groups. To enhance their confidence, the early exercises are therefore based on such ‘safe’ groups. However, one of the fundamental aims of the SHARE programme is to make it easier for young people to communicate with the opposite sex about intimate relationships. Your students will form sexual relationships in the future, if they are not already in them, and the quality of those relationships will depend partly on how easily they can talk about sex. It is
important to remember that these relationships may be with someone of the same sex or the opposite sex. There may also be some young people who have gender disphoria (i.e. with the outward signs of one gender but the inward feelings of the opposite gender or in some cases, neither gender). All of this means being aware of how to approach learning exercises and responses.

Generally, young people find communication about intimate relationships extremely difficult, particularly at the start of a relationship. By gradually introducing mixed-gender groupings, the programme should provide students with cumulative experience of discussing sexual issues with the opposite sex in a sensible way. Our hope is that this will prepare them for the future – when their wellbeing may depend on it. However, it will be counterproductive to force this, and you will need to judge the appropriate speed at which to introduce them.

**Differentiation of materials**

The materials have been successfully piloted with a wide range of students. However, there may be some sessions, project sheets or handouts that are not appropriate to the needs of all students. Rather than adopting a ‘lowest common denominator’ approach, we have aimed at the majority in a class and suggest that educators modify materials where necessary.

*Appendix D* lists resources to support work with young people with learning disabilities – if you have a number of students with learning disabilities, you may want to consult SHARE Special which was specifically designed with the needs of these students in mind. *Appendix B* provides a list of resources that can be used to complement the learning in SHARE.

**Sensitivity of materials**

Students don’t always need information just at the time when we give it to them, and they don’t always retain everything we say in class. In most other subjects, we expect them to keep notes, copies of worksheets and handouts. In sex and relationships education, there is some understandable anxiety about this, in case it is misinterpreted and misused. Only you and your colleagues can decide your policy on this.

We believe it could be valuable for students to have the opportunity to keep a personal diary or folder containing handouts, leaflets and even personal reflections on the programme if they wish. Where this is appropriate, it is indicated in the description of sessions.

You may also want to have a container (‘Ask-it basket’) available in the classroom where students may post their questions or comments anonymously. If you do take this approach, it will be important that you find an opportunity to respond to all questions and comments.
2. Planning the SHARE programme

We also suggest that for some sessions an information wallet containing a range of leaflets might be made available for students to borrow. You may wish to take advice from your local authority or NHS colleagues about which leaflets are up to date, accurate and appropriate for young people.

Equipment

It is assumed that the following equipment will be available for all lessons:

- flip chart paper and felt-tip pens
- exercise paper and pens or pencils
- smartboard, whiteboard or flip chart stand.

In addition, you may want to make some large posters of:

- the programme for the year (as you plan to deliver it)
- values, rights and responsibilities (see Handout A)
- the group agreement (see Sessions 1 and 2)
- sources of help locally
- good communication skills (see Handout D).

Consider also providing:

- a wallet for students to store personal work
- a general leaflet covering sexual health issues for all students
- an information wallet for students to borrow
- a display of condoms and other safer sex materials (but be aware of leaving this out in a classroom used by different age groups)
- useful leaflets or materials for students accessible in the school library or guidance base.

Assessment

Your local authority should provide guidance on assessment in Health and Wellbeing. In addition, Education Scotland describes the broad features of assessment in Health and Wellbeing as follows:

‘As important aspects of health and wellbeing are the responsibility of all staff in educational establishments in partnership with others, and because of the importance of health and wellbeing to learning and development, everyone should be clear about their areas of responsibility and their roles in assessment.’

Teachers and learners can gather evidence of progress as part of day-to-day learning inside and outside the classroom and, as appropriate, through specific assessment tasks. They can use this to evaluate impact of learning as well as their own performance. Young people’s progress should be seen in how well they are developing and applying their knowledge, understanding and skills in, for example, key features of healthy living and relationships, and in approaches to personal planning, assessing risk and decision-making.

Progression in knowledge, understanding and skills can be seen as young people demonstrate how they:

- apply their knowledge and skills with increasing confidence and competence in dealing with familiar circumstances and new challenges
- develop an increasing depth of understanding of their own and others’ motivations, attitudes, beliefs and behaviours
- extend the range of their relationships within and outside the school environment.

Assessment should also link with other areas of the curriculum, within and beyond the classroom, offering young people opportunities to apply their knowledge and skills in more complex, demanding or unfamiliar learning or social contexts.

Approaches developed through Assessment is for Learning (AifL) provide a sound platform to support assessment planning. Learning, teaching and assessment should be designed in ways that reflect how different learners progress to motivate and encourage their learning. To support this, learners at all stages should be involved in planning and reflecting on their own learning, through formative approaches, peer and self-assessment and personal learning planning.

SHARE provides ongoing opportunities for educators and students to assess progress. **Session 3** provides a chance to determine existing knowledge, and quizzes used in **Sessions 6, 13 and 21** should allow educators and young people to identify learning needs. In **Session 22** students have the opportunity to creatively share their learning with others. Outside these specific sessions, key messages are included at the end of all sessions, and are a useful tool in checking out knowledge, skills and understanding.

**Project sheet 9.2** can be adapted for use at any point within the programme to encourage students to reflect on, and record, their learning. Opportunities should also be taken to seek continuous feedback from students on how their experiences of the SHARE sessions, particularly if there are areas they would like further information on or gaps covered.
2. Planning the SHARE programme

The SHARE sessions

Session 1    Starting out
Session 2    Talking about bodies and sex
Session 3    What do you know?
Session 4    Relationships
Session 5    Being male or female
Session 6    Learning about sex
Session 7    Sexual activity, pregnancy and contraception
Session 8    Sexual activity and STIs
Session 9    Planning to keep safe
Session 10   Good communication skills
Session 11   Practising the skills to say no
Session 12   Condom use skills
Session 13   Revising sexual health and relationships (1)
Session 14   What is sex?
Session 15   Safer choices around sex
Session 16   Resisting pressure
Session 17   First experiences of sex
Session 18   Pregnancy and parenthood
Session 19   Where to go for help
Session 20   Negotiating condom use
Session 21   Revising sexual health and relationships (2)
Session 22   What would you do?
## A two-year programme (could be over S2–S3)

<table>
<thead>
<tr>
<th>S3</th>
<th>S4</th>
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</thead>
<tbody>
<tr>
<td>1. Starting out*</td>
<td>1. Starting out*</td>
</tr>
<tr>
<td>2. Talking about bodies and sex*</td>
<td>10. Good communication skills*</td>
</tr>
<tr>
<td>3. What do you know?*</td>
<td>14. What is sex?</td>
</tr>
<tr>
<td>4. Relationships*</td>
<td>15. Safer choices around sex*</td>
</tr>
<tr>
<td>5. Being male or female</td>
<td>16. Resisting pressure*</td>
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<tr>
<td>6. Learning about sex*</td>
<td>17. First experiences of sex*</td>
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<td>7. Sexual activity, pregnancy and</td>
<td>18. Pregnancy and parenthood</td>
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<tr>
<td>contraception*</td>
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<tr>
<td>8. Sexual activity and STIs*</td>
<td>19. Where to go for help*</td>
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<tr>
<td>9. Planning to keep safe*</td>
<td>20. Negotiating condom use*</td>
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<tr>
<td>11. Practising the skills to say no*</td>
<td>21. Revising sexual health and</td>
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<td>relationships (2)</td>
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<td>12. Condom use skills*</td>
<td>22. What would you do?*</td>
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<td>13. Revising sexual health and</td>
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<td>relationships (1)</td>
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*Sessions essential to the programme
# A three-year programme (could be over S1–S3)

<table>
<thead>
<tr>
<th>S2</th>
<th>S3</th>
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<tbody>
<tr>
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<td>1. Starting out*</td>
<td>1. Starting out</td>
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<tr>
<td>2. Talking about bodies and sex*</td>
<td>13. Revising sexual health and relationships (1)</td>
<td>21. Revising sexual health and relationships (2)</td>
</tr>
<tr>
<td>5. Being male or female</td>
<td>10. Good communication skills*</td>
<td>17. First experiences of sex*</td>
</tr>
<tr>
<td>7. Sexual activity, pregnancy and contraception*</td>
<td>12. Condom use skills*</td>
<td>19. Where to go for help*</td>
</tr>
<tr>
<td>8. Sexual activity and STIs*</td>
<td>15. Safer choices around sex*</td>
<td>20. Negotiating condom use*</td>
</tr>
<tr>
<td>9. Planning to keep safe*</td>
<td></td>
<td>22. What would you do?*</td>
</tr>
<tr>
<td>11. Practising the skills to say no*</td>
<td></td>
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</tbody>
</table>

*Sessions essential to the programme
3. SHARE sessions 1–22
Session 1: Starting out

Learning objectives

For students to:
- be introduced to the programme and its values base
- understand the purpose of the group agreement and the limits of confidentiality
- identify who they can approach for individual help.

Health and Wellbeing experiences and outcomes

I reflect on how my attitudes, beliefs, values and morality can influence my decisions about friendships, relationships and sexual behaviour.

HWB 3-46a/HWB 4-46a

Notes for the educator

This session is intended to explain the programme to students and to create a draft group agreement for learning in subsequent sessions. It is an important session to build the trust necessary for all students to be able to participate fully in the programme. You can include it at the start of each new course of lessons, whenever a new group comes together for sexual health and relationships education or when you are working with a group for the first time.

Specific work on agreeing appropriate use of sexual language will be covered in Session 2 and you will be able to finalise the group agreement after Session 2.

Materials and preparation

- Copies of your programme for all students
- Information handout about sources of help, both inside and outside the school, for all students – you will need to prepare this yourself (see Appendix B)
- Handout A for all students
- A list of the four questions (see Method, 3) you will ask the students – on a flip chart or smartboard
Appendices 34

Find the SHARE appendices at www.healthscotland.com/SHARE

Session 1: Starting out

Method

1. (5 minutes)
Give every student a copy of the sexual health and relationships education programme you intend to follow (see Planning your programme). Explain to the class the purpose of the sessions and their general content.

2. (10–15 minutes)
Explain also that the materials have been written with a specific set of values in mind, that you will make these clear to students right at the start and that you will refer to them throughout the programme. Introduce the concept of rights and responsibilities in relationships and distribute Handout A. Go through it with the class. Ask if they have any questions or any difficulties with it. This will probably be fairly new to them so you may not get much comment at this stage. Either encourage students to take it away and reread it in their own time or for homework, or you could ask students in pairs or small groups (or as a whole class – might be particularly helpful for less able or less mature students) to think of examples of how the rights and responsibilities statements could work in practice. For example:

<table>
<thead>
<tr>
<th>Statement</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>I have the right to ask for what I want in a relationship</td>
<td>I have the right to say: ‘I want to be friends with you, but I don’t want us to go out together’ or ‘I want to be listened to and not laughed at’</td>
</tr>
<tr>
<td>I have a responsibility to say clearly what I want and what I don’t want</td>
<td>If somebody asks me out and I don’t want to go, it is kinder to say ‘No’ than to string them along</td>
</tr>
<tr>
<td>I have the responsibility to keep myself and my partner(s) healthy and safe</td>
<td>I will use a condom if I have sexual intercourse and will plan ahead to use one</td>
</tr>
</tbody>
</table>

Have them share their examples with the whole group.
Appendices
Find the SHARE appendices at www.healthscotland.com/SHARE

Explain that we are now going to create a group agreement for learning that will help students to talk openly about sex and relationships. Divide the class into small self-selected groups of twos or threes. Ask students to take a minute or two to consider the following four questions, and make a few notes if this would be helpful:

- Have you ever talked to anybody about sexual matters before?
- Is it easy or difficult to do?
- What would help you to be able to talk about sexual matters in this group?
- What would make it more difficult?

Then give two minutes each in their small groups to share their thoughts on the last two questions. Explain that you will keep time, and emphasise that students should listen to one another and not interrupt. Keep a close eye on this to ensure that it does not develop into a general discussion.

At the end of the listening exercise, ask each group to appoint someone to record the discussion and report back. Have them identify at least three things that would help them to talk openly about sexual matters in the classroom.

Bring the class back together. Put a heading on a flip chart or board ‘What we should do’ – things that would make it easier to talk about sex. Go round each group asking the spokesperson to identify one item from their list. Discuss and write up suggestions as they are given. Keep going until all items have been mentioned. Explain that this will form the basis for a group agreement for the sessions.

Have students read them, and ask if they want anything else added at this stage. Tell students that the group agreement will be finalised after Session 2 when the group has had chance to consider and agree appropriate sexual language.

The group agreement, once final, should be written up and made visible to students at all future sessions.

Encourage them to keep the agreement in mind during sessions and to challenge each other if it is being broken.

It is important that confidentiality is raised and discussed. If the group does not bring it up, then you will need to. The important points to discuss will be:

- privacy will be respected – nobody will be forced to answer questions or to share anything they don’t wish to
- diversity (in relation to gender, sexual orientation, disability, culture or faith perspectives) will be recognised and welcomed, and prejudice and discrimination will be challenged
• each person must take responsibility for what they say
• confidentiality means not talking about something outside the group in which it has been shared
• you are bound by this agreement too, except where a student discloses something you are obliged to report (see Handling disclosure and student distress in Appendix A).

It is also important to make clear to students where they can go locally or online for help with sexual health and relationships. Discuss this with the class and produce a handout for reference (see Appendix D). This will need local adaptation and should include sources of help both inside and outside the school.

### Session 1 Key messages

- The group agreement helps to create a safe environment for everyone to participate fully in the SHARE programme.
- The values, rights and responsibilities are important for our wellbeing.
- Help with relationships and sexual health is available if we need it.
- Our confidentiality will be respected by adults, unless we are at risk of harm.
Handout A: Values, rights and responsibilities

1. Our sexuality is a natural and healthy part of who we are.
2. Each of us feels differently about our sexuality, and we may express it in different ways without harm to, or coercion of, others.
3. Everyone has the right to their sexuality, regardless of age, gender, sexual orientation, ability, religion or belief, race or ethnicity.
4. We should treat each other as we would like to be treated.
5. We should never have to do anything sexual we don’t want to do.
6. If we do choose to have sex, we should protect ourselves and sexual partners from unintended pregnancy and from sexually transmitted infections.

These value statements involve both rights and responsibilities, so we can rephrase them in terms of rights and responsibilities.

- I have the **right** to be treated with respect
- I have the **right** to express my own feelings and thoughts
- I have the **right** to ask for what I want in a relationship
- I have the **right** to good information on sex, and protection from unintended pregnancy and STIs
- I have the **right** to sexual health and safety in relationships
- I have the **right** to say no to sexual activity until I feel ready

- I have the **responsibility** to treat others with respect
- I have the **responsibility** to respect other people’s feelings and thoughts, even if they are different from mine
- I have the **responsibility** to say clearly what I want and what I don’t want
- I have the **responsibility** to use information wisely
- I have the **responsibility** to keep myself and my partner(s) healthy and safe
- I have the **responsibility** to say no to sexual activity that I don’t want

We shall return to these values, rights and responsibilities throughout the programme.

We understand that there are times when young people are not able to assert their rights or assume their responsibilities. This programme is designed to help all young people to enjoy happy and healthy relationships when the time is right.
Learning objectives

For students to:

- identify appropriate language for discussing sexual issues in the classroom and with health professionals
- revise sexual body parts if required.

Health and Wellbeing experiences and outcomes

I reflect on how my attitudes, beliefs, values and morality can influence my decisions about friendships, relationships and sexual behaviour.

HWB 3-46a/HWB 4-46a

I understand my own body’s uniqueness, my developing sexuality, and that of others.

HWB 3-47a/HWB 4-47a

Notes for the educator

This session is crucial to the creation of a safe environment in the classroom, and to completion of the group agreement. Once you have established appropriate sexual language, you can add this to the draft group agreement started in Session 1.

You should remind students of the draft group agreement and specifically address the issue of embarrassment and offence. Tell students that what is agreed in this session about appropriate sexual language will be added to the group agreement.

You may want to revisit appropriate sexual language at the start of each new set of sessions, if there has been a change of teacher, a significant change of students or as students get older.

Because this session explores the use of appropriate language for discussing sexual issues, it could be embarrassing for some, so it is important not to put anybody on the spot, and to avoid opportunities for bravado and boasting. There may also be a good deal of laughter – it is a way of dealing with embarrassment and tension and, so long as it is not directed at individuals, it is to be encouraged.

There is also an opportunity to revise sexual body parts, depending on students’ prior learning.
**Materials and preparation**

- Thick felt-tip pens sufficient for each small group and six prepared sheets of flip chart paper, each with a heading, as follows:
  - female sexual parts
  - male sexual parts
  - sexual activities.
- NB: If you are working with an older, more able or more mature group, you may want to use more specific headings, such as:
  - vagina/clitoris
  - penis/testicles
  - sexual intercourse
  - oral sex
  - masturbation
  - ejaculation/orgasm
  - sexual orientation.
- Display draft group agreement from Session 1

And, if revising sexual body parts:
- Project sheet 2 – one each for four to five small groups
- Handout B for all students

**Method**

**1a. (5 minutes)**

Introduce this activity by explaining that you are going to be talking about sexual matters and the language people use. To be able to communicate effectively about sexual matters, students need to understand both common and medical/biological terminology.

Tell the students they will be agreeing appropriate sexual language and that this will be added to the group agreement they drafted in Session 1. Remind students of the content of the group agreement so far.
Session 2: Talking about bodies and sex

1b. (10 minutes) optional recap

If you think students need a recap of sexual body parts and correct language for these, use copies of Project sheet 2 for each small group (can be photocopied back to back) and copies of Handout B for all students.

Explain that you intend to start with revision of genital body parts. Have students divide into small self-selected groups of three or four. Give out one copy of Project sheet 2 on male and female genitalia to each group. Ask them as a group to label the parts using the words on the sheets.

Then gather the groups back together. Using diagrams on a flip chart or smartboard, label each part, checking that the class understands what it is called and what it is for. Distribute copies of Handout B for students to keep.

When talking about the male genitals, you may also want to mention the prostate gland which cannot be seen on the diagrams (see explanation on Handout B).

Go on to explain that genitals, like other parts of our bodies, all look different from one another, and that it is quite normal for teenagers (and others) to worry about their bodies. Emphasise that it is important to respect and value our own bodies, and it is worth taking time to explore feelings about them.

2. (10 minutes)

Ask them to divide into small groups (each group should have three to five people in it and you may find it best to have single-gender groups). Give each group one of the prepared pieces of flip chart paper and a thick felt-tip pen. Check that students know what the headings mean.

Explain that they should brainstorm any words they know that mean the same as the heading at the top of the sheet. Make sure they understand that all words are permissible and that nobody's individual contributions will be identified. Allow two or three minutes for this, then circulate the sheets to the next group. Have them read what is on the sheet, check out any words they have not come across before and invite them to add any more words they can think of. Continue to circulate sheets until they have returned to where they started or you run out of time.

3. (5 minutes)

Ensure that sheets are returned to the group they started with. Allow groups time to look at the words that have been added to their list, encourage them to identify words that are new to them and to discuss feelings, particularly any words on the list that they find uncomfortable or offensive.
4. (10–15 minutes)

- Pin up the sheets where everyone can see them. Discuss briefly:
- Are there any feelings about doing the exercise or about the words that are displayed?
- Are any words particularly offensive to girls or to boys?
- How do students feel about words used as insults?
- Anything they notice about the lists of words – any differences in the number of words for female/male genitalia, what this might say about the way sex is viewed by girls/women and by boys/men.
- Do the words for sexual activity reflect same-sex relationships?

5. (10–15 minutes)

Have students return to their small groups and choose:
- Which words are appropriate with family/parents and carers?
- Which words would it be appropriate to use at a clinic/with a doctor or nurse?
- Which words would be appropriate with a girl-/boyfriend?
- Which words are appropriate in the classroom?

Bring the class back together. Remind students that using appropriate language is about being respectful of others’ feelings. Link this back to the rights and responsibilities discussed in Session 1.

Discuss and agree the words you are going to use in the following sessions.

Add a statement to the group agreement about using only sexual language that has been deemed appropriate for use in the classroom. Ensure a ‘good’ copy of the group agreement is displayed for all future sessions and prepare a copy for each pupil to keep.

**Session 2 Key messages**

- Using appropriate sexual language during the SHARE programme is important in helping everyone to feel safe.
- Everyone’s body is unique and individual, including sexual parts of the body.
Here is a diagram of the external genital parts of a woman’s body. Correctly label the parts by writing the appropriate letter next to the words at the bottom of the page.

- pubic hair
- inner lips (labia)
- entrance to vagina
- anus
- clitoris
- urinary opening
- outer lips (labia)
Project sheet 2: Male genitals

Here is a diagram of the external genital parts of a man’s body. Correctly label the parts by writing the appropriate letter next to the words at the bottom of the page.

penis – uncircumcised foreskin
penis – erect
penis – circumcised
urinary opening
pubic hair
anus

Illustrations ©1994 Michael Emberley from Let’s Talk about Sex by Robbie H. Harris
Permission granted by the publisher Walker Books Ltd
Female genitals

**Outer and inner lips (labia)**
Soft folds of skin that cover the clitoris, the opening to the urethra and the opening to the vagina.

**Clitoris**
A small mound of skin about the size of a pea. When the clitoris is touched and rubbed, it can make the body feel good both outside and inside, feeling tingly, warm and nice – in short, sexy. This feeling can become more and more intense until it reaches a peak or climax, which is called having an orgasm or ‘coming’. This might happen through touching the clitoris directly, or during vaginal sexual intercourse or oral sex.

**Urinary opening**
A small hole at the end of the urethra. This is a tube through which urine (pee) leaves the body.

**Entrance to the vagina**
This is bigger than the urinary opening. The vagina is a passageway from the womb (uterus) to the outside of the body. During vaginal sexual intercourse, the erect penis goes inside the vagina which stretches to fit around the penis.

**The hymen**
A very fine piece of skin that covers part of the opening to the vagina. The hymen may tear when a girl is growing, or when she is very active, or when she first uses a tampon or has sexual intercourse. The opening then becomes somewhat larger.

**The anus**
The opening through which faeces (solid waste from food we have eaten) leave the body.
Female genitals

- pubic hair: A
- inner lips (labia): B
- entrance to vagina: C
- anus: D
- clitoris: E
- urinary opening: F
- outer lips (labia): G
Male genitals

Scrotum
Soft sack of wrinkly skin that holds and protects the two plum-shaped testicles. It expands when warm and contracts when cold (e.g. in cold water) in order to keep the testicles at the same temperature.

Testicles (or testes)
Two organs that produce sperm. They are shaped like small balls or plums and are covered by the scrotum. Usually one testicle hangs lower than the other.

Penis
Made of soft tissue and blood vessels. Inside the penis is the urethra. This is a tube through which urine (pee) leaves the body.

When the penis is touched and rubbed, it can make the body feel good both outside and inside, feeling tingly, warm and nice – in short, sexy. This usually leads the penis to become stiff and hard, standing out from the body. This is called an erection.

When a boy or man is stimulated enough, the penis ejaculates sperm in a fluid called semen. This spurting out of semen causes a feeling of excitement called an orgasm or ‘coming’. During vaginal sexual intercourse, the erect penis goes inside the vagina and is usually stimulated by rhythmic movement until the point of ejaculation.

Urinary opening
A small hole at the end of the urethra, through which urine (pee) leaves the body.

Foreskin
Loose skin covering the end of the penis. Some boys (usually as babies) have their foreskins removed by a doctor or specially trained person, for either medical or faith reasons. This is called circumcision.

Prostate
The prostate gland is hidden away between the bladder and the penis. Its purpose is not fully known, but it contributes to the production of semen and to the effectiveness of ejaculation. Sometimes, in later life, men have problems with their prostate.

Anus
The opening through which faeces (solid waste) leave the body.
Male genitals

testicles/scrotum A
penis uncircumcised B
foreskin C
penis – erect D
penis – circumcised E
urinary opening F
pubic hair G
anus H

Find the SHARE appendices at www.healthscotland.com/SHARE
Session 3: What do you know?

Learning objectives
For students to:
• identify what they already know about sexual health and healthy relationships
• identify any gaps in their knowledge and what they need from the SHARE programme.

Health and Wellbeing experiences and outcomes
Not applicable

Notes for the educator
This session is an opportunity for you and the students to gauge their existing knowledge around sexual health and relationships, and for students to identify their learning needs. The students will create a set of mind maps that can keep and revisit at the end of the programme in Session 22. The mind maps can be used as an evaluation tool in assessing what has been learned at the end of the programme.

The experience, knowledge and understanding of students is likely to vary widely, so educators must ensure they validate the responses of all students. Be aware that some might be sexually active, have experience of sexually transmitted infections (STIs) or of blood-borne viruses (BBVs). Others may have little or no knowledge at all. A trusting atmosphere will be essential for this session to work well.

Materials and preparation
• Group agreement on display.
• Copy of group agreement for all students.
• A large flip chart sheet or large piece of paper for each group (six groups).
• At least one red and one green marker pen for each group (or one red, one orange and one green marker for each student if you have enough).

Method
1. (5 minutes)
Explain to students that this session is a chance for them to think about what they already know about sexual health and relationships and to identify any gaps in their skills, knowledge or understanding. It may also reveal something of their attitudes towards sexual health and relationships.
Remind the class about the **group agreement** and the need to work together in a supportive way.

Ask the class to self-select into six groups. Each group should have a large sheet of paper and at least one green and one red marker. If students are not familiar with mind maps, explain what these are. There will be six mind maps and each group will have the chance to add to all of them.

Each group should start by writing one of these topics in the middle of their paper (ensure each group has a different heading). However, you may wish to substitute these for alternatives based on the programme you have planned or to align with particular experiences and outcomes you wish to meet.

- STIs, BBVs and condoms
- Pregnancy and parenthood
- Types of contraception
- Caring relationships
- Alcohol, drugs and sexual health
- Keeping yourself safe

**2. (25 minutes)**

Students should start to populate the mind maps, using the green pen(s) to write what they know or believe about the topic on their mind map. This can include their skills as well as knowledge and beliefs. After about five minutes ask them to switch to the red pen(s) and write down anything they don’t know much about, aren’t sure of, or would like to know more about.

**Additional notes**

Encourage all the students to participate (the more pens you have the better!)

Then move the mind maps round to the next group and follow the same process as number 2 above. Move the mind maps round the groups until all groups have added to all mind maps.

**3. (5 minutes)**

When all the mind maps are complete, bring them all together and ask the class to look at all of them together. Draw out any common themes that are immediately obvious, both in green (things students know) and red (things they would like to know more about). Invite students to comment on anything they notice. Explain which items in red will be addressed as SHARE progresses (depending on the programme you have
planned). Be clear about any items that will **not** be addressed by SHARE and provide alternative sources of support if appropriate.

Tell students there will be opportunities throughout SHARE to show and reflect on their learning, and that they have a responsibility, together with the educator, to think about their learning needs as the programme unfolds.

### 4. (5 minutes)

Provide a box or other container and slips of paper for students to post questions into anonymously, if they wish, and tell them that questions should be answered as the SHARE programme progresses.

### Session 3 Key messages

- **Students and educators are joint partners in learning.**
- **Students have an active role to play in their learning.**
Learning objectives

For students to:

• describe what is meant by ‘relationship’ and why many young people want close relationships
• identify what is good about relationships and what is sometimes difficult about them
• Identify characteristics of a caring, healthy relationship
• identify good communication skills for starting, maintaining and ending relationships
• develop an awareness of the differences between face-to-face and online relationships.

Health and Wellbeing experiences and outcomes

I understand the importance of being cared for and caring for others in relationships, and can explain why.  
**HWB 3-44a/HWB 4-44a**

I understand and can demonstrate the qualities and skills required to sustain different types of relationships.  
**HWB 3-44b/HWB 4-44b**

I recognise that power can exist within relationships and can be used positively as well as negatively.  
**HWB 3-45a/HWB 4-45a**

I reflect on how my attitudes, beliefs, values and morality can influence my decisions about friendships, relationships and sexual behaviour.  
**HWB 3-46a/HWB 4-46a**

I am aware of the need to respect personal space and boundaries and can recognise and respond appropriately to verbal and non-verbal communication.  
**HWB 3-45b/HWB 4-45b**

Notes for the educator

This session will revise and build on earlier work on communication skills, friendships and relationships. It starts to explore intimate/close relationships between two people and develops the concept of rights and responsibilities in relationships. It also encourages students to explore what they want from relationships and what they need to give in return. It may be a difficult session for some students – you will need to be sensitive to their needs.

It is important that you allow exploration of a wide range of relationships and do not focus only on boy/girl relationships – there may be young people in the class who have...
experienced feelings of attraction to someone of the same sex or identify as lesbian or gay. Young people's parents/carers may be in a same-sex relationship or civil partnership.

Remember too that relationships are not always easy or long-lasting – there is no magic formula to making relationships work – and this applies equally to boys and girls.

Social networking sites play a big role in the way many young people start, maintain and end relationships (both friendships and intimate relationships). It is important to reinforce the need for safe internet use and recognise the issues of cyberbullying and sexting, where young people exchange sexual information or images via mobile phone text or messaging service. Further information on legislation relating to sexting and sexual images can be found in Appendix F and sources of support on this topic are available in Appendix C.

### Materials and preparation

- Group agreement on display
- Copies of *Project sheet 4* for all students
- Copies of *Handouts C* and *D* for all students

### Method

1. (5 minutes)

Explain that you intend to explore relationships in this session, including online relationships and social networking, and that you are going to start by looking at relationships in general. Ask the class to brainstorm quickly (generate lots of ideas without discussion or challenge) the people they have relationships with and write the suggestions on a flip chart or board; for example

- boyfriends/girlfriends
- neighbours
- parents
- teachers
- brothers and sisters
- people they work with.

### Additional notes

If students raise the idea of pets, this should be accepted too. For many young people at this age, pets play a very significant part in their lives, and are important in helping them learn about reliability, trust, care and responsibility.
Divide the class into self-selected single-gender groups of two to four. Have each person take a moment to identify an important/significant/close relationship (this might be with a parent or carer, a sibling, a best friend, a boy- or girlfriend or anyone else they choose). Explain that they will do some thinking about this relationship, and then share what they choose of this in their small group. Distribute Project sheet 4 and ask them to fill it in for the person they have selected.

Remind the class about the need for confidentiality as part of the group agreement.

Ask students to work in their small groups to discuss some of the following questions. This may be a difficult concept for some students, so you may choose to leave it out and simplify the questions by using only the term ‘friendship’.

- What does ‘relationship’ mean?
- What is it that makes these relationships good?
- What makes relationships difficult sometimes?
- What might make a relationship unhealthy?
- What might prevent a relationship happening, e.g. family, external pressures?

Are some relationships valued by society more than others – if so, why?

Bring the class back together, draw out and discuss:

- Why are close relationships important?
- Are they important to everybody?
- To what extent do they need to be worked at?
- How important is communication?
- What part do rights and responsibilities play?

Draw out:

- People’s need in relationships for intimacy – for acceptance, support and affection, and the need for compromise, or ‘give and take’.
- That some people prefer to be single and this is absolutely okay.
- That it can be traumatic when a relationship ends, whatever your age, gender or sexuality.
- The fact that intimate relationships can be between men and women or can be same-sex, just as friendships can. It will be helpful to define the following:
**Session 4: Relationships**

**heterosexual/straight**: a person emotionally and physically attracted to someone of the opposite sex

**gay**: a man emotionally and physically attracted to other men (sometimes also used to describe lesbians)

**lesbian**: a woman emotionally and physically attracted to other women

**bisexual**: a person who is emotionally and physically attracted to men and women

Give out **Handout C** to reinforce the discussion and draw out the need to:

- communicate well in relationships – be honest and say what you want so there is no doubt that you mean it
- build a relationship – talk and act in a way that shows you want to keep a good relationship going
- balance rights and responsibilities in a relationship – be concerned for your own and the other person’s health and wellbeing (as discussed in **Session 1**)
- recognise when a relationship is unhealthy and the need for clear communication in ending the relationship (or seeking help in the case of an unhealthy relationship with a parent/carer or other adult)
- understand the impact of changes in relationships on people
- consider how substance use can change how we treat ourselves and others in a relationship.

**4. (10 minutes)**

Distribute **Handout D** and go through it with the class. Discuss which of the skills would be used:

- for face-to-face communication
- for online or text communication
- for both of the above.

Following discussion of **Handout D**, pair students up, single gender or mixed, and write a brief scenario in which one of them issues an invitation (to go out together, to go round to their house, to go to a football match) and the other has to decline using the communication skills on the sheet. Ask young people to practise declining the invitation a) face to face and then b) via text or online message.

They should practise this in pairs, and volunteers might demonstrate to the class. You will need to circulate round the pairs encouraging, supporting and giving practical examples of good communication skills if they are struggling.
5. (5 minutes)

Raise the question of online friendships. Some young people feel freer to flirt, be open or exaggerate when texting or online, and it is harder for them to pick up cues about the other person so they need to be aware of issues of safety. Ask the students:

- What are the differences between an online friendship and a face-to-face one?
- What would be appropriate/inappropriate photos on a social networking site?
- What are the risks and benefits of online friendships?

Draw out the need for:

- Safe internet use. It may be helpful to discuss privacy settings. Young people should not give out their real name, telephone number or address online. Sending pictures of yourself carries the risk they will be posted online. Reinforce the need for privacy settings so that if they do post photos, not everyone can see them. Also ask them to consider potential dangers of meeting up with people they might link up with via social media networks. Further advice on internet safety for young people is available at www.thinkuknow.co.uk.

Session 4 Key messages

- Relationships can be supportive and loving, but they can also bring challenges.
- Good communication skills are important for starting, maintaining and ending relationships – whether face-to-face or online.
- Looking after yourself online is important so that you don’t end up in a dangerous or upsetting situation.
- Using substances, including alcohol, can impact on how we treat ourselves and others.
Identify a close relationship you have (this might be with your parent or carer, your brother or sister, a best mate, a boy- or girlfriend or anyone else you choose).

1. Why is this relationship important to you?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

2. What makes it good/healthy?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

3. What sometimes makes it difficult/unhealthy?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

4. What you get from this relationship?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
You trust each other
You can talk to each other about your worries and concerns
You respect each other
You have strong feelings for each other
You like each other for who you are
You feel relaxed and have a laugh with them
You both know what you want and what you don’t want
You know that they won’t run off and tell their friends
You know they won’t share private things online
You have both planned how you can keep safe

Any others?
Know what you want
Stand (or sit) up straight
Serious expression – best ‘I mean it’ face
Look at the other person – make good eye contact
Clear, firm voice – strong and business-like
If you need to say no, use the word – with supportive body language to back it up – shake your head and move away
Respect the person’s personal space
Put your hands up, palms facing out, in front of your body
Get back to the person as soon as you can
Listen to the other person
Use words that will be easily understood
Say what you want
Suggest alternative actions – to show you are willing to maintain the relationship (if you wish to)
Make sure you answer any questions that are asked as best you can
Give the other person a chance to respond
Ask again if you aren’t sure what the person meant
Repeat the message as often as needed
Check your message over before you hit ‘send’
Check pictures or attachments are safe to send

Any others?
Session 5: Being male or female

Learning objectives

For students to:

- describe the influences that mould perceptions of being male and female
- experience a boost to self-esteem through exploration of positive body image and personality.

Health and Wellbeing experiences and outcomes

I understand my own body's uniqueness, my developing sexuality, and that of others.

**HWB 3-47a/HWB 4-47a**

I know that popular culture, the media and peer pressure can influence how I feel about myself and the impact this may have on my actions.

**HWB 3-46b/HWB 4-46b**

Notes for the educator

This session links to **Session 2** on male and female body parts and to **Session 6** about sexuality and sexual behaviour. The exercises explore the influences that mould our perceptions of being male or female, and encourage students to consider how such influences affect themselves, people within their families and communities and wider society. The exercises provide opportunities to discuss expectations around gender roles for men and women, the way people are expected to look and behave and how they are expected to express their sexuality.

The session also introduces work on body image. We live in a culture in which self-deprecation and ‘put-downs’ are more common than positive self-esteem and praise. Most of us, young people included, find it hard to be positive about ourselves in public, and girls in particular often worry excessively about body image.

Respect for, and valuing, all students will be critical to the success of this session. The activities could be difficult for some students. You may have a student in your class who has a physical disability or disfigurement, is uncertain about their sexual orientation or feels that their gender does not match up with the body they were born with (see ‘Recognising, valuing and supporting diversity’ in **Appendix A**). Any of these concerns may cause unhappiness, confusion and isolation, so it is important to be sensitive to individual needs and create a supportive and trusting atmosphere.
Session 5: Being male or female

Materials and preparation

- Group agreement on display
- A range of magazines and newspapers, including ones aimed specifically at boys and young men, girls and young women, adult men and adult women – enough so that everyone has at least one to use at any given time in the activity
- Large sheets of paper, scissors (though some educators say they are not necessary) and glue
- Copies of Project sheet 5 for all students

Method

1. (5–10 minutes)
Introduce this session by explaining that students are going to explore images of men and women in society, the way in which we learn how to be men and women and the effect that this has on us.

Ask the group:
- What messages are important when we are learning how to ‘be a girl’ or ‘be a boy’?
- Where do these messages come from?

Additional notes

You may need to give the class an example to start them off; e.g. dads may tell their sons that ‘big boys don’t cry’ or mums will tell their daughters ‘you need to be careful’.

Make a list on the flip chart or board of where the messages come from, and categorise them as you go, e.g.
- parents/carers, brothers/sisters, other relatives
- friends/peers
- media – adverts, music, TV, films, magazines, newspapers, internet, games, social media, sexting
- teachers/school
- norms and expectations of a person’s faith, culture or ethnicity.
Explain to the class that you are going to focus now on media messages. Divide the class into groups of four or five, and have each group sitting round a table. Give out the magazines and newspapers, paper, scissors and glue and have groups make quick collages to illustrate images of women and men, or girls and boys.

Pin up the collages and draw out, for example:

- the diversity (or lack of it) in the images of boys/men and girls/women
- the extent of representation of people who are non-stereotypically male or female, or recognisably belong to a minority faith or ethnic group, or who have a disability or disfigurement, or people who do not live in conventional families, or people in same-sex relationships
- whether the images are positive
- what the images portray about expectations of boys/men and girls/women
- what the images portray about the sexual behaviour of boys/men and girls/women
- to what extent young people are free to make their own choices or are restricted by expectations.

Additional notes

For most groups, you will probably want to keep the task simple, in which case allocate images of girls/women to half the groups and boys/men to the other half. If you have more time and an able group, you might choose to widen the range of themes; e.g. images of boys, images of men, images of girls, images of women; or invite some groups to look for non-stereotypical images of girls/women or boys/men.

As an alternative, you could have students divide into self-selected groups of four or five, provide them with large sheets of paper and a felt-tip pen and allocate one category to each group. Ask them to list messages that their category gives about what men and women should be. Then bring the class back together, pin up their lists and draw out what different groups have written. Discuss with the class:

- How widespread/universal are these messages?
- How influential are they?
- Are they positive or negative?

Additional notes

You will need to circulate, support and encourage.
Session 5: Being male or female

3. (5–10 minutes)

Remind the class that traditional stereotypical gender roles are determined by the particular society we live in, that they can be harmful to the health of women and men and are not the only way to behave. It is okay to be different so long as the behaviour is respectful of others and is legal.

End with some sentence stems that can be completed by individuals in the whole group or in small groups of two or three, e.g.

- Something I have learned in this session about images of men/women is...
- One message I would like to change about what men/women should be is...
- I like the way men/women can...
- I don’t like the way men/women are expected to...
- I wish that men/women were able to...

4. (5 minutes)

Have students return to small groups and distribute Project sheet 5 to each student. Ask them:

- to write in the names of all the people in their group, including themselves
- to write something they like about each of them – either about their personality or the way they look (e.g. height, shape, hair, legs, eyes, skin).

Encourage them to take a few minutes to think carefully about it. Make clear that this exercise is about self-esteem so it is important to be both honest and positive. Ask them to share in their small group what they write down.

Session 5 Key messages

- Many images of men and women in the media are not realistic or representative.
- Feeling good about yourself is important for your wellbeing.
- We are all different, unique and valuable.
Complete the following sentences for each of the people in your small group, and then complete the sentences about yourself.

**Be honest and positive.**

You may choose something about their personality or the way they look (e.g. height, shape, hair, legs, eyes, skin).

One thing I like about …………………………………………………………………………………………
is ……………………………………………………………………………………………………………………………

One thing I like about …………………………………………………………………………………………
is ……………………………………………………………………………………………………………………………

One thing I like about …………………………………………………………………………………………
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One thing I like about …………………………………………………………………………………………
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One thing I like about …………………………………………………………………………………………
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One thing I like about …………………………………………………………………………………………
is ……………………………………………………………………………………………………………………………

One thing I like about …………………………………………………………………………………………
is ……………………………………………………………………………………………………………………………

One thing I like about **my** personality is ……………………………………………………………………

One thing I like about **my** body is ………………………………………………………………………………
Session 6: Learning about sex

Learning objectives

For students to:

• be aware that both sexuality and sexual behaviour is individual and varied
• challenge myths and preconceptions about male and female sexuality
• understand that sexual activity does not only mean penetrative vaginal sex.

Health and Wellbeing experiences and outcomes

I understand my own body’s uniqueness, my developing sexuality, and that of others.
HWB 3-47a/HWB 4-47a

Using what I have learned I am able to make informed decisions and choices that promote and protect my own and others’ sexual health and wellbeing.
HWB 3-47b/HWB 4-47b

Notes for the educator

This session attempts to explore and challenge some of the misunderstandings and myths around male and female sexuality. Some of the material is sensitive, and you will need to be well prepared and to handle it with a great deal of care.

It may be useful to emphasise at the start of the session that this is about sexual feelings and behaviour in general. For some students, this information will be entirely new, for some it may be useful very soon and for others it may be useful at some point in the future – and that a box will be available for anonymous questions which will be answered in a later session.

You may also want to consider providing some wallets containing leaflets and information on the topics you are covering in this session. These could be made available for students to borrow.

It is important to consider the ability of students to complete the quiz (Project sheet 6) on their own. Consider literacy levels and ensure students have any support needs met in a sensitive way.

In addition, be aware that young people get information about sex from a range of sources, including the internet where there is easy access to pornography.

Through discussion, students may ask questions that you are not able to answer without checking. If this happens, always tell students that you will find out the answer to any appropriate question and get back to them as soon as you can.
Materials and preparation

- Group agreement on display
- Copies of the quiz (Project sheet 6) and notes (Handout E) for all students
- A copy of the Educator’s notes on the quiz
- You may also want:
  - postcards (or slips of paper) for questions
  - a box or other container to post questions
  - some information wallets for students to borrow
  - local/school child protection guidance/knowledge

Method

1. (5 minutes)
Introduce the session and explain that this is an opportunity for students to confirm what they know already, clarify information they were unsure and gain new information.

Remind them of the values of the programme – that our sexuality is a natural and healthy part of who we are and that each of us feels differently about our sexuality and may express it in different ways. Make clear that the quiz is not a test, that its purpose is to raise points for discussion and that students’ opinions and experiences are relevant and useful.

2. (10 minutes)
Have the class divide into self-selected groups of two or three. Give out the quiz (Project sheet 6) and have students spend a few minutes filling it in alone. When most have had time to complete it, encourage each group to discuss their responses among themselves, appointing a spokesperson to note any comments or questions and be prepared to report back.

3. (15–20 minutes)
Bring the class back together. Go through the quiz asking the spokesperson from a different group in turn to feed back on each statement. Make clear to the spokesperson that what they report back must be anonymised. Draw out additional points from other groups, ask students what they think and offer correct information as you go through the quiz (see Educator’s notes).

4. (5 minutes)
Give out brief notes on the quiz (Handout E) for students to keep. End with a round of ‘Something I learned today...’, which may be done in the whole group if it is no more than about 16 students, in the small mixed groups or in the original twos and threes.
Remind students to write down anonymously on pieces of paper or a postcard any other questions they would like answered and post them in the container provided. Explain that they can add questions at any time, and you will attempt to answer them over the next few weeks. Alternatively, direct students to where they could find the answers for themselves.

### Session 6 Key messages

- Sexuality and sexual behaviour is individual and varied.
- Many young people are not sexually active, for a variety of good reasons.
- Sexual intercourse is not legal until you are both 16.
Project sheet 6: Quiz on sexual understanding and activity

1. When do boys and girls mature sexually?
   a) About the age of 18
   b) About the age of 15
   c) About the age of 12
   d) None of these

2. How many teenagers in Scotland have not had sexual intercourse before they are 16?
   a) Very few
   b) About a third
   c) About two-thirds
   d) Almost all

3. Is it true that women want love and men want sex?
   a) Yes
   b) No
   c) Not sure

4. How do people learn what they enjoy sexually?
   a) It just comes naturally
   b) They learn by experience

5. Is masturbation only for people who haven’t got a partner?
   a) Yes
   b) No
   c) Not sure
6. Is it true that, once aroused, boys/men have to have sex?
   a) Yes
   b) No
   c) Not sure

7. What makes a person heterosexual, lesbian, gay or bisexual?
   a) Nature
   b) The way they are brought up
   c) Choice
   d) Nobody knows

8. Do some people choose not to have sex?
   a) Yes
   b) No
   c) Not sure

9. Why might some people regret having sex?
   a) They were drunk
   b) They didn’t feel ready
   c) They were pressured into it
   d) All of the above
10. Do people with physical or learning disabilities have sexual feelings?
   a) Yes
   b) No
   c) Not sure

11. What should you do if you receive a text with sexual images?
   a) Send it round your friends – everyone does it.
   b) Delete it right away
   c) Tell someone you trust
   d) Tell the person who sent it not to send anything like that again

12. Is it against the law to have sex under the age of 16?
   a) Yes
   b) No
   c) Not sure
1. When do boys and girls mature sexually?

There is no clear age when boys and girls mature sexually. Puberty is a process of physical and emotional changes taking several years. The start of puberty and the speed at which it takes place vary greatly from one individual to another. Most girls will have their first period between the ages of 11 and 14, but some girls start as early as 8, while others may be as late as 17. Most boys start to notice changes in their bodies between about 10 and 16.

Our bodies may be sexually mature by the age of 15, but that does not necessarily mean that we are emotionally ready for sexual relationships. We may not be ready at 18 either. It is not legal to have sex under the age of 16, but this does not mean you have to have sex when you reach 16.

The use of alcohol and some drugs (both those that are illegal and so-called legal highs, i.e. both that are controlled under the Misuse of Drugs Act and also new drugs such as new psychoactive substances) lowers inhibitions and makes good decision-making more difficult.

Research indicates that 17% of 15-year-old girls and 12% of 15-year-old boys surveyed had unprotected sex during the previous year as a result of drinking alcohol. In addition, drug users were more likely to have under age sex and at an earlier age.


How do we decide if we are mature enough for sexual relationships?

What might influence young people to engage in sexual activity that they may regret?

2. How many teenagers in Scotland have not had sexual intercourse before they are 16?

   a) Very few
   b) About a third (1 out of every 3)
   c) About two-thirds (2 out of every 3)
   d) Almost all

It is likely the term will have been discussed in Session 2, but if not, ensure students understand what is meant by sexual intercourse in the context of this quiz question, i.e., vaginal penetration by a penis.

Sexual intercourse is just one type of sexual activity. People can be sexually active and enjoy sex without having intercourse.

SHARE research found that at least 82% of boys and 85% of girls had not had sexual
intercourse by 13 or 14 years old. Of those who had had sexual intercourse at least once, about a third thought it was too early (Wight et al., 2002).

- Do these figures surprise you?
- Why do you think many believe that the figures are actually much higher?
- Why do you think that some may have had sex only once?
- Why might some young people regret early sexual intercourse?
- What are the pressures on pressure on young people to have sex? (from within, from peers, from the media)
- What are the effects of alcohol and illegal drugs on behaviour and decision-making?

Research tells us that at the age of 15, 35% of females and 27% of boys reported having sexual intercourse at least once (HBSC, 2010).

The evaluation of Healthy Respect (2009) found that 35.5% of girls and 32.5% of boys reported vaginal intercourse in S4 (average age 15 years 6 months).

Using alcohol and drugs can stop you from making good decisions about sex.

### 3. Is it true that women want love and men want sex?

- a) Yes
- b) No
- c) Not sure

Yes and no: Some women need sex less than some men; some women need sex more than some men.

Some women and some men rate love as more important than sex; and many women and men want both. People’s want or need for sex varies greatly. At certain times in their lives, some women and some men may want more sex than their partners.

It is often assumed that men have a greater biological need for sex that women, but this is not the case. Everyone’s sexual needs and preferences are individual and unique.

The idea that women need less sex than men may have developed because women tend to take longer to be aroused sexually. It is important to remember this if women are to enjoy sex.

- Do you think boys want sex more than girls?
- Why might this be/seem to be?
- Do both men and women want to be loved?
- Why do boys tend to talk more of sex than of love or relationships?
- Are boys able to talk about their feelings?
4. How do people learn what they enjoy sexually?

   a) It just comes naturally

   b) They learn by experience

People learn by experience what they enjoy sexually. We are all sexual beings. We learn through our upbringing and from experience:

- What we feel about sex generally
- Whether we want to have sex
- Whether we enjoy it
- Who we enjoy sex with
- What we like to do sexually.

NB: Young people’s ‘experience’ may include watching sex online or on screen as well as actually engaging in sexual activity with a partner. What they like to watch may not match what they like (or think they would like) in reality, and there may be negative emotional consequences involved in this.

How we feel, think and behave sexually may change as we get older. A good sexual relationship is likely to develop over a period of time when two people care for one another.

- Do people always have good sexual experiences?
- In what circumstances are they sometimes not good? (Discuss lack of consent, ambivalence, fear of consequences, inexperience, premature ejaculation, first sexual experiences, the need to develop a good relationship.)
- How might unrealistic images of sex seen online or in magazines affect young people’s relationships and expectations about sex?

5. Is masturbation only for people who haven’t got a partner?

   a) Yes

   b) No

   c) Not sure

Masturbation is touching or rubbing genitals to produce pleasurable sexual feelings. Some girls and boys will discover masturbation quite young; others will discover it as teenagers or adults. Some people never masturbate. This may be because they don’t know about it, they don’t like it or because it is against their faith or cultural beliefs.

Why might people masturbate?

Explain to the class that many women and men masturbate alone or with a partner because they enjoy it. It is one form of sexual activity. Emphasise that it does not do any harm.
6. Is it true that, once aroused, boys/men have to have sex?

- a) Yes
- b) No
- c) Not sure

Boys/men do not have to have sex once they have been aroused. Some boys might really believe the myth.

Why else might they put this view about? Discuss whether it is to persuade partners into sex, because they believe this to be true or because it maintains a myth about men as sexual predators?

No harm will come to a person who is aroused and does not have sex. If they wish to relieve themselves, they can masturbate.

7. What makes a person heterosexual, lesbian, gay or bisexual?

- a) They are born that way
- b) The way they are brought up
- c) Choice
- d) Nobody knows

It is not known what makes a person heterosexual, lesbian, gay or bisexual. Ensure the class understands the terminology used in the question:

- heterosexual/straight: a person emotionally and physically attracted to someone of the opposite sex
- gay: a man emotionally and physically attracted to other men (sometimes also used to describe lesbians)
- lesbian: a woman emotionally and physically attracted to other women
- bisexual: a person who is emotionally and physically attracted to men and women

Why is this question often asked about people who are lesbian, gay or bisexual when it is not asked of people who are heterosexual?

When this question is asked, it gives the impression that there is something ‘wrong’ or ‘unnatural’ about being lesbian, gay or bisexual, and that we need to find the reason for it. Although fewer people are lesbian, gay or bisexual (estimated at between 5% and 7% of the population), it is just as normal and natural as being heterosexual.

Is a person always entirely heterosexual, gay, lesbian or bisexual?

Discuss the idea of a continuum from entirely heterosexual feelings and experience at one end to entirely lesbian or gay at the other, with a wide range of sexual feelings and
experiences in between, including adolescent experimentation, feelings of attraction for someone of the same sex, bisexuality, etc., and that you don’t have to identify as lesbian, gay or bisexual to have had same-sex feelings or experiences.

A survey of sexual behaviour indicated that 4% of young men and 9% of women between the ages of 16 and 24 years reported a sexual experience with a same-sex partner (Macdowell et al, 2002, www.the lancet.com/themed/natsal, 2014). Remember this does not include those who reported that they simply had feelings of attraction for someone of the same sex.

**Does the label describe how a person feels or how they behave?**

A person may describe their sexuality/sexual orientation in a particular way but this does not necessarily describe their behaviours, e.g., a lesbian may be sexually active with women or men, she may be married and have children or she may be celibate or in a civil partnership.

**Are labels important? If so, why?**

**Does a person’s sexuality/sexual orientation ever change?**

People express their sexuality in different ways at different times. Refer back to the idea of sexual feelings and experiences being a continuum and that where someone sits on the continuum may change at different times.

See Appendix A for more information on transgender issues.

**Why is there so much discrimination in society against people who are lesbian, gay, bisexual or transgender?**

Discuss ignorance, fear of the unknown and societal expectations. Note with students that laws exist to prevent discrimination and that people found discriminating against LGBT people can be charged with hate crime.

Sometimes people who aren’t lesbian, gay, bisexual or transgender can experience bullying because people perceive them to be so.

**What impact do you think discrimination might have on lesbian, gay, bisexual or transgender people?**

LGBT young people are more likely to suffer anxiety, depression, self-harm and suicidal feelings.

69% of all LGBT respondents had experienced homophobic or biphobic bullying in school (LGBT Youth Scotland, Life in Scotland For LGBT young people: Education Report, 2012).
8. Do some people choose not to have sex?

a) Yes  
b) No  
c) Not sure

Some people choose not to have sex. Other people do not have the opportunity. Celibacy means not being sexually active – for some, this is called abstinence. A person may choose to be celibate at any stage, for a period of time or for the rest of the life, or they may be celibate because they have no one to have sex with.

Why do you think a person might choose celibacy?

Discuss faith reasons, negative experiences, not being interested in sex, wanting time alone, happy being single. Some abstain to improve sporting performance.

Why do you think a person might be celibate when they would rather not be?

Discuss difficulties in forming relationships or unavailability of potential partners.

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9. Why might some people regret having sex?

a) They were drunk  
b) They didn’t feel ready  
c) They were pressured into it  
d) All of the above

It is every young person’s right not to have sex until they feel ready. Being drunk significantly increases the risk of doing something you might regret – something you would never do when sober. Around one in four young people who had sex when they were drunk regretted this [www.nspcc.org.uk/Inform/publications/casenotes/CLcasenotesalcoholandteenagesex_wdf48184.pdf](http://www.nspcc.org.uk/Inform/publications/casenotes/CLcasenotesalcoholandteenagesex_wdf48184.pdf)

Emphasise the unacceptability of coercion. Someone who pressures you into sex is unlikely to have your best interests at heart. Someone might use alcohol or drugs to reduce a person’s capacity to consent to sex.

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10. Do people with physical or learning disabilities have sexual feelings?

a) Yes  
b) No  
c) Not sure

Yes, people with physical or learning disabilities have the same sexual feelings and desires as anyone else, and have the same rights and responsibilities as other young
people. But they may find it harder to communicate their feelings and to understand their rights and responsibilities. There may be reasons why they are unable to have a sexual relationship, for example, parental expectations, protectiveness, physical disability, or lack of opportunity through isolation or limited mobility. It is important that young people with learning disabilities receive good sexual health and relationships education as they are more at risk of exploitation and abuse.

11. What should you do if you receive a text with sexual images?

a) Send it round your friends – everyone does it.

b) Delete it right away

c) Tell someone you trust

d) Tell the person who sent it not to send anything like that again

This is sometimes called sexting. You should tell an adult you trust at the earliest opportunity and show them the image. Then you should delete it and tell the person that sent it not to send you anything like that again. Sending indecent or obscene images via the internet or using mobiles is breaking the law (Communications Act, 2003, s127).

A growing number of young people are inadvertently facing criminal charges and/or being placed on the Sex Offenders Register for sending sexual images. If an image is of a young person under 18 years old then it may be classed as child pornography. The age should be emphasised as it may be assumed this would apply to images of under-16s.

12. Is it against the law to have sex under the age of 16?

a) Yes

b) No

c) Not sure.

Information taken from Underage Sexual Activity Guidance, ELBEG, 2011:

The Sexual Offences (Scotland) Act, 2009 sets out a legal definition of consent, clarifies offences and, where previous legislation differentiated between girls and boys, the new legislation is gender-neutral.

The Act maintains the age of consent at 16 but creates offences dependent upon the age of the child. A ‘young child’ under the Act has not attained the age of 13 years. An ‘older child’ under the Act has attained the age of 13 years, but has not attained the age of 16 years.

The law and Scottish Government guidance is clear that all sexual activity involving a child who at the time of the activity is or was a ‘young child’, is Child Protection and must be referred to one of the Core Agencies (Police, Health or Social Work (Children & Families) for discussion.
Educators should make reference to local Child Protection Procedures and policies. A ‘young child’ cannot give consent to sexual activity. Sexual activity between an adult (16 or over) and an ‘older child’ will be an offence.

Sexual activity between consenting ‘older children’ will be an offence, and both parties may be liable to prosecution under the Act.

It is recognised that some ‘older children’ will engage in consensual sexual activity with each other and that some ‘older children’ will also engage in consensual sexual activity with adults, both of which may not be abusive or exploitative, dependent upon circumstances. However, sometimes young people appear older than they are, or claim to be older, and this can lead to an offence taking place without the older partner being aware of it.

It is important to emphasise that sexual and reproductive health services provide a confidential service to young people and that a professional would only ever pass on information if the young person (or someone else) was felt to be at risk of harm.
1. **There is no clear age when boys and girls mature sexually.**

Puberty is a process of physical and emotional changes taking several years. The start of puberty and the speed at which it takes place is different for everyone. Some girls start having periods at the age of 9, others not until they are 14 or 15. Boys start to notice changes in their bodies between about 11 and 16.

And just because our bodies are sexually mature, it does not mean we have to have to go out and have sex. It is important to feel ready for sex and have discussed it with your partner before your relationship becomes sexual.

2. **Research suggests that around 2 out of every 3 teenagers in Scotland have not had sexual intercourse before they are 16.**

Remember that most young people have not had sex before they are 16. It is worth remembering that there are lots of pressures to have sex, particularly because everybody seems to be doing it. Remember that NOT everyone is doing it, and it is okay to wait until you are ready. Nobody should pressure you into having sex. It is also okay to be single.

Many young people regret their first experience of sex, especially if they were drunk, and would do things differently if they could.

3. **Some women need sex less than some men; some women need sex more than some men.**

Some women and some men rate love as more important than sex and many women and men want both. People’s want or need for sex varies greatly. At certain times in their lives, some women and some men may want more sex than their partners.

The idea that women need less sex than men may have developed because women tend to take longer to be aroused sexually. It is important to recognise this if women are to enjoy sex.

Research also suggests that boys learn about sex through masturbation (wanking) while girls tend to learn about sex through experience with a partner.

Most people, whether male, female or transgender, want to be loved. And some people are completely happy being single.

4. **People learn by experience what they enjoy sexually.**

We are all sexual beings. People learn by experience what they enjoy sexually. We learn from our upbringing and experience what sex means to us, what we feel about sex and who we fancy. How we express ourselves sexually may change over time.

Good sexual relationships develop over a period of time when two people care for one another.
5. Masturbation is not only for people who haven’t got a partner.

Masturbation is not only for people who haven’t got a partner. Masturbation is touching or rubbing genitals to produce nice sexual feelings. Some girls and boys will discover masturbation quite young; others will discover it as teenagers or adults.

Some people never masturbate. This may be because they don’t know about it, they don’t like it or because it is against their faith or cultural beliefs.

Many women and men masturbate alone or with a partner because they enjoy it. It is one form of sexual activity.

6. Boys/men do not have to have sex once they have been aroused.

Boys/men do not have to have sex once they have been aroused. Some boys might really believe this myth, and some boys might say it to persuade their partner into having sex.

No harm will come to a person who is aroused and does not have sex. If they want to relieve themselves they can masturbate.

Remember both partners must consent (give their free agreement) to sex, otherwise the sexual activity might be classed as sexual assault.

7. It is not known makes a person heterosexual, lesbian, gay or bisexual.

A person who is heterosexual is emotionally and physically attracted to people of the opposite sex; a person who is lesbian or gay is emotionally and physically attracted to people of the same sex; and a person who is bisexual is emotionally and physically attracted to people of both sexes.

It is different for everyone and for some people who they are attracted to may change over time. Some people will identify as heterosexual, and some will identify as lesbian, gay or bisexual from quite a young age. Some people who identify as heterosexual will experience same-sex relationships or have feelings of attraction to someone of the same sex.

We don’t know why some people are lesbian, gay or bisexual and it is worth asking ourselves why we need a reason when the same question is not asked about heterosexuality.

Young women and young men who are lesbian or gay usually say that they recognised it in their early teens, although they rarely knew the words to describe it, or found anyone to talk with about it. The first person most people talk to about it, or ‘come out’ to is a friend.
8. Some people choose not to have sex. Other do not have the opportunity.

Celibacy is the word to describe not being sexually active. A person may choose celibacy (or abstinence) at any stage, for a period of time or for the rest of their life; or they may be celibate because they have nobody to have sex with or because of faith or cultural beliefs.

9. Some young people do regret having sex, especially the first time.

Some young people may have sex the first time while drunk or having used drugs, and may have had sex when they did not expect or plan to, or with someone they don’t care for. The regret may be about having put themselves at risk of a sexually transmitted infection (STI), blood-borne virus (BBV) or unintended pregnancy. It may be that a young person feels they have been used; that they did not wait for someone who cared about them. Or they may have been pressured into sex.

Just because you have had sex once does not mean that you have to keep having sex, though. If you feel bad about yourself, worried or scared after sex, don’t rush into having sex again because you think you have to. You might feel it helpful to talk to someone you trust.

10. People with physical or learning disabilities have the same sexual feelings as everyone else.

Yes, people with physical or learning disabilities have the same sexual feelings and desires as anyone else, and have the same rights and responsibilities as other young people. But they may find it harder to communicate their feelings and to understand their rights and responsibilities. There may be reasons why they are unable to have a sexual relationship, for example, parental expectations, protectiveness, physical disability, or lack of opportunity through isolation or limited mobility. It is important young people with learning disabilities receive good sexual health and relationships education as they are more at risk of exploitation and abuse.

11. Sending sexual images by text is not acceptable, and can lead to criminal charges.

You should tell an adult you trust as soon as possible and show them the image. Then you should delete it and tell the person that sent it not to send you anything like that again. Sending obscene images via the internet or using mobiles is breaking the law (Communications Act, 2003). As well as being illegal, sending photos without your permission is disrespectful and not reflective of a trusting relationship.

If an image is of a young person under 18 years old then it may be classed as child pornography. Some young people have faced criminal charges and/or been placed on the Sex Offenders Register for sending sexual images.
12. It is against the law to have sex under the age of 16.

But it is recognised that some young people under 16 do have sex, and sexual and reproductive health services can see young people who are 13, 14 or 15 years old and provide a confidential (private) service.

If you are under 16, the professional you see at a service must, by law, ask you questions about whether you are having sex, and who with. This is so that they can make sure you are safe and happy, not so that they can tell someone else.

The only time they would have to tell another person would be if they feel you or someone else is in danger of being harmed in some way. The professional would always try to speak to you before telling anyone.
Session 7: Sexual activity, pregnancy and contraception

Learning objectives

For students to:
• be aware of vulnerability to becoming pregnant or getting a partner pregnant
• explain why contraception is important and identify types of contraception and contraceptive services
• have considered the consequences of pregnancy.

Health and Wellbeing experiences and outcomes

I am developing skills for making decisions about my relationships and sexual behaviour. I am able to apply these to situations that may be challenging or difficult.

HWB 3-46c/HWB 4-46c

Notes for the educator

The next two sessions are primarily about information to help students keep themselves and their partners safe. This session explores the risks and consequences of pregnancy. It aims to challenge those who are sexually active to keep themselves safe. It also aims to validate those who are not yet sexually active.

If you have made a container available for students to ask questions anonymously, keep an eye on any questions they have written – the next few sessions will provide a good opportunity to answer them.

It is important to note that this is a non-clinical way of teaching about these issues that can easily be delivered by teachers or youth workers without the need for a school nurse.

Educators should know where local services so they are able to signpost young people to these.

Materials and preparation

• Copies of Janine and Eddie: Questions (Project sheet 7.1) for each student.
• One copy of Janine and Eddie: Tasks (Project sheet 7.2), cut up
• A copy of the Educator’s notes on the scenario
• Group agreement on display
• Educator awareness of local services for young people.
You may also want:

- copies of a general sexual health leaflet for all students
- a selection of other leaflets, books and posters on pregnancy, contraception and STIs – some wallets for students to borrow containing leaflets and information on the topics you are covering in this session
- a contraceptive kit on display, examples of different kinds of condoms and a demonstrator (available from the Family Planning Association (fpa) or your local sexual and reproductive health services – see Appendix B).

### Method

**1. (15 minutes)**

Explain what you plan to explore this session. Distribute the Janine and Eddie questions (Project sheet 7.1).

Read out, section by section, the Janine and Eddie scenario from the Educator’s notes starting on page 86 and ask questions of the class, specifying the number of each question. Each person must decide, individually and without discussion, whether they think the answer is yes or no. Allow a moment for decision, then have students tick the appropriate box. Do not read the answers at this stage.

At the end, score the questions with one point for each correct answer:

1. Yes  8. No
2. No   9. Yes
3. Yes  10. No
4. Yes  11. Yes
5. Yes  12. Yes
6. Yes  13. Yes
7. No   14. Yes

Explain that regardless of what score is achieved, there is a need to put into practice what they know and that they should check out their information.

**2. (10 minutes)**

Go through the scenario again, giving correct information, raising points (as indicated in the Educator’s notes) and answering questions. Focus on the questions that students got wrong.
Discuss with the class what options would now be available to Janine and Eddie. Draw out the possibility of:

- Janine and Eddie getting married and setting up home together
- Janine having the baby and staying with her mum
- Janine having the baby and offering it for adoption
- Janine having an abortion (termination).

**Additional notes**

Students may want to know more about abortion. It is not necessary to go into too much detail but students should know what abortion is and that it is one option for a young woman who has an unintended pregnancy. Further information is available in Appendix A.

**4. (10–15 minutes)**

Divide the class into four to six mixed-gender groups and appoint a spokesperson for each. Give each group one of the Janine and Eddie tasks (Project sheet 7.2) and ask the spokesperson to read out to the group what is on the card.

Have students reflect quietly to themselves for a moment, and then share their responses in turn in the small groups. You will probably need to explain the difference between feelings and thoughts. Feelings (or emotions) are produced by changes in chemicals in our bodies, which may lead to a range of sensations such as increased heart rate, dry mouth or ‘butterflies in the stomach’. The feelings associated with these changes are often instant and sometimes powerful and irrational, e.g. anger, joy, disappointment, sadness. Thoughts, on the other hand, always involve the brain and allow us to control our emotions. They tend to come more slowly and rationally.

Have each spokesperson in turn report back. Draw out from the feedback:

- the reactions of others to Janine’s pregnancy
- the problems facing Janine and Eddie
- the options open to them.

Have the class vote on what Janine and Eddie should do.

**5. (5 minutes)**

End the session with a discussion of what Janine and Eddie could have done to avoid this situation, or a round of ‘One thing Eddie or Janine could have done to avoid this situation...’
Remind students of the values of the programme – that we should never have to do anything sexual we don’t want to do and, if we choose to have sex, we should protect ourselves and sexual partners from unintended pregnancy and from sexually transmitted infections.

Give out a general sexual health leaflet for all students to keep. Or direct students to some of the websites mentioned in Appendix C.

**Session 7 Key messages**

- If you are having sex, you need to take responsibility for using contraception and condoms correctly – both male and female partners.
- There are young-people-friendly services to help you if you are worried about pregnancy.
- If you are pregnant there are services that can help and support you.
Janine is 15 and Eddie is 17. They have been going out together for about two months. The first time they had sex was at a party when both of them had been drinking. Janine did not worry about pregnancy that time, especially as it had hurt and she hadn’t liked it much.

1. **Could she have got pregnant the first time they had sex?**

It is quite possible to get pregnant the first time a girl has sex. She does not have to enjoy sex (or have an orgasm) to get pregnant. The use of alcohol and some drugs (both that are controlled under the Misuse of Drugs Act, and also new drugs such as new psychoactive substances which are often known and sold as legal highs), lower inhibitions and make good decision-making more difficult.

They had sex a couple more times. Eddie said it would be OK, because he would be careful and pull out before he came. Anyway, he joked, we always have to do it standing up.

2. **Is she safe from pregnancy if Eddie says he will pull out before he comes?**

No. Pre-ejaculate fluids from Eddie’s penis could cause Janine to become pregnant.

3. **Could Janine get pregnant if they always had sex standing up?**

She could get pregnant, either from pre-ejaculate, which is released just before a man comes, or because he doesn’t pull out in time. Even if he doesn’t penetrate at all, there is still a small risk of pregnancy from ejaculate around the vaginal opening. She could get pregnant whatever position they use for sex.

Then she had her period. Only a light one, but what a relief.

4. **Could Janine be pregnant even if she had a light period?**

Janine and Eddie have taken big risks. Janine may or may not be pregnant. Some people go on having light periods in early pregnancy.

Janine thought perhaps she had been lucky. Eddie suggested they should try condoms.

5. **Is there any risk at all of pregnancy if Eddie uses condoms?**

If Eddie uses condoms with a kite mark (or a CE mark, which is the European equivalent of the kite mark) on the packaging, they will considerably reduce the risk of pregnancy (and of STIs). A kite mark shows that they have been tested to ensure safety. However, even if he uses them correctly and carefully every time they have sex, there is still a very small risk of pregnancy. Alcohol and some illegal drugs increase the likelihood that risks will be taken.
They try condoms. Eddie says it’s like having a bath in your wellies … and they’re expensive.

6. Can you get condoms free?

Condoms are available free from local sexual and reproductive health services and youth clinics. Condoms will be covered in more depth in Session 19. Ask if students know where they can go locally for free condoms, and be ready to tell them about local services.

Eddie suggests that Janine should get some contraception – then she can be sure she won’t get pregnant.

7. If Janine gets contraception, can she be absolutely sure she won’t get pregnant?

Longer-acting reversible contraception or LARC (implant, intrauterine device or system) is over 99% effective.

The contraceptive injection is over 99% effective.

The contraceptive pill and is also over 99% effective – if taken in accordance with the instructions.

It is a good idea for sexually active young people (in a heterosexual relationship) to use both contraception and condoms for protection from both unintended pregnancy and STIs. Both partners should share responsibility for this. (Same-sex couples should still use condoms for protection against STIs.)

Healthcare professionals will be able to provide the most up-to-date and accurate information for young people.

Janine and Eddie haven’t sorted out any contraception. Janine is worried that if she goes to the doctor the doctor might tell her mum.

8. Is a doctor allowed to tell Janine’s mum she wants to go on the pill?

If a young person goes to sexual and reproductive health services or a youth clinic they will be listened to, advised and treated in confidence even if they are under 16.

Health professionals (doctors, nurses or pharmacists) will respect a young person’s right to confidentiality. Doctors may refuse contraceptive treatment to a girl under 16 until she has told her parents if they feel she does not fully understand what the treatment means.

Again, healthcare professionals will be able to provide the most up-to-date and accurate information for young people.

Next time they have sex, Janine is midway through her monthly cycle. Eddie isn’t as careful as he said he’d be.
9. Is ‘mid-cycle’ a high-risk time for Janine to get pregnant?

A woman is most fertile around the time of ovulation (the time when a new egg is produced). This normally takes place around two weeks before the next period, i.e. halfway through the menstrual cycle. However, there are several factors that make this unpredictable – her next period may be early or late, or she may ovulate twice in the month.

Janine is worried that she might be pregnant – she and Eddie took a big risk. She asks her friend about emergency contraception. Her friend says that’s no good because you have to take it the next morning.

10. Is it true that you have to use emergency contraception the morning after sex?

Emergency contraception (brand names Levonelle or ellaOne) can be taken after having unprotected sex. Educators should ensure young people understand it is not just a ‘morning after’ treatment – Levonelle can be taken up to 72 hours (three days) after unprotected sex. The treatment is usually a high dose of the pill, taken as a tablet. Emergency contraception is for emergencies only, and not to be used regularly.

Levonelle is available free from all pharmacies for those aged 13 and over. It is also available from a GP or sexual and reproductive health services. An alternative is ellaOne which can be taken up to 120 hours (5 days) after unprotected sex. It is available only with a prescription.

Janine and Eddie have now been going out together about six months. Nobody ever expected it to last that long, but Janine still worries that they should use some form of contraception. Eddie isn’t always careful these days, partly because he’s getting a bit fed up with Janine. She keeps saying she feels sick and she is too tired to go out.

11. Could she be pregnant?

Feeling sick, especially in the mornings, and feeling tired are both possible signs of pregnancy. Other signs are weight gain, breast tenderness and needing to urinate (pee) more frequently.

Educators could note with students that low mood can be made worse by lack of activity and unhealthy snacking.

Janine and Eddie break up. She gets really low, and sits indoors watching TV and eating chocolates and crisps to cheer herself up. She starts to put on weight. Her friend notices that she has put on weight and says she had better have a pregnancy test. Janine says she can’t be pregnant and, anyway, you can’t get a pregnancy test done without going to the doctor.
12. Can you buy a pregnancy testing kit?
You can buy pregnancy testing kits from a pharmacy or from a supermarket. They will show an accurate result very soon after conception.

Her friend says she can go to a sexual health young people’s clinic (choose the most appropriate for your area). They will probably give her a test just to make sure and give her advice on the right contraception for her.

13. Is it true that Janine can get a pregnancy test and contraception, if appropriate, at sexual and reproductive health services?
Any sexual and reproductive health service/youth clinic or GP will carry out a pregnancy test. They will also offer information and advice, and prescribe contraception if appropriate. The service is free and confidential.

14. Do you think Janine is pregnant?
## Project sheet 7.1: Janine and Eddie questions

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<thead>
<tr>
<th>Questions</th>
<th>Yes</th>
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<tbody>
<tr>
<td>1. Could Janine have got pregnant the first time they had sex?</td>
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<td>2. Is Janine safe from pregnancy if Eddie says he will pull out before he comes?</td>
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<td>3. Could Janine get pregnant if they always had sex standing up?</td>
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<td>4. Could Janine be pregnant even if she had a light period?</td>
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<td>5. Is there any risk at all of pregnancy if Eddie uses condoms?</td>
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<td>6. Can you get condoms free?</td>
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<td>7. If Janine gets contraception, can she be absolutely sure she won’t get pregnant?</td>
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<td>8. Is a doctor allowed to tell Janine’s mum she wants to go on the pill?</td>
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<td>9. ‘Mid-cycle’ a high-risk time for Janine to get pregnant?</td>
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<tr>
<td>10. Is it true that you have to use emergency contraception the morning after sex?</td>
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<tr>
<td>11. Could she be pregnant?</td>
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<tr>
<td>12. Can you buy a pregnancy testing kit?</td>
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<td>13. Is it true that Janine can get a pregnancy test and contraception, if appropriate, at sexual and reproductive health services?</td>
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<tr>
<td>14. Do you think Janine is pregnant?</td>
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</tbody>
</table>
Group A

Imagine that you are Janine. The clinic has just confirmed that you are pregnant.

How would you feel?
What would you think?
What would you want to happen?

Group B

Imagine you are Eddie. Janine has just told you she is pregnant.

How would you feel?
What would you think?
What would you want to happen?

Group C

Imagine you are a group of Janine’s friends. You have heard she is pregnant.

How would you feel?
What would you think?
What would you encourage her to do?

Group D

Imagine you are a group of Eddie’s friends. You have heard Janine is pregnant.

How would you feel?
What would you think?
What would you encourage him to do?

Group E

Imagine you are Janine’s mum. Janine has just told you she is pregnant.

How would you feel?
What would you think?
What would you encourage her to do?

Group F

Imagine you are Eddie’s mum and dad. Eddie has just told you Janine is pregnant.

How would you feel?
What would you think?
What would you encourage him to do?
Learning objectives

For students to:
- be aware of vulnerability to sexually transmitted infections (STIs) and blood-borne viruses (BBVs)
- have considered the possible consequences of STIs or BBVs
- identify when they may be at risk of STIs and BBVs and how to prevent them
- identify sexual and reproductive health services that can help with STIs and BBVs.

Health and Wellbeing experiences and outcomes

I am developing skills for making decisions about my relationships and sexual behaviour. I am able to apply these to situations that may be challenging or difficult. 

HWB 3-46c/HWB 4-46c

Notes for the educator

This session explores the risks and consequences of sexually transmitted infections (STIs), and ways in which students can protect themselves. It aims to challenge those who are sexually active to keep themselves safe. It also aims to validate those who are not yet sexually active.

Keep an eye on any questions students have written anonymously – this session may provide a good opportunity to answer them.

Unless students specifically ask for this, do not be tempted to go into detail about each STI, its symptoms and treatment. This is not essential information. However, if you want to know more before you begin, see Appendix B for sources of information on STIs and BBVs. You may wish to use the materials produced by Waverley Care’s Always Hear programme to highlight issues around HIV www.alwayshear.org

Remember that your language needs to be inclusive of all students, and that there could be students in the group with experience of STIs.

This session needs careful preparation and planning – the glove activity is more complex than it looks at first sight. It may be a good idea to practise it beforehand.

Materials and preparation

- Group agreement on display
- Educator’s notes on STIs and BBVs
- Five gloves – latex or polythene disposables are ideal, but ordinary gloves will do.
• A prepared flip chart or smartboard with STI and BBV questions (see Method, 2)
• Pieces of lining wallpaper or other paper large enough to draw a life-sized body on, and coloured marker pens
• Educator knowledge of local sexual and reproductive health services
• You may also want:
  - copies of a general sexual health leaflet for all students (if you didn’t give it out last session)
  - a selection of other leaflets, books and posters on pregnancy, contraception, condoms and STIs that young people can borrow or take away.

Method

1. (10 minutes)

Say very little by way of introduction to this exercise, except that you are moving on to explore other aspects of sexual health. Students will need to listen to instructions carefully, and remember some information as the activity goes on.

Ask for ten volunteers from the class. Either arrange a circle of ten chairs in a central space with the rest of the class sitting in a second circle around them, or have each of the ten bring a chair out to the front. Start off with the ten volunteers standing; invite each of them to shake hands with one other person and to remember who that was. Then ask them to mill about the group and shake hands with two more people and remember who they were.

Now tell them that unfortunately ‘A’ (and pick one fairly strong character in the group of ten) had an easily transmitted infection that is passed by shaking hands. ‘A’ must sit down as a sign that he or she is infected. Ask ‘A’ who they shook hands with first. When this person (‘B’) has been identified, explain that the infection has been passed on, so ‘B’ must sit down too. Now ask if anyone shook hands with ‘A’ or ‘B’ at any stage in the activity. Unfortunately, all these students are now infected too, so they must sit down.

If anyone who remains standing shook hands the third time with anyone who is now sitting, they too are infected and should sit down. At this point, at least six of the group should be sitting down.

Explain to the class that this activity was to illustrate ease of transmission of some common STIs (though, of course, not transmitted via hands!), and that you are now going to explore what they know about them.

2. (15–20 minutes)

Working in groups of 4–5, tell students they are going to create a large poster about STIs and BBVs. Ask students to draw a body shape on a large piece of paper (they could draw around someone) and then to record their answers to the following questions.
They can do this by drawing pictures or writing words in and around the body. Use the prepared flip chart or smartboard to display the following questions and circulate round the groups encouraging and helping as required. Once groups have had enough time to respond to all the questions, display all the posters for the whole class to see, and draw out key points using the posters and the Educator’s notes.

- What do STI and BBV stand for? (use this a title for your poster)
- What STIs are there?
- What BBVs are there?
- How are STIs and BBVs transmitted?
- What might the symptoms of an STI be?
- What might the symptoms of a BBV be?
- What might the consequences be of getting an STI or BBV?

3. (10 minutes)

Encourage the same volunteers as in Method 1 to explore what happens when some people protect themselves. Have five people put a glove on their right hand. Again, invite each of them to shake hands with one other person, and to remember who that was. Then ask them to mill about the group and shake hands with two more people and remember who they were.

Now tell them that unfortunately ‘C’ (and pick another fairly strong character in the group, not somebody wearing a glove) has an easily transmitted infection that is passed by shaking hands. ‘C’ must sit down as a sign that he or she is infected.

Ask ‘C’ who they shook hands with first. If this person (‘D’) is wearing a glove, then they may remain standing – there has been no transmission of infection – however, if they are not wearing a glove, then they must sit down – they are infected. Now ask if anyone shook hands with ‘C’. If they are not wearing a glove, they are now infected and must sit down. If ‘D’ is sitting, ask if anyone shook hands with ‘D’. If they are not wearing a glove, they are now infected and must sit down. If anyone not wearing a glove and remaining standing shook hands the third time with anyone who is now sitting, they too are infected and should sit down.

Ask the class what they notice. Draw out:

- that those who protect themselves are safe from infection
- that the infection itself is spreading more slowly because some people are protecting themselves
- that some of those who had not protected themselves are not yet infected, but are still very much at risk.
There may have been some reluctance among the volunteers to shake hands with those not wearing gloves. This behaviour could be used to promote discussion too:

- why were some of you reluctant to shake hands with people who were not wearing gloves?
- would you be equally reluctant to get sexually involved with somebody who wouldn’t use condoms? If not, why not?

4. (5 minutes)

If you didn’t give a general sexual health leaflet out last session, give it out to all students now. Or direct students to some of the websites and helplines mentioned in Appendix C.

Session 8 Key messages

- If you are having sex, you need to take responsibility for using contraception and condoms correctly – both male and female partners – to prevent STIs or BBVs. There are young-people-friendly services to help you if you are worried about STIs or BBVs.
• **What do STI and BBV stand for? (use this as a title for your poster)**
  STI is a sexually transmitted infection.
  BBV is a blood-borne virus.

• **How are STIs and BBVs transmitted?**
  STIs are most commonly transmitted through unprotected sex (i.e. sex without a condom). BBVs can also be transmitted in this way and through sharing any drug injection equipment as well.

• **What STIs are there?**
  Gonorrhoea, syphilis, hepatitis, thrush (candida), genital herpes, trichomoniasis (trich), NSU (non-specific urethritis), chlamydia, genital warts and pubic lice. Each STI is different:
  - some are more common than others – for young people, the most common are chlamydia, genital warts and genital herpes
  - some are easily spread, such as chlamydia
  - some have painful symptoms and others may have no symptoms at all but are still infectious
  - some are easily treated, others are not.

• **What BBVs are there?**
  HIV (human immunodeficiency virus), hepatitis B (HBV) and hepatitis C (HCV).

• **What might the symptoms of an STI be?**
  Sores, blisters, redness, bumps or lumps on or around the genitals; unusual, coloured or smelly discharge from the vagina or penis; irritation or itching in or around the genitals; pain in the lower abdomen, especially when peeing or having sex. Sometimes there may be no symptoms.

• **What might the symptoms of a BBV be?**
  There may be no symptoms for a long time and the only way to know if a person has a BBV is through doing a test. Hepatitis B and hepatitis C can lead to long-term liver damage. HIV attacks the immune system so makes it harder for the body to fight off other infections.

• **What might the consequences be of getting an STI?**
  Encourage young people to consider mental, emotional, social and physical consequences.

• **Where can a person go for advice or treatment if they are worried?**
  As you may not have any symptoms, it is best to get checked out. The best places are sexual and reproductive health services, GPs, school nurses, or youth clinics. Ensure you are aware of local services and flag these up with young people. Remind young people these are totally confidential. A sexual health helpline, website or smartphone app might also offer information, support and advice.
• **So what can a person do to protect themselves?**
  Avoid close sexual contact or use a condom every time they have sex. The risk of getting an STI is greater the more partners a person has. Using alcohol and drugs can impair judgement and makes it more likely that sexual risks will be taken.

• For further sources of information on STIs and BBVs, see Appendix B.
Session 9: Planning to keep safe


Learning objectives

For students to:
- recognise the need to take responsibility for behaviour
- be aware of the need to plan to keep safe sexually
- be able to identify risks posed by use of social media.

Health and Wellbeing experiences and outcomes

I understand and can demonstrate the qualities and skills required to sustain different types of relationships.
HWB 3-44b/HWB 4-44b

I recognise that power can exist within relationships and can be used positively as well as negatively.
HWB 3-45a/HWB 4-45a

I am developing skills for making decisions about my relationships and sexual behaviour. I am able to apply these to situations that may be challenging or difficult.
HWB 3-46c/HWB 4-46c

Using what I have learned I am able to make informed decisions and choices that promote and protect my own and others’ sexual health and wellbeing.
HWB 3-47b/HWB 4-47b

Notes for the educator

This session invites students to take responsibility for their behaviour and to plan to keep themselves safe.

Remind them of their right to safety, but also of their responsibility to keep themselves and others safe.

When working with Project sheet 9.1, it is important not to make judgements about the social or moral acceptability or otherwise of specific situations, but rather to focus on its safety – or how it might be made safe. (N.B. Project sheet 9.2 can be adapted or used as a reflective exercise at any time in the SHARE programme).

Students may not use the terms ‘risk’ or ‘risky’ when it comes to sexual health, relationships and behaviour, so it may be helpful to use the language that they use.
Materials and preparation

- Copies of Project sheet 9.1 and 9.2 for all students (you could copy these back to back)
- Description of the three stages on a flip chart or smartboard:
  - green stage: where a person has strong feelings for another person, but there are no sexual risks
  - orange stage: where there is a possibility that the relationship might become sexual
  - red stage: where it is likely that sexual risks will be taken
- Group agreement on display

Method

1. (5–10 minutes)

Introduce this session by reminding students of their right to safety, but also of their responsibility to keep themselves and others safe. Explain that there are risks in all sexual activity and, if we learn to recognise them, then we are more likely to be able to keep ourselves and our partner(s) safe. This is the focus of the lesson.

Describe three different stages of intimacy:

- green stage: where a person has strong feelings for another person, but there are no sexual risks
- orange stage: where there is a possibility that the relationship might become sexual
- red stage: where it is likely that sexual risks will be taken.

The green stage is safe, exciting and fun. If a relationship moves into the orange stage, a person needs to decide soon how far they want the relationship to go, and take steps to keep themselves safe. If they recognise the signs, they will have time to plan to keep safe. If they miss the signs, it may be too late.

If a relationship moves into the red stage, a person could be in a high-risk situation almost immediately and needs to act very quickly to keep safe. If they recognise the signs, they can still protect themselves. If they don’t recognise them, or ignore them, it may be difficult to handle the consequences.

Emphasise that the time taken to pass through these stages varies. A person could go from green to red in less than an hour, or take a year or more to go from green to orange.

2. (10 minutes)

Divide the class into small mixed groups and give all students a copy of Project sheet 9.1. Ask them to work together in their groups to decide which stage each of the different examples comes in.
An alternative, more interactive method which works well with a smaller group would be to label opposite ends of the room red and green, with orange in the middle, read out each statement in turn and ask young people to move to the colour they feel goes with that level of risk.

3. (5–10 minutes)

Bring the class back together, and discuss what the groups decided about levels of intimacy. They are likely to say of some situations ‘it all depends’. Encourage them to explore what it depends on.

4. (5–10 minutes)

When you have discussed some of the situations, have the students identify – and make a list on the flip chart or board – what factors make a situation more or less safe, e.g.:

- whether alcohol or drugs have been used
- age of those involved
- age difference of those involved
- how long they have known each other
- whether others are present
- whether adults are around
- how consenting the activity is
- what the expectations of each are
- how attracted they are to each other
- whether protection is available
- whether what is happening is actually legal.

5. (10 minutes)

Bring the class back together. Discuss the potential consequences of not keeping yourself safe in intimate situations. Draw out risks to:

- **Emotional health**
  Regret, embarrassment, shame, anxiety, depression, lower self-esteem and confidence, relationships end, loss of trust, reputation, etc.
• **Physical health**
  STIs and BBVs, unintended pregnancy, sexual assault, accidents, violence (including violence within relationships), ‘date rape’/drinks spiked, or mixed with energy drinks (can cause fatality), hangover, addiction, brain/liver damage, etc.

Emphasise that all of these apply equally to boys and girls. You could also discuss other possible implications, for example, getting a police record for alcohol-related violence, or finding what you thought were private pictures of yourself have been made public.

### 6. (5 minutes)

Hand out **Project sheet 9.2** to the whole group and ask them first to discuss the questions in small groups and then to complete the sheet individually.

#### Session 9 Key messages

- There are safer alternatives to penetrative sex.
- Using drugs and alcohol can put you at greater risk of harm.
- Taking responsibility for keeping youself and your partner safe by planning ahead is beneficial for you both physically and emotionally.
- Never reveal personal details and don’t go alone to meet someone you have met online.
Decide as a group which stage each of these situations is in – green, orange or red

1. Kissing and feeling very close
2. Getting drunk or stoned with your boyfriend or girlfriend
3. Going somewhere private with someone who you know fancies you
4. Agreeing to sex using a condom
5. Giving oral sex without using a condom
6. Having sex when drunk
7. Getting off with someone you have just met through a group of new friends
8. Having unprotected sex with a virgin
9. Posting sexy pictures of yourself online
10. Meeting up with someone you have talked to on the internet for a while
11. Agreeing to sex without using a condom
12. Watching porn with someone
13. Having sex with someone that has a reputation for ‘putting it about’
14. Mutual masturbation
15. Having a fumble with someone much older than yourself
16. Having sex in a public place – park, alley, etc.
17. Taking sexy pictures of your boyfriend or girlfriend and sending them to each other
18. Getting in a car with someone you know fancies you
19. Getting drunk with a group of people you don’t know that well

Add your own one:
## Project sheet 9.2: Keeping myself safe

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<th>Something I have learned today is...</th>
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<th>Something I will take away from today is...</th>
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<th>Something I will do differently as a result of today is....</th>
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Session 10: Good communication skills

Learning objectives

For students to:

- explain why good communication and negotiation in relationships is important, and why it can often be difficult
- be able to identify the skills associated with good communication in (potential) sexual encounters and, in particular, the skills to say no
- be aware that using drugs and alcohol can negatively affect communication skills
- be aware that they can delay sexual activity/intercourse until they feel ready

Health and Wellbeing experiences and outcomes

I understand and can demonstrate the qualities and skills required to sustain different types of relationships.

**HWB 3-44b/HWB 4-44b**

I am developing skills for making decisions about my relationships and sexual behaviour. I am able to apply these to situations that may be challenging or difficult.

**HWB 3-46c/HWB 4-46c**

I am aware of the need to respect personal space and boundaries and can recognise and respond appropriately to verbal and non-verbal communication.

**HWB 3-45b/HWB 4-45b**

Notes for the educator

This session addresses the skills of communicating and negotiating (potential) sexual encounters. It uses a short film to trigger discussion and demonstrate skills.

While the example used in the film is of a heterosexual couple, the characters could just as easily be lesbian, gay or bisexual. Similarly, while the pressure to have sex appears to be coming from Ally (the boy in the film) it could equally be that young women apply this pressure in some relationships. The focus should be on communication skills rather than on sexuality or gender issues. This should be emphasised before showing the film.

The couple in the film are both aged 15. While it is true that a couple engaging in consensual sex at this age are unlikely to be charged with an offence, it is important to remember that it is illegal to have sex under the age of 16.
Materials and preparation

- **Group agreement** on display
- Claire and Ally film, media player and screen
- A copy of the *Educator’s notes* for the Claire and Ally film
- A prepared list on a flip chart or smartboard of sexual activities (see first discussion break in film):
  - holding hands, kissing and cuddling
  - light petting/fondling breasts and upper body through clothes
  - heavy petting/touching each other’s genitals/having oral sex
  - having penetrative sex/sexual intercourse
- Copies of *Handout D* for all students
- Four to five copies of *Handout A* and *Project sheet 10* – one each for four to five groups

Method

1. (5 minutes)

Introduce the session by reminding students of the work they did last session on keeping safe. Make clear that they have choices about their sexual behaviour, and that the ability to communicate and negotiate clearly will empower them to implement those choices. Remind them that using drugs and alcohol can limit them in their ability to make decisions and choices.

Explain that in this session they will be watching a film, and you will stop it at intervals for them to discuss what they have seen and heard. Have students rearrange themselves so they are sitting in single-gender groups of three or four and able to see the screen.

2. (20–25 minutes)

Now turn to the *Educator’s notes* and take the students through the film in the way indicated. You can select from the questions depending on the flow of discussion and time available.

3. (5 minutes)

Distribute *Handout D* if students don’t have it already. Go through it identifying the elements of good communication, using Claire as an example, and demonstrating as appropriate to reinforce the concepts. Explain to students that, in the next session, they will have an opportunity to practise some of these skills.
4. (10 minutes)

In the same groups as before, distribute Handout A and remind students of the values, rights and responsibilities discussed at the start of SHARE. Set the students the following task: Come up with six top tips for having a good night out. Record your tips on Project sheet 10. Share and compare what students come up with.

The best ideas could be made into a display, poster or feature for the school plasma screen, website or magazine.

Session 10 Key messages

- Good communication skills are essential to maintain healthy caring relationships.
- You have a responsibility to say what you want and don’t want, and a right to be heard.
- Alcohol and drugs can limit your ability to communicate well and keep yourself safe.
Claire is 15 and has had several boyfriends. She has been going out with Ally for a few weeks now. She likes him a lot. Ally is also 15, at the same school as Claire and goes around with the same friends. He has not been out with anyone before and is really keen on Claire, he can’t stop thinking about her. He feels under pressure from his friends to have sex.

**Scene 1**

Mixed group of friends hanging around in the park chatting.

Sam   See youse later.
Claire See ya.
Sam   [turns to Ally] You going to Kev’s party?
Ally  Aye.
Sam   Bringing Claire?
Ally  Of course.
Pete  So, how’s that going?
Ally  Aye, it’s great.
Pete  Did you get to take her home on Saturday, or did her mum collect her again?
Ally  I took her home.
Pete  Yeah, who was at home when you got in back?
Ally  No one. Place to ourselves!
Sam   Place to yourselves? So, did you score?
Ally  Well, let’s just say, that I’m a lucky guy...
Pete  You’re well in there mate. Bet she taught you a few things...
Ally  No, well in there mate. Other way round.

**Scene 2**

Claire, Kelly and Sarah are sitting on a park bench.

Sarah  Are youse going to the party?
Claire  Definitely.
Kelly  Is Ally taking you?
Claire  No, I’m taking him.
Sarah  How are things with Ally?
Claire  Good. I like him.
Kelly  Just like him? I saw youse on Saturday.
Claire  Well, I think he really likes me.
Kelly  And what about you? Do you like him? Do you love him?
Claire  He’s really nice... I love being with him, but I’m finding it hard not to get too carried away, you know?
Sarah  You’ve well got it bad. So has he tried anything yet?
Claire  What do you think...
Kelly  It’s always the way, you gotta be careful.
Sarah  Claire’s well past careful...
Claire  Well, in my dreams. Anyway, is Martin coming?
Sarah  Oooh, Marr-tin.

Pause

Prompt questions to single sex groups:

What do you think has happened sexually between Claire and Ally?
What do Ally’s friends think that Claire and Ally have done sexually?
What do Claire’s friends think that Claire and Ally have done sexually?
Why do you think this?

Follow this with class discussion:

What do different groups/boys/girls think that Claire and Ally have done sexually?
Why do you think this?
Would most boys say the kind of thing that Ally said to his friends?
What effect does this have on his friends?
Would most girls say the kind of thing that Claire said to her friends?
What effect does this have on her friends?

If the class thinks that they have probably had sexual intercourse, remind them that most (around two-thirds) of this age group have not had sexual intercourse.
Scene 3

Ally is getting ready to go to the party.

Ally Claire, it’s been great and everything, but you know I’d like to... take...
Claire... Claire... Claire... Claire... Claire...
It’s been fun, but you know I think it’s time that we...
Why don’t we go somewhere, quieter...
Claire, you look great tonight...
You know that I really really like you and... stuff...
I’m just going to say this... I think we should...
Claire, it’s really noisy in here, why don’t we go somewhere...
You know it’s really changed my life being with you Claire. You’re such a special person. I love you and I’m really turned on by you.
You only live once. Let’s enjoy ourselves while we have the chance.
Here we go. Here we go.

Scene 4

Claire and Ally are at the party.

Ally Claire, it’s so good being with you. Let’s get away from all this.
Claire Where can we go?
Ally Let’s try upstairs.
Claire I don’t think we should go upstairs.
Ally It’ll be quieter there.
Claire I’m not sure...
Ally I’ve got, I’ve got some things I want to say to you when we’re alone.
Claire But somebody might see.
Ally Nobody’s going to see... anyway, what difference does it make if they do?
Claire I don’t want big mouth Gordon to talk...
Ally He’s too pissed to notice... come on... it’ll be special... honest.

Scene 5

Claire and Ally upstairs in a bedroom.

Ally What’s the matter?
Claire Nothing’s the matter... I should get home... that’s all.
Ally If nothing’s the matter why do you want to go home?
Claire Look, Ally...
Ally What’s the matter? Don’t you like it?
Claire: Yeah, but... I should get home.
Ally: It’s early yet.
Claire: We’ve both had a bit too much to drink.
Ally: We’ve not had that much, come on... there’s nothing to worry about, let’s not miss this opportunity.
Claire: There’s plenty to worry about, we should go back downstairs... You coming?
Ally: Nah, I’ll just stay here for a while.
Claire: See you, then, I’m off home.

Pause

Prompt questions for class discussion:

What did Ally want?
What did Claire want?
Did they handle the situation well?
What part did alcohol play in what happened? What could Ally have done differently?
What could Claire have done differently? What will happen now?

Scene 6

This scene shows an alternative way for Claire and Ally to behave in the bedroom.

Ally: What’s the matter?
Claire: We should stop. It’s time we went home.
Ally: Why do you want to go home...
Claire: It’s late. We’ve been drinking. I’ve had a great time. I don’t want to do anything I’ll feel bad about tomorrow. Do you?
Ally: Don’t you like it?
Claire: Yeah, I just said I had a great time. If you meant all those things you said to me you’ll walk me home.
Ally: I did. I love you... But, hey, it’s still early yet.
Claire: I still think we should get home.
Ally: There’s nothing to worry about. I can’t force you to do anything you don’t want to.
Claire: Look, Ally, don’t push me...
Ally: OK, OK.
Claire  Let’s not spoil tonight. We can talk about it tomorrow... Come on take me home, Mary’ll probably come too.

She gets off the bed and picks up his jumper.

Ally  You’re great, Come on, I promised I’d tell Paul when we left.
Claire  Come on, we’ll show ‘em.

Pause

Prompt questions for class discussion:

What do you think of this way of handling the situation?
What did Claire do well?
What did Ally do well?
How realistic is this, especially if both Claire and Ally have been drinking?

Draw out good communication skills as on Handout D.

How do you think Claire feels now?
How do you think Ally feels now?

Scene 7

Ally and Claire are walking in the park the next day, holding hands.

Claire  Look, about what happened last night...
Ally  Yeah I know, I shouldn’t have pushed it but... Don’t you think it was a missed opportunity?
Claire  No. You know how I feel about you right? But...
Ally  But you don’t want to get involved, is that it?
Claire  No, I am involved, that’s just it.
Ally  So what is it?
Claire  I want us to be special... I don’t want to rush into anything we might not know how to handle.
Ally  But we are special. I love you. That’s why I want to be with you...
Claire  I want to be sure I’m ready. Having sex is serious, I don’t want to rush into anything.
Ally  But when will you be ready?... next week?... next month?
Claire  I don’t know, all I know is I’m not ready now. Are you sure you’re ready? I want us to get to know each other better first. Just now I’d rather just stick to kissing and holding hands, you know...
Ally But that’s what we did last night...
Claire Yeah, and that was great, if we’re going to have a relationship, we need to know when to stop. I don’t want to get into that situation again.
Ally What situation?
Claire Where I feel pressure... where you expect sex and I don’t want it. I want us to agree on what we’re doing, no more pushing... What are you thinking?
Ally I did want sex last night and I thought you were cool. I didn’t know how you felt but it’s good to know... I don’t like it when we argue. I want it to be fun! But, it’s not easy for us guys, we gotta have it sometime.
Claire You really know how to turn a girl on!

Pause

Prompt questions for class discussion:

What do you think of this way of handling the situation?
What did Claire and Ally do well?

Draw out good communication skills as on Handout D.

How do you think Claire feels now?
How do you think Ally feels now?
What have they discovered by talking like this?

Scene 8

An alternative way for Claire to behave when Ally suggests they should go upstairs.

Ally Claire, it’s great being with you. Let’s, let’s get away from this.
Claire Yeah... we could go to the kitchen.
Ally Let’s try upstairs.
Claire I don’t think we should go upstairs.
Ally It’ll be quieter.
Claire No, I don’t think we should.
Ally I’ve got some things I want to say to you when we’re alone.
Claire Well, you can say them to me in the kitchen.
Ally But we need to be alone.
Claire It’s not just talking you want, come on we can go to the kitchen.
Ally But we really need to be alone.
Claire Look, I think we’ve both had a bit too much to drink to be safe alone, come on, we can find somewhere to talk.
Ally But we can’t do what we want in the kitchen!
Claire So it’s not just talking you had in mind! You’ve had too many rice snaps. Come on.

Pause

Prompt questions for class discussion:
What do you think of this way of handling the situation?
What did Claire do well?

Draw out good communication skills as on Handout D.

How do you think Claire feels now?
How do you think Ally feels now?
What would be your advice for Claire?
What would be your advice for Ally?
You and some of your friends are going to a party. The party is at someone’s house – you don’t really know the person who’s having the party but you’ve seen them online.

Most people are going as couples but not everyone. There is going to be drink, maybe some drugs and no adults will be in the house.

**How would you plan to have a good night and keep safe?**

Think about:
- Getting there
- Being at the party and what might happen
- Getting home after
- Your rights and responsibilities

Agree your six top tips for a good night out:

1. 

2. 

3. 

4. 

5. 

6.
Session 11: Practising the skills to say no

Learning objectives

For students to:

- have practised, and be able to use, the skills associated with good communication in (potential) sexual encounters and, in particular, the skills to say no
- avoid being pressured into, or pressurising someone else into, sexual activity
- be aware that good communication skills are needed to start, maintain and end relationships

Health and Wellbeing experiences and outcomes

I understand and can demonstrate the qualities and skills required to sustain different types of relationships.

HWB 3-44b/HWB 4-44b

I am developing skills for making decisions about my relationships and sexual behaviour. I am able to apply these to situations that may be challenging or difficult.

HWB 3-46c/HWB 4-46c

I know how to manage situations concerning my sexual health and wellbeing and am learning to understand what is appropriate sexual behaviour.

HWB 3-49a/HWB 4-49a

Notes for the educator

This session focuses on practising the skills to say no effectively, and allows students the opportunity to practise in situations of their own making. There are several short exercises that need to run in sequence, in order to build skills. Use as many of them as are appropriate to the needs and maturity of your class. Again, it is not only vital that you are confident with the skills involved and can model their use effectively, but also that you can create an atmosphere in which students can make mistakes, laugh with one another and have another go.

It may be useful to discuss saying no in the context of ending a relationship. It can be traumatic when a relationship finishes, regardless of age, gender or sexuality, and this should be acknowledged.

Materials and preparation

- Group agreement on display
- Copies of Handout D for all students if they don’t already have it
- Prepared flip chart or smartboard of Handout D
- Prepared flip charts for Exercise 2 and possibly also Exercise 3, if wished
Session 11: Practising the skills to say no

Method

1. **(5 minutes)**

Remind the class of the work you did last session on guidelines for good communication. Explain that this session is going to focus on practising those skills, particularly saying no to unwanted activity, in the same way as Claire did. Ensure that students have a copy of **Handout D**.

Discuss with the class:
- What things have you said no to?
- What have others said no to you about?
- Do you feel you always have the choice to say no?
- Have you ever found it difficult to say no?
- In what circumstances is it difficult?
- Is it important to be able to say no?
- How might alcohol or drug use affect your ability to communicate well?

2. **(25 minutes)**

Explain to the class that there are many circumstances in which we may want to say no, and it is a valuable skill to be able to say no clearly and unambiguously, especially in potentially sexual situations when our health and safety may be at stake. There are four elements to getting the message over effectively:
- intention – to mean ‘no’
- body language – for your body to be saying ‘no’
- words – to say ‘no’ clearly
- tone of voice – to sound like you mean ‘no’.

Tell the class that they will now have the chance to practise saying no in some role-playing situations. Remind them of the group agreement.

Have the class practise these elements in a large space where they can move around easily.

**Exercise 1: Which part of no do you not understand? (5 minutes)**

First, have students identify to themselves a situation of any kind where they really want to say no (to a sibling wanting to borrow clothes, to a friend wanting to copy homework answers, to a neighbour wanting them to go out in their car, to someone who is calling them names). Have them focus on this for a moment.

Then have them imagine how they will need to stand and how their body will need to feel if they are going to get their message across – it may be helpful to introduce the
idea of being ‘grounded’, feet firmly planted on the floor, a little distance apart, imagine a string runs from the ground, up through their bodies and out through the top of their heads, and this is holding them upright and strong – and have them practise moving around the room for a few minutes, keeping a space between themselves and others, experiencing that feeling in their bodies. Praise those you see doing this well and help students who are finding it difficult.

Next, holding on to the situation where they want to say no and maintaining their ‘grounded’ and strong body posture, have them mill about the room and meet others, one at a time. Practise saying no clearly and firmly with good eye contact (no raised voices, no whispering and sound like you mean it). It may be helpful to stop them after a moment or two and discuss what works and what is difficult – draw attention to any mixed messages you see or hear (smiles, laughter or nodding heads); discuss use of back-up gestures such as hand held up in front of body; or identify students to demonstrate. Then have them practise again. Remember to praise students whenever you see them building these skills effectively.

Exercise 2: Saying no in sexual situations (5 minutes)

Use a pre-prepared flip chart or smartboard with the following statements:

- come to the party on Saturday
- have another drink
- come upstairs
- let me kiss you
- let’s do it/have sex
- …but I’ve forgotten the condom.

An alternative is to ask students to come up with similar situations themselves, based on the Claire and Ally scenario, and making sure there is a range from saying no to the invitation to the party right through to saying no to sex without a condom.

Tell students this is another role-playing situation and remind them of the need to remember the group agreement in terms of appropriate behaviours.

Split the class in half and have them form two concentric circles, one on the inside facing out and the other on the outside facing in. Have each person opposite a partner. Invite each student on the inside circle to choose one of the situations from the board. All together, the students on the inside invite their partner to do whatever they have chosen from the board and their partner says no, using the skills they have been practising. As soon as they have said no, those in the outside circle move on in a clockwise direction to their next partner who invites them to do what they have chosen, and again those on the outside practise saying no. This continues as long as you like or until the students in the outer circle return to their original partner. Change over, and repeat the exercise with reversed roles.
Exercise 3: ‘Lines’ and responses (15 minutes)

Have the class choose one example from the list of situations on the flip chart or board. Write it up at the top of a sheet of flip chart paper or a new section of board. Encourage the students to identify five or six ‘lines’ that might be used to try to persuade the person into the activity, e.g. for ‘let me kiss you’:

- everyone else does it
- but I really love you
- you must be frigid
- there’s nothing to worry about
- you would if you cared about me

Write them down under the heading, leaving a space between each.

Then encourage the students to identify a response to each ‘line’ that follows the guidance for good communication and does not put the other person down. When a suitable response has been agreed, write this down in the space under the ‘line’ until you have developed a short dialogue, e.g.:

- everyone else does it
- everyone else may do it but I don’t want to
- but I really love you
- I know you do but I don’t want to kiss
- you must be frigid
- I’m not frigid...I just don’t want to kiss
- there’s nothing to worry about
- It’s not legal for us to have sex under 16
- you would if you cared about me
- I do care about you... let’s go and dance... I’d like that.

Either ask for a couple of volunteers to read it to the class, using effective non-verbal cues in addition, such as straight posture, serious expression, firm voice and good eye contact; or, in a fairly small group, have the students stand in a semicircle where they can see the board. The first person chooses a ‘line’ from the board, turns to the person next to them and says the ‘line’; the second person responds appropriately to it, then turns to the third person and says another ‘line’; the third person responds appropriately and so on round the semicircle. It is a good idea for you to join in, allow people to get it wrong and have a second go and encourage braver students to experiment with new ‘lines’ and/or new responses.
Exercise 4: Scripted to say no (20 minutes)
Ask students to develop, in small groups, a short scripted role play, based on Claire and Ally if they wish, using ‘lines’ and responses, and good communication skills as in Handout D.

Explain that you may ask for volunteers to role play to the class later. Emphasise that this is not about performance, but about practising and demonstrating skills to say no. You, the educator, will need to move between the groups giving help and encouragement, especially to the character practising good communication skills.

Bring the class back together, and ask for two or three volunteer groups to act out their scenarios. Have students sitting round in such a way that they can all see the role plays, and ask them to watch carefully for use of good communication skills. After each one, have the class identify what was done well, remembering body language and tone of voice as well as words and strategies. Encourage the students, especially if the role play falters, to focus on strategies for responding to pressure.

3. (5 minutes)
Discuss with the class:
What have they learned in the last two sessions?
Will they be able to put any of these skills into practice?
What might the difficulties be?
Remind them that some pressure is non-verbal, such as being kissed or leading you by the hand, and it is OK to say no to this too. Ask students to think about how they might communicate non-verbally that they want to say no. How might they do this without words?
Remind students that they have the right to say no to sexual activity until they feel ready, and that underage sexual activity is against the law.

Session 11 Key messages

- Good communication is essential in all relationships, and especially in sexual situations to keep yourself and others safe.
- You have a right not to be pressured into sex – if you don’t want sex, you have a responsibility to say so whenever you possibly can.
Session 12: Condom use skills


**Learning objectives**

For students to:

- explain the purpose of condoms (and other forms of contraception)
- know how to use condoms safely and effectively, and where they can obtain free supplies
- be able to put a condom on correctly, using a demonstrator

**Health and Wellbeing experiences and outcomes**

I understand and can demonstrate the qualities and skills required to sustain different types of relationships.

**HWB 3-44b/HWB 4-44b**

I am developing skills for making decisions about my relationships and sexual behaviour. I am able to apply these to situations that may be challenging or difficult.

**HWB 3-46c/HWB 4-46c**

I know how to manage situations concerning my sexual health and wellbeing and am learning to understand what is appropriate sexual behaviour.

**HWB 3-49a/HWB 4-49a**

**Notes for the educator**

This session involves an activity to teach the skills of using condoms safely and effectively.

The opportunity at the end of the session for students to practise with condoms is an essential part of the programme and should not be left out. Some students may be reluctant, and they should not be pressurised into having a go.

**Materials and preparation**

**Group agreement** on display

- Educator knowledge of where condoms can be locally obtained free by young people
- Sufficient copies of **Project sheet 12**, precut and put in envelopes for each group of students (see **Method, 2** below)
• **Educator’s notes** on correct use of a condom
• Condoms sufficient for one per student
• Condom demonstrators sufficient for one per small group of four or five
• Wipes or tissues to wipe hands after handling condoms
• You may also want: a display of condoms, showing different makes, colours, shapes, sizes, flavours, textures and thicknesses (if some do not have a kite mark or CE symbol, draw the attention of students to the importance of checking this) and a selection of water-based lubricants. You could also have femidoms (female condoms) on display.

## Method

### 1. (5 minutes)

Introduce the session, and remind the students that condoms will protect against pregnancy, and that condoms are the only protection against STIs (including HIV), and their effectiveness can be increased by careful use.

Discuss:
- where condoms can be obtained free (relate this to local services)
- where condoms can be bought
- how much condoms cost.

Mention should be made of the small number of people who are allergic to latex and that latex-free condoms are available.

### 2. (10 minutes)

Divide the class into mixed groups of about four or five students and give one envelope to each group. Explain the exercise, and have groups rearrange the instructions in the correct order for effective condom use. When all groups have finished, tell the class the correct order using the **Educator’s notes**.

### 3. (5 minutes)

Demonstrate the correct use of a condom, using the right order of the condom instructions as a guide.

### Additional notes

At each step, you can ask the class to use their instructions to give you guidance on what to do next.
Ask questions of the class and add additional information.

4. (10–15 minutes)

Give out condoms to each group and have them practise putting one on a demonstrator following the instructions they have learned. Do not pressure anyone into doing the demonstration who clearly does not want to do it. Circulate among the groups giving encouragement, ensuring that instructions are correct and that everybody who wants to has had a go. One or two volunteer groups could demonstrate to the class. Have the audience spot any mistakes or omissions in their presentation.

5. Discuss

- resistance to use of condoms
- effect of alcohol (or other drugs) on ability to make good decisions or to use condoms carefully
- consistent use of condoms in a ‘long-term’ relationship and the difficulty of continuing once trust is established (for some young people, ‘long-term’ may be a month or even less than this)
- principle of using both contraception and condoms for protection from STIs and pregnancy
- emergency contraception to avoid pregnancy if the condom has failed
- alternatives to penetrative sex.

Remind the class too of their rights and responsibilities in terms of sexual health and safety in relationships.

Talk about and show the class the condom display, and dams, if you have these. It is likely that you will get negative comments, as much from girls as from boys. It is worth asking girls to consider whether their reactions echo those of boys towards the use of condoms. Discuss putting on a condom in the dark, and have volunteers practise putting a condom on a demonstrator with their eyes closed.

Session 12 Key messages

- If you are having sex, condoms, used properly, are the best way to protect yourself from STIs and BBVs.
- You can get condoms for free if you need them.
- There are safer alternatives to penetrative sex.
## Project sheet 12: Correct use of a condom

<table>
<thead>
<tr>
<th>Hold the rim of the condom so that no semen spills out.</th>
<th>Use a new condom. Make sure it has a kite or CE mark and that the pack is not past its expiry date.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unroll the condom carefully over the erect penis.</td>
<td>Gently squeeze the top of the closed end between your finger and thumb to get rid of any trapped air.</td>
</tr>
<tr>
<td>Carefully take it out of the packet, making sure not to damage it with fingernails.</td>
<td>Intercourse takes place.</td>
</tr>
<tr>
<td>Ejaculation happens (semen spurts out of penis).</td>
<td>Carefully slip the penis out of the condom.</td>
</tr>
<tr>
<td>Wrap the condom in a tissue and throw it away in the bin. Don’t put it down the toilet.</td>
<td>The penis should not be put back into a partner without using a new condom.</td>
</tr>
<tr>
<td>The penis must be taken out of the partner before the erection/’hard-on’ is completely lost.</td>
<td>Discuss using a condom with a partner.</td>
</tr>
<tr>
<td>The condom should be put on as soon as the penis is erect (hard) and before there is any intercourse or close genital contact.</td>
<td>Make sure the condom is the right way round to roll down the penis.</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>1.</td>
<td>Discuss using a condom with a partner.</td>
</tr>
<tr>
<td>2.</td>
<td>Use a new condom. Make sure it has a kite or CE mark and that the pack is not past its expiry date.</td>
</tr>
<tr>
<td>3.</td>
<td>Carefully take it out of the packet, making sure not to damage it with fingernails.</td>
</tr>
<tr>
<td>4.</td>
<td>The condom should be put on as soon as the penis is erect (hard) and before there is any intercourse or close genital contact. (This could alternatively go after 6.)</td>
</tr>
<tr>
<td>5.</td>
<td>Make sure the condom is the right way round to roll down the penis.</td>
</tr>
<tr>
<td>6.</td>
<td>Gently squeeze the top of the closed end between your finger and thumb to get rid of any trapped air.</td>
</tr>
<tr>
<td>7.</td>
<td>Unroll the condom carefully over the erect penis.</td>
</tr>
</tbody>
</table>

**Educator’s notes:** Correct use of a condom
Session 13: Revising sexual health and relationships (1)

Learning objectives

For students to:

• revise and refresh their knowledge around pregnancy and STIs, and how they can protect themselves and a partner against pregnancy and STIs
• identify the facts and key messages to enable them to make good decisions about their sexual health and relationships
• be aware of where to go locally for help and advice.

Health and Wellbeing experiences and outcomes

Using what I have learned I am able to make informed decisions and choices that promote and protect my own and others’ sexual health and wellbeing.

HWB 3-47b/HWB 4-47b

Notes for the educator

This session can be used in a variety of ways. You might choose to use it in S2 or fairly early on in S3 to find out what students already know and to help plan the best use of time; after sessions 7 and 8 as reinforcement of correct information; as part of the final session of the year as revision; or as game or a competitive quiz for small groups or the whole class to work on.

It is important to check the suitability of questions beforehand, select those most appropriate to your needs and adapt the answers to questions 9 and 13 to reflect local services.

This session also provides an opportunity for you and the students to identify further learning needs around sexual health and relationships. You will need to keep the sticky notes poster created in Method 4 as it will be revisited later in the SHARE programme.

Materials and preparation

• **Group agreement** on display
• Copy of the **Educator’s notes** on the questions
• Differently coloured sticky notes for **Method 4** and one piece of flip chart paper/large poster-sized paper
• Educator knowledge of what comes next in the SHARE programme
• You may also want:
  - a selection of other leaflets, books and posters on pregnancy, contraception and STIs
- general sexual health leaflets or information on local health services
- a contraceptive kit on display.

**Method**

1. (5 minutes)

Explain the purpose of the session – whether it is about finding out how much students already know and where the gaps in their knowledge are, or whether it is a revision session to ensure that they have good information. Remind them of their right to good information and their responsibility to use it well.

Divide the class into mixed-ability, mixed-gender groups of about five students. Explain the rules of the game.

2. (20 minutes)

Ask each group in turn a question and, if it is to be competitive, record scores on the flip chart or board as indicated in the Educator's notes. If a group can’t answer the question, throw it open to the other groups in turn. In this situation, a correct answer gets double points.

Where there are several correct answers to a question (e.g. name one symptom of an STI or name one place you can get condoms), you may choose to award one additional point for each correct answer.

If no group comes up with the correct answer, then you will need to provide it before moving on to the next question. When students provide the correct answer, make sure that the whole class has heard it correctly.

Just before the end of the session, add up the total points and, if you wish, award a prize.

3. (5 minutes)

Discuss:

- anything that surprised you
- anything new you have learned
- any outstanding questions
- where students can go for information and advice.

Distribute appropriate general sexual health literature or information on local services.

4. (10 minutes)

Give students the opportunity to identify further learning needs around sexual health and relationships. Remind them what has been covered in the programme so far. Ask them individually to write any questions they may have on sticky notes. They could briefly discuss this in small groups first to generate ideas.
It might be helpful to colour-code this activity, using differently coloured sticky notes for questions about pregnancy, STIs, services, emotional health, etc. Have a colour key on display to remind students what topic each colour is for.

Collect and display the sticky notes as a class poster. Draw out any broad themes and reassure students that these will be covered in the rest of the programme. It is also important to identify any questions that will not be covered by SHARE and to signpost the class to alternative sources of learning or support, if appropriate.

### Session 13 Key messages

- **Longer-acting contraception, when used correctly, is over 99% effective in preventing pregnancy.**
- **If you are having sex, condoms, correctly used, are the best way to protect yourself against STIs and BBVs.**
Pregnancy

1. Can a girl/woman get pregnant if she has sex standing up?
   Yes. 1 point.
   Sperm are strong swimmers and can get into the womb despite gravity!

2. Can a girl/woman get pregnant the first time she has sex?
   Yes. 1 point.

3. Can a girl/woman get pregnant if she doesn’t enjoy sex?
   Yes. 1 point.

4. Is it possible for a girl/woman to get pregnant if she has sex during a period?
   Yes. 1 point.
   Girls/women rarely have a completely regular menstrual cycle, and it is possible
   that an egg could be fertilised at any time.

5. What are the possible signs of early pregnancy?
   • Missed (or lighter, irregular) period(s)
   • Sickness, especially in the morning
   • Tiredness
   • Tender breasts
   • Needing to urinate (pee) more often
   1 point for each (max. 5 points).

6. Where can a young woman go for help if she thinks she is pregnant?
   • Parents, carer or other trusted adult
   • Doctor/GP
   • Sexual and reproductive health services
   • Youth advisory centre
   • School nurse
   1 point for each (max. 5 points).

Contraception

7. What is ‘contraception’?
   A means of preventing (or lowering the risk of) pregnancy. Most forms of contraception
   are extremely effective if used correctly – over 99%.
   1 point.

8. Can you name three forms of contraception?
   • Condom (or femidom).
   • The pill (combined or mini).
• Longer-acting reversible contraception (LARC): implant
  intrauterine device (IUD)
  intrauterine system (IUS)
• Contraceptive vaginal ring
• Contraceptive patch
• Diaphragm (or cap)
• Injection
• Sterilisation (vasectomy or female sterilisation)
• Natural methods (rhythm or safe period)
• Emergency contraception
1 point for each (max. 3 points).

9. Where could a young person go for advice on contraception?
• Parent, carer or other trusted adult
• Doctor/GP
• Sexual and reproductive health services
• Youth advisory centre
• School nurse
1 point for each (max. 5 points).

Sexually transmitted infections

10. What does STI stand for?
Sexually transmitted infection.
1 point.

11. How many common STIs can you name?
• Chlamydia (bacterial, therefore can be treated with antibiotics)
• Herpes (viral)
• Genital warts (viral)
• Gonorrhoea (bacterial)
• Pubic lice or crabs (infestation)
• Syphilis (blood-borne infection which can be cured)
• Hepatitis B (viral)
1 point for each one named. If HIV is mentioned, allow a point and explain that it is not very common, but it is a significant risk for gay men and a growing risk for heterosexual people.

12. What are the signs or symptoms that might indicate (show) a person is infected with an STI?
• There may be no symptoms, especially in the case of chlamydia.
• If you do have symptoms the most common ones are:
  - unusual, coloured or smelly discharge
  - irritation, itching
- sores, blisters, redness, small hard lumps on penis or around vagina
- pain on intercourse or when peeing

1 point per group of symptoms or mention of sometimes no symptoms (max. 4 points).

13. Where could a person go for help if they thought they had an STI?

- Parent(s), carer(s) or another trusted adult
- Doctor/GP
- Sexual and reproductive health services
- Youth advisory centre
- School nurse

1 point per place (max. 4 points).

14. How can a person protect themselves against a sexually transmitted infection?

- By avoiding close sexual contact with others
- By careful use of a condom every time you have penetrative sex
- By using condom and contraception together, which will protect against both STIs and pregnancy

1 point for each.

15. What does BBV stand for? Can you name any?

Blood-borne virus
1 point. These are infections that are carried in the blood and can be passed on through sexual contact or sharing needles or other drug equipment.

- HIV
- Hepatitis B
- Hepatitis C

1 point for each.

Relationships

16. What makes a caring relationship?

- Trust, respect, love, no pressure or coercion, being able to talk, good communication, etc.

1 point for any reasonable answer (max. 3 points).

17. Why might sex be better in a caring relationship?

- No regret, talk about it beforehand, know each other better, more likely to practise safe sex, etc.

1 point for any reasonable answer (max. 3 points).

18. Do you have to be in a relationship?

No. 1 point.

While many people actively seek an intimate relationship, there are lots of people who do not want one and are happy and fulfilled being single.
Session 14: What is sex?

Learning objectives

For students to
- identify a range of activities that might constitute ‘sex’
- explore what the word ‘sex’ means to them and others
- consider safer and less safe sexual activities

Health and Wellbeing experiences and outcomes

I understand and can explain the importance of, and need for, commitment, trust and respect in loving and sexual relationships. I understand the different contexts of such relationships including marriage.

HWB 3-44c/HWB 4-44c

Notes for the educator

This session asks students to think about the meaning of the word ‘sex’ and to discuss what sex might mean to them to others.

Sex can mean very many different things to different people, but is often portrayed in quite a limited way through much of the media young people might engage with.

For the purpose of this session it may be helpful to think of ‘sex’ as relating to a wide range of activities, including abstinence, and not just (hetero) sexual intercourse, as can sometimes be assumed. It would also be useful to mention that intimacy and pleasure are important aspects of sex, particularly if not raised as part of the exercise feedback.

It is important to consider the diversity of your students and their families, for example, their ethnic and cultural backgrounds and religious beliefs. Students, their parents, carers, friends or other family members may identify as transgender or be in same-sex relationships. Remind students of the group agreement and specifically the need for them to respect differences in people’s understanding of the word ‘sex’, and to use agreed language.

Remember some, and perhaps a majority, of your students will not be sexually active and may be unfamiliar with sexual activities, so they should not be put on the spot.

Materials and preparation

- Group agreement on display
- A copy of Project sheet 14 for each small group
- Handout A may be useful for Method 3 if students do not have it already
Method

1. (10 minutes)
Tell the class that today you are going to talk about sex. Remind them that we hear the word used all around us, usually with an assumption that we all know what it means. Explain that you are going to explore its meaning.

Remind students of the group agreement in relation to appropriate language around sex and ask that everyone be prepared to explain any terms they might use.

Divide the class into four or five groups as you feel appropriate, and give each group a copy of Project sheet 14, and have them try to agree three things that best describe what they think sex is about. Explain that they may add any other ideas they have in the spaces provided. Ask them to appoint a spokesperson to record and report back on their discussion.

2. (15 minutes)
Bring the groups back together. Ask the spokespersons to share their lists and consider:

- How easy or difficult was it to agree on three things? Why?
- How similar/different are the groups’ lists?
- Why did they choose the things they did/what influenced their choice?
- Is ‘sex’ necessarily about vaginal sexual intercourse?
- What about the other sexual things people enjoy together – kissing, touching, closeness? What about caring, talking, love, commitment, feeling special? Is ‘sex’ also about these things?
- Which activities can be engaged in by anybody regardless of sexual orientation?
- Why might some people delay having sex?

3. (5 minutes)
Now ask the students to individually select the three main things that they personally think sex is about, or would like it to be about in an ideal situation. They should do this without discussion. Offer the opportunity for students to share what they have chosen (while reminding them of their right to keep it private if they wish) and why they think it might be different (or the same) from the statements what were chosen by the groups.

Additional notes
Move between the groups encouraging them, challenging any stereotypes that may come up and asking them to challenge any stereotypes they hear too, for example, about male/female; religious/secular; gay or straight behaviours and attitudes.
Discuss briefly:

- What influences our individual ideas about sex?
- What might account for the different ways people understand ‘sex’?

Remind students of the values of SHARE and the principle of respect for others’ beliefs. Refer to Handout A.

4. (10 minutes)

Using Project sheet 14 and working in small groups again, ask students to label each statement ‘more safe’ or ‘less safe’, taking into account the risks to their emotional and physical health and wellbeing.

Once they have completed this, discuss what would be safer sexual activity, and why.

Finish by asking students to discuss in pairs what they think would be the three key messages from this session, and re-emphasise any from the box below that they do not manage to identify.

**Session 14 Key messages**

- We all have different beliefs, we are all unique and we should respect this diversity.
- ‘Sex’ means many different physical and emotional things to different people.
- Many things influence our ideas about sex – family, faith/beliefs, experiences, society, our friends, trusting relationships, the media and others.
- ‘Sex’ does not just mean vaginal intercourse.
- There are safer and less safe sexual activities.
As a group, choose three things from the list that show best what you think sex is about. There are spaces at the end to add anything else that you think is important.

<table>
<thead>
<tr>
<th>Being in love</th>
<th>Feeling nervous</th>
</tr>
</thead>
<tbody>
<tr>
<td>Having children</td>
<td>Intercourse (penetrative sex)</td>
</tr>
<tr>
<td>Caring for someone else</td>
<td>Kissing and cuddling</td>
</tr>
<tr>
<td>Masturbation</td>
<td>Feeling grown up/mature</td>
</tr>
<tr>
<td>Feeling excited</td>
<td>Having your own special person</td>
</tr>
<tr>
<td>Fun and pleasure</td>
<td>Being loved, respected and cared for</td>
</tr>
<tr>
<td>Desire/lust</td>
<td>Touching and physical closeness</td>
</tr>
<tr>
<td>Being able to really talk</td>
<td>Keeping up with your friends</td>
</tr>
<tr>
<td>Feeling upset</td>
<td>Having a good time</td>
</tr>
<tr>
<td>Sexting</td>
<td>Knowing what it is all about</td>
</tr>
<tr>
<td>Making a commitment</td>
<td>Feeling used</td>
</tr>
<tr>
<td>Using a webcam for sex</td>
<td>Watching sex in a film or online (pornography)</td>
</tr>
<tr>
<td>Sensual massage</td>
<td>Waiting for the right person</td>
</tr>
<tr>
<td>Getting drunk</td>
<td>Being abstinent or celibate (not having sex)</td>
</tr>
<tr>
<td>Understanding each other’s emotions</td>
<td>Trusting each other</td>
</tr>
<tr>
<td>Having an orgasm (‘coming’)</td>
<td>Feeling good</td>
</tr>
<tr>
<td>Pain</td>
<td></td>
</tr>
</tbody>
</table>
Session 15: Safer choices around sex

This session is based on an exercise from Cohen, J. and Wilson, P. (1994). Taking Sex Seriously: Practical Sex Education Activities for Young People. Healthwise, Liverpool.

Learning objectives

For students to:

• be aware that they can make choices about sexual activity
• consider safer alternatives to penetrative sex, including saying no
• Identify pressures and influences on relationships and sexual behaviour.

Health and Wellbeing experiences and outcomes

I know that popular culture, the media and peer pressure can influence how I feel about myself and the impact this may have on my actions.

HWB 3-46b/HWB 4-46b

Notes for the educator

This is likely to be a sensitive session. It attempts to broaden students’ thinking about the choices they have and the risks and consequences of certain behaviours.

Educators need to recognise the potential range of experience in the classroom. They must validate those who are not ready for sexual activity or have made a choice not to be sexually active, while also recognising the needs of those who are contemplating a sexual relationship or are already sexually active.

Some students may find explicit discussion of sexual activities difficult. It may be necessary to explain that, as penetrative sex (or sexual intercourse) carries a high level of risk and many students will at some time be sexually active, it is important for them to know how to keep themselves safe. You will also need to be sensitive to discomfort in the group and respond appropriately.

Materials and preparation

• Group agreement on display
• Project sheet 15.1, cut up into cards and laminated (five to six sets in envelopes) plus a few blank cards per group to write on
• Five to six sheets of flip chart paper (one per small group), prepared with the risk matrix shown in Project sheet 15.2
• Sticky tack
Session 15: Safer choices around sex

Method

1. (5 minutes)

Remind the class of the discussion you had in the last session about what ‘sex’ means to different people.

Put to the students that the choice about sexual behaviour in a relationship is often seen as ‘shall I say yes (and we have sexual intercourse)?’ or ‘shall I say no (and we are not sexually active)?’, but that in reality there is a whole range of possible behaviours in between. Explain that you will now move on to explore these alternative behaviours.

Remember some, and perhaps the majority, of your students will not be sexually active, and may be unfamiliar with sexual activities, so they should not be put on the spot.

2. (5–10 minutes)

Divide the students into small mixed-gender groups, give each group one of the envelopes with sexual activity cards inside (from Project sheet 15.1) and a prepared piece of flip chart paper with the safety matrix (Project sheet 15.2) on it. Tell the groups they will be expected to feed back on their completed matrix.

Encourage the groups to try and place their cards onto the safety matrix according to how safe or unsafe they think the activities are. They should place cards according to the safety level and the possible impact on health and wellbeing (shown down the left side of the matrix).

Additional notes

Move around the groups helping them at this stage. They may question what you mean by ‘safe’. If they do, encourage them to interpret it for themselves, and tell them that you will discuss its meaning later in the session.

3. (5 minutes)

When the groups have begun placing their cards, go round each group and give them a few blank cards so they can add any of their own. Emphasise they do not have to add cards if they can’t think of any. It may be helpful to prompt groups as they do this; for example:

- things sensual or sexual
- things you like, things you would not like
- fun things, safe things
- things you have heard about, read about or seen
- things you’ve wondered about
Any additional cards should also be placed on the matrix.

**Additional notes**

Students may find it difficult to place cards in one particular box, saying ‘it depends’. Encourage them to discuss what it depends on and try to agree on a place for each card. They can place two or more cards in a box; or some boxes may remain empty. They do not need to place one card in each box.

**4. (10 minutes)**

When each group has placed most of their cards ask them to stick them down with sticky tack and place all the flip charts where everyone can see them.

Ask each group in turn to say a bit about how and why they made their choices. Deal with any uncertainties and invite comment or challenge from the other groups.

**5. (10–15 minutes)**

Then discuss as a whole class:

- What does the group notice about the activities – are some more safe or less safe compared with others?
- How could some of the less safe activities be made safer?
- How would it feel if activities were made safer?
- What criteria did you use to judge ‘safer’ and ‘less safe’?
- Which activities can be engaged in by anybody regardless of sexual orientation?

**Additional notes**

If the class does not raise it, ensure that the issue of condom use for penetrative sex is discussed.

**Additional notes**

You may need to explain the term and, if students imply that anal sex is associated exclusively with sex between men, use this as an opportunity to challenge assumptions and offer good information – for example, some heterosexual people may have anal sex, and many gay men do not.
• Why might people choose ‘less safe’ or ‘safer’ activities?
• Who might influence them (friends, peers, parents or carers (or trusted adults), partners)?
• What might influence them (faith, culture, law, media)?
• How influential is alcohol or drugs?
• How easy is it to choose non-penetrative sex?
• What pressures are there around sex?
• Is it different for young men and for young women?

Remind students that each of us has the right to decide what we want sexually, how far to go sexually and to say no to sexual activity we don’t want – and to have that decision respected.

**Session 15 Key messages**

• There are many safer sexual activities that do not involve intercourse.
• Everyone has a choice about what sexual activity they do or don’t do, including not having sex at all.
• Intercourse can be made considerably safer by using a condom correctly.
### Project sheet 15.1: Sexual activity cards

<table>
<thead>
<tr>
<th>Vaginal intercourse with a condom</th>
<th>Masturbation (with a partner)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exchanging sexy messages online</td>
<td>Using drugs before sexual activity</td>
</tr>
<tr>
<td>Close sexual contact at a party after drinking alcohol</td>
<td>Sexting</td>
</tr>
<tr>
<td>Oral sex with a condom</td>
<td>Watching pornography</td>
</tr>
<tr>
<td>No sexual activity</td>
<td>Vaginal intercourse without a condom</td>
</tr>
<tr>
<td>Touching partner’s sexual body parts</td>
<td>Anal intercourse with a condom</td>
</tr>
<tr>
<td>Masturbation (on your own)</td>
<td>Body massage</td>
</tr>
<tr>
<td>Cuddling and touching with clothes on</td>
<td>Using a webcam for sex</td>
</tr>
<tr>
<td>Anal intercourse without a condom</td>
<td>Oral sex with no condom</td>
</tr>
<tr>
<td>Kissing</td>
<td></td>
</tr>
</tbody>
</table>
### Project sheet 15.2: Safety matrix

<table>
<thead>
<tr>
<th>Possible result/how safe?</th>
<th>Completely safe</th>
<th>Safer</th>
<th>Less safe</th>
</tr>
</thead>
<tbody>
<tr>
<td>STI or BBV</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unintended pregnancy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feeling bad about yourself/regret</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Breaking the law</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No impact on physical or emotional health</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Positive impact on your relationship</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Negative impact on relationship with friends or family</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Session 16: Resisting pressure

Learning objectives

For students to:

• be aware of the importance of consent within relationships
• recognise when a relationship becomes uncaring, bullying or abusive
• be aware of the importance of good communication and listening skills
• identify strategies to protect themselves from unwanted sexual advances and avoid being pressurised into sexual activity they don’t want.

Health and Wellbeing experiences and outcomes

I understand and can explain the importance of, and need for, commitment, trust and respect in loving and sexual relationships. I understand the different contexts of such relationships including marriage.

HWB 3-44c/HWB 4-44c

I recognise that power can exist within relationships and can be used positively as well as negatively.

HWB 3-45a/HWB 4-45a

I reflect on how my attitudes, beliefs, values and morality can influence my decisions about friendships, relationships and sexual behaviour.

HWB 3-46a/HWB 4-46a

I know that popular culture, the media and peer pressure can influence how I feel about myself and the impact this may have on my actions.

HWB 3-46b/HWB 4-46b

I am developing skills for making decisions about my relationships and sexual behaviour. I am able to apply these to situations that may be challenging or difficult.

HWB 3-46c/HWB 4-46c

I know how to manage situations concerning my sexual health and wellbeing and am learning to understand what is appropriate sexual behaviour.

HWB 3-49a/HWB 4-49a

Notes for the educator

This session addresses the real situations in which young people find themselves where it is not necessarily easy for them to know what they want or to act as they would like. It attempts to help students develop skills associated with planning for potential sexual encounters. The concept is probably entirely new to many students so they may need considerable help.
Session 16: Resisting pressure

The film of Stewart and Ann provides the main stimulus for this session, and it will be important for you to view the scenario carefully beforehand.

This may be another opportunity to raise the issue of online relationships and the potential risks. Remind students of the two key safety messages – never go alone to meet someone you have met online, and never reveal any personal contact details.

Remind students about sources of help and support first discussed in Session 1.

Materials and preparation

- **Group agreement** on display
- Stewart and Ann film, media player and screen – to be viewed ahead of the session by the educator
- A copy of the Educator’s notes for the Stewart and Ann film
- Copies of Handout C and Handout D for each student (if they don’t have these already)
- Educator awareness of local services

Method

1. (5 minutes)

Remind the students of the work you have done previously on good communication skills, using Handout D. Remind them also of Session 9: Planning to keep safe and Session 10 where Claire and Ally put themselves at risk sexually by getting into an unexpected and unplanned situation. We know that this happens to many young people – they do not protect themselves because they don’t expect to have sex. They say ‘it just happened’.

Explain that in this session, you are going to explore ways of recognising potentially dangerous situations and strategies for dealing with them effectively, and also spend some time thinking about the meaning of consent.

Have students rearrange themselves so they are able to see the film.

2. (20 minutes)

Now turn to the Educator’s notes and take the class through the film in the way indicated.

3. (10 minutes)

Draw out from discussion the importance of thinking and planning ahead:

- knowing in advance what you want and don’t want, being prepared to say it clearly and repeat it if needs be
• being aware of moving into potentially difficult or dangerous situations
• the responsibility not to coerce someone into sexual activity they don’t want
• the right to say no to sexual activity that you don’t want
• that consent to have sex can be withdrawn at any point even if previously given, and that this applies to both partners

Additional notes

You may want to discuss consent a bit further. It is important students understand what is meant by consent to have sex. In Scotland it is defined in law as ‘free agreement’. There are a range of circumstances which may affect a person’s ability to freely consent, for example when they are asleep, unconscious, or have been threatened with violence. Consent to sex can be withdrawn by either partner at any point in a sexual encounter.

4. (5 minutes)

Discuss online relationships and the potential for these to become uncaring, bullying or abusive. This might take the form of sexting or online bullying through social networks. Distribute Handout C for discussion and draw out the key points around healthy, caring relationships (whether face to face or electronic). Ask students if they have any other statements to add.

Point out that this checklist is also a good way to decide if you and your partner are ready for sex or not.

Additional notes

Some young people may use online pornography and this can have a negative impact on relationships – because perceptions and expectations of bodies and sexual activities can become distorted. There is more information on pornography in Appendix A.

5. (5 minutes)

Remind the students of sources of help and support and make these available again (first discussed in Session 1). These should include where to go if you are in a relationship that is abusive, and where to get help if you have been sexually assaulted or raped.
Session 16 Key messages

- Any sexual activity must always be consensual.
- Both boys and girls can feel pressurised into unwanted sexual activity.
- Some relationships can become abusive, and it is important to know where you can get help.
- Although the film shows a heterosexual couple, the situation could equally apply to same-sex couples.
- Sexual activities shown in films, particularly pornography, bear little resemblance, if any, to real life.
Stewart is 19 and Ann is 15. They have been going out together for a few weeks now, having met at a party.

**Scene 1**

Coming out of the cinema. Stewart and Ann are walking along the road. They are entwined round each other and look every bit the loving couple. They are talking as they walk.

Stewart  It's early yet, what do you want to do now? Come back to my place?
Ann  It’s a bit far.
Stewart  How about your place then... Could walk you home.
Ann  Mm... my mum's out...
Stewart  Even better... you'll be able to invite me in.
Ann  Only if you promise to behave...
Stewart  I don’t know if I should go making promises I might not be able to keep.
Ann  Oh really?
Stewart  Come on sweetheart, you’ll be safe with me.
Ann  OK. You can come back for a coffee then.

**Scene 2**

Ann’s living room.

Stewart  Oh you’re gorgeous.
Ann  Stewart, don’t...
Stewart  Relax.
Ann  No, I don’t want that.
Stewart  Look, this is an evening to remember, let’s really enjoy ourselves, mmm...
Ann  No... no.
Stewart  Come on, let yourself have some fun, let’s do it...
Ann  No.
Stewart  Come on... I want you so much... besides, there’s no one’s about. Let’s not miss this chance to really be together.
Ann  I might not want the chance.
Stewart  I think you will... especially when you see what’s on offer.
Ann  My mum might come in.
Stewart  You said she wasn’t coming back till late.
Ann  Yeah, but...
Stewart  I really love you... I’ve never met anyone like you before.
Ann: I love you too, but...
Stewart: So what’s stopping you... let me show you how much I love you... come on...
Ann: Stewart, don’t.
Stewart: I’ve got condoms, if that’s what you’re worried about.
Ann: It’s not that...
Stewart: What is it about then? What’s the big deal? If we love each other... I want you so much...
Ann: Stewart, don’t.
Stewart: This is what you invited me back here for...
Ann: I think you should just go.
Stewart: I can’t just stop now... you wanted this too. What’s the matter? You frigid or something?
Ann: No I’m not frigid, I just don’t want to...
Stewart: Come on, grow up and live a bit. I want you, you want me, you don’t know what you’re missing...
Ann: Stop, stop, stop it.

Pause

Prompt questions for class discussion (ensure that both the girls and the boys are heard):

- Is this a caring relationship?
- Is this a consenting situation?
- How do you think Stewart feels?
- How do you think Ann feels?
- What could Stewart and Ann have done differently?
- What should they do now?
- Do you think that the relationship will continue?

Ensure that both the boys and girls are able to challenge Stewart’s behaviour and that all students are reassured that most boys do not behave like this.

Scene continues in Ann’s living room.

Stewart: What’s the matter? You frigid or something?
Ann: No I’m not frigid, I just don’t want to...
Stewart: Come on, grow up and live a bit. I want you, you want me, you don’t know what you’re missing...
Ann: Stop, stop, stop it. Please just go... Please go.
Stewart  Why did you invite me back here? I thought you loved me. If you just relaxed and let yourself grow up a bit you’d have a lot more fun.

Ann   Just go.

Stewart  Stupid bitch...

Pause

Prompt questions for class discussion:

• Could Stewart and Ann have avoided the situation altogether?
• Could either of them have foreseen this situation? If so, at what point?
• Why does he say ‘stupid bitch’? Is he concerned about losing face, losing the relationship, losing the opportunity for sex or what?
• What’s going to happen now?
• Do you think Ann should see Stewart again?
• Should they stay together? Why/why not?

Scene 3

Ann’s living room – an alternative scenario

Stewart  Let yourself have some fun, let’s do it...
Ann   No.
Stewart  Come on... I want you so much... besides, there’s no one else about, let’s not miss this chance to be really together.
Ann   No, no way, Stewart, I don’t want the chance.
Stewart  I think you will... especially when you see what’s on offer.
Ann   I don’t like you talking like that.
Stewart  Come on, it’s fun. Your mum won’t be back for hours.
Ann   I think you should go home.
Stewart  I really love you... I’ve never known anyone like you before.
Ann   I love you too... but it’s time you went home.
Stewart  Let me show you how much I love you... come on.
Ann   No Stewart, don’t, you said I was safe with you and I don’t feel that now. Please go home.
Stewart  I’ve got condoms, if that’s what you’re worried about.
Ann   You’re not listening. I don’t want sex; I’m not ready for it.
Stewart  What is the big deal? If we love each other. I want you so much.
Ann   You’re not listening, this isn’t about love. You’re just thinking about yourself. I don’t want sex. We were having a good time and you’ve spoiled that.
Stewart: This is what you invited me back here for...
Ann: I invited you back here for coffee.
Stewart: Well I can’t just stop now... you wanted this too.

[He grabs her forcefully, she holds him off.]
Stewart: What’s the matter with you? You frigid or something?
Ann: That’s it. Go! I can speak to you tomorrow but you’ve got to go now.
Stewart: I don’t want to go.
Ann: Stewart, you have to go now, I don’t want you here any more.
Stewart: Oh come on, what did you think I came here for? Why did you invite me back, I thought you loved me.
Ann: Maybe I did love you, but I don’t like this and I’m telling you to go home now.

TEXT on screen: So what happens now?

We see the scenario rewind. It plays from an earlier point in the scene.
Ann: Maybe I did love you, but I don’t like this and I’m telling you to go home now.
Stewart: Shit... bye then.

TEXT on screen: What if...

Once again the scenario rewind. It stops, then plays from the same point.
Ann: Maybe I did love you, but I don’t like this and I’m telling you to go home now.
Stewart: It doesn’t have to end like this. Oh come on!
Ann: This is serious. I want you to get out of my house.
Stewart: You shouldn’t shout at me.
Ann: Well, if you won’t go, then I will.
Stewart: Shit...

Text on screen: Ten minutes later
Prompt questions for class discussion:

- What was different this time?
- What strategies did Ann use?
- How is Stewart feeling now?
- How is Ann feeling now?

Scene 4

Living room of a typical student flat.

Stewart: Well that’s girls for you...
Jim: Yeah. What happened with that girl you were going with?
Stewart: Ann?
Jim: Aye, Ann, she was nice.
Stewart: Yeah she was... We broke up.
Jim: What happened? She end it, aye?
Stewart: Yeah. I blew it. I want something better, you know? Like you and Marion. You two still going strong?
Jim: Yeah. I think I might even marry her.
Stewart: Really? Well you’re a lucky man. Just you treat her right, okay?
Jim: Yeah no worries there... So do you want to settle down, is that it?
Stewart: Well I wouldn’t say that, I want a girlfriend...to talk to... you know? Like you and Marion.
Jim: You just come on too strong, you need to be nicer...
Stewart: Yeah I need to be nicer... You hear about Rob?
Jim: I couldn’ae believe that.

Pause

Prompt questions for class discussion:

- What do you think Stewart wants from a relationship?
- Do you think that Jim helped Stewart to think about his relationships?
- Could Jim have done anything else to help?
- What do you think that Stewart should do to get the sort of relationship that he wants?
Session 17: First experiences of sex

Learning objectives

For students to:

- reflect on other young people’s first experiences of sexual intercourse
- be aware of some of the outcomes of first sexual intercourse
- be aware that a significant number of young people regret their first experience of sexual intercourse
- identify the circumstances that make the first experience of sexual intercourse more positive.

Health and Wellbeing experiences and outcomes

I understand and can explain the importance of, and need for, commitment, trust and respect in loving and sexual relationships. I understand the different contexts of such relationships including marriage.

HWB 3-44c/HWB 4-44c

I reflect on how my attitudes, beliefs, values and morality can influence my decisions about friendships, relationships and sexual behaviour.

HWB 3-46a/HWB 4-46a

Using what I have learned I am able to make informed decisions and choices that promote and protect my own and others’ sexual health and wellbeing.

HWB 3-47b/HWB 4-47b

I know how to manage situations concerning my sexual health and wellbeing and am learning to understand what is appropriate sexual behaviour.

HWB 3-49a/HWB 4-49a

Notes for the educator

This session uses real research material gathered in interviews with young people. The experiences described are of first sexual intercourse. The scripts have been shortened for the purposes of the exercise, but remain true to what the young people reported. It is important for students to know that they are working with real material.

It is important to remember some students may not identify as heterosexual, and you should aim to be as inclusive and valuing of same-sex relationships in the group discussions as possible.
Materials and preparation

- **Group agreement** on display
- Six copies of *Project sheet 17.1*, one for each small group.
- **DVD player**
- Each small group (see **Method, 1**) will concentrate on a different storyline of first sexual intercourse from *the audio files on the DVD* and *Project sheet 17.2* – make sufficient copies of each account for all the students in a small group
- Enough copies of *Handout C* for each student (if they don’t already have them).

**Method**

**1. (10–15 minutes)**

Explain that the purpose of this session is to explore young people’s real experiences of first sexual intercourse. Emphasise with students that the session is not about sharing their own experiences.

Divide the class into six mixed-gender groups with similar numbers of girls and boys in each. Refer back to *Handout C* from **Sessions 4** and **16** and revisit it briefly as a reminder.

Give each group a copy of *Project sheet 17.1* and sufficient copies of the group’s allocated account of first sexual intercourse from *Project sheet 17.2*. Allocate one account to each group and play all of the audio files. Ask the group to answer the questions on *Project sheet 17.1*, attempting to reach consensus.

**2. (15–20 minutes)**

When all groups have completed the answers, bring the class together. Have each group in turn summarise their responses.

**Additional notes**

It may be helpful to create a simple chart on the board, with the names of the characters down the side and the eight questions from *Project sheet 17.1* across the top. Then complete each box using a system of ticks, crosses and question marks.

Discuss:
- Was it a good or bad experience for the person telling the story?
- What made the couple decide to go ahead and have sex or not; what might some of the factors been (religious belief; aspirations for the future; not feeling ready; how well they knew each other?)
• Had they talked about having sex beforehand?
• Had they agreed to have sex? Had either partner said no?
• Had they talked about contraception or protection from STIs?
• What might have made the experience better?
• What might have made it worse? (Consider alcohol and drug use.)
• Would any of the above be different for a same-sex couple?

3. (5 minutes)

Draw out from the evidence what helps to make a good first experience of sexual intercourse:

• An established relationship (whatever your sexuality) before having sex (if you have not been going out with someone for long, having sexual intercourse will probably bring the relationship to an end fairly soon).
• Discussing sexual intercourse before you do it.
• Being able to say what you want and don’t want.
• Agreeing with your partner to use contraception or protect yourselves from STIs and BBVs before having sexual intercourse.
• Being over the age when sex becomes legal.
• Taking responsibility together for protecting yourselves physically and emotionally.
• Knowing what you want for the future.

Session 17 Key messages

• It is best to delay having sex until you are in a healthy, caring relationship.
• It is important to discuss sex and safety before you have intercourse.
• It is okay to say no to sexual activity until you feel ready.
# Project sheet 17.1: First experiences of sex

<table>
<thead>
<tr>
<th>Step</th>
<th>Question</th>
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<tbody>
<tr>
<td>1</td>
<td>How long had the couple known one another?</td>
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<td>2</td>
<td>What led to the couple’s decision to have sex or not?</td>
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<tr>
<td>3</td>
<td>Did the couple talk beforehand about having sex?</td>
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<tr>
<td>4</td>
<td>Did the couple talk beforehand about using contraception or protecting themselves from STIs or BBVs?</td>
</tr>
<tr>
<td>5</td>
<td>What was the experience of sex like?</td>
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<tr>
<td>6</td>
<td>Was it a good experience?</td>
</tr>
<tr>
<td>7</td>
<td>What might have made it better (if anything)?</td>
</tr>
<tr>
<td>8</td>
<td>What happened to the relationship?</td>
</tr>
</tbody>
</table>
Chloe

C: I met him at a New Year’s Eve party... He’s 19. ...It took about 10 months. He wasn’t pressuring me or anything ‘cause I really didn’t want to, but y’know, he was just going to leave it at that, and if I decide it’s up to me, he’s not gonnae force me to do anything against my will or anything like that. But...

Q: You decided?
C: Yeah.

Q: Did you talk about taking precautions beforehand?
C: We do talk about it sometimes, we did talk about it, but he goes funny – ‘cause it’s too much hassle.

Q: How did you feel when you had sex?
C: On top of the world.

Q: You enjoyed it?
C: Yeah, yeah.

Q: Did you take any precautions?
C: No.

Q: Do you now?
C: No, nothing. ...‘Cause he thinks it’s too much hassle and everything, and he thinks that it’s got more of a chance of the condom bursting or something like that, that’s what he thinks, so he goes, ‘No’. ‘Cause he goes he knows when he’s coming so therefore he can come out of me.

Q: Are you happy with that?
C: I trust him so...

Q: It’s a little bit risky that method, isn’t it?
C: I know. But he goes that if I did come to that point he’d rather prefer me to go on the pill or something like that, but I don’t want to go on the pill.

Q: Why’s that, are you worried about it?
C: Yeah. I think it causes health risks and things like that. I’ve been going out with him for a year and three months. I thought it was just gonnae be a short relationship, but we’ve just taken it day by day and we’re still together.
Megan

M: The first time I did anything sexually with another girl was also the first time I told anyone I was attracted to girls. I’d been best friends with Caitlin for a couple of years and had fancied her for a while and didn’t know what to do about it. I didn’t know what her opinions were on being gay. She was the only person I’ve ever trusted but I was still scared to come out to her.

Q: So what happened?

M: Her response was actually the complete opposite of what I’d imagined.

Q: Opposite in what way?

M: I just came out and told her, I was shaking. She didn’t seem shocked at all. She just hugged me and told me she’d loved me for a long time but was too afraid to admit it. I began to cry and we started to kiss. One thing led to another…

Q: Did you use any protection like condoms or dams?

M: It was very spur of the moment. We didn’t think anything risky would happen. I mean, we’re best friends who have both secretly liked each other for so long.

Q: Were you worried about it afterwards?

M: I was shocked about what was going on but it felt extremely right. I’m glad my first time was with someone who I trusted a lot and who respects me.

Q: Did you enjoy the experience?

M: Yes, I did enjoy it.

Q: What happened next?

M: We’re still seeing each other.
Lauren

L: We just used to sort of walk the dog. I’d go round his house on a Sunday and go down the river with the dog, all summer. Like it was great, I loved it. He was about 17.

Q: How did you feel? Did you feel it was right?
L: I don’t actually have any memory of saying to myself, this is what I want to do. It just happened and I accepted it.

Q: Did you talk about taking precautions beforehand?
L: We talked about it... I mean we did actually talk, like the decision was that it was gonna happen.

Q: What was the experience of sex like?
L: I just remember doing it and thinking, ‘It’s not much of a big deal’, you know, not actually worrying about it or thinking ‘Oh, God, this is a disaster, it’s going to affect my life’. I like, didn’t have a great build-up to it in my mind. I remember thinking about my friend actually, who was a bit older than me, and I remember all the time comparing it to what she had said to me... And I do remember it, just what as most people say, you know, very unimpressive. I think maybe it wouldn’t have gone on if we hadn’t gone out with each other for such a long time. I think I might have felt much worse about it if it was just that one time and never again. ‘Cause I can’t say that all throughout that I never enjoyed any experience, because I’m sure I did.

Q: Did you take any precautions?
L: Yeah, first of all, we used condoms... It’s very complicated... like when they’re doing this, like, this very sort of fiddly thing... I always took it quite seriously, though I wish I’d taken it more light-heartedly.

Q: What happened in the relationship?
L: I went out with him for about a year. I got on better with the dog than I did with him. That’s the only thing I really, like, thought about when I left was the dog, rather than him.
## Tommy

T: I had been going out with her for two weeks. I was talking to her about it and she would say ‘Wait’, and then for a week she did not say anything, and I was just getting off with her and tried to put my hand down and ended up getting right into it. I had not had much to drink that night.

Q: **Did she say anything about contraception beforehand?**

T: No. She just said she had better not end up pregnant. Like ‘Watch what you are doing’ and that.

Q: **And was it easy to get it in?**

T: No, was it f...! I discovered that I could not get it up my first time. I ended up freaking out and I stopped... I just sat up, and she sat up and put her arms around me. I was sitting there just sweating, and she ended up putting her arms round me and back down. She was not bothered; I think she knew that it was my first time. I did not tell her.

Q: **And did you find it embarrassing?**

T: Aye, very... Like a brass neck because I could not get it up, and what she would be telling her pals and that.

Q: **And did you take any precautions at all?**

T: No, I have never used a condom in my life. I don’t believe in them.

Q: **And at that time did you come inside her?**

T: Aye, I did.

Q: **Or did you pull out?**

T: I came inside her.

Q: **Did you tell anyone about having sex with her?**

T: Aye. I told my wee cousin. Like he would ask you, like, ‘Have you had it?’ and that.

Q: **And did they know that you were a virgin at the time?**

T: What, my pals? No! You would not tell your pals that, you know. You would not want anyone to call you a virgin.

Q: **So did you see her again after that?**

T: I went out with her for a couple of days after it. Like I got what I wanted... she thought like she owned me totally you know. That is what like put me off her and that. Like she started, like, as if she owned us and that, because the two of us had done it and that. Like that was us, sort of thing.
John

J: I’m in the school rugby team, most of the girls in my year fancy me but whenever I go out with one of them it never feels quite right. Recently, I’ve felt really confused and anxious as I’ve begun to have feelings for another guy on the rugby team and have no idea what this could mean or what I should do about it.

Q: Did you feel he was interested in you too?
J: I wasn’t sure, but I bumped into him at a house party and we ended up on our own. We kissed for a while and one thing led to another and he ended up giving me a blow-job.

Q: Did you use a condom?
J: No, neither of us planned it – it was all a bit spur of the moment.

Q: Had you both been drinking?
J: Yeah we’d both got pretty wasted but not so much we didn’t know what was happening.

Q: Did you want to have sex?
J: Yeah.

Q: How did you feel?
J: It felt good. It felt right – not like when I’d done that before with a girl.

Q: What happened afterwards?
J: Since then, he’s been really stand-offish. He’s made homophobic comments when I’ve been around and threatened to tell everyone I’m gay if I ever tell anyone what happened. I’m not quite sure what to do.
Dave

D: I only really had one serious girlfriend. We went out for about six/seven months; that was about a year and a half ago though... We weren’t actually planning it or anything.

Q: Had you talked about it before, like had you or she tried to persuade the other one to have sex and said no?

D: There’d been no pressure at all, it just happened.

Q: Were you pissed?

D: No.

Q: Did you talk about taking precautions beforehand?

D: No.

Q: Had there been a lot of fondling?

D: Yeah.

Q: Had there been quite a lot of occasions before when you were into heavy petting and feeling each other up and it hadn’t got that far?

D: No, it was really just that one time. I think the age of consent should have been made more relevant. It should be said to people. Like to tell others not to have sex young and stuff like that. I definitely regret it. The fact that I have done it now and I was just so young and it wasn’t really under good circumstances. It really just happened, we weren’t planning it or anything.

Q: And did you take any precautions?

D: No, that was the big thing. Because we weren’t planning it at all, neither of us really thought about it.

Q: Did you tell your mates afterwards about it?

D: No, I haven’t told anyone. Only one person that knows and that’s my sister.

Q: And what happened in the relationship?

D: Well we had sex... maybe that is the reason why we split up, because we split up soon after that... I think because neither of us were old enough emotionally or ready for it. I don’t know how to explain it, we felt differently afterwards.
I think it was because I was so young and I wasn’t ready for it at all. I would have preferred to wait until I could cope with it. It was a really good relationship and then when we had sex and because we both weren’t ready for it, it just gave us a shock and we split up... I don’t know, we just didn’t feel the same about each other any more.

Q: And do you still see the girl at all?

D: I don’t talk to her at all. I pass her in the corridor occasionally and smile but that is about it. She’s in the year above me so I hardly ever see her.

Q: Do you think she was upset by it?

D: I think we both were. I know I was, I don’t really know how she felt about it because we didn’t talk. I think that is the problem – we were just so young, we didn’t want to talk.
Session 18: Pregnancy and parenthood


**Learning objectives**

For students to:

- be aware of their own feelings about parenthood, and the potential feelings of others
- be aware of the implications of becoming pregnant
- be aware of the potential impacts of parenthood on relationships.

**Health and Wellbeing experiences and outcomes**

I can explain the importance and the enduring and complex responsibility of being a parent/carer, and the impact on life choices and options.

HWB 3-51a/HWB 4-51a

**Notes for the educator**

This session returns to the issue of pregnancy, and offers both girls and boys the opportunity to explore the issues involved in unintended pregnancy.

It will be important to remember that parenthood will not be a significant issue for some, and that the issues may be different for those who identify as lesbian, gay or bisexual. The session also provides an opportunity to look at the stigma some people experience when becoming parents and to challenge any discriminatory attitudes.

It will be helpful to show students young parents talking about their experiences of pregnancy and parenting. Some potential resources are listed in Appendix B.

While this session is not about pregnancy per se, it is important to touch on issues that can impact on the outcome of a pregnancy – for example heavy drinking (fetal alcohol spectrum disorder), drug-taking and smoking in pregnancy. For more information see www.readysteadybaby.org

**Materials and preparation**

- Group agreement on display
- A resource which includes young parents talking about their experiences, or possibly a visit from a young parent
- Copies of Project sheet 18.1 for all students (can be photocopied back to back).
### Session 18: Pregnancy and parenthood

- A prepared list of questions on flip chart or smartboard for **Method 3**
- You may also want:
  - copies of *Project sheet 18.2* for each small group
  - a prepared list of the statements on *Project sheet 18.2* on flip chart or smartboard
  - *Educator’s notes* for *Project sheet 18.2*.

### Method

#### 1. (10 minutes)

Explain to the class what you plan to cover today, and that you are going to start with an individual exercise. Emphasise that this is private, and students will only share their answers if they choose.

Distribute copies of *Project sheet 18.1* to all students. Have them fill in the space at the top of each box as follows:

Box 1: Name of best friend
Box 2: Name of parent or carer
Box 3: Own name
Box 4: Name of favourite adult
Box 5: Girl-/boyfriend if you have one. Do not include a name, for confidentiality reasons. If not applicable, leave blank.

In Box 3, have boys write how they might feel (encourage them to identify gut feelings rather than thoughts) if a girlfriend told him she was pregnant by him; and have the girls write how they might feel if she found she was pregnant. In each of the other boxes, write how that person might feel or react to this pregnancy. When they have finished, encourage students to review what they have written and complete the sentence stems at the bottom of the sheet.

#### 2. (10 minutes)

Then have them turn over. Have students fill in down the left-hand column, five things they really enjoy doing.

When they have completed this, give one further instruction at a time, and allow sufficient time for completion before moving on to the next:

- In the second column, write a £ sign beside any activity that costs more than £5.
- In the third column, write a W beside any activity you like to do at least once a week.
- In the fourth column, write an O beside any activity that you do outside of home.
- In the fifth column, write a B beside any activity it would be difficult to do if you had a baby or toddler with you.
Have students review what they have put, and then complete the sentence stems at the bottom of the sheet.

3. (10–15 minutes)

Divide students into small mixed groups of three or four. Have them discuss:

- What are the main challenges for new mums?
- What are the main challenges for new dads?
- What are the responsibilities of new mums and dads?
- Should mums and dads have the same parenting roles? If so, why? If not, why not?
- What kind of parent do you think you would be?

Remind the class that they have the information to protect themselves against unintended pregnancy, and that the next session will be about familiarising themselves with the services providing information, support and advice.

4. (5 minutes)

Some people may face stigma and discrimination in becoming parents. Ask students to consider the following groups of people and lead a discussion on what might be challenging for these groups:

- People who want to become, or do become parents, and
- are lesbian, gay or bisexual
- have a disability
- are transgender
- a teenager
- older (for example over the age of 45).

5. (15 minutes)

Give each small group copies of Project sheet 18.2. Explain the task and tell them how long they have to select the three most useful statements. Emphasise that it is important to agree as a group.

Display your prepared list of statements. Bring the class back together. Have each group in turn identify their three chosen statements, and mark them with a star or other symbol on your master list.

When all the stars are marked up on the master list, it will be possible to identify what the class has chosen as the most important statements. It will be useful to explain that there are no right answers. Using the Educator’s notes on Project sheet 18.2, encourage some discussion of why the groups made these choices.
Session 18 Key messages

• be aware of their own feelings about parenthood, and the potential feelings of others.
• be aware of the implications of becoming pregnant.
• be aware of the potential impacts of parenthood on relationships.
Others’ reactions to pregnancy

1. 

2. 

3. 

4. 

5. 

If I was pregnant or my girlfriend was pregnant:

- the person I would most fear telling would be ........................................
- the most supportive person would be .........................................................
- the least supportive person would be ........................................................
How would a baby change your life?

<table>
<thead>
<tr>
<th>Things I enjoy doing</th>
<th>£</th>
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<th>O</th>
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If I became a parent this year:

- the biggest change to my life would be .............................................
- I would probably have to give up ......................................................
- I would gain .......................................................................................

Find the SHARE appendices at www.healthscotland.com/SHARE
Some of your friends or other people of your age have had less sexual health and relationships education than you. They too need the very best information available to avoid unintended pregnancy.

Imagine that they will be able to remember THREE things.

Discuss the following statements in your small group and try to agree the three that would be most useful to other young people – to avoid unintended pregnancy.

1. Confidential help and advice about contraception and sex is available from young people’s drop-in clinics, sexual and reproductive health services, doctors or the school nurse.

2. Condoms must be used carefully every time you have sex.

3. Talk to your boy-/girlfriend about contraception, and get hold of it before you intend to have sexual intercourse.

4. Abortion is not an easy option.

5. Contraception (including the implant, IUS, IUD and condoms) is available free to under-16s at youth drop-in clinics and sexual and reproductive health services.
6. It is possible for a girl to get pregnant even if:
   • you have sex standing up
   • it’s the first time you have had sex
   • you don’t enjoy it
   • the boy withdraws before he ‘comes’.

7. You can say no to sex if you want to.

8. If you think you may be pregnant, seek help from a sexual and reproductive health clinic or doctor immediately.

9. Emergency contraception can be used up to five days after unprotected sex, but it is more effective the sooner it is used.

10. Being a parent is always a challenge – being a single teenage parent is especially hard.
1. Confidential help and advice about contraception and sex is available from youth drop-in clinics, sexual and reproductive health services, doctors or the school nurse. Where can you get confidential advice?

2. Condoms must be used carefully every time you have sex. How much protection can a condom provide, from both pregnancy and STIs? What are the rules for using them correctly? What is the likely effect of using drugs or alcohol on condom use?

3. Talk to your boy-/girlfriend about contraception, and get hold of it before you intend to have sexual intercourse. Why is it often so hard to raise the issue? Why might it be a problem if you only raise condom use at the last minute?

4. Abortion is not an easy option. How might a young woman feel if she is considering having an abortion? Might she sometimes be pressured into it – by whom? What about faith, moral, ethical arguments for and against termination?

5. Contraception (including the pill and condoms) is available free to under-16s at youth clinics and sexual and reproductive health services. Why do young people sometimes not use these services?

6. It is possible for a girl to get pregnant even if:
   - you have sex standing up
   - it’s the first time you have had sex
   - you don’t enjoy it
   - the boy withdraws before he ‘comes’.
   Where do these myths come from?

7. You can say no to sex if you want to. Why is it sometimes hard to say no to sex? How influenced are young people by their emotions, peer and media pressure or lack of skills?

8. If you think you may be pregnant, seek help from a sexual and reproductive health clinic or doctor immediately. Why is it important to act quickly?

9. Emergency contraception can be used up to five days after unprotected sex. Why is it called emergency contraception? Where can you get it? When should you take this?

10. Being a parent is always a challenge – being a single teenage parent is especially hard. What’s hard about bringing up a child alone? How might it affect your life? What are the challenges for mums? Dads?
Session 19: Where to go for help

Learning objectives

For students to:

- identify the main sources of support and help in the locality.

Health and Wellbeing experiences and outcomes

I know how to access services, information and support if my sexual health and wellbeing is at risk. I am aware of my rights in relation to sexual health including my right to confidentiality, and my responsibilities, including those under the law.

**HWB 3-48a/HWB 4-48a**

I know where to get support and help with situations involving abuse and I understand that there are laws which protect me from different kinds of abuse.

**HWB 3-49b/HWB 4-49b**

Notes for the educator

This session is an opportunity to think about people who can help (parent/carer, youth worker, trusted adult) as well as services that young people can access. It will be helpful to remind students that all services they might use will provide a confidential service (unless it is felt the young person is either at risk or poses a risk to someone else) and that this includes their GP.

Materials and preparation

- Group agreement on display
- Educator knowledge of local services for young people
- A range of leaflets from local services offering support, advice or treatment for young people, including services for young people who identify as lesbian, gay, bisexual or transgender, have a learning disability, belong to a religious or cultural minority (if available), or need support with relationships, drugs or alcohol. Have enough so that students can take some away if they wish
- Copies of **Project sheet 19** for all students
- A list of local and national sources of support for young people (see **Appendix C** for a list of national sources of support including websites and helplines)
Method

1. (10–15 minutes)

Explain to the students that this session is about knowing where to get help if you have any concerns about your sexual health or relationships.

Emphasise that often the first port of call might be a parent or carer, youth worker or other trusted adult. Sometimes a chat may be enough to work through the problem, or you could seek information online. Sometimes though, it may be necessary to seek professional help.

Lead a discussion about why young people may seek help from services. For example:

- planning ahead for sex (e.g. get condoms, contraception or advice)
- worried about their emotional or mental health
- need support or advice around alcohol, drugs or smoking
- worried they might have an STI or BBV or be pregnant
- need advice and support about their relationship(s)
- just want someone to talk things over with.

Follow this up by asking young people what is difficult about visiting a service. For example:

- embarrassment
- it might not be confidential
- not knowing what to expect
- don’t know where it is/how to get there
- thinking you might be judged.

List the students’ responses on a flip chart or smartboard. Then ask them to discuss in small groups how they might overcome some of these barriers and briefly ask each group to feedback to the class. Draw out the following points:

- You can take a friend or trusted adult with you for support.
- Services for young people are confidential (unless you are at risk) and this includes your GP.
- Staff are friendly and well trained to help you. They won’t judge you.
- You can learn a bit about the service online in advance of going.
2. (20 minutes)

Working in groups students should select one or more (depending on time) of the leaflets about a local service which supports young people. They should use Project sheet 19 to record as much as they can about the service from the information given on the leaflet, and be prepared to feed back to the class.

They may be able to find out more using the internet if available. If possible, students could locate the service using an online map.

Each group should then share with the class all the information they found out about that service.

If there is any information they have not been able to find out during the session, it could be done as homework. Encourage students to fill any gaps out with the lesson and be ready to share what they have learned next time. This could be done in groups.

Remind students that responsibility is now theirs to use the information and skills they have acquired if they need to.

Distribute a list of sources of support (adapted from Appendix C, with local ones added) for students to take away, along with any leaflets they want to take.

**Additional notes**

As an alternative or additional exercise, you could identify appropriate service/services for the students to visit – a youth drop-in clinic or sexual and reproductive health service. Visit yourself in advance and check that a group of students would be welcome. Be clear about exactly what you want them to get from a visit.

Another alternative would be to ask students to develop a web page of the information that they think they would need to know about a service.

**Session 19 Key messages**

- It is better to seek help than to worry.
- There are good sources of support for young people, locally and nationally.
- Young people have a right to confidentiality and services must uphold this (unless the young person is at risk of harm).
Find out the answers to as many of these questions as you can.

1. What is the name of the service?

2. Where is it and how do you get there?

3. When is it open?

4. What is the purpose of the service?

5. What age group is it for?

6. Is it for women or men or both?

7. Does it provide an inclusive service (for young people who are lesbian, gay, bisexual or transgender or for young people with learning disabilities)?
8. What kind of help can you get there/what services does it provide?

9. Do you have to make an appointment?

10. How confidential is the service?

11. Could you take a friend along?

12. Do you have to pay anything?

13. Do you have any other questions?
Session 20: Negotiating condom use

Learning objectives

For students to:

- describe the role of planning in keeping safe sexually
- be aware of the need to carry condoms to keep them and their partners safe
- be aware of the importance of both verbal and non-verbal communication in sexual situations
- develop strategies for dealing with potentially unsafe situations.

Health and Wellbeing experiences and outcomes

I am aware of the need to respect personal space and boundaries and can recognise and respond appropriately to verbal and non-verbal communication.

HWB 3-45b/HWB 4-45b

I am developing skills for making decisions about my relationships and sexual behaviour. I am able to apply these to situations that may be challenging or difficult.

HWB 3-46c/HWB 4-46c

Notes for the educator

This session invites students to take responsibility for their behaviour, plan to keep themselves safe and develop strategies to ensure safety in relationships. Two short films are used in this session, and educators need to familiarise themselves with the Kirsty and Craig and Liam and Hannah scenario.

You should emphasise with students that while the films show two heterosexual relationships, the same principles around keeping safe apply to lesbian and gay relationships as well.

Materials and preparation

- Group agreement on display
- Media player, screen and Kirsty and Craig and Liam and Hannah film
- A copy of the Educator’s notes for the Kirsty and Craig and Liam and Hannah film
- You may also want: copies of Handout D for all students (if they don’t have it already)
Method

1. (5 minutes)
Remind the class of the work you have done earlier in the programme on planning to keep safe (Session 9: Planning to keep safe and Session 12: Condom use skills). Explain that this session you are moving on to look at ways of negotiating condom use to ensure that both partners remain safe. Have students arrange themselves so they are able to see the screen.

2. (25–30 minutes)
Now turn to the Educator’s notes and take the class through the film in the way indicated.

3. (5–10 minutes)
Bring the class back together. Discuss:
- When should Kirsty and Craig and Liam and Hannah have discussed condom use?
- Did they leave it dangerously late?
- Is it possible to plan ahead for sexual encounters?
- What are the difficulties (emphasise how alcohol/drugs can undermine previous intentions)?

Session 20 Key messages

- Everyone is responsible for their sexual safety (where this is consensual).
- Planning ahead is a key part of keeping safe.
- Condoms, correctly and consistently used, are the best way to protect from STIs and BBVs.
Kirsty (16) and Craig (18) have been friends for some time before they got together, and know each other pretty well. Both have had relationships with other people.

**Scene 1**

Inside a pub

**Scene 2**

Kirsty’s house

<table>
<thead>
<tr>
<th>Kirsty</th>
<th>What are you doing?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Craig</td>
<td>I’m getting a condom.</td>
</tr>
<tr>
<td>Kirsty</td>
<td>You’re not going to use one of those are ya?</td>
</tr>
<tr>
<td>Craig</td>
<td>Yeah, why not?</td>
</tr>
<tr>
<td>Kirsty</td>
<td>Well for starters, it won’t feel so good... for you.</td>
</tr>
<tr>
<td>Craig</td>
<td>Believe me, that is not a problem, and besides, it’s just here and it’s easy.</td>
</tr>
<tr>
<td>Kirsty</td>
<td>Look I’m on the pill... I’m not going to get pregnant if that’s what you’re worrying about.</td>
</tr>
<tr>
<td>Craig</td>
<td>No... it’s just, there are other things.</td>
</tr>
<tr>
<td>Kirsty</td>
<td>Such as?</td>
</tr>
<tr>
<td>Craig</td>
<td>Look, I always use a condom, it’s just safer, if we use a condom now, then we don’t have to worry about anything later.</td>
</tr>
<tr>
<td>Kirsty</td>
<td>Are you saying I’ve got something?</td>
</tr>
<tr>
<td>Craig</td>
<td>No... it’s just, we can’t take that risk, cause we’ve both been with other people.</td>
</tr>
<tr>
<td>Kirsty</td>
<td>Yeah but it’s different, I know you and I trust you.</td>
</tr>
<tr>
<td>Craig</td>
<td>Yeah that’s great, but we have to be safe, it’s better if everybody’s safe, use a condom now and we don’t have to worry about anything, and besides, have you used one before?</td>
</tr>
<tr>
<td>Kirsty</td>
<td>No.</td>
</tr>
<tr>
<td>Craig</td>
<td>Well, it’s fun and it’ll last longer as well, if you know what I mean.</td>
</tr>
<tr>
<td>Kirsty</td>
<td>OK. I suppose I could give it a try.</td>
</tr>
<tr>
<td>Craig</td>
<td>See, no mess, no fuss, no problem...</td>
</tr>
<tr>
<td>Kirsty</td>
<td>OK, I’m a convert. Now what say we use another...</td>
</tr>
</tbody>
</table>

**Pause**

**Prompt questions for class discussion:**

- **Why was Kirsty reluctant to use condoms, do you think?** (surprise, embarrassment, romance, ignorance of risks, her use of the pill, religious or cultural reasons)
• How did Craig give Kirsty the confidence to try using a condom for the first time? (Confident, reassuring, shared responsibility, focused on the positives, didn’t blame or put her down.)
• How could they have handled the situation even better? (Discussed it much sooner, practised using a condom before having sex.)
• Do you think Craig is always this careful?
• How do you think Craig and Kirsty feel now? (Issues about male responsibility, the place of trust in a relationship and the issue of ongoing condom use in a long-term relationship.)

Liam and Hannah are about 16 and have been friends for a long time before they got together.

Scene 1
Classroom at school

Scene 2
They are at a party at a friend’s house and have gone upstairs to a bedroom

Hannah Have you got a thingy?
Liam Yeah, last time I looked!
Hannah No, a condom?
Liam No, I thought you might have some.
Hannah Well, I thought you bringing me up here, you’d have been more organised.
Liam Well, we don’t need them, do we? We’ve known each other for ages. I trust you, you trust me...
Hannah Trust has got nothing to do with it. Come on, you know the story.
Liam Well, I don’t have anything and I’m sure you don’t.
Hannah You don’t know that. You can’t tell just by looking at someone, whether you know them well or not.

Pause

Prompt questions for class discussion:
• What do they do now?
• What are the options?
• Encourage the students to explore all the possibilities. Consider what might happen if they go ahead and have sex without a condom.
• How could Liam and Hannah have avoided this situation?
Hannah Come on Liam, we need to go and see if we can get some, somewhere else.
Liam OK, I’ll get some from Mark, he’s bound to have some in his wallet.
Hannah You can’t ask Mark!
Liam Why not?
Hannah Do you want the whole party knowing?
Liam Mark’ll keep his mouth shut.
Hannah Oh yeah. You might as well go down the stairs with a sign saying ‘I’m shagging Hannah’.
Liam So what are we going to do then?
Hannah I’ll ask Christine, she’s got some. I’m not going to be the one that’s having to get them all the time, you’re going to have to come better prepared the next time.
Liam Hey, you get this one, you got a deal.

Scene 3

In the bathroom
Hannah So, you drunk yet?
Christine No... well, a bit... where have you been all night anyway?
Hannah Upstairs.
Christine With who?
Hannah Liam.
Christine Liam, eh? When did that happen?
Hannah Well, it’s not really happened yet.
Christine Why not?
Hannah He didn’t have any condoms with him, did he?
Christine Oh no! I take it you didn’t then, if nothing happened. What are you? A pessimist? You should always have some.
Hannah Have you got any?
Christine I suppose I could spare one. I picked them up at the Centre.
Hannah What Centre?
Christine You know the one in town. The people are really nice and they give confidential advice. Is one enough?
Hannah Could you spare a couple?
Christine You’re keen!
Hannah Thanks a lot.
Christine Have fun.
Scene 4

In the bedroom

Liam How long have we got…?

Prompt questions for class discussion:

• What do you think about the way Liam, Hannah and Christine handled the situation?
• Whose responsibility is it to carry condoms?
• How important is it to keep using condoms even in a long-term relationship? (Very – to protect against unintended pregnancy and STIs. If you want to stop using condoms, you both need to be checked for STIs, plan contraception to reduce the risk of unintended pregnancy and continue to be monogamous to minimise risk of STIs.)
• How else might you communicate that you want to use a condom if things have already gone past the point of discussion? (Have the condom handy in a pocket or drawer, and simply reach for it, show it to your partner, get it out the packet, start putting it on, etc.)
Session 21: Revising sexual health and relationships (2)

Learning objectives

For students to:
- revised and refresh their knowledge around pregnancy and STIs and BBVs, and how they can protect themselves and a partner against pregnancy and STIs and BBVs
- identify the facts and key messages to enable them to make good decisions about their sexual health and relationships
- identify where to go locally for help and advice.

Health and Wellbeing experiences and outcomes

Using what I have learned I am able to make informed decisions and choices that promote and protect my own and others’ sexual health and wellbeing.

HWB 3-47b/HWB 4-47b

Notes for the educator

This session provides a way to gauge and consolidate learning to this point as well as an opportunity to revisit the learning needs students identified in Session 13.

It is important to check the suitability of questions beforehand, and select or prioritise those most appropriate to the needs of the students.

You need to know the answers to the questions about local/nearest services.

The final question is about uncaring (abusive) relationships. It will be important to make information about sources of support available to students.

Materials and preparation

- Group agreement on display
- Copy of the Educator’s notes on the questions
- Sticky notes poster from Session 13
- Educator knowledge of nearest local young people’s drop-in
- You may also want:
  - a selection of other leaflets, books and posters on pregnancy, contraception, STIs and BBVs
  - general sexual health leaflets or information on local sexual and reproductive health services
  - a contraceptive kit on display.

Find the SHARE appendices at www.healthscotland.com/SHARE
Method

1. (5 minutes)

Explain the purpose of the session – it is a revision session to ensure that they have good information. Remind them of their right to good information and their responsibility to use it well.

Tell students they will have a chance to see how much they have learned and identify any gaps on their learning using the sticky notes poster created in Session 13.

Divide the class into mixed-ability, mixed-gender groups of about five students. Explain the rules of the game.

2. (25 minutes)

Ask each group in turn a question and, if it is to be competitive, record scores on the flip chart or board as indicated in the Educator’s notes. If a group can’t answer the question, throw it open to the other groups in turn. In this situation, a correct answer gets double points.

Where there are several correct answers to a question (e.g. name one symptom of an STI or name one place you can get condoms), you may choose to award one additional point for each correct answer.

If no group comes up with the correct answer, then you will need to provide it before moving on to the next question. When students provide the correct answer, make sure that the whole class has heard it correctly.

Just before the end of the session, add up the total points and, if you wish, award a prize.

3. (10 minutes)

Revisit the sticky note poster from Session 13 with the questions students identified. Read out a selection of those which have been covered by all the work done since Session 13. Address any outstanding questions, if any, and if appropriate.

Allow the students the opportunity to share:

- anything that surprised them
- anything new they have learned

Distribute appropriate general sexual health literature or information on local services. Reinforce where students can go for information and advice.
Session 21 Key messages

- Longer-acting contraception, when used correctly, is 99% effective in preventing pregnancy.
- If you are having sex, condoms, correctly used, are the best way to protect yourself against STIs.
- If you are in an abusive relationship, or worried about any other aspect of your wellbeing, help and support is available.
- Healthy positive relationships support sexual pleasure.
Pregnancy

1. Can a girl/woman get pregnant if the boy/man pulls out before he ejaculates (comes)?
   Yes. 1 point.
   Some sperm may be released before a boy/man comes. He may not be aware of this. Sperm released before ejaculation is called pre-ejaculate.

2. Can a girl/woman get pregnant without penetration (without the penis going into the vagina)?
   Yes. 1 point.
   If sperm are deposited around the entrance to the vagina, they could make it into the womb, particularly if the vagina is touched with fingers.

3. At what point in her menstrual cycle is a girl/woman most likely to conceive (get pregnant)?
   About 14 days before her next period is due. However a woman can become pregnant at any time during her menstrual cycle, even during her period. 1 point.

4. Why is it difficult for a girl/woman to predict when in her menstrual cycle she is most likely to conceive?
   It is hard to predict because she does not know when her next period is going to start. 1 point.

5. What are the possible signs of early pregnancy?
   Missed (or lighter, irregular) period(s)
   Sickness, especially in the morning
   Tiredness
   Tender breasts
   Needing to urinate (pee) more often
   1 point for each (max. 5 points).

6. Where can a girl go for help if she thinks she might be pregnant?
   Parent(s), carer(s) or other trusted adult
   Doctor/GP
   Sexual and reproductive health services
   Young person’s drop-in
   School nurse
   1 point for each (max. 5 points).
7. **Where can you get a pregnancy test for free and where do you have to pay for one? How soon after having sex can you get a result?**

Free:
- Sexual and reproductive health services
- Young people’s drop-ins
- Doctor/GP

To buy:
- Chemists/pharmacies
- Supermarkets

1 point for each (max. 4 points).

It is possible to get an accurate result after about two weeks, or on the first day after a missed period. 1 point.

**Contraception**

8. **What is longer-acting reversible contraception (LARC)?**

LARC is contraception that lasts for a long time but once you stop taking it, your fertility returns quite soon. 1 point.

Once fitted you don’t need to do anything, unlike oral contraceptive pills which are taken daily, so there is less chance of making a mistake and reducing the effectiveness, such as missed pills, or the effects of illness such as diarrhoea or vomiting.

Types of LARC are the implant, intrauterine device (IUD) or intrauterine system (IUS). Fertility returns quickly when are removed.

9. **Where can contraception be obtained?**

- Doctor/GP
- Sexual and reproductive health services
- Young person’s drop-in.

1 point for each of these.

10. **Where is the nearest sexual health/young person’s drop-in to here?**

Correct answer (you will need to know this). 1 point.

11. **Is it important to take contraceptive pills as instructed by the doctor or nurse? What could go wrong when using these?**

Yes. 1 point.

Contraceptive pills need to be taken at the same time every day and as instructed, but can be less effective if the girl has a bout of diarrhoea or vomiting, or she is using antibiotics. Often girls forget to take it, so are more at risk of becoming pregnant. Because of these issues, the pill is less effective than other contraception.
methods, such as the implant, IUS or IUD. These methods, once fitted, do not normally need to be checked until the time for replacement. They also take away the need to remember to take them.
1 point for each answer.

12. **How effective is contraception against pregnancy?**
Most types are extremely effective when used correctly – up to 99.9%. 1 point.

13. **What is a condom? How does it work?**
A condom is a small fine rubber tube, closed at one end, which fits over the erect penis. 1 point.
It has a teat at the end to catch semen. Sperm is then trapped inside the condom. 1 point.

14. **What are the advantages of the condom over other forms of contraception?**
If used carefully and consistently, it protects against STIs, including HIV.
If used carefully and consistently, it provides good protection against pregnancy.
They are usually free, but if bought, are relatively cheap.
It is easily available.
Both partners can take responsibility for using a condom: putting it on, checking it is still on during sex, removing it and disposing of it effectively.
It provides some protection against cervical cancer.
1 point for each (max. 5 points).

15. **Where is the nearest place a young person can get free condoms locally?**
Correct answer (you will need to know this)
Also:
Some doctors/GPs
Sexual and reproductive health services
Young person’s drop-ins
Drug projects
You can also buy condoms from:
Supermarkets and other retail outlets
Chemists/pharmacists
Petrol stations
Some public toilets, pub toilets, etc.
Internet.
1 point for each (max. 5 points).
16. **What is ‘emergency contraception’? Where is the nearest place a young person can get it?**

   Emergency contraception is a contraceptive used after sexual intercourse when either your usual method of contraception has failed or you have put yourself at risk by not using contraception.

   1 point for each answer.

   The nearest place you can get it is:
   
   Correct answer (you will need to know this)
   
   Also:
   
   Doctor/GP
   Sexual and reproductive health services
   Young person’s drop-in
   Chemists/pharmacists
   Possibly from Accident & Emergency at a hospital.

   1 point for each of these (max. 3 points).

17. **How long after sex can emergency contraception be used?**

   Levonelle is effective for up to 72 hours (three days) after sex, though the sooner it is used the more effective it is likely to be. 1 point.

   ellaOne can be used up to five days after unprotected sex (only with a prescription). 1 point.

   Also, it is not necessarily a pill. It might be an IUD (or coil).

18. **Why is it not a good idea to rely on emergency contraception?**

   Emergency contraception is only a stopgap – it does not protect from STIs. Using effective contraception methods, including condoms, reduces the likelihood of having an unintended pregnancy and getting STIs.

   1 point for each answer.

**Sexually transmitted infections**

19. **How does a person get a sexually transmitted infection?**

   A person is most likely to get an STI if they have unprotected penetrative sex with an infected person – but they do not necessarily have to have penetrative sex – close sexual contact like oral sex or touching genitals can also pass on infections.

   1 point.

20. **Which are the most common STIs among young people?**

   Chlamydia, herpes and genital warts.

   1 point for each one named.

   Around 1 in 10 young people have chlamydia. HIV and syphilis are much less common than chlamydia, herpes or genital warts among young people.
21. **Is it true that some STIs have no symptoms, so a person may not know that they are infected? Name one.**

Yes, it is true. 1 point.
Chlamydia, gonorrhoea and HIV may have no symptoms. Symptoms of syphilis and genital warts can be inside the penis, anus or vagina so may not be visible. Condoms, used correctly, or not having sexual contact at all, are the best protection against STIs.
1 point for each one named.

22. **Where could a young person go for help if they thought they might have an STI?**

Parent(s), carer(s) or other trusted adult
Doctor/GP
Sexual and reproductive health services
Young person’s drop-in
Teacher/school nurse.
1 point per correct answer (max. 5 points).

23. **If you are having sex, what is the best form of protection against STIs?**

A condom (or femidom – female condom). 1 point.

24. **Where are the nearest sexual and reproductive health services to here? Is an appointment necessary?**

Correct answer (you will need to know this). 1 point.
Correct answer (you will need to know this; a drop-in service may be available but sometimes appointments are necessary at some services). 1 point.

**HIV/AIDS**

25. **What is the virus called which can lead to AIDS? What do the letters stand for?**

HIV. 1 point.
Human immunodeficiency virus. 1 point.

26. **What are the body fluids that can transmit (carry) HIV and infect a person?**

Blood, semen or vaginal fluids.
Breast milk
1 point for each (max. 3 points).

27. **Is it possible to tell if somebody is infected with HIV? How?**

Yes you can tell if someone is infected with HIV by doing a test. But not by looking
at them in the first few years after infection. 1 point.
A person with HIV usually has no symptoms for up to 8–10 years or more. 1 point.
HIV-positive people who are receiving treatment can lead a normal life and have a
lifespan the same as someone who does not have HIV.
If you are worried about HIV, you should get tested. It is better to know and get
early treatment.

28. **Can you name three really effective ways a person can protect themselves
from HIV infection?**
   • Talk to your partner before you start having sex about what you like and
don’t like
   • Always practise safer sex, including using a condom
   • Get tested if you have had unprotected sex
   • Don’t share any drug injecting equipment
   1 point for each of these.

**Termination**

29. **If a girl/woman decides to have an abortion, does it matter whether she
has it sooner or later?**
Yes. It is safer and less likely to be traumatic if it is performed early on in
pregnancy. If undertaken earlier, it involves a medical intervention. However, if it
is performed at a later date, surgery is required and if very late, may necessitate
travel to England. Abortions are not performed after 24 weeks unless there is
significant medical risk to the health and wellbeing of the mother and/or baby. It
is important to get pregnancy confirmation as soon as possible so if a girl thinks
she might be pregnant, she should get a pregnancy test for initial result and then
go to her GP or sexual and reproductive health service for further information and
support.

30. **Where could a young person go for help if they needed an abortion?**
   Parent(s), carer(s) or other trusted adult
   Doctor/GP
   Sexual and reproductive health services
   Young person’s drop-in
   Teacher/school nurse.
   1 point for each of these (max. 4 points).
Other aspects of sexual health

31. Which part of her body should a girl/woman examine on a regular basis?
   Her breasts, for any unexpected changes, small lumps or discharge from the nipples. 1 point.
   Women from the age of 20 (25 from 2015) should attend for regular smear tests. 1 point.

32. Which part of his body should a boy/man examine on a regular basis?
   His testicles, for any unexpected changes or small lumps. 1 point.

Relationships

33. What signs might there be that a relationship is not caring?
   • Emotional or psychological abuse
   • Physical or sexual abuse
   • Financial abuse
   • Honour-based violence
   Max. 3 points for each reasonable answer. (See Appendix A for more information on violence within relationships.)

34. Where can you get help if you are in an abusive relationship?
   Parent/carer, youth worker, school nurse, youth worker, another trusted adult, GP, young person’s drop-in, helplines, local and national organisations (see Appendix C). (Max. 3 points.)
Session 22: What would you do?

Learning objectives

For students to:

- reflect on their learning
- reflect on the values and philosophy of the SHARE programme
- share with others what they have learned in a creative way
- consolidate knowledge, skills and understanding of the programme.

Health and Wellbeing experiences and outcomes

I reflect on how my attitudes, beliefs, values and morality can influence my decisions about friendships, relationships and sexual behaviour.

**HWB 3-46a/HWB 4-46a**

I am developing skills for making decisions about my relationships and sexual behaviour. I am able to apply these to situations that may be challenging or difficult.

**HWB 3-46c/HWB 4-46c**

Notes for the educator

This last session provides a chance for students to look back on the SHARE programme and consider what they have learned.

You will ideally refer to the mind maps created by students back in Session 3. These can be used as important tools in providing evidence of what students have learned since the start of the programme.

Research shows that people retain more of what they have learned if they are active in their learning, which is what Curriculum for Excellence is all about. Students will have an opportunity to present an aspect of their learning in groups using some scenarios provided as a starting point. They can be as creative and imaginative as they like, within the reasonable constraints of the setting you are in/resources available. They might choose to perform a role play of the scenario and their response, do a poster presentation, slideshow, quiz, interview, game, interactive session with the rest of the class or even a song or rap.

The role of the educator in this session will simply be to encourage students, provide any resources they need, and then stand back as much as possible. You should only intervene if a group is really struggling.

This session also allows for reinforcement of the values, rights and responsibilities set out right at the beginning of the programme.
Session 22: What would you do?

Materials and preparation

- Group agreement on display
- Mind maps created by the students in Session 3 on display
- Scenario cards from Educator’s notes
- Copies of Handout A for each student (if they don’t already have it)
- Certificate for each student

Method

1. (5 minutes)
   Have the mind maps from Session 3 on display at the start of this session, if they are available. Tell students today is the last session of SHARE and they will have a chance to think about how far they have come since creating the mind maps, and to show what they have learned during the programme in a fun and creative way.

   Ask the students to look at the mind maps for a few minutes and then ask for any observations about what they knew, or thought they knew, back at the start of the programme. Discuss:
   - any information that was misleading, wrong, unhelpful
   - information that was correct and helpful
   - whether students feel they have gained new skills, knowledge or understanding.

2. (5 minutes)
   Explain the task:
   In small mixed groups, students should plan, prepare and present a helpful response to a given scenario. They can present this to the class in any way that gets the information over effectively. You will provide any materials they might need (within reason).

   They have two prompts to get them started: Handout A and their scenario card from the Educator’s notes.

   Explain they will have 10 minutes to plan their presentation and that it should last no more than about three minutes. They should try to involve the other students if possible, and use Handout A to reinforce the values of SHARE.

3. (10 minutes)
   Get the class into groups, either self-selected or by whichever method you think most appropriate, provide Handout A and a scenario card from the Educator’s notes, and let them get on with the task. Circulate the room encouraging students and answering any questions. At this point you could get each group to pull a number from a hat to determine in which order their presentations will come.
4. (15–20 minutes)

Each group should present their response to the scenario card. Between each presentation invite brief positive feedback from the class and offer some yourself while reinforcing key learning points.

5. (5 minutes)

To finish this session, and the programme, explain that the class will stay in their groups and each person in turn should be in the ‘hot seat’. One by one, each group member should give a compliment to the person in the ‘hot seat’, using the line, ‘One thing I like about (name) is …’

Then the person in the hot seat should say something positive about themselves too. (note: if there is not enough time for everyone to give feedback, alternative is for names to be pulled out of a hat and those chosen to feed back).

At the end congratulate students on completing the SHARE programme and give a certificate to each student.

Session 22 Key messages

- **Remember your rights and responsibilities within relationships.**
- **Use what you have learned to keep you and your partner safe.**
- **You are all different, unique and valuable.**
- **Well done on finishing SHARE!**
**Scenarios for students to respond to:**

You can select from the scenarios below or develop your own depending on the learning needs of the class.

<table>
<thead>
<tr>
<th>Scenario</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your boyfriend/girlfriend dumped you for not wanting to have sex – what would you do?</td>
<td>You are out with some friends and someone has got some drugs – what would you do?</td>
</tr>
<tr>
<td>You got drunk at a party and had unprotected sex with someone you don’t know very well – what would you do?</td>
<td>Your friend is being bullied because they have never had a boyfriend/girlfriend. What would you do?</td>
</tr>
<tr>
<td>You sent a picture of yourself to your boyfriend/girlfriend and they posted it online – what would you do?</td>
<td>You have received an unwanted sexual text from someone – what would you do?</td>
</tr>
<tr>
<td>Your boyfriend/girlfriend is always telling you what you can and can’t do. What would you do?</td>
<td>You think you might be pregnant. What would you do?</td>
</tr>
<tr>
<td>You’re worried you might have an STI. What would you do?</td>
<td>You discover your boyfriend/girlfriend watching pornography on the internet. What would you do?</td>
</tr>
<tr>
<td>Your friend comes out to you as lesbian, bisexual or gay. What would you do?</td>
<td>Your boyfriend or girlfriend doesn’t want to use a condom for sex. What would you do?</td>
</tr>
</tbody>
</table>
This is to certify that

____________________________________

Has completed the SHARE programme

Date

____________________________________

Signed

____________________________________