

WALKING THE PLAIN TALK

A GUIDE FOR TRAINERS



The Annie E. Casey Foundation

THE ANNIE E. CASEY FOUNDATION is a private charitable organization dedicated to helping build better futures for disadvantaged children in the United States. It was established in 1948 by Jim Casey, one of the founders of United Parcel Service, and his siblings, who named the Foundation in honor of their mother. The primary mission of the Foundation is to foster public policies, human-service reforms, and community supports that more effectively meet the needs of today's vulnerable children and families. In pursuit of this goal, the Foundation makes grants that help states, cities, and neighborhoods fashion more innovative, cost-effective responses to these needs.

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Acknowledgments

Almost ten years ago, we launched the Plain Talk Initiative as a demonstration project in Atlanta, Hartford, New Orleans, San Diego, and Seattle. Today, new sites have opened in more communities across the United States, including Chicago, Detroit, and Minneapolis.

This guide contains materials for use in training trainers, who will then help communities to adapt our most successful devices for engaging residents actively in Plain Talk: Walkers & Talkers (*Promotoras*) and Home Health Parties (*Vecino-a-Vecino*). (We use the English and Spanish words for Plain Talk program elements interchangeably, because both language communities have contributed much to shaping our approach.)

Many individuals and families helped develop the Walkers & Talkers and Home Health Parties. Walkers & Talkers in New Orleans created the first Home Health Party model; then they worked with families in Atlanta, Hartford, San Diego, and Seattle to adapt the model for those communities. We are deeply grateful for the time, energy, and commitment of neighborhood residents and staff who gave life to the Home Health Party concept. These include Anita Morris, Demetria Farve, Patricia Thompson, Mrs. Marion, and VonKeith Jackson in New Orleans. Our *comadres* in San Diego include Maria Miramontes, Chantal Quintero, Mercedes Pacheco, and Blanco Fuentes. Many special thanks to all the Walkers & Talkers and *Promotoras* across the Foundation's *Making Connections* sites.

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We are also deeply grateful to Karen Walker at Public/Private Ventures, who worked closely with us to make sure that our toolkit for replications reflects p/pv’s evaluation findings.

And many special thanks to Geri Summerville for her patience, her ability to listen, and her talent for translating Plain Talk’s broad concepts into concrete activities that help communities develop their own effective approaches to reducing teen pregnancy, HIV/AIDS, and STDs.

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the Plain Talk Initiative, please visit our website, www.aecf.org.

Introduction

Walking the Plain Talk: A Guide for Trainers is a companion piece to the *Plain Talk Implementation Guide* (2002). A manual for training community trainers in the Plain Talk/*Hablando Claro* program, this book offers a curriculum of five training units. Information and techniques in the units will help Walkers & Talkers/*Promotoras* to succeed, and show them how to teach others most effectively.

We use the Spanish and English words for Plain Talk elements interchangeably throughout this book, to acknowledge the great support each language group has given in building this community-based program.



Homework



Handouts



Supplies



Answer Key

Here you'll find the essential information a Walker & Talker needs in order to succeed. Anyone on your staff with training ability, or prior training experience, should have no problem conducting these sessions.

Each unit is written in plain language in a user-friendly format that guides trainers and participants through the program, using margin boxes and special icons like those on the left to point out homework and handouts. All handouts for photocopying you will find in one section starting on page 98.

Each training unit lasts five hours and is designed for a training group of four to ten Walkers & Talkers. Five hours is the optimal length of time necessary to absorb the material, without overloading participants.

You will need a minimum of four participants per session in order to properly execute many of the interactive exercises in this book. We recommend that you train no more than ten Walkers & Talkers at a time; larger groups will prolong each session, while making it difficult for the trainer to give the personal attention each Walker & Talker may need.

Each training unit builds on the one before, so it's very important to conduct training sessions with each unit in the order presented here. However, you can schedule the training in several ways:

1. Hold sessions in the course of one week – Monday through Friday.
2. Hold sessions over two consecutive weeks, for example:
Week One: Monday, Wednesday, and Friday
Week Two: Monday and Wednesday
3. Hold sessions over five consecutive weeks – one day per week (e.g. every Saturday).

Although any of these formats will work, the second one (two consecutive weeks) is ideal for learning. A full week of training may introduce too much information for Walkers & Talkers/*Promotoras* to fully process and understand in a short period. At the other extreme, if the training occurs over five weeks, interest may lag and information be forgotten between sessions, possibly complicated by more absenteeism. Try to use the format of two consecutive weeks.

This training curriculum has three goals:

- Goal One: → To help Walkers & Talkers/*Promotoras* explore their own attitudes, values, and beliefs about teen sexual behavior.
- Goal Two: → To give Walkers & Talkers complete, correct information about adolescent reproductive health.
- Goal Three: → To equip Walkers & Talkers with the skills to encourage adults to talk to adolescents about responsible sexual behavior.



A Note to Instructors

Unit One – Getting to Know Plain Talk

It is important for instructors to begin the training by ensuring that the Walkers & Talkers thoroughly understand this program. This session discusses the history and evaluation of Plain Talk, as well as clearly explaining the Walker & Talker’s role. We include an interactive lecture that allows participants to examine their own strengths as well as areas where they may need to grow more comfortable during the training. This first unit is designed to introduce participants to each other and to the material, while preparing them for the work ahead.

Unit Two – Attitudes and Values

Parental involvement and family values are very important parts of Plain Talk. This unit begins by focusing on understanding that there are differences in personal values, attitudes, and beliefs about teen sexual behavior. We talk about dispelling cultural and generational myths or taboos that may have been passed down in families. Finally, the Walkers & Talkers have an opportunity to refresh their understanding of how they personally relate to their own family members. This is done to shed light on how their personal ways of relating may affect their ability to communicate openly and honestly with teens about sexual matters.

Unit Three – Reproductive Health Education

It is important for Walkers & Talkers to have a full understanding of adolescent reproductive health. Topics for this unit include: puberty; the growth and development of teens; how pregnancy occurs; pregnancy prevention; STD transmission and prevention; and the methods of birth control most suitable for teens.

Unit Four – The Importance of Communication

This unit offers Walkers & Talkers effective communication strategies. It reviews personal styles of communication; the value of becoming a good listener; barriers to communicating well with teens; and positive communication techniques. Walkers & Talkers are led to examine what types of communication techniques they currently use. Then we show them how to improve on those techniques, using three role-playing skits and other aids.

Unit Five – Home Health Parties/*Vecino-a-Vecino*

At the Home Health Party/*Vecino-a-Vecino*, the Walkers & Talkers/*Promotoras* will finally have a chance to apply all of their newly acquired knowledge. This unit details the format and content of the Home Health Party. It also gives the Walkers & Talkers an opportunity to role-play a party from start to finish. This nuts-and-bolts approach shows them how to apply the training content in practice.

Keep in mind, though, that not all Walkers & Talkers will want to host Home Health Parties/*Vecino-a-Vecino*. Some participants will prefer just to take the basic training and offer informal support for Plain Talk. Others will want the training for the explicit purpose of becoming Home Health Party Peer Adult Educators. Either option is fine, and both benefit the participants as well as the program.

Homework and Reading Assignments

Training Units One through Four include homework assignments to be given at the end of each session. Readings are also suggested as part of the homework assignment. They are listed close to the beginning of each unit, in the margin, for easy reference, since instructors will want to copy articles for class distribution. There's a special icon to guide you to the homework.



At the end of this book, there is a list of websites that contain current information and articles about adolescent reproductive health and communication. Before each unit, the instructor should choose an article that complements that day's material, download it, and make copies to distribute. Current statistics and website information change often, so you may need to update your reading assignments for new training sessions.

Remember, the educational level of Walkers & Talkers may vary. Choose an article that is easy to read, and no more than two to three pages. If you do choose longer articles, take the time to extract the highlights and discuss them with participants as points to consider while reading the assignments.



Handouts

To make photocopying easier, instructors will find all handout materials for both training units and Home Health Parties in a convenient tabbed section at the back of this book, starting on page 109. Special icons like the one on the left appear in the text for each training unit and lecture. We'll indicate in the text the page on which you'll find the handout for that part of the training.

Websites for Suggested Reading

At the end of this book, we list a number of websites where you and participants in the Plain Talk/*Hablando Claro* program can find good information and materials to read on the topics discussed in the training units.

...And Finally

Over time, you may want to add new information or replace outdated information in these training units. We've designed this curriculum as an instrument that can easily be revised and updated. Good luck and enjoy training a new group of Walkers & Talkers/*Promotoras* for the teens in your community! You and others in your community are the key reason for Plain Talk's/*Hablando Claro*'s success.

UNIT ONE

Getting to Know Plain Talk

UNIT ONE

Getting to Know Plain Talk

Agenda

30 MINUTES

→ Coffee/Donuts/Introduction

- Introduce each other.
- Explain training schedule and expectations.

30 MINUTES

→ Give Overview of Plain Talk/*Hablando Claro*

- History
- Discuss evaluation results.

1 HOUR

→ What a Walker & Talker/*Promotora* Does

- Discuss the role of a Walker & Talker.
- Discuss the qualities and traits needed.
- Discuss the community's need for Walkers & Talkers.

15 – 60 MINUTES

→ Refreshment or meal break

2 HOURS

→ Why I Want to Be a Walker & Talker

- Discuss why they have chosen to participate.
- Discuss what past situations or experiences can help them be effective Walkers & Talkers.
- Discuss what they feel they need to learn.
- Discuss how they feel they can make a difference.

Objectives:

1. To provide a clear understanding of the history and value of Plain Talk.
2. To ensure each participant understands the role of a Walker & Talker.
3. To help each participant assume the role of a Walker & Talker.



Homework: Bring to the next session a story about a friend or family member's experience in having a conversation with a teen about sex.

Reading Assignment Suggestions:

Plain Talk: The Story of a Community-Based Strategy to Reduce Teen Pregnancy
(This document describes, through stories and photos, the experiences of communities involved in the Annie E. Casey Foundation's Plain Talk Initiative. The document can be downloaded or ordered through the Foundation's website: www.aecf.org)

Talking with Kids About Sex and Relationships

Website: www.talkingwithkids.org

(Talking with Kids About Tough Issues is a national campaign by Children Now and the Kaiser Family Foundation)

Introduction

Introduce yourself and the agency staff involved in Plain Talk/*Hablando Claro*. Give a brief background about the agency, yourself, and the other staff. Then, ask the Walkers & Talkers/*Promotoras* to introduce and give brief statements about themselves.

Give an overview of the five training units, explaining what they can expect from each session. Also, be specific about the requirements needed to become a Walker & Talker, for example:

- They must attend all five training sessions.
- Homework and Reading Assignments must be completed.
- Stipends/incentives won't be paid unless participants meet these requirements.



Explain the importance of confidentiality. Review and distribute **The Pledge of Confidentiality form, p. 98**. Have each person sign and return the form to you.

Explain the ground rules for participation in the training sessions:

- Don't speak while someone else is speaking.
- All points of view are welcomed.
- Do not put down or judge what another person is saying.
- Communication is the essence of Plain Talk. Don't be afraid to ask questions; and
- Treat others with the same respect with which you want to be treated.

These are fairly standard ground rules for good group discussions. Make sure the group agrees that these are the right ground rules for your learning community. Encourage participants to add to and/or modify the list above. Also, it's a good idea to post the ground rules at the beginning of every meeting and ask a volunteer to read them aloud.

Lecture 1: Overview of Plain Talk

To Instructor: It is important that Walkers & Talkers have a full understanding of what Plain Talk is, how it began and what kind of results it can accomplish. Below is a summary of the specific information your lecture should include.

The History of Plain Talk/*Hablando Claro*

Although the teen birth rate has declined over the past decade, the problem is still prevalent in many low-income, minority neighborhoods. The rates for both Hispanic and African-American teens remains higher than other groups. Notably, the United States has the highest rates of teen pregnancy and births in the western industrialized world. Nearly four in ten young women become pregnant at least once before they reach the age of 20—totaling nearly one million a year. Eight in ten of these pregnancies are unintended, and 79 percent are to unmarried teens.

Additionally, the United States has the highest rates of sexually transmitted diseases (STDs) in the industrialized world, with rates that are 50 to 100 times higher than other industrialized nations. There are an estimated 12 million new cases of STDs in the United States reported each year, with 3 million occurring among teenagers between 13 and 19 years old.

In light of the above statistics and recent research conducted in adolescent reproductive health, several core assumptions can be made:

- There are large numbers of teens—both girls and boys—having sexual intercourse, and trends suggest that their numbers and potential risks are increasing;
- Sexually active teens need to view themselves as at risk for pregnancy and sexually transmitted diseases;





- Many parents and other adults are aware that young people are sexually active, and these adults are prepared to acknowledge teen sexual activity;
- Adults want to be able to give teens effective guidance on this issue and are willing to receive the skills and information needed to effectively communicate with young people; and
- Sexually active youth need contraceptive/protective methods and services available to them that are both affordable and accessible.

Concern for the at-risk, sexually active youth in America prompted the Annie E. Casey Foundation to develop Plain Talk/*Hablando Claro*—a unique approach to teen pregnancy and sexually transmitted disease prevention. The Plain Talk strategy is quite simple. If you increase adult/teen communication about sex, and increase sexually active teens' access to contraceptives, you will decrease the number of unwanted pregnancies, STDs, and HIV/AIDS. This is exactly what five urban communities—New Orleans, Atlanta, Hartford, San Diego, and Seattle—set out to do in 1993 with grants from the Annie E. Casey Foundation.

Specifically, Plain Talk's goals were:

- To create a consensus among parents and adults about the need to protect sexually active youth by encouraging early and consistent use of contraceptives;
- To give parents and other community adults the information and skills they need to communicate more effectively with teens about responsible sexual behavior; and
- To improve adolescent access to good-quality, age-appropriate, and readily available reproductive health care, including contraception.

Plain Talk Evaluation Results



An evaluation of Plain Talk was conducted. We wanted to know if increased communication between youth and a knowledgeable adult about sexual issues, combined with better access to contraceptives, positively affected teens' sexual knowledge and behavior in the Plain Talk communities. In three communities—Atlanta, San Diego, and New Orleans—changes in youths' attitudes and behaviors were tracked through surveying 12- to 18-year-olds in 1994, at the beginning of the Plain Talk Initiative, and then again in 1998, at the conclusion of the initiative.

Overall, communication between youths and knowledgeable adults about sex, combined with increased access to contraceptives, did make a difference in teens' sexual knowledge and behavior. In 1994, 33 percent of the sexually experienced youth had been pregnant or caused a pregnancy. Four years later, in 1998, only 27 percent of the sexually experienced cohort surveyed had been pregnant or caused a pregnancy. However, if there had been no change in the quality of the communication over the four-year period, the pregnancy rate among the new cohort of teens was projected to have been 38 percent. The data suggest that the 11 percent decrease was due to more effective communication.

Walkers & Talkers/*Promotoras* was a key part of the Plain Talk/*Hablando Claro* model. The two sites that used Walkers & Talkers had a higher degree of success in educating a larger number of adult residents in their communities—800 in New Orleans and 1,350 in San Diego. It also found that sites that used Walkers & Talkers/*Promotoras* as trainers at Home Health Parties/*Vecino-a-Vecino* delivered training with more explicit sexual information. Some of the reasons cited for this success were:

- Walkers & Talkers were community residents themselves, therefore there was less suspicion toward them;
- Walkers & Talkers had access to more people in the community;



- 
- 
- Walkers & Talkers were more comfortable than professional health educators in discussing with other residents the difficult aspects of teenage sex;
 - Walkers & Talkers led more direct and focused discussions than professional health educators; and
 - As part of the community, Walkers & Talkers felt they had the responsibility and right to challenge other community residents with the Plain Talk message.

Lecture 2: What a Walker & Talker Does

To Instructor: Explain that Walkers & Talkers/*Promotoras* are community residents who have been chosen and fully trained to go into their community with the Plain Talk message. They are adult peer health educators who can make a difference, one person at a time. They are people who “walk their talk.”

The Role of a Walker & Talker/*Promotora*

The role of a Walker & Talker encompasses several activities. If Community Mapping was conducted, a Walker & Talker’s first responsibility is to go into the neighborhoods that were surveyed and advise the residents of the survey results in order to:

- Build awareness of what the survey showed about the community’s thoughts, attitudes, and beliefs regarding teen sexuality;
- Show the differences between how the adults and teens answered the same survey questions;
- Show the differences between what the community believes and what recent statistics about the community show (e.g. the true rate of teen pregnancy);
- Inform residents about adolescent reproductive health services and supports; and
- Let the community know that Plain Talk/*Hablando Claro* is an innovative way to gain information and understanding of adolescents’ attitudes and behaviors about sex, and that through education and communication, parents can help inform and protect their adolescents against unwanted pregnancies, STDs, and HIV/AIDS.





A second responsibility is to go into the community and recruit Home Health Party/*Vecino-a-Vecino* hosts and facilitate Home Health Parties. This same technique is used in the business world to gain entry into individuals' homes in order to sell a product. A prime example of this is Tupperware parties. In the case of Plain Talk/*Hablando Claro*, instead of selling a product, the purpose of the party is to educate adults and parents on sexual issues and to teach them the importance of communicating this knowledge to their children and other adolescents in their community. The goal of Home Health Parties is to help create "Askable Adults" in the community, who will in turn increase the accuracy and frequency of adult/teen communication regarding sexual issues.

The concept of Home Health Parties works well in reaching community residents with the Plain Talk message because it gives the Walker & Talker a comfortable, non-threatening environment in which to educate and communicate important information to community adults about adolescent sexuality. It also gives access to residents through already established relationships by going into residents' homes and meeting with their friends and neighbors.

Helpful Traits and Characteristics of a Walker & Talker

Looking at the personality traits of Walkers & Talkers from past Plain Talk sites, there isn't one personality type that appears most successful in delivering the Plain Talk message. However, most effective Walkers & Talkers shared several traits. Successful Walkers & Talkers were:

- Outgoing and friendly;
- Known and respected in the community;
- Able to motivate others;
- Able to read and write;
- Able to communicate in a manner that is easily understood; and
- Able to think fast and grasp new information quickly.

The Need for Walkers & Talkers

It is important that the Walkers & Talkers/*Promotoras* sincerely see the need for Plain Talk in their community. In order to see the need, they must be convinced there is a problem. First, they must grasp the big picture and how the problem affects us as a nation. Secondly, they need to become enlightened about how teen sexuality affects their own community.

Pass out the **Fact Sheet, p. 99** showing the overall scope of the problem at a national level. Facilitate a discussion about how participants feel about the facts they are reading.



Before this training: You will need to develop a **Second Fact Sheet** with information about **your own community** to distribute at this time. These data are usually collected during the Community Mapping process (refer to the *Plain Talk Implementation Guide* for the Community Mapping surveys). If you did not conduct Community Mapping, you can gather statistical information on your city and state via the Internet, or by contacting local organizations, such as Planned Parenthood. You'll want to include data about teen pregnancy rates, STDs, and HIV/AIDS.



Pass out this **Second Fact Sheet** about your community and facilitate a discussion regarding the Walkers & Talkers' perceptions of these problems in their own community.

Note to Instructor: It is important that the Walkers & Talkers understand the problem at the local level. They must grasp the need for Plain Talk in their own community.



Lecture 3: Why I Want to Be a Walker & Talker

To Instructor: This lecture will be more interactive. The purpose is to have participants examine their personality traits, past experiences, sexual knowledge, and willingness to make a difference in their community. This is a time of reflection. It will help participants recognize their strengths, and allow them to talk about areas where they may feel inadequate. Remember to reinforce the concept that this exercise is not being used to judge or compare anyone. It is meant to help each individual build on his or her own strengths, and to grow in areas where people may feel less confidence.

Pass out the **Self-Evaluation Matrix**, p. 100 and give participants 20 minutes to write three answers to each of the questions.



Facilitate a group discussion allowing participants to share and discuss their answers. Allow 20 minutes for each question on the matrix.

UNIT TWO

Attitudes and Values

UNIT TWO

Attitudes and Values

Agenda

1 HOUR

→ Refreshments/Informal discussion on:

- Unit One
- Homework
- Reading Assignment

1 HOUR

→ Exploring Personal Attitudes and Values

- What are values?
- What are attitudes?
- What are your personal attitudes and values about teen sexual activity?

30 MINUTES

→ Refreshment or Meal break

1 HOUR

→ Dispelling Myths & Taboos

- Identify cultural or generational myths & taboos.
- Discuss how myths & taboos affect teens in your community.

1 HOUR

→ Exploring Family Relationships

- Look at family relationships
- Review genogram

Objectives:

1. To enable participants to examine their own attitudes and values about teen sexual activity.
2. To dispel myths or misinformation participants may have regarding sex.
3. To help participants realize that past experiences and relationships may be hindering them from discussing sexual issues openly and honestly with teens.



Homework:

1. Complete **Family Genogram on p. 103.**
2. For homework ask each participant to bring in a story about a friend or family member's experience of a conversation with a teen about sex. Ask them to relay the story to the group, and then answer the following questions at the completion of the story:
 1. What initiated the conversation between the adult and teen?
 2. What factors made the conversation difficult?
 3. How accurate was the adult's knowledge about the subject?
 4. What additional information did the adult need in order to better assist the teen?

Reading Assignment Suggestions:

Parent-Child Communication:

Promoting Sexually Healthy Youth

Website: www.advocatesforyouth.org



Introduction

Begin your session by asking participants for their comments or questions on material covered in Unit One (approximately ten minutes).

Allow each participant to relay their story from the homework assignment and discuss the questions assigned (approximately 40 minutes).

Facilitate a brief discussion on the reading assignment given in Unit One (ten minutes).

Lecture 1: Exploring Personal Attitudes and Values

To Instructor: Begin this lecture by explaining what attitudes and values are and why they are important in people's lives. Next, give participants the opportunity to understand their own personal attitudes and values about teen sexual activity.

What Are Values?

Our values are principles or beliefs that serve as guidelines to help us make decisions about behaviors or life choices. They reflect what we believe and how we feel about the rightness or wrongness of things.

As a general rule, when we act in a way that agrees with our own values, we tend to feel good about ourselves and our actions. When we act in a way that violates our values, we tend to feel badly about it.

Our personal values are influenced by many factors. Like fingerprints, no two people share **exactly** the same set of values. Some of the influencing factors include our:

- experiences
- perceptions
- families
- friends
- school
- religion

Unlike fingerprints, values may change over time. As we receive new information and experiences, we tend to review our values and modify them. What we previously thought was right or wrong in a given situation may change when we find ourselves actually in that situation.



You don't have to actually experience everything to figure out what is right for you. Thinking about an issue and listening to your heart or "gut" will help you identify your own personal values.¹

What Are Attitudes?

Much like values, our attitudes are also unique to ourselves and can change through knowledge and experience. Begin by reading the definition of the word "ATTITUDE."

Attitude: A manner of acting, feeling, and thinking that shows one's disposition, opinion, or position on a particular issue or topic.

It is also important to note that a person's attitudes about a particular subject are always influenced by his/her values. To sum it up:

Our values tell us what we believe about something.

Our attitude shows those beliefs to others.

What Are Your Personal Attitudes and Values About Teen Sexual Activity?



Pass out the Exploring My Attitudes and Values About Teen Sexual Activity Questionnaire, p. 101.

Explain the importance of each person reflecting on his or her personal attitudes and values about teen sexuality. Explain that there are no "right" or "wrong" answers; this exercise is used only to help build self-awareness.

Allow participants approximately 15 minutes to complete the questionnaire.

Facilitate a discussion by going through the questions one by one. Ask participants to discuss why they stated that they "strongly agree" or "strongly disagree" with a particular question. Use this exercise to help Walkers & Talkers challenge each other without judging or condemning.

Lecture 2: Dispelling Myths and Taboos

To Instructor: All of us hold myths and taboos about sex that were passed down to us, either by our family or society as a whole. It is important to help dispel these in the Walkers & Talkers' minds. Our purpose is to help them become aware of the fact that information they currently have about sex may not be true and should not be passed down to their children. This lecture divides into two brainstorming sessions – one for myths, and one for taboos.

Brainstorming Session – Myths

This session should be fun. If presented in a light-hearted fashion, it will not only reveal bizarre and funny stories, but it will encourage Walkers & Talkers/*Promotoras* to challenge the myths they still hold true. Begin this lecture by reading the definition of the word “MYTH.”

Myth: A false belief or story passed down through tradition to explain some phenomenon of nature.

Explain to the Walkers & Talkers/*Promotoras* that many myths about sex passed down from one generation to another may not be true. An example of a myth that many people still believe is: “If you have sex standing up, you can't get pregnant.” Ask the Walkers & Talkers to think about other myths they've heard. Use a large blackboard or easel to create a list of myths about sex. After the group creates a list, walk through the list item-by-item to determine which myths may be harmless and which ones might harm the teens in their community.



Brainstorming Session – Taboos

Begin by reading the definition of the word “TABOO.”

Taboo: Something prohibited or forbidden by tradition.

Explain to the Walkers & Talkers that taboos differ from myths because they are always concerned with banning, or NOT doing something. Taboos also tend to be more culturally embedded, and you will notice different taboos associated with different cultures. An example of a cultural taboo would be the statement: “Don’t discuss sex with your children.” Some cultures believe that sex is a forbidden topic and should not be discussed openly.

It would be helpful to look at the make-up of your community and see which cultural groups are represented there. Then, ask the Walkers & Talkers/*Promotoras* to create a list of taboos about sex that exist in those cultures locally. After you make the list, discuss the harmful effects these taboos can have on the community and ways that Walkers & Talkers can help to eliminate them.

Lecture 3: Exploring Family Relationships

To Instructor: In later units, the Walkers & Talkers will be learning new communication techniques to use when talking with their children and other teens about sex. In order for them to effectively use these new skills, they first need to look at how they currently relate to their family members, and why they relate as they do.

Distribute the **Family Genogram**, p. 103 and explain the step-by-step instructions on the handout. Explain to the group that this genogram will give them a more complete picture of the types of family relationships they've experienced and how past relationships may still be affecting present relationships.

In particular, have them look at their relationships with earlier generations (parents, aunts, uncles, grandparents), and see if those relationships have affected how they relate to the later generations (children, nieces, nephews, grandchildren).

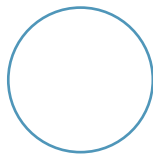
Go through a “sample” genogram with the group to be sure that they understand how to complete it. After that, convey to the Walkers & Talkers that the genogram will be a homework assignment, for them to complete outside the training room. Emphasize that this exercise is meant to build their own self-awareness about how they communicate and relate to their own family members.

At the beginning of the next session, time will be set aside for Walkers & Talkers to discuss findings from their genograms. **Please inform the Walkers & Talkers/Promotoras that this discussion will be strictly voluntary; no one will have to participate if they choose not to.**





Family Genogram of Your Emotional and Sexual History



→ Symbol for female



→ Symbol for male



→ Denotes closest relationships



→ Denotes distant relationships



→ Denotes hostile relationships



→ Denotes sexual abuse/incest/rape

Step 1: Draw your family genogram using male and female symbols as needed. Be sure to include **all** relatives such as parents, step-parents, grandparents, children, aunts, uncles, and cousins. List anyone who played a significant role in your life (either positive or negative).

Step 2: Write the name of the individual in the box. If the individual is deceased, put a star in his or her box. Example:

Joe*

Step 3: Draw the appropriate line above from yourself to other family members to show the type of relationship you have now, or have had, with each one.

Step 4: Now mentally step back from the genogram and look at your family as though you were seeing it for the first time. Ask yourself these questions:

- Who in my family had the healthiest relationships with me?
- Who in my family had the unhealthiest relationships with me?
- Who in my family hurt me the most, either physically or emotionally?
- Who in my family do I feel unresolved anger toward?
- Do I have any negative feelings about sex today because of past family relationships?
- Are my attitudes about sex shaped in any way by my past or present family relationships?

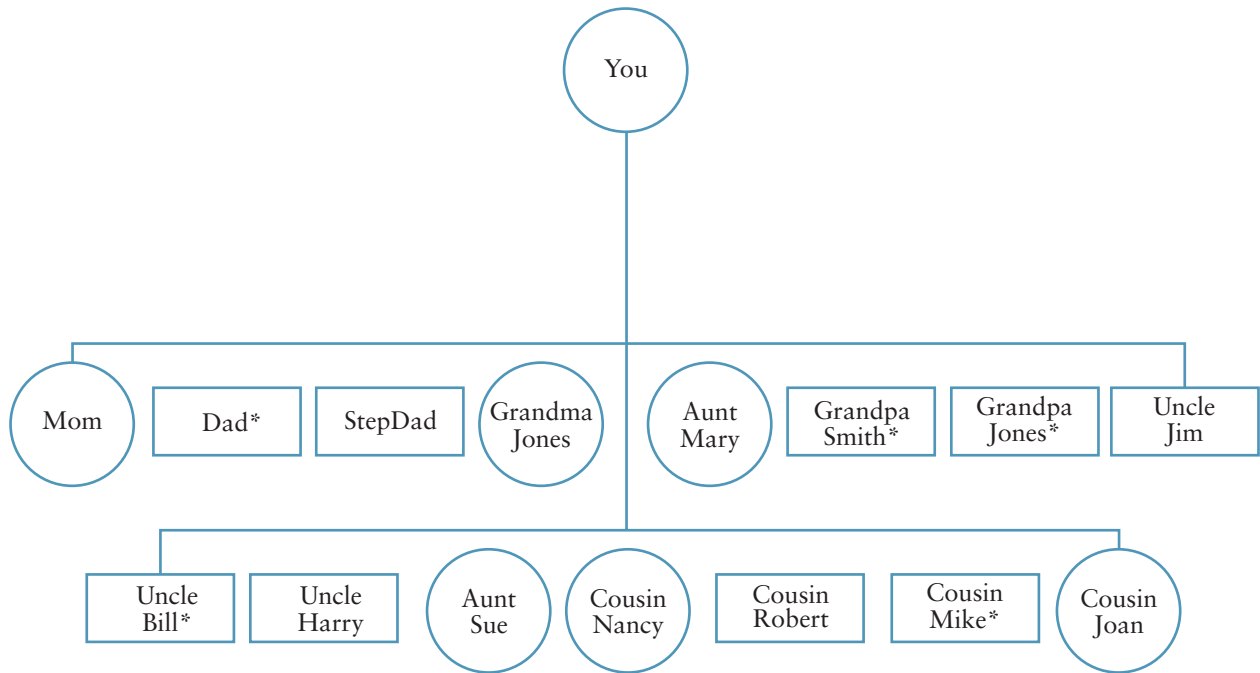
The answers to these questions will provide information about the emotional and sexual legacy that you received from your family. Your parents may have parented and coped to the best of their ability, given the training they received from their own parents. You can see how healthiness and unhealthiness are sometimes passed from generation to generation. Both you and your parents were influenced by the social, emotional, and sexual experiences you received as children. In turn, you are helping to shape and develop your own children's attitudes and relationships about sex.²

NOTE: After your genogram is complete, it is sometimes helpful to share your findings with someone you can trust.



2. Excerpts from Nancy Joy Carroll, Ed.D., *Understanding Your Childhood Family: Creating a Healthier Future by Examining the Past*, 1995.

Sample Genogram



*Indicates deceased family member.

UNIT THREE

Reproductive Health Education

UNIT THREE

Reproductive Health Education

Agenda

45 MINUTES

→ Coffee/Donuts/Informal Discussion on:

- Previous discussion session
- Homework
- Reading Assignment

1 HOUR 15 MINUTES

→ Teens' Growth & Development Cycle

- Puberty
- Developmental Changes in Teens After Puberty
- How Parents Can Help

30 MINUTES

→ Refreshment or Meal break

1 HOUR 30 MINUTES

→ Pregnancy Prevention

- How Pregnancy Occurs
- Types of Available Birth Control/Contraception
- Methods Not Usually Recommended for Teens
- Birth Control Methods That May Be Suitable for Teens
- Correct Use of Condoms
- Where to Obtain Birth Control/Contraceptives

1 HOUR

→ Sexually Transmitted Diseases – HIV/AIDS

- What Is An STD?
- How STDs Are Transmitted
- How STDs Can Be Prevented

Objectives:

1. To help adults understand the growth and development cycle of teens.
2. To make sure that participants understand how pregnancy occurs and how it can be prevented.
3. To teach participants how STDs are contracted and the most effective methods of preventing STDs.



Homework: For Homework, pick something new you learned from today's lesson and share it with a teen in your family or community. Be prepared to discuss at the next session what the teen's reaction was, and what you learned from this conversation.

Reading Assignment Suggestions:

Ten Tips for Talking with Sexually Active Teens About Contraception
www.advocatesforyouth.org

Adolescents at Risk for Sexually Transmitted Infections
www.advocatesforyouth.org

Families Are Talking Newsletter, Volume 2, Number 2 (available in Spanish)
Article: It's Important to Talk with Children about HIV/AIDS
www.familiesaretalking.org (for the Spanish version – www.lafamiliahabla.org)



Introduction

Begin your session by asking participants to comment or ask questions about material covered in Unit Two (approximately 15 minutes).

Allow time for Walkers & Talkers/*Promotoras* to share their feelings and experiences from the genogram homework assignment (approximately 15 minutes).

Facilitate a brief discussion on the reading assignment given in Unit Two (approximately 15 minutes).

Lecture 1: Teens' Growth & Development Cycle

To Instructor: Ask participants to take a moment and think about what puberty was like for them. Ask volunteers to share the varied feelings they had about themselves and others during those years.

Puberty

Puberty begins when hormones are released to signal the beginning of sperm production in boys and the release of eggs, or ovulation, in girls. Puberty is taking place at younger and younger ages: age 12 for females and 13 years for males. However, it can occur as early as at eight or nine years of age.

Typical feelings that boys and girls experience during puberty include:

- More interest in members of the opposite sex
- Mood swings
- Greater self-consciousness
- More importance attached to peers and their opinions
- Desire to be treated more independently

During puberty, one of the most notable changes in boys and girls is their desire to be treated as adults. Boys and girls begin to feel more independent, craving more independence from parents and other adults, and their friends become much more important in their lives.

It's important to recognize this as a normal stage of adolescence, but also to realize that teens still need you and look to you for guidance—although they won't show this as readily as they did as young children! Studies show that teens whose parents are actively involved in their lives are more likely to delay sexual experimentation. Supportive adults can also contribute to more responsible sexual decision-making by teens.





Developmental Changes in Teens After Puberty (Usually Ages 13 to 17)

During adolescence, teens go through developmental changes in four major areas: physical, cognitive, emotional, and sexual. In order to communicate effectively with teens, adults need to grasp how the teen is changing in all four areas. It's important to note, however, that each teen is an individual and may reach the different stages of development earlier or later than other teens of the same age.³

Physical Development

- Besides the physical changes of puberty that we noted earlier, teens will experience rapid growth. Females are likely to reach their maximum adult height by the age of 17, while males can continue to grow taller into their early twenties.

Cognitive Development

- Teens acquire the ability to make decisions based on knowing what their options are and what the consequences are.
- Teens continue to be influenced by peers in their decision-making.
- Teens begin to build the skills to become self-sufficient.
- Teens continue to respond to media messages, but they also develop greater ability to analyze those messages.
- Teens begin to develop a more mature relationship with their friends and family.
- Teens seek to exercise more power over their own lives.

Emotional Development

- Teens now have the capacity to develop long-term, mutual, and healthy relationships, if they have the foundations on which to build sound relationships (e.g. trust, love, positive past relationships).

3. Information taken from Advocates for Youth, Parents' Sex Ed Center. *Growth and Development Ages 13 to 17—What Parents Need to Know.*

- Teens have the ability to understand their own feelings, and they also are able to analyze why they feel a certain way.
- Older teens begin to place less value on appearance and more on personality.

Sexual Development

- Teens understand that they are sexual beings, and they can also understand the options and consequences of sexual expression.
- Teens choose to express their sexuality in ways that may or may not include sexual intercourse.
- Teens are able to recognize the components of healthy and unhealthy sexual relationships.
- Teens have the ability to clearly understand pregnancy, STD transmission, and the consequences of the choices they make.
- Teens can recognize the role the media play in promoting sexual viewpoints.
- Teens have an understanding of their own sexual orientation.

How Parents Can Help

- Parents should clearly articulate to their teen their family and religious values toward sexual intercourse.
- Parents and teens together should discuss what's involved in making decisions about sex, including: age, intimacy, mutual consent, protection, and contraceptive use.
- Parents should acknowledge and reinforce teens' ability to make decisions, while offering truthful information on which teens can base those decisions.
- Parents should discuss exploitive sexual behavior and help teens identify how to avoid sexual situations that make them feel uncomfortable or situations that may harm them.





Lecture 2: Pregnancy Prevention

To Instructor: The goal of this lecture is to make sure Walkers & Talkers/*Promotoras* gain an understanding of how pregnancy occurs and the most effective ways to prevent it. Before this lecture, obtain a **Chart of the Male and Female Reproductive Systems** (charts are easily accessible on the Internet at many of the websites listed in the back of this book). Review the names and locations of both male and female reproductive anatomy. Then, begin the lecture below.

How Pregnancy Occurs

How the Egg Gets Ready for the Sperm

Approximately every 28 days, a woman's ovaries release an egg. This is called "ovulation." The egg lives for one or two days in the Fallopian tube after it is released. It waits there to be fertilized by a sperm.

How the Sperm Reaches the Egg

Conception is the result of a man's sperm fertilizing a woman's egg. A man's body constantly produces sperm, and about 500 million are released each time a man ejaculates. Sperm swim from the vagina through the uterus to the Fallopian tubes, where they look for an egg to fertilize. Sperm can "leak" out of the penis before ejaculation due to sexual excitement. Amazingly, sperm that are deposited anywhere near the vagina can find their way inside the woman's body and fertilize an egg.

What Happens When the Sperm and Egg Meet

Sperm can live for up to five days inside the woman. If sperm are released into a woman before, during, or after ovulation (when an egg is inside the Fallopian tube), the sperm may fertilize the egg. The union of the sperm and the egg forms a cell that divides to become a pre-embryo. The pre-embryo attaches to the lining of the uterus through the umbilical cord, which carries nourishment from the mother to the developing baby.

A missed period, feeling nauseated or excessively tired, having swollen breasts, and having to go to the bathroom often are early signs that a woman may be pregnant.

Types of Available Birth Control/Contraception

Note to Instructor: During the next part of the lecture, it would be helpful to distribute samples of various types of birth control. Be prepared in this lecture to demonstrate how to use a condom correctly. You will need to have a condom and a model of a penis.



There are several factors to consider when trying to help a sexually active teen find the best method of birth control. These are just a few of the questions to ask:

- How accessible is it? (Consider its cost and the location of distributors)
- How effective is it?
- How reversible is it?
- Will it protect against STDs?
- How difficult is the method to use consistently and reliably?

Methods Not Usually Recommended for Teens

IUDs (Intrauterine Devices), Withdrawal, the Rhythm Method, and Sterilization are usually not preferable methods of birth control for teens. They are generally more difficult to use reliably or they have irreversible effects.

IUD

An IUD is inserted into the uterus by a physician. It is covered with copper wire and may contain hormones that prevent the sperm and egg from joining or an egg from implanting into the uterus. Unless a teenager has had a baby, the uterus is often too small for this device. Also, if teens contract an STD, the IUD can lead to further complications.

Withdrawal

Withdrawal is when a man pulls his penis out of the vagina before he ejaculates. This is not a reliable method of birth control because penises often leak semen into the vagina before ejaculation. Also, men do not always know when they are going to ejaculate.

The Rhythm Method

Using the rhythm method, a woman charts her menstrual cycles and abstains from sex during nine or more of the days when she is most likely to become pregnant. This method is only useful for women who have very regular periods, and teens' periods are often irregular. It also requires the young woman to commit to checking her temperature and cervical mucus daily, and charting her cycle on a calendar. Teenagers may not have the commitment necessary to use this method effectively.

Sterilization

Tubal sterilization (in women) and vasectomy (in men) makes men and women permanently infertile by altering the reproductive organs. In tubal sterilization, a woman's Fallopian tubes are cut or tied to prevent the egg from entering the uterus and joining with sperm. In a vasectomy, a man's vas deferens is blocked from carrying sperm. These procedures are generally not reversible, so they are not recommended for teenagers.

Emergency Contraception: What Is It & Is It Recommended for Teens?

There are two primary methods of emergency contraception that can be used to prevent pregnancy after unprotected sexual activity. A woman can get an IUD device (but this is generally not recommended for teens), or she can take what is known as the "morning after" pill.

The morning after pill must be taken within 72 hours of having unprotected sexual activity, and is more effective the sooner it is taken. Depending at what point the pill is taken in the menstrual cycle, it will

stop ovulation, interfere with fertilization, or prevent the fertilized egg from implanting into the lining of the woman’s uterus. Emergency contraception is not recommended as a regular method of birth control.

Adults who counsel teens must consider the circumstances that may place a teen at increased risk for unintended pregnancy, and the possible side effects of the pill. Adult counselors should also be aware that personal values will affect a person’s views on emergency contraception. For example, although the pill does not technically interrupt pregnancy (pregnancy is medically defined as beginning five to seven days after fertilization with the implantation of the egg into the uterus lining), some people believe that life begins when sperm and egg are joined. There is the possibility that the pill can prevent a fertilized egg from developing properly. Therefore, the decision to take emergency contraception should be made only after a teen has all the facts, so that she can make a decision that fits her personal beliefs and values.

Birth Control Methods That May Be Suitable for Teens

Abstinence

“Abstinence” means choosing not to have sex. This is the only method of birth control that is guaranteed 100 percent effective. Abstinence is a good way for teens to postpone taking the physical and emotional risks that go along with sexual activity.

What’s more, there are physical benefits to delaying sexual activity. Studies have shown that women who postpone sexual intercourse until their twenties are less likely to suffer from sexually transmitted diseases, infertility, and cancer of the cervix, than women who have intercourse when younger. Many teens now choose to wait to have sex until they are in a committed relationship with one person who will have sex with them alone, or to forgo sex until they get married.

The Diaphragm or Cervical Cap

A physician must fit you for a diaphragm or cervical cap. The diaphragm is a shallow cap that is inserted deep into the vagina to provide a barrier to the cervix and uterus. The cervical cap is a thimble-shaped latex cap that fits tightly over the cervix. Both the diaphragm and cervical cap should be coated with spermicide around the edges to kill sperm. More spermicide must be added each time you have sex.

The cervical cap can be inserted a few hours or a day before sex and must be left in place for 8 to 12 hours afterward. The diaphragm must be inserted at least one hour before sex and left in place for 6 to 8 hours afterward.

Neither the diaphragm nor the cervical cap can touch mineral oil, petroleum jelly (Vaseline), baby powder, or baby oil because these chemicals will cause the rubber to crack. It may be more difficult to get a cervical cap than a diaphragm because cervical caps are not very popular in the U.S. Because they only come in four sizes, teens may also have a difficult time getting a cervical cap that fits them well.

Norplant

Norplant is six small plastic tubes that a physician can insert under the skin in one arm within 7 days of the start of your period. The procedure usually takes about 15 minutes. The tubes release small amounts of the hormone progestin that prevents the release of the egg and thickens mucous in the cervix to prevent the sperm from fertilizing the egg.

Depo-Provera

Depo-Provera is a hormone that is given to girls through a shot once every three months to prevent ovulation, and to thicken cervical mucous to prevent a fertilized egg from implanting in the uterus.

The Pill

Birth control pills are prescribed by a doctor. There are two major types. Combination birth control pills contain the hormones progesterone and estrogen; mini-pills contain progestin. Most birth control pills must be taken every day. Combination pills prevent the release of the egg, and both types of pills thicken the cervical mucus to prevent the sperm from joining the egg. Some types of pills also prevent the fertilized egg from implanting in the uterus.

The Condom

The condom (sometimes called a “rubber”) is worn on the penis to prevent semen from entering the vagina during ejaculation. There is also a female condom that looks like a rubber pouch and is inserted into the vagina. The outer ring of the female condom should be fitted onto the inner lips of the vagina to hold the condom in place. Condoms should never be reused.

Spermicide

Spermicide can come in the form of foams, creams, jelly, film, or a suppository (supplements inserted into vagina and melted), and are inserted into the vagina to keep sperm from entering the uterus. Creams and jellies are inserted into the vagina with an applicator, and foam is squirted into the vagina from a can with a special applicator attached. Film (spermicide in sheet form) is placed in the vagina by hand.

It’s important to read the directions that come with spermicides because each type works differently. Foam can be placed in the vagina immediately before sexual intercourse, while suppositories and film must be inserted up to a half hour before intercourse. They must also be left in for varying amounts of time after sex, to keep sperm from entering the uterus.



Note to Instructor: After reviewing the information above, hand out the chart on Birth Control Methods Suitable for Teens, p. 105 and ask Walkers & Talkers/*Promotoras* to rank-order which methods seem best for teens. (#1 would be the best method and #7 the worst). Ask participants to remember these criteria as they think about each method of birth control:

- How accessible is it? (Consider its cost and the location of distributors)
- How effective is it?
- How reversible is it?
- Will it protect against STDs?
- How difficult is the method to use consistently and reliably?

Be sure to point out that the chart omits methods that would be difficult or inappropriate for youth to use. This handout is a chart of the most commonly recommended methods for teenagers.

When everyone has finished ranking the methods of birth control, begin with #1 and ask for volunteers to share their responses. We hope this will stimulate discussion about the pros and cons of various forms of birth control and motivate the Walkers & Talkers to think about birth control more deeply. After everyone has shared and discussed their responses, summarize the comments by participants.

You should close this discussion by explaining that condoms, used with spermicides, are best for teens in terms of convenience, cost, and side effects, but with condoms there is a greater risk of user error. Also, to protect against STDs, a condom should be used with Depo-Provera or Norplant.

If teens have access to a clinic or physician, and a visit is covered through a health plan or sliding scale fee, Norplant or Depo-Provera is probably the best option in terms of effectiveness and reliability. However, because



Norplant is a more permanent method, it should probably not be used for older teens who may want to start a family within five years. Again, a condom should be used even with Norplant or Depo-Provera to safeguard against STDs.

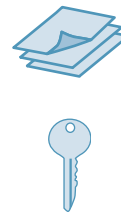
To review, have Walkers & Talkers fill out the questionnaire **Fact or Fiction? Preventing Pregnancy**, p. 108. Then review answers using discussion points included in the **Instructor's Answer Key**, p. 109.

The Correct Use of Condoms

Because condoms are one of the most accessible forms of birth control for teens—and are one of the few forms that also protect against STDs—all Walkers & Talkers/*Promotoras* should be able to show teens how to use a condom correctly. Demonstrate how to use a condom and end the session by allowing each participant to practice correct condom use on a plastic model or facsimile.

Where to Obtain Birth Control/Contraceptives

Local health departments, community clinics, or Planned Parenthood are good places to contact about free or low-cost pregnancy testing and contraceptive services. You can call 1-800-230-PLAN for the nearest Planned Parenthood health clinic in your area.



Lecture 3: Sexually Transmitted Diseases and HIV/AIDS

To Instructor: It's important for Walkers & Talkers/*Promotoras* to understand how frequently teens contract STDs. They need to promote behaviors that will protect teens from this epidemic. This lecture gives an overview. A more detailed chart of the symptoms that correspond with each STD should be distributed for Walkers & Talkers to supplement their knowledge and to use as a reference.



Open the discussion by distributing to each participant one true/false statement on preventing STDs (see **Fact or Fiction? STD Transmission**, p. 110 and **Instructor's Answer Key**, p. 111). Ask each Walker & Talker to pose that question to the other participants. After Walkers & Talkers have decided whether they think the statement is true or false, discuss the correct answer. Repeat this process for each of the questions you've handed out. Then present the following information.

What Are STDs? Are Teens at Risk?

Sexually Transmitted Diseases (STDs) are diseases transmitted when a person engages in sexual activity with an infected partner. Some STDs are treatable, while others have no cure. STDs can lead to serious medical problems, such as cancer, infertility, and even death, if untreated. Symptoms do not always develop immediately, so there is no foolproof way to be sure that you or your sexual partner has an STD. That's why it's so important for sexually active teens to be frequently tested by a doctor.

You may have known teenagers who think they are invincible. They're sure they can engage in risky behavior without consequences. You may

remember feeling like that as a teenager yourself! This feeling is very typical in adolescence. It's one of the reasons that teen sexual activity can be particularly risky—because few teenagers believe that they will ever contract an STD.

There are other reasons why teens are more at-risk for contracting STDs than adults. Teenagers are often embarrassed to plan ahead to protect themselves by buying contraceptives. They may be embarrassed to ask the questions to which they need answers in order to protect themselves. Sometimes teens can be very vulnerable to peer pressure or pressure from a boyfriend or girlfriend to engage in sexual activity when they aren't prepared to make such an important decision. Further, many teens experiment with alcohol and drugs, which places them at higher risk of making poor sexual decisions or becoming victims of sexual abuse.

It's important to let youth know that they are in the group most likely to contract an STD. **One in three sexually active young people will get an STD by age 24.** Teenagers are at high risk for contracting HIV, chlamydia, gonorrhea, syphilis, herpes, and HPV (human papilloma virus), which causes genital warts. **Every year ten million youth between 15 and 24 contract HIV,** and AIDS is now a leading cause of death for young people. African-American and Latino youth are particularly at-risk: the Centers for Disease Control estimates that Latinos comprise 23 percent of total AIDS cases, while 63 percent of all women with AIDS and 42 percent of all men with AIDS are African-American.

Although there are many STDs, we will focus on those most common in teens. You should refer to your STD chart for information on the symptoms and treatment for other STDs. If a teen has been exposed to an STD and begins to experience flu-like symptoms, she or he may have contracted the STD. Unusual discharge from the vagina or penis, or pain in the genital areas, can also be a symptom of STDs. Teens who feel these symptoms should see a doctor immediately. The sooner an STD is treated, the less damaging it will be.

How STDs Are Transmitted

STDs can be spread any time an infected person's blood, semen, or vaginal fluids enter another person's body. STDs are often transmitted through sexual intercourse, including vaginal, anal, and oral sex. Some STDs, including HPV and genital herpes, can be spread by touching the infected area. These and other STDs can be invisible, so someone can be a carrier without showing any sores, warts, or other symptoms. Syphilis and HIV/AIDS can actually be transmitted through kissing if there is a cut on the infected person's mouth. Most STDs can also be transmitted from a pregnant mother to her baby, although medication can greatly reduce this risk.

HIV (the human immunodeficiency virus) in its last stages is called AIDS (acquired immune deficiency syndrome.) A person can be infected with HIV without knowing it. And it can take more than ten years to develop into full-blown AIDS.

When people have AIDS, their immune systems are damaged and cannot fight off the illness and other infections as a healthy immune system does. There is no known cure for the HIV/AIDS virus, and it often ends in death. It can be transmitted through unprotected vaginal, anal, or oral sex; through blood, semen, or vaginal secretions from an infected person that enters the body through cuts or sores in the skin; by sharing needles; or through the bloodstream or breast milk of a mother to her baby.

The only way to know for sure if a person has AIDS or another STD is for that person to be tested. It may take some time for enough antibodies to develop for tests to detect an STD; depending on the STD, it can take a few days or more than ten years for the symptoms to develop. This is why it's so important for sexually active individuals to be tested regularly. In most states, tests are confidential so that no one except the person

tested can know the results. Local health departments, community clinics, Planned Parenthood, and the National Centers for Disease Control are good places to contact for information about free or low-cost testing.

The CDC National AIDS Hotline, 1-800-342-AIDS (2437) can direct you to the nearest testing location. To be tested for other STDs, you can also call the National STD Hotline, 1-800-227-8922; the National HPV and Cervical Cancer Prevention Hotline, 1-877-HPV-5868; or the National Herpes Hotline, 1-919-361-8488. You can also ask to be tested for STDs by a local doctor. Pregnant teenagers should be tested for HIV as soon as possible because treatments are available to reduce the risk that the baby will become infected with the virus.

How STDs Can Be Prevented

The only way to completely reduce the risk of contracting an STD is to choose not to have sex, or to have sex with only one partner whom you know is free of an STD and who is having sex only with you. If you do choose to have sex, it is important to realize that preventing pregnancy and preventing the transmission of STDs are not the same thing. Some people think they are protected because they are taking the birth control pill, but this only reduces the risk of pregnancy—it does nothing to protect from the transmission of STDs. Other people think you can tell if someone has an STD by looking at them. This is a dangerous myth. People can be infected without showing any symptoms.

The old saying is true: when you choose to sleep with someone, you're also choosing to sleep with everyone that person has had sex with. The number one rule is to know your partner and his or her true sexual history. It can be awkward to bring up this subject, but a good piece of advice for teens is: "If you can't raise this subject with your partner, you're probably not ready to have sex with him or her."

To safeguard against STDs, sexually active teens must use condoms (male or female) every time they have sex. Along with a condom, teens should use a spermicidal foam, cream, or jelly with nonoxynol-9 in it. This ingredient reduces the risk of contracting gonorrhea and chlamydia (although it does not reduce the risk of getting other STDs).

Now let's turn to an exercise: Take the questionnaire you used earlier **Fact or Fiction? STD Transmission**, p. 100.

Note to Instructor: Copy each True/False statement onto a piece of paper and give one statement to each participant. Then compare answers to see what you've learned.



Homework: For Homework, pick something new you learned from today's lesson and share it with a teen in your family or community. At the next session, be prepared to discuss with other Walkers & Talkers/*Promotoras* what the teen's reaction was and what you learned from this experience. Hand out to participants for study An **Overview of the Most Common Sexually Transmitted Diseases**, p. 112.



UNIT FOUR

The Importance of Communication

UNIT FOUR

The Importance of Communication

Agenda

45 MINUTES

→ Coffee/Donuts/Informal Discussion on:

- Previous Unit
- Homework
- Reading Assignment

1 HOUR 15 MINUTES

→ What Communication Is—and Isn't

- Why Is Communication Important?
- What Is Your Style of Communication?
- The Value of Listening
- Examples of Nonverbal Communication

30 MINUTES

→ Refreshment/Meal break

1 HOUR

→ How Not to Talk with Teens About Sex

- Reasons to Talk with Teens About Sex
- Door Openers vs. Door Slammers
- What Keeps Teens from Communicating with Adults About Sex?

1 HOUR

→ Communicating Positively

- Use Open-ended Questions
- Rephrase
- Clarify
- Ask Lots of Questions
- Show Empathy
- Use "I" Statements Not "You" Statements

Objectives:

1. To help participants understand the value of good communication skills.
2. To enable participants to recognize and practice positive communication strategies.
3. To identify barriers to communicating effectively with teens about sex.



Homework: Ask the Walkers & Talkers/*Promotoras* to use the active listening skills they've just learned in their daily conversations and report back on their experiences at the next session.

Reading Assignment Suggestions:

Talking Back: What Teens Want Adults to Know About Teen Pregnancy, 2003.

Website for the National Campaign to Prevent Teen Pregnancy

www.teenpregnancy.org/resources

Parents and Their Children's Learning About Sexuality.

www.advocatesforyouth.org



Introduction

Begin Unit Four by asking participants for their comments or questions on material covered in Unit Three (approximately 15 minutes).

Ask Walkers & Talkers to share their experiences from the homework assignment given in the previous unit (20 minutes).

Facilitate a brief discussion on the reading assignment given in Unit Three (ten minutes).

Lecture 1: What Communication Is—and Isn't

To Instructor: Begin this lecture with a general overview of communication between people. Discuss the reasons that communication is an important skill. Then help participants to identify their own personal patterns of communication and areas for improvement. Finish by emphasizing that listening is the most valuable communication skill we can possess.


Why Is Communication Important?

Communication is much more than exchanging words. How something is said and the way in which it is perceived by the listener is often more important than the actual spoken words. Effective communication can be used to persuade, to encourage, or to show concern for another person. Sometimes ineffective communication is unclear, sends mixed messages, and is accusing or harsh. The way we begin a conversation or respond to a statement either invites open discussion and reflection, or creates a defensive barrier between us and the person we're talking with.

The result of poor communication can be strained relationships. Sometimes there is a disconnect between what we think we are saying; what we actually say; and how the other person perceives what we say. At other times, our body language contradicts our words. Whatever the reason for miscommunication, the result is that two people misunderstand each other's intentions and motives.

Communication is much more complex than we often realize. Take a moment to reflect on all the steps involved when one person communicates a piece of information to another. Communication starts in the mind of one person in the form of an idea. After the idea is developed, the communicator must choose words that seem to best match the meaning of that idea.





Have you ever felt that the words you spoke didn't exactly capture what you were trying to say? Even if we aren't aware of it, most of us have sometimes done a poor job of communicating our ideas. Even when we do choose words that accurately express what we think and feel, there is always the chance that the person with whom we are communicating will not accurately interpret our words. Sometimes a listener is distracted and doesn't get what we are saying. They hear the words, but they are not really listening and taking them in.

What do you think is the difference between hearing and active listening?

Possible answers:

- Most people can hear without much effort, but active listening requires skill.
- Active listening requires our full attention and involves reflection and response to the information we receive, while hearing only engages our auditory sense, not necessarily our minds.

All of us are often guilty of hearing without listening. What are some reasons why we might do this?

Possible answers:

- Distractions during the conversation prevent us from giving our full attention to the person speaking.
- Laziness. We don't want to put forth the energy it takes to listen well.
- We aren't especially interested in the topic.
- We have other things on our minds.

Hearing without listening ultimately increases the chances that we will misunderstand what someone else is trying to say. Particularly when people speak about a personal subject (such as sex), their words may not tell the whole story. People can be embarrassed or fearful of saying exactly what they mean. So it's important to think about the larger meaning behind another person's words, and to consider their nonverbal

expressions and body language. If we don't pay attention to these cues, we can miss important messages.

What Is Your Style of Communication?

Note to Instructor: Pass out the Listening Skills Inventory, p. 114 and give participants about 15 minutes to complete the questionnaire. Give each Walker & Talker/Promotora a few minutes to review their survey responses and to reflect on ways to improve their personal communication. Then present the following information on common communication blunders that Walkers & Talkers should avoid. Afterwards, give handout on Communication Blunders, p. 116.




Communication Blunders

We don't like to admit it, but most of us are guilty of communication blunders. Being a good communicator is hard work. It takes effort to avoid these mistakes. Possibly you've already identified some of your own bad habits by completing the Listening Skills Inventory. Keep your questionnaire responses in mind as we review these common mistakes. Think carefully about which of these mistakes you could best avoid in working to improve your communication style.

Not Giving Full Attention to the Speaker

Giving someone our full attention takes conscious effort. We have to decide to put out of our minds thoughts about our own lives or what we're going to say. Our full attention must turn to what the other person is saying.

Sometimes we're distracted by events going on around us. Maybe you're in the middle of cooking dinner when someone in your family tries to talk with you. We are most often guilty of poor listening during such busy moments. We don't stop what we are doing to make eye contact.



We're probably not really listening, but we try to fake it by saying "uh-huh" every now and then, pretending to follow along.

But this doesn't fool the person we are speaking with. Sometimes it's better to tell a person that because what he or she has to say is important, you'd like to talk about it when you're able to give the conversation your full attention. Just be sure you actually follow through on your promise!

At other times, we're guilty of not listening even when nothing else is going on. Again, we might think we can fool the other person, but our body language usually gives us away. Our facial expressions or the way we sit will communicate to the other person that we are bored or uninterested in what she or he has to say.

Controlling the Conversation

Most of us are more comfortable directing a conversation than following it. But it actually takes more skill to follow than to lead a conversation. People who can follow well offer a great gift to the speaker, who then feels truly "listened to." When listening to another person is the number one priority, care and concern are communicated.

One of the signs of directing a conversation is when we don't give the speaker a chance to fully explore his or her thoughts. We ask closed-ended questions that the other person can only answer with "Yes" or "No." We don't ask follow-up questions to learn more. We interrupt or introduce a new topic before the other person has said all they want to say.

Giving Unwanted Advice

A very common mistake is to assume that, if someone comes to us with a problem, they want our opinion. More often than not, the other person is just looking for someone to listen. Sometimes people just need to think out loud or to be affirmed. They don't want you to criticize their thoughts;

they don't care to hear your opinion. They want most of all to know that someone cares for and supports them. Usually, when people want your opinion, they'll ask for it. If you're not sure, ask them if they want your opinion. Just be prepared that they may say "No!"

Nothing is more irritating and off-putting than a know-it-all. When giving advice, you need to remember that people are longing for a thoughtful, sincere response. Having all the answers (or pretending that you do) is not what's important. And it's not effective communication.

Spreading Gossip

No one likes a gossip! Repeating personal information that others share with us is a sure way to guarantee they won't open up to us again. This is a difficult area for many of us. If we know something personal or interesting about another person, we want to share it with someone. A good rule of thumb is "If you wouldn't want the same information repeated about yourself, keep it to yourself."

Being Afraid of Different Opinions

This is one of the biggest barriers to good communication. Many of us are afraid of hearing different points of view. When someone expresses an opinion we don't agree with, we begin to see the conversation as a competition. We need to make sure our idea comes out on top! The reality is, you're probably not going to change your listener's opinion, and probably that person won't change your opinion. This is especially true when a conversation becomes an argument. The result? Both parties are so focused on expressing their own opinions that neither is listening to the other.

Some people take the opposite approach. They pretend to agree with the other person's opinion because they dislike conflict. While this strategy





might keep the peace for the moment, it's a poor communication strategy. Good communication is honest. It respects other people enough to express and accommodate different points of view.

Effective communicators hear opinions that contradict their own without feeling threatened. They listen respectfully and are also able to share their perspective in a non-confrontational way. Someone once said, "Let's agree to disagree." We value other people not just because they agree with us, but because they are people with thoughts and feelings, just like us.

The Value of Listening

In good communication, listening is every bit as important—if not more important—than speaking. Take a moment now to reflect on the steps you take when you listen and respond to another person.

First comes the physical aspect of hearing the spoken words. Next, you think about the meaning of those words. This is where communication often breaks down. We can't just think about the literal meaning of the words. The same statement can mean two different things to two different people due to their past experiences, values, and beliefs. This is why we rely on contextual cues, such as body language and tone of voice, to determine whether the speaker feels positively or negatively about their words. Only when we have accurately heard both the words **and** their meaning can we respond appropriately or ask helpful questions.

Body Language Charades: To demonstrate the power of body language, test the Walkers & Talkers' nonverbal skills. Choose four Walker & Talkers/*Promotoras* to communicate the following emotions without using words: **anger, excitement, worry, and shyness**. Each volunteer can choose only one gesture or body position to demonstrate their assigned emotion. The remaining participants will try to guess each emotion. After the answers have been given, ask Walkers & Talkers to list as many types of body language as they can. Then use the list below to talk about

nonverbal communication cues that you haven't mentioned so far. Afterwards, hand out **Examples of Nonverbal Communication**, p. 117.



Examples of Nonverbal Communication

Body Position

Facing someone with an open body position communicates interest and attentiveness. An open position means facing someone squarely, without tightly crossed arms and legs, etc., which cause a person to appear defensive.

Posture

Posture can communicate whether a person is anxious or relaxed, excited or bored. Sitting or standing up straight communicates enthusiasm.

Facial Expression

Either exaggerating emotions or showing no emotions can appear insincere. Appropriate facial expressions are somewhere in the middle.

For example, if someone says something shocking, you might naturally react with a startled expression that causes the other person to close up defensively. It would be better to try looking less shocked. Yet reacting with no emotion would be unreal. An appropriate response would strike a balance between the two extremes.

Eye Contact

You can tell a lot by looking somebody in the eye. For example, if someone looks away as she or he speaks, it might show lack of confidence in what is being said, or even suggest a lie.





Use of Space

Standing close to someone communicates familiarity and trust. When there is a physical barrier between two people, such as a table or desk, it can cause someone to seem distant or unapproachable.

Closing Discussion

Think about a time when you tried to share something important with another person and it was not well received. What kinds of things did the other person do or say? How did it make you feel?

Now think about a time when you shared something or somebody shared something with you, and the conversation went well. What do you think helped the conversation to go well? Can you remember specific things that you or the other person said or did? Remembering how terrible it feels when you're not listened to is the best motivation you can have for improving your listening skills!

Lecture 2: How Not to Talk with Teens About Sex

To Instructor: Begin this lecture by emphasizing the potentially powerful effect communication about sex can have on teens' choices. Then discuss the impact our words can have—either to open or close conversations. Give participants a chance to practice making up good questions. End this lecture by teaching participants to identify barriers to communication. Pass out handout on **What Keeps Teens from Communicating with Adults About Sex?**, p. 118.



Reasons to Talk with Teens About Sex

In October 1988, the Centers for Disease Control reported that:

- The more comprehensive the sexuality message and information a mother discusses with her adolescent (teenager), the less sexual risk behaviors a teen exhibits.
- Open, respectful discussions about sexual risk behaviors between mothers and adolescents promoted discussions between adolescents and their sexual partners about sexual risk and condom use.
- Adolescents who did not discuss sexuality or condoms with their mothers were more likely to have behaviors similar to their peers, compared to adolescents who did discuss these issues with their mothers.

What does this mean for you, as a Walker & Talker/*Promotora*? It means that providing information about sexuality and birth control options does not encourage teens to have sex! And teens who do choose to become sexually active are more likely to talk to their partners about ways to have safe sex.

The bottom line? Talking about sex is beneficial to teens.



Door Openers vs. Door Slammers

Note to Instructor: After talking through this section, pass out *Door Openers vs. Door Slammers*, p. 119.

Campaign for our Children uses the terms “Door Openers” and “Door Slammers” to explain the two primary ways adults can respond to children and teens who want to discuss sexuality. When we ask questions or try to continue the conversation, we are using Door Openers. When we are unwilling to explore the subject due to our own discomfort, it’s a lot like slamming a door in someone’s face. Below are some examples of Door Slammers and Door Openers.

Door Slammers

- “That’s not anything you need to know about.”
- “Why do you need to know that? Are you having sex?”
- “We can talk about that when the time comes.”
- “You’re too young to understand.”

Door Openers

- “That’s a great question.”
- “What do you think?”
- “Why do you feel that way?”
- “I’m not sure, but I’ll find out.”

Establishing an open-door policy with the teens around you so that they feel comfortable discussing anything (including sex) is even more important than the words you use. The best way to open the door is by showing real interest in their lives and in the topics that interest teenagers.

Note to Instructor: What are the questions teens should consider before they decide to have sex? Divide Walkers & Talkers/*Promotoras* into two groups. Hand out *Advice from Teens to Teens*, p. 120 and *Reasons Teens May Have Sex Before They’re Ready*, p. 121. Ask participants to review these handouts to help them think about some of the issues facing



teens when it comes to sexuality. Then ask each group to come up with five questions to use in a conversation with a teen who is trying to decide whether or not to have sex with a boyfriend/girlfriend and has come to a Walker & Talker for advice. Ask participants to keep in mind the difference between “Door Opener” and “Door Slammer” questions and statements. *Sample question: What are your birth control options?* Have each group share their questions.

What Keeps Teens from Communicating with Adults about Sex?

Some of the most common reasons that teens avoid discussions with adults about sexuality include:

- **Fear of judgment.** It can be difficult for teens to talk honestly with adults who believe that sexual activity is not appropriate for teens under any circumstances.
- **Fear of loss of approval.** Teens may feel that a trusted adult will think less of him/her for choosing to be involved in sexual relationships.
- **Fear of punishment.** Depending on personal values, teens may feel that having sex is morally wrong. They can feel ashamed to admit that they are having sex or even that they are thinking about having sex. They might also worry that their parent(s) will make them stop seeing their boyfriend or girlfriend.
- **Embarrassment.** Teens may feel that it’s inappropriate to discuss sexuality with adults because they haven’t encountered many adults who are willing to discuss the subject openly. That’s why it can be important for adults to initiate discussions with teens about sex.

Note to Instructor: Distribute and review handout *Top Ten Attitudes of an Askable Adult*, p. 122.



Most barriers to communication with teens about sexuality can be addressed by incorporating into your own life the attitudes and values

of an askable adult. Building a foundation of trust is the first step to combating the fears teens may have. After young people understand that they don't have to share your views to be accepted, they'll be far likelier to talk honestly with you. Keep each of these characteristics in mind as we do a communication exercise together.

Note to Instructor: Ask for two volunteers to act in each of the three skits you'll find scripts for in the Handouts section of this book. Ask observers to identify the poor communication skills used, and the "unaskable attitudes" the adult displays. Ask them to comment on the "askable attitudes" also displayed. Remind participants to consider both verbal and nonverbal behaviors.

Let them know that at the end of each skit you'll ask them how the communication could be improved. Use the discussion guide following the skit to facilitate this session.



Skit One. Mother Script, p. 123, Daughter Script, p. 124. A mother and her 13-year-old daughter Veneta are in the kitchen. Mom is standing over the stove making dinner as Veneta tries to talk to her about an issue she is having with her boyfriend, Tyrone. Tyrone is an older high school boy who is pressuring Veneta to have sex with him. Mom is very distracted in this scene and is not truly hearing what Veneta is saying. Throughout the skit she is busy frying something in a skillet and rarely makes eye contact. Veneta is afraid to come right out and say what's going on. She hints at it, and Mom misses a critical opportunity to discuss dating relationships and sex.



Skit Two. Father Script, p. 125, Son Script, p. 126. A father and his 15-year-old son Devin are sitting on the couch channel-surfing after the football game. Devin sees a hip-hop artist he likes on MTV and they watch enough to make Dad angry and dismissive. The son feels pressed to get a job, excel in school and in sports, and is trying to find time to

see his girlfriend outside of algebra class. The father is so busy criticizing his son's taste in music that he ignores the appeal for someone just to listen. He leaves the room angry, missing an opportunity to talk about important problems with his son.

Skit Three. Aunt Script, p. 127, Nephew Script, p. 128. An aunt and her nephew Juan are sitting in the bleachers after soccer practice, which she has come by after work to watch. As Juan changes his shoes, they begin talking about his unhappy relationship with his father, who is her younger brother. The aunt is able to learn a bit about what's bothering Juan, and makes a few suggestions about how to approach his father so they can communicate better.



Discussion Guide for Communication Skit One


Note to Instructor: The questions below can be adapted to Skit Two (Father and Son Devin), substituting Dad's name for "Mom" below, and "Devin" for "Veneta."

Skit Three illustrates a more positive outcome to a conversation between a teen and an adult. If time allows, you can ask the group questions about how Aunt Raquel might have made an even better connection with Juan in their conversation. What other suggestions might she have made about how he could get his Dad's attention? How could she have approached the topic of his girlfriend more directly?

What are some of the mistakes that Mom made in talking with Veneta? (e.g., communication blunders, attitudes)

Possible answers:

- Not making eye contact
- Not giving her full attention to Veneta
- Interrupting
- Not finding out what Veneta had wanted to ask

- 
- Making assumptions about Veneta and Tyrone
 - Being unapproachable, not leaving room for Veneta to express opinions about dating and sexuality.
 - Using a lot of “Door Slammers.” For example: “What do you know about love?! You’re 13 years old!”
 - She expressed her values in a harsh, accusing way that did not allow discussion.
 - She did not bother to find out if her daughter was already sexually active.

What could Mom have done differently?

Possible answers:

- She could have asked more questions about what exactly Veneta was asking and why.
- She could have listened to Veneta’s opinions in order to respond more appropriately.
- She could have expressed her concerns gently after hearing Veneta out.
- She could have done a much better job of remembering that teenagers are capable of having very strong feelings for members of the opposite sex.
- She should have found out whether or not her daughter was sexually active in order to make sure she was at least taking precautions to prevent pregnancy or STDs.

Lecture 3: Communicating Positively

To Instructor: Begin by teaching participants simple active listening skills. Hand out the sheet on **Eight Habits for Effective Communication**, p. 129. Then, in a role play activity, give them a chance to apply these skills and the knowledge they have gained about issues of sexuality.

As you introduce each active listening skill, ask participants to pair up with a partner to practice each technique.

We've already covered some of the behaviors and attitudes that can either enhance or hinder a good conversation. Now we're going to discuss simple techniques you can use to improve any conversation.

Use Open-ended Questions Whenever Possible

Open-ended questions are phrased so that a person cannot respond with a Yes or No answer. Open-ended questions or statements ask the person to describe who, what, when, where, and how. A good open-ended statement might begin with "Tell me about...". The opposite of an open-ended question is a closed-ended question. One example of a closed-ended question is, "Did you go to the store?" It requires greater initiative for the respondent to volunteer information beyond, "Yes, I went to the store."


Now turn to your partner. Each of you should ask another group member one open-ended question about her or his family.

Sample question: Where did you and your husband/partner meet?

Rephrase Information

It feels great when you know that someone is really listening to you. The best way to let people know that they've been heard is periodically to





repeat what they say. This is especially important to do when you're not sure if you've understood what the other person is saying. She can correct you right away if your interpretation is incorrect.

Now turn to your partner. One person will express a feeling or a thought about pregnancy, and the other will rephrase it in his or her own words. Then switch.

Sample Conversation:

Person A: I'm scared about getting pregnant because I'm not so great with birth control.

Person B: So you don't use birth control consistently.

Person A: Yeah, sometimes I just get lazy. But I know I need to stop that because I'm just pushing my luck.

Once you get good at rephrasing single thoughts, you can summarize whole pieces of conversations to let the other person know you've followed along, and to verify what you've heard.

Clarify What You Think You've Heard

You probably already use clarification without thinking about it. You can think of a clarifying statement as a perception check. After you've restated what you think the other person has said, ask him/her, "Is that right?" Or, you can make your rephrasing into a question. Replace, "So you don't use birth control consistently," period, with "So you don't use birth control consistently?"

Now turn to your partner. One person will try to explain how pregnancy happens (don't worry if you miss a few details!). The other person will summarize and clarify these remarks. Then you will switch roles. This time, the topic will be which method of birth control you would recommend to a teen, and why.

Sample question: Is that what you meant?

The same principle applies when you are the one presenting a lot of detailed information. You should check to make sure that your listener is following everything you're saying. You can check by asking, "Does that make sense?"

Ask a Lot of Questions

Asking questions is a great strategy for following a conversation closely. It shows that you care enough to take the time to think about what's being said and to make sure that you understand clearly what the speaker means.

Now turn to your partners. Each person should take a couple of minutes to describe what he or she did yesterday. The listener will ask questions throughout the discussion and, at the end of it, repeat what the other person said.

Show Empathy

Empathy describes the process of imagining what another person is feeling or thinking, and responding as we would want someone to respond to us if we were in that position. The key to empathy is that even if we don't agree, we try to understand another person's perspective. We try to assure people that what they're thinking or feeling is completely normal. Empathy is vital to establishing trust with another person.

Sample Conversation:

Person A: I feel so stupid. I really thought he loved me.

Person B: You know, I think a lot of people feel that way after a break-up, but it's not stupid to trust someone.

Now turn to your partner. Each of you should share a thought or feeling that the issue of teen sexuality raises for you. Think back to the values and attitudes you identified in Unit Two, but only share something you feel comfortable disclosing to another person. Then practice responding with understanding, or empathy, to the other person's feelings.

Use "I" Statements Not "You" Statements

Whenever we disagree or are hurt by something someone says or does, the natural reaction is to blame the other person. This approach is never constructive because it raises a wall between the two people. To facilitate open discussion, it's better to focus on our part in the problem or issue, or to explain how the other person's behavior makes us feel.

How could you rephrase the following accusatory statement?

You're going to screw up your life if you don't start using contraception.

The same message could be conveyed in a more caring way. For example:

I'm concerned because you're not using birth control, and I want to know if there is anything I can do to help you protect yourself.

An Important Reminder: None of these active listening techniques will do any good if you do more talking than listening! Give the speaker lots of room to express his/her thoughts before you express yours. And remember to pay attention to both the words spoken, and to the messages being sent in the body language we discussed earlier.

Now it's time to apply everything we've learned. Using one of the skits we did earlier, we're going to apply good communication techniques.

As we rethink these scenarios, remember that it's very important to consider where the teen is coming from before attempting to give advice. However, regardless of the particular question he or she might present, keep in mind that every conversation should encourage teens to respect their bodies. The following guidelines are good factors to keep in mind when talking with teens in order to give them information that matches their personal goals and values:⁴

- Do they want to abstain from sex until marriage? What steps will they take to make that happen?
- Are they thinking about becoming sexually active soon? Give them the information they need to make a responsible decision. If they decide not to have sex, what steps will they take to remain abstinent? If they decide to be sexually active, what precautionary measures will they take to protect themselves, and how will they negotiate safe sex?
- Are they already sexually active? Give them resources and information to plan steps they can take to protect themselves from pregnancy and STDs.
- Do they plan to have children in the future? Teach them the importance of keeping themselves STD-free. STDs can cause sterility in both men and women.
- Do they already have or have they already had an STD? Tell them where they can go to be treated and what precautions they should take to keep from getting another one, or transferring this STD to a partner.



4. From *Facilitating Positive Sexuality Dialogue with Students*. ReCAP Educator Skills. www.etr.org/recapp



Homework: For homework, have participants try to use active listening skills in their conversations at home and report on their experiences at the next session.

Reading Assignment Suggestions:

Choose a reading assignment from one of the suggested reading websites located in the back of this book.

Note to Instructor: Choose two volunteers to redo one of the less positive communication skits, Skit One “Mom and Veneta” or Skit Two “Dad and Devin.” Give the volunteers about 15 minutes to decide what they want to happen in the skit this time around. Ask the other participants to take note of the communication skills the role-players are using. Facilitate a discussion following the skit.

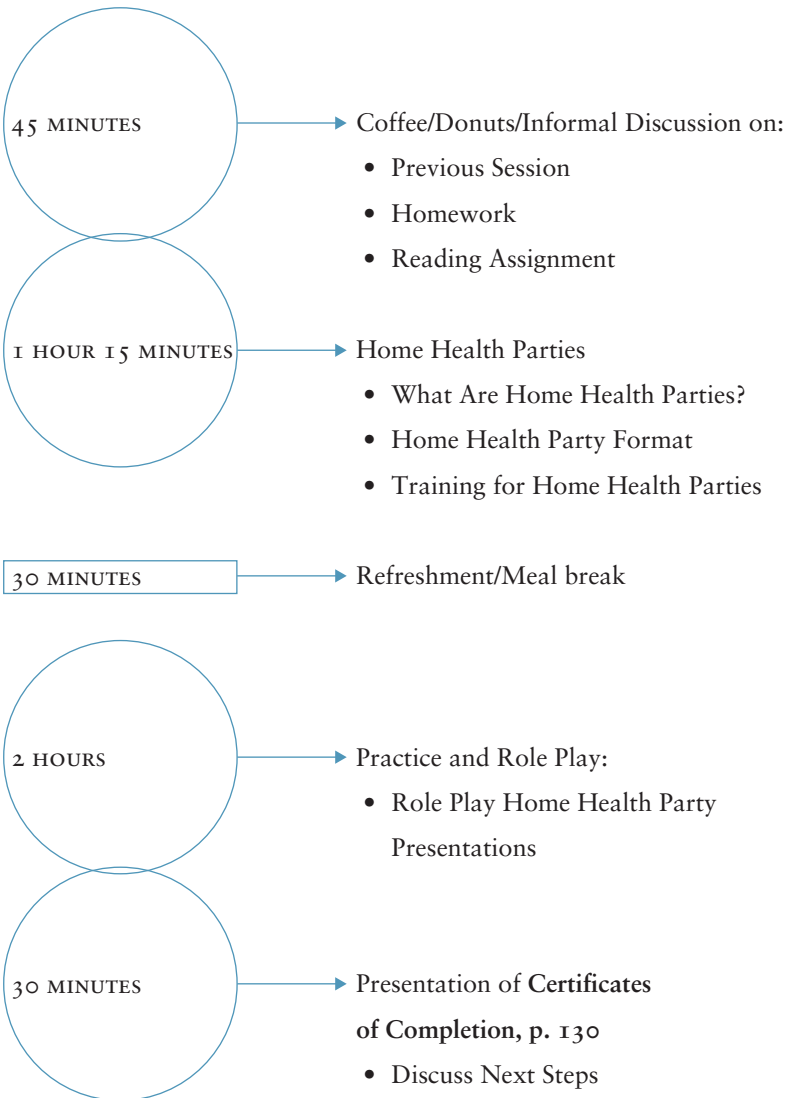
UNIT FIVE

Home Health Parties *Vecino-a-Vecino*

UNIT FIVE

Home Health Parties/*Vecino-a-Vecino*

Agenda



Objectives:

1. To ensure that Walkers & Talkers/*Promotoras* understand the concept, content, and format of Home Health Parties/*Vecino-a-Vecino*.
2. To help Walkers & Talkers feel comfortable presenting the material that they've learned.



Homework: For homework, have participants try to use active listening skills in their conversations at home and report on their experiences at the next session.

Reading Assignment Suggestions:

Choose a reading assignment from one of the suggested reading websites located in the back of this manual.

Introduction

Begin session by asking participants for their comments or questions on material covered in Unit Four (approximately ten minutes).

Have Walkers & Talkers share their experiences from the homework assignment given at the last training session (approximately 25 minutes).

Facilitate a brief discussion on the reading assignment given in Unit Four (approximately ten minutes).



Lecture 1: Overview of a Home Health Party

To Instructor: This lecture will give participants a complete understanding of a Home Health Party/*Vecino-a-Vecino*. It will explain the concept, format, and content of a Home Health Party.

What Are Home Health Parties?

As explained in Unit One, the purpose of the Home Health Party is to educate adults and parents on sexual issues in a relaxed, safe environment, and to teach them the importance of communicating this knowledge to their children and other adolescents in their community.

The goal of Home Health Parties is to help create “Askable Adults” in the community, which will in turn increase the accuracy and frequency of adult/teen communication about sexuality. The concept of Home Health Parties works well in reaching community residents with the Plain Talk/*Hablando Claro* message because it gives the Walker & Talker/*Promotora* a comfortable, non-threatening environment in which to educate and communicate important information about adolescent sexuality to community adults. It also opens access to residents through established relationships in the locality.

Home Health Party Format

Explain that each Home Health Party contains two sessions. It has been most effective to hold these parties in two consecutive weeks (e.g. two Tuesday nights in a row from 7:00 to 9:00 p.m.). If you let more time than one week pass between the two sessions, you will lose participants, and the material will not be as powerful or memorable.

Pass out the *Home Health Party/Vecino-a-Vecino Format* on p. 131. Read over the entire format and discuss any questions that arise. Remember that this is to familiarize the Walkers & Talkers with the format they will be using. The content of what will be taught during the Home Health Party training sessions follows.



Home Health Party Training Unit – Part One

Note to Instructor: Use an icebreaker. It is good to start with an icebreaker that will make everyone begin interacting with each other. This will also help guests to feel more comfortable talking about sexual issues. Use a Sign-In Sheet, p. 133 so you'll know how to contact guests later. Ask everyone to sign the Home Health Party Pledge of Confidentiality, p. 134 so all will speak freely.



Pre-Test: Pass out copies of the Fact or Fiction? Preventing Pregnancy, p. 108. Ask party guests to write “True” or “False” next to each statement. For yourself, see the Instructor’s Answer Key, p. 109.



Charts: Before the Home Health Party, **flip charts** should be developed for each Walker & Talker/*Promotora* who will be the speaker at a party. (Party hosts provide only the location and light refreshments.) The flip charts should contain:

- The Community Mapping Survey results (if your area has one)
- National and local statistics on teen pregnancy & STDs
- Research information: Such as the research by the CDC on adult/teen communication discussed in Unit Four of this curriculum.

The Walker & Talker will go through the flip charts and explain the magnitude of the problem in their community and the urgent need to address it.



Display charts of male and female anatomy: Each Walker & Talker/*Promotora* should have **Charts of the Male and Female Reproductive System** to keep on display during this training session. The Walker & Talker will then review the anatomical parts, explain their functions, and show how pregnancy occurs.

Pregnancy Prevention Training: The Walker & Talker will hand out copies, one at a time, of the following information, then review and discuss each handout:

- The handout **Birth Control Methods Suitable for Teens**, p. 105.
- It would also be helpful for each Walker & Talker to have a **Model of a Penis** in order to demonstrate the correct way to use a condom.

Post-Test: Pass out copies of the **Fact or Fiction? Preventing Pregnancy** handout, p. 108. Have party guests write “True” or “False” next to each statement. Afterwards, discuss the correct answers found on the **Instructor’s Answer Key**, p. 109.

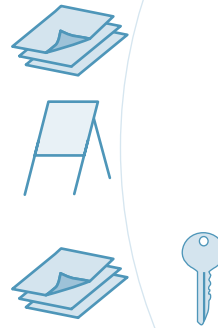
(Collect the pre- and post-tests in order to evaluate how well the material has been understood, and to help measure how much knowledge has been gained.)

Home Health Party Training Unit – Part Two

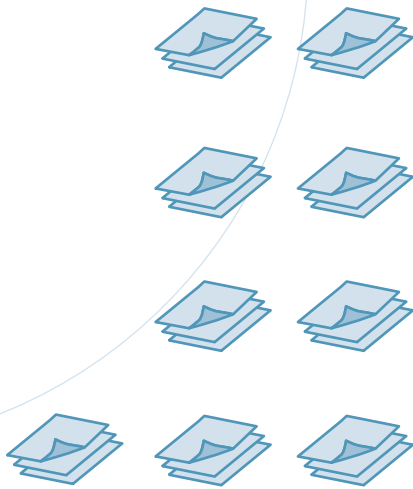
Icebreaker: Choose an icebreaker that is relevant to the training content below.

Pre-Test: Pass out **Fact or Fiction? STD Transmission**, p. 110. Have party guests write “True” or “False” next to each statement. There is an **Instructor’s Answer Key** for you on p. 111.

STD-HIV/AIDS Training: Distribute the **Overview of the Most Common Sexually Transmitted Diseases**, p. 112. The Walker & Talker/*Promotora* will review and discuss each STD listed on the form including symptoms, treatment, consequences, and prevalence. This is also a good time for the Walker & Talker to emphasize the point that condoms are the only form of birth control that can help prevent STDs. This would also

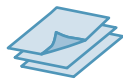


be a good opportunity to let the party guests know the availability of contraceptives in their community, and what they can do to increase accessibility for teens.



Communication Training: The Walker & Talker should briefly discuss why communication is important. The following handouts should be distributed and discussed one at a time:

- **Door Openers and Door Slammers**, p. 119.
- **Communication Blunders**, p. 116.
- **Examples of Nonverbal Communication**, p. 117.
- **What Keeps Teens from Communicating with Adults about Sex?**, p. 118.
- Pass out **Listening Skills Inventory**, p. 114. Give participants five minutes to mark off their answers, then discuss.
- **Top Ten Attitudes of an Askable Adult**, p. 122.



Ask for two volunteers, and do the **Veneta and Mom**, p. 123 or **Devin and Dad**, p. 125 skit. Use Discussion Guide to discuss skit. Ask for two volunteers to redo skit using the communication skills they've just learned. You could use the more positive skit **Aunt Raquel and Juan**, p. 127 for contrast.



Post-Test: Pass out **Fact or Fiction? STD Transmission**, p. 110. Have party guests write "True" or "False" next to each statement. Afterwards, discuss the correct answers found on the **Instructor's Answer Key**, p. 111.

(Collect the pre- and post-tests in order to evaluate how well the material has been understood, and to help measure how much knowledge has been gained.)

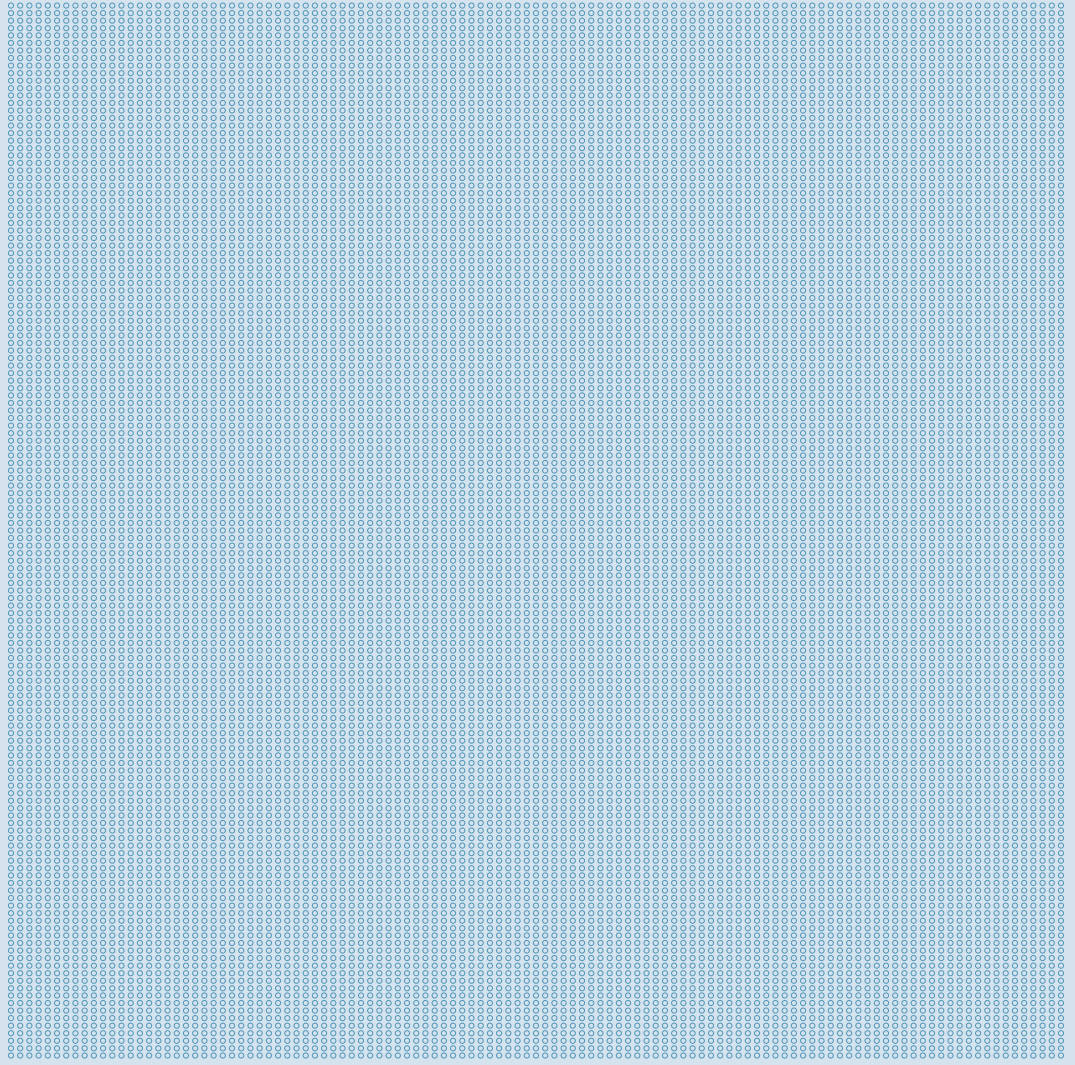
Lecture 2: Role Play of a Home Health Party

Role Play: For the remainder of this unit, have each Walker & Talker/*Promotora* role play all or part of a Home Health Party/*Vecino-a-Vecino*.

Certificates: Present each Walker & Talker with a **Certificate of Completion** on p. 130. These can be purchased from any print shop (e.g. Kinko's), or you can copy the form in the back of this book. This will not only honor Walkers & Talkers/*Promotoras* for the time they've given and the commitment they've made, it will add professionalism to their role.

Next Steps: Now that training is over, the Walkers & Talkers/*Promotoras* will probably need a little more practice before they feel comfortable conducting a Home Health Party on their own. This would be a good time to set up a few "practice dates" at your agency before they begin recruiting Home Health Party hosts.







Websites for Suggested Reading

Websites for Suggested Reading

Alan Guttmacher Institute (AGI)

www.agi-usa.org

AGI is a nonprofit organization focused on sexual and reproductive health research, policy analysis, and public education. AGI publishes *Family Planning Perspectives*, *International Family Planning Perspectives*, *The Guttmacher Report on Public Policy*, and special reports on sexual and reproductive health and rights. Its website offers the latest statistics on teenage sexual behavior and pregnancy, policy papers, Power Point presentations and other tools, and access to journal articles on teenage pregnancy. 120 Wall Street, 21st Floor, New York, NY 10005; Phone: 212/248-1111; Fax: 212/248-1951.

American Social Health Association

www.ashastd.org

The American Social Health Association is dedicated to stopping sexually transmitted diseases (STDs) and their harmful consequences among individuals, families, and communities. In addition to providing information on various types of STDs, the website also lists hotlines and links to helpful organizations. PO Box 13827, Research Triangle Park, NC 27709; Phone: 919/361-8400; Fax: 919/361-8425.

Annie E. Casey Foundation

www.aecf.org

The website includes information about the Plain Talk Initiative and contains reports such as *When Teens Have Sex: Issues and Trends*, and *Teen Childbearing in America's Largest Cities*. Publications are free. 701 St. Paul Street, Baltimore, MD 21202; Phone: 410/547-6600; Fax: 410/547-6624; E-mail: webmail@aecf.org.

Association of Reproductive Health Professionals (ARHP), Resources for Adolescent Providers (RAP)

www.arhp.org/rap

ARHP is a nonprofit, national medical organization that is dedicated to educating physicians and other health care providers, their patients, and

the public about important reproductive health issues including contraception, sexually transmitted diseases, HIV/AIDS, abortion, sexuality, and infertility. ARHP's Resources for Adolescent Providers (RAP) aims to educate and bring together clinical and nonclinical providers of adolescent reproductive health services nationally. The website provides links to adolescent health resources and assessment tools. 2401

Pennsylvania Avenue, NW, Suite 350, Washington, DC 20037-1718;
Phone: 202/466-3825; Fax: 202/466-3826; E-mail: arhp@arhp.org.

Centers for Disease Control and Prevention (CDC), Division of Adolescent and School Health (DASH)

www.cdc.gov

The CDC is recognized as the leading federal agency for protecting the health and safety of people at home and abroad, providing credible information to enhance health decisions, and promoting health through strong partnerships. CDC's Division of Adolescent and School Health (DASH) monitors youth risk behaviors (YRBSS) and school health policies and programs (SHPPS); synthesizes risk behavior data and school health and adolescent health research into Guidelines for School Health Programs and Programs That Work; and collaborates with other organizations to improve adolescent research and programs in the U.S. and around the world. For adolescent health information, go to: www.cdc.gov. Also, for HIV prevention fact sheets, presentation tools, and other instruments and information, see www.cdc.gov. Centers for Disease Control and Prevention, 1600 Clifton Rd, Atlanta, GA 30333.

Child Trends, Inc.

www.childtrends.org

Child Trends is a nonprofit research organization that focuses on research and data analyses on children, youth, and families. The website offers information on trends in teenage pregnancy and childbearing, including statistics, graphs, and tables of recent data, as well as access to current research projects and abstracts of recent papers discussing topics

such as the effects of school dropout on the risk for teenage pregnancy. 4301 Connecticut Avenue, NW, Suite 100, Washington, DC 20008; Phone: 202/362-5580; Fax: 202/362-5533.

National Campaign to Prevent Teen Pregnancy

www.teenpregnancy.org

This nonprofit organization seeks to reduce the national teen pregnancy rate by one-third between 1996 and 2005 by offering extensive resources to communities and individuals working with teens. Recent major initiatives involve popular media in efforts to reduce teen pregnancy. The website features facts and statistics, tips for parents and teens, reading lists, the Campaign's publications, and a section devoted specifically to teens. 1776 Massachusetts Ave, NW, Suite 200, Washington, DC 20036; Phone: 202/478-8500; Fax: 202/478-8588.

National Family Planning and Reproductive Health Association (NFPRHA)

www.nfprha.org

NFPRHA is a nonprofit membership organization established to assure access to voluntary, comprehensive, and culturally sensitive family planning and reproductive health care services and to support reproductive freedom for all. The website has fact sheets on teen pregnancy as well as information on NFPRHA programs, such as: Adolescents in High-Risk Communities; Child Welfare and Adolescent Pregnancy Prevention; and Sexual Activity, Contraceptive Use, Pregnancy and Parenting Among Youths in Foster Care. 1627 K Street, NW, 12th Floor, Washington, DC 20006. Phone: 202/293-3114; E-mail: info@nfprha.org.

National Organization of Adolescent Pregnancy, Parenting, and Prevention, Inc.

www.noapp.org

NOAPP provides leadership, education, training, information and advocacy resources and support to practitioners in adolescent pregnancy, parenting, and prevention. The website contains information on national

events, including NOAPPP's annual conference; publications; NOAPPP's Electronic Clearinghouse; and links to other related organizations. 2401 Pennsylvania Avenue, NW, Suite 350, Washington, DC 20037; Phone: 202/293-8370; Fax: 202/293-8805.

Planned Parenthood Federation of America (PPFA)

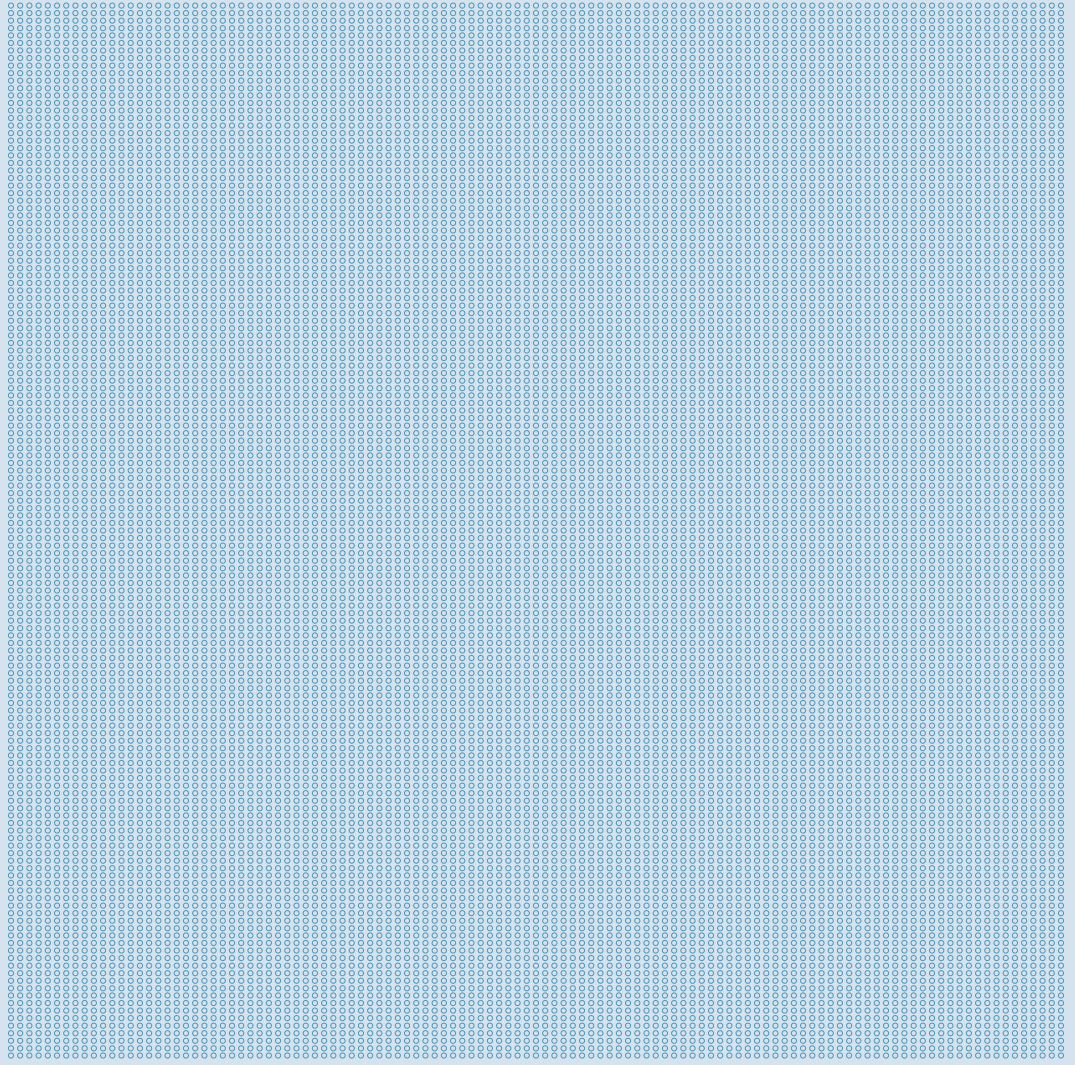
www.plannedparenthood.org

PPFA is the world's largest and most trusted voluntary reproductive health care organization. It believes in the fundamental right of individuals to manage their own fertility regardless of income, marital status, race, age, sexual orientation, and national origin. In addition to the website's page devoted to teen issues, the PPFA also has a special website for teens, www.teenwire.com, which provides an extensive amount of information and resources related to sexuality, relationships, and sexual and reproductive health (useful to both male and female teens). 810 Seventh Avenue, New York, NY 10019; Phone: 212/541-7800 or 800/230-PLAN refers to your local Planned Parenthood; Fax: 212/245-1845; 1780 Massachusetts Avenue, NW, Washington, DC 20036; Phone: 202/973-4800; Fax: 202/296-3242.

Sexuality Information and Education Council of the U.S. (SIECUS)

www.siecus.org

SIECUS, a national, private, nonprofit advocacy organization, aims to affirm that sexuality is a natural and healthy part of living; to develop, collect, and disseminate information; to promote comprehensive education about sexuality; and to advocate the right of individuals to make responsible sexual choices. From this site users can get information on a biweekly fax resource for health educators called SHOP Talk (School Health Opportunities and Progress) Bulletin, a listing of SIECUS publications, fact sheets, and information for parents, including an extensive list of referrals for other types of health information. 130 West 42nd Street, Suite 350, New York, NY 10036-7802; Phone: 212/819-9770; Fax: 212/819-9776.





Handouts

Walkers & Talkers Pledge of Confidentiality

I, _____, promise to keep confidential anything that my fellow Walkers & Talkers discuss during training. I understand everyone's need to be able to talk freely and openly. I will not repeat anything personal that anyone reveals during the Walker & Talker training sessions.

Signature

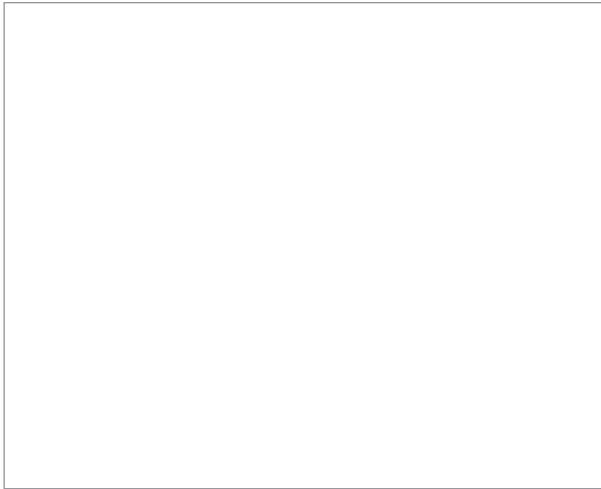
Date

Fact Sheet

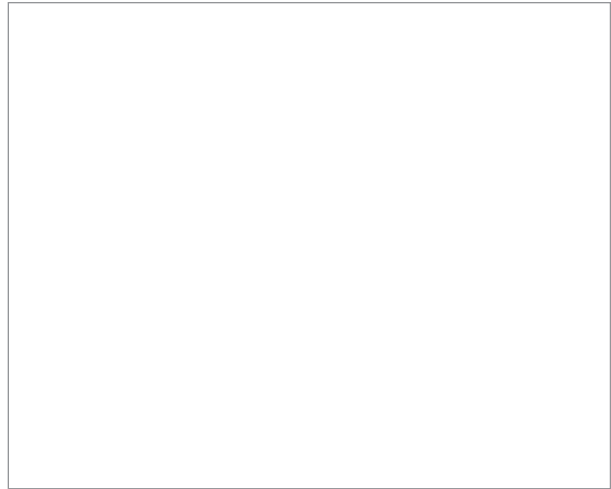
- Teen pregnancy rates are much higher in the United States than in many other developed countries—twice as high as in England or Canada and nine times higher than in the Netherlands and Japan.
- Half of all first-time adolescent pregnancies occur within the first six months following first intercourse, and 20 percent occur within the first month.
- One in every 15 men fathers a child while he is a teenager.
- One in five African-American teenagers and one in six Latina teenagers becomes pregnant every year.
- There is a direct relationship between poverty level, education of parents, and pregnancy rates in communities of color. Young people who live in extreme poverty with parents who have low levels of education have higher rates of pregnancy than youths who live in better socio-economic conditions.
- Among teenagers, 85 percent of pregnancies are unintended.
- Each year approximately one million u.s. teenagers become pregnant (11 percent of all women aged 15 to 19).
- It is estimated that more than 15 million new cases of sexually transmitted infections or STDs are diagnosed each year in the u.s. (approximately one-fourth of these occur among teenagers).
- By the age of 24, one in three sexually active people will have contracted a sexually transmitted disease.
- Estimates suggest that between 800,000 and 900,000 Americans are now living with HIV, and as many as one-third don't know that they have the virus. It is estimated that 63 percent of all women with AIDS and 42 percent of all men with AIDS are African American.

Self-Evaluation Matrix

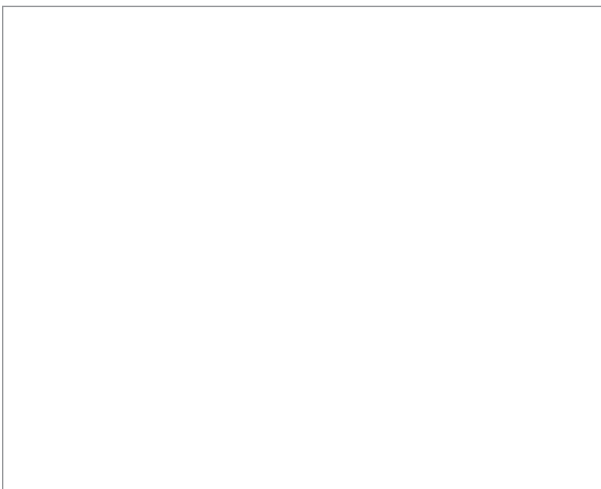
Characteristics and traits that will help me be an effective Walker & Talker



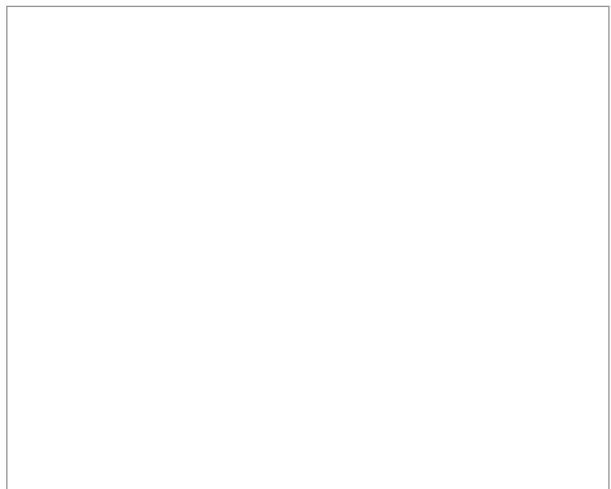
Past experiences that will help me be an effective Walker & Talker/*Promotora*



What I feel I need to learn to become an effective Walker & Talker



How I can make a difference in my community



Exploring My Attitudes and Values About Teen Sexual Activity

Please read the following questions. Choose one response for each question. Your response choices will be:

- Strongly Agree
- Agree
- Not Sure
- Disagree
- Strongly Disagree

-
1. I believe sex education courses in public high schools should teach abstinence-till-marriage only.
 - Strongly Agree
 - Agree
 - Not Sure
 - Disagree
 - Strongly Disagree
 2. I believe sex education courses in public high schools should include information about protection from pregnancy and STDs (for example, condoms).
 - Strongly Agree
 - Agree
 - Not Sure
 - Disagree
 - Strongly Disagree
 3. It is more important to teach girls about birth control and protection than it is to teach boys.
 - Strongly Agree
 - Agree
 - Not Sure
 - Disagree
 - Strongly Disagree
 4. I would prefer that my children delay sexual activity until they are adults, but if they do choose to have sex, I want them to know how to protect themselves before they become sexually active.
 - Strongly Agree
 - Agree
 - Not Sure
 - Disagree
 - Strongly Disagree
 5. I have enough experience and personal knowledge to teach my child about effective protection from pregnancy and STDs.
 - Strongly Agree
 - Agree
 - Not Sure
 - Disagree
 - Strongly Disagree
 6. The media and peer pressure have more influence on my child's sexual decisions than I do.
 - Strongly Agree
 - Agree
 - Not Sure
 - Disagree
 - Strongly Disagree

Exploring My Attitudes and Values About Teen Sexual Activity, continued

7. It is wrong to have sex with someone of the same gender.

- Strongly Agree
- Agree
- Not Sure
- Disagree
- Strongly Disagree

8. It is wrong to have any kind of sex before marriage.

- Strongly Agree
- Agree
- Not Sure
- Disagree
- Strongly Disagree

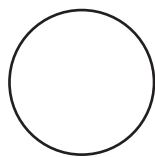
9. If you tell teens to use condoms, or where they can get condoms, they will have more sex.

- Strongly Agree
- Agree
- Not Sure
- Disagree
- Strongly Disagree

10. Most kids don't want to discuss sex with their parents.

- Strongly Agree
- Agree
- Not Sure
- Disagree
- Strongly Disagree

Family Genogram of Your Emotional and Sexual History



→ Symbol for female



→ Symbol for male



→ Denotes closest relationships



→ Denotes distant relationships



→ Denotes hostile relationships



→ Denotes sexual abuse/incest/rape

- Who in my family had the healthiest relationships with me?

- Who in my family had the unhealthiest relationships with me?

- Who in my family hurt me the most, either physically or emotionally?

- Who in my family do I feel unresolved anger toward?

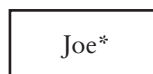
- Do I have any negative feelings about sex today because of past family relationships?

- Are my attitudes about sex shaped in any way by my past or present family relationships?

Step 1: Draw your family genogram using male and female symbols as needed. Be sure to include all relatives such as parents, step-parents, grandparents, children, aunts, uncles, and cousins. List anyone who played a significant role in your life (either positive or negative).

Step 2: Write the name of the individual in the box. If that person is deceased, put a star in his or her box.

Example:



Step 3: Draw the appropriate line above from yourself to other family members to show the type of relationship you have now, or have had, with each one.

Step 4: Now mentally step back from the genogram and look at your family as though you were seeing it for the first time. Ask yourself these questions:

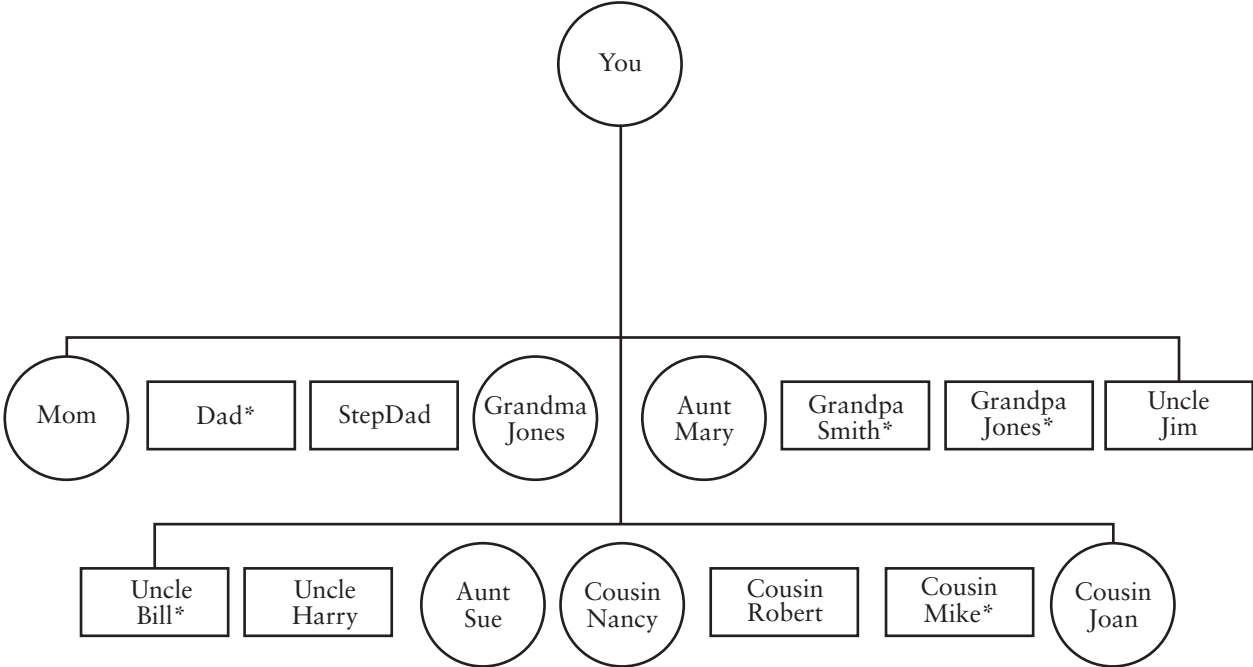
The answers to these questions will outline the emotional and sexual legacy that you received from your family. Your parents may have parented and coped to the best of their ability, given the training they received from their own parents. You can see how healthiness and unhealthiness are sometimes passed from generation to generation. Both you and your parents were influenced by the social, emotional, and sexual experiences you received as children. In turn, you are helping to shape and develop your own children's attitudes and relationships about sex.⁵

Note: After your genogram is complete, it is sometimes helpful to share your findings with someone you can trust.

5. Excerpts from Nancy Joy Carroll, Ed.D. *Understanding Your Childhood Family: Creating a Healthier Future by Examining the Past*, 1995.

Family Genogram of Your Emotional and Sexual History, continued

Sample Genogram



*Indicates deceased family member.

Birth Control Methods Suitable for Teens

Birth Control Method	Typical Failure Rate ⁶	Possible Side Effects	Advantages	Disadvantages	Rating (1-7)
Abstinence	0%	None.	Eliminates all physical and emotional risks related to premature sexual activity.	If a teen does engage in sex, he/she is likely to be less prepared with contraception than teens who have planned to have sex.	
Norplant	.9% in year 1; 1% by year 5.	Irregular vaginal bleeding or missed periods; possible scarring or visibility of tubes in the arm; dizziness; depression; anxiety; weight gain; appetite changes; acne; hair growth or hair loss; breast tenderness.	Ideal method for teens who have a hard time remembering to use contraception consistently; lasts for five years; nothing to put in place before intercourse.	Must be administered by doctor and can be expensive if not covered by health insurance; pregnancy more likely to be ectopic (in Fallopian tubes); there is some debate about whether Norplant causes decreased bone mass in women; no protection against STDs.	
Depo-Provera	.4%	Spotting between periods; skipped periods or no periods; weight gain; headaches; depression; abdominal pain; increased or decreased sex drive.	Ideal method for teens who have a hard time remembering to use contraception consistently; nothing to put in place before intercourse; lasts for 12 weeks.	Must be administered by doctor and can be expensive if not covered by health insurance; may be difficult to get pregnant after shots are stopped; pregnancy more likely to be ectopic (in Fallopian tubes); no protection against STDs.	

6. The Nemours Foundation estimates the percentage of people who will become pregnant after one year of using the particular form of birth control, accounting for the fact that most people do not use birth control perfectly every time.

Birth Control Methods Suitable for Teens, continued

Birth Control Method	Typical Failure Rate ⁶	Possible Side Effects	Advantages	Disadvantages	Rating (1-7)
Diaphragm	19%	Allergic reactions to the rubber; must be used with spermicides that may irritate vagina; increased risk of bladder infections.	Good for anyone who wants to have sex during her period because prevents menstrual flow from exiting the vagina.	Must be fitted by a doctor; needs to be refitted every year or two in case there have been changes in genital size; can be messy and uncomfortable for teens to insert properly; doesn't protect against most STDs.	
The Pill	5%	Irregular menstrual bleeding; nausea; weight change; headache or dizziness; breast tenderness; mood changes.	Nothing to put in place before intercourse; periods are lighter and more regular, with less cramping; reduced chance of acne, breast disease, anemia, ovarian cysts, and uterine cancer.	Must be prescribed by a doctor and taken daily; teens who smoke while on the pill will be at risk for heart attack, blood clots, and stroke; no protection against STDs.	

Birth Control Methods Suitable for Teens, continued

Birth Control Method	Typical Failure Rate ⁶	Possible Side Effects	Advantages	Disadvantages	Rating (1-7)
Condom	12%	Condoms treated with lubricant may irritate vagina. No hormonal effects.	Does not require a prescription; easy to buy in drugstores or supermarkets; inexpensive; latex condoms offer good protection against STDs; can be used with other methods to offer increased protection from STDs; alternative to regular prescription methods for teens who have sex only occasionally.	Female condom can be difficult to insert and outer ring can slip into vagina during sex; condoms occasionally break; some people are allergic to latex; some complain that condoms reduce sexual sensation.	
Spermicides	18% *only 2% with condoms	Can irritate the vagina or penis.	Does not require a prescription; available from drugstores or supermarkets; inexpensive.	Offers little protection against STDs unless used with a condom; can be messy.	

Fact or Fiction? Preventing Pregnancy

True or False?

1. Condoms do not have an expiration date.
2. You should only use latex or plastic (polyurethane) condoms.
3. A girl can get pregnant if she has sex before starting her period.
4. It's not a good idea to use a condom more than once even if it's with the same person.
5. It's possible to put on a condom inside-out.
6. The withdrawal method of birth control is reliable because a guy always knows when he is about to ejaculate and has plenty of time to stop.
7. There is no way to prevent the sperm from swimming to the uterus after sexual intercourse.

Instructor's Answer Key Fact or Fiction? Preventing Pregnancy

1. Condoms do not have an expiration date. **F**
 - Old condoms can break more easily.
2. You should only use latex or plastic (polyurethane) condoms. **T**
 - Other kinds of condoms, like lambskin, do not protect against STDs.
3. A girl can get pregnant if she has sex before starting her period. **T**
 - Although it is rare, a girl can become pregnant as soon as she begins ovulating (although she may not have had her first period yet).
4. It's not a good idea to use a condom more than once even if it's with the same person. **T**
 - Once semen has touched the condom, it is contaminated, and you need to use a new one.
5. It's possible to put on a condom inside-out. **T**
 - It's possible, but it will be difficult to roll down the length of the penis. If this happens, you should use another condom.
6. The withdrawal method of birth control is reliable because a guy always knows when he is about to ejaculate and has plenty of time to stop. **F**
 - Especially with men who are inexperienced (such as teenage boys), it can be difficult to predict when ejaculation is about to occur. And even if teen boys know, they may get caught up in the moment and not follow up on their promise to pull out.
7. There is no way to prevent the sperm from swimming to the uterus after sexual intercourse. **T**
 - You can't kill sperm by taking a hot bath, douching, or urinating immediately after intercourse.

Fact or Fiction? STD Transmission

True or False?

1. All STDs show symptoms.
2. The most effective method of preventing STDs is to use a condom.
3. You can get HIV or AIDS by sharing needles to pierce ears or get tattoos with someone who is infected.
4. Everyone who has HIV has AIDS.
5. A person can have an STD and not know it.
6. You can get HIV from an infected person's sweat, spit, or tears.
7. Sharing toothbrushes or razors can transmit the HIV virus.
8. The only 100% effective method of protection is not to have sex or to have sex with one uninfected partner.
9. Two-thirds of all STDs occur in people age 25 or younger.
10. STDs, like Hepatitis B, can lead to cirrhosis of the liver and liver cancer.
11. Less than half of all adults ages 18 to 44 have ever been tested for an STD other than HIV/AIDS.
12. You can have sex more than once with the same partner using the same condom.

Instructor's Answer Key

Fact or Fiction? STD Transmission

1. All STDs show symptoms. **F**
 - Many people with STDs never experience symptoms. The only way to know for sure if you have an STD is to get tested. Sexually active teens should be tested annually.
2. The most effective method of preventing STDs is to use a condom. **F**
 - Abstinence (not having sex) is the only 100% effective method. But a condom (when used properly) is one of the next most effective methods for sexually active teens.
3. You can get HIV or AIDS by sharing needles to pierce ears or get tattoos with someone who is infected. **T**
 - Any contact with an infected person's blood places a person at risk.
4. Everyone who has HIV has AIDS. **F**
 - HIV can take several years to develop into AIDS. Infected individuals who seek early treatment can delay the onset of AIDS.
5. A person can have an STD and not know it. **T**
 - Because many people never experience symptoms, it is easy to have an STD without knowing it. Yet, these people are still contagious.
6. You can get HIV from an infected person's sweat, spit, or tears. **F**
 - HIV is only spread through semen, blood, or vaginal fluids.
7. Sharing toothbrushes or razors can transmit the HIV virus. **T**
 - HIV can be spread through cuts in the skin or mouth.
8. The only 100% effective method of protection is not to have sex or to have sex with one uninfected partner. **T**
 - You can't tell by the way someone looks if he/she has an STD. And you can't know whether his/her past sexual partners had an STD. The only way to protect yourself is to abstain from sex or to have your partner tested for STDs.
9. Two-thirds of all STDs occur in people age 25 or younger. **T**
 - Teens often mistakenly believe that teenagers do not contract STDs. The truth is that most people contract STDs in their teen years.
10. STDs, like Hepatitis B, can lead to cirrhosis of the liver and liver cancer. **T**
 - Many STDs lead to other serious diseases.
11. Less than half of all adults age 18 to 44 have ever been tested for an STD other than HIV/AIDS. **T**
 - Because routine doctor's visits and even gynecological exams do not include tests for STDs unless requested, many people do not take the initiative to get tested. This is a frightening fact because it means that many people may mistakenly believe that they do not have an STD and so may not take appropriate measures to prevent spreading the STD.
12. You can have sex more than once with the same partner using the same condom. **F**
 - Once semen or vaginal fluid is on a condom, it is contaminated.

An Overview of the Most Common Sexually Transmitted Diseases

STD	Symptoms	Treatment	Possible Consequences	How Many Contract It
Chlamydia	No symptoms in most women and many men. Some experience unusual discharge and bleeding, burning urination, abdominal pain.	Curable with antibiotics.	Pelvic inflammatory disease (PID) in women, tubal (ectopic) pregnancy, infertility, increased risk of HIV infection, urethral infection, and inflammation of testicular tubes in men.	About three million each year; teenage girls are at highest risk.
Trichomoniasis (Trich)	Many have no symptoms, especially women. Some experience unusual discharge or genital discomfort.	Curable with antibiotics.	Increased risk of HIV infection and future infections of trichomoniasis.	Five million new cases a year.
Gonorrhea (the “clap”)	No symptoms in most women and many men. Some experience pus-like discharge and bleeding, abdominal pain.	Curable with antibiotics.	PID, tubal (ectopic) pregnancy, infertility, increased risk of HIV; in men, inflammation of testicular tubes; complications during pregnancy can include stillbirth, infant blindness, or meningitis.	Approximately 650,000 cases a year; teens have higher rates of infection than adults.
Genital Warts (HPV)	Many people have no symptoms. Others have warts in and around genitals.	Not curable. Warts can be removed through creams, gels, or surgery, but does not prevent future outbreaks.	Increased risk of genital cancer for men and women; increased risk of HIV infection; increased risk of cervical cancer in women.	Estimated 5.5 million cases a year; 20 million already infected; most common STD among young people.

An Overview of the Most Common Sexually Transmitted Diseases, continued

STD	Symptoms	Treatment	Possible Consequences	How Many Contract It
Herpes	No symptoms in most. Others experience cold sores and fever blisters on mouth, in or around genital area.	Not curable. Antiviral drug can reduce pain, itching, and frequency of outbreaks.	Recurring sores; increased risk of HIV infection.	One million new cases per year; 45 million already infected.
Syphilis	Many people have no symptoms. Others experience sores on the mouth or genitals in the first stage and a rash in the second stage.	Curable with antibiotics, but damage done by this disease cannot be undone if left untreated for too long.	Symptoms disappear, but the brain, heart, and nervous system can be permanently damaged; can lead to death; increased risk of HIV infection.	About 70,000 new cases each year; more prevalent in African Americans and males.
Hepatitis	No symptoms in many. Others experience fatigue and flu-like symptoms, darkening of urine, yellowing of skin and whites of eyes, abdominal tenderness.	Three-dose vaccine is now available to prevent this STD; most cases are curable with antibiotics.	Inflammation of liver and cirrhosis of liver.	Estimated 200,000 new cases each year.
AIDS and HIV	Many people do not show symptoms for 10 years or more; others experience weight loss, flu-like symptoms, recurring vaginal yeast infections.	No cure. AIDS is a fatal disease, but early medication can slow its progression.	AIDS weakens the immune system and makes people vulnerable to certain cancers and infections such as pneumonia.	About 40,000 new cases a year; 800,000-900,000 people in the U.S. have HIV/AIDS.

Listening Skills Inventory

Because listening is something we usually do without thinking about it, it's important to stop and reflect on our communication skills. Respond to each statement honestly to evaluate how well you use active listening, and identify areas for improvement.

Think about how well each statement describes your typical pattern of communication. Then respond with:

- Very True
 - Somewhat True
 - Not True at All
1. I stop what I'm doing and make eye contact when I start a conversation with someone or he/she is speaking to me.
 - Very True
 - Somewhat True
 - Not True at All
 2. If I'm not sure what someone means, I ask questions to clarify instead of pretending I'm following along.
 - Very True
 - Somewhat True
 - Not True at All
 3. When someone comes to me with a problem, I assume they want my opinion and give it to them before they ask.
 - Very True
 - Somewhat True
 - Not True at All
 4. I ask a lot of questions that people can answer with "Yes" or "No" (closed-ended questions).
 - Very True
 - Somewhat True
 - Not True at All
 5. When I disagree with what someone says, I stop listening and loudly express my own opinion.
 - Very True
 - Somewhat True
 - Not True at All
 6. I find myself thinking ahead to what I want to say when someone is speaking to me.
 - Very True
 - Somewhat True
 - Not True at All
 7. I often nod my head or make a similar gesture to show people that I am following along with what they are saying.
 - Very True
 - Somewhat True
 - Not True at All
 8. I am aware of the nonverbal body signals another person is giving during a conversation.
 - Very True
 - Somewhat True
 - Not True at All

Listening Skills Inventory, continued

9. When I disagree with someone's opinion, I listen to his/her argument and politely share my opinion.
- Very True
 - Somewhat True
 - Not True at All
10. I change the topic when someone else is still speaking.
- Very True
 - Somewhat True
 - Not True at All
11. I don't repeat personal or sensitive things that people tell me.
- Very True
 - Somewhat True
 - Not True at All
12. I become defensive and emotional when people oppose my opinions.
- Very True
 - Somewhat True
 - Not True at All
13. I try to place myself in others' positions and understand their feelings.
- Very True
 - Somewhat True
 - Not True at All
14. When someone comes to me with a problem, I try to think carefully about the situation before giving advice.
- Very True
 - Somewhat True
 - Not True at All
15. When I talk with a person who has strong opinions, I pretend to agree.
- Very True
 - Somewhat True
 - Not True at All
16. I am often distracted, thinking about things that are going on in my own life, when someone is talking to me.
- Very True
 - Somewhat True
 - Not True at All

Communication Blunders

Not Giving Your Full Attention to the Speaker

Giving someone your full attention takes a conscious effort. We have to decide to put out of our minds our own thoughts about our own lives or what we want to say—instead, fully focusing on what the other person is saying.

Controlling the Conversation

Most of us are more comfortable with directing the conversation rather than following it. It actually takes more skill to follow than to lead a conversation, and people who can do this are usually good communicators.

Giving Unwanted Advice

A very common mistake is assuming that someone is coming to us with a problem because they want our opinion. More often than not, the other person is just looking for someone to listen.

Spreading Gossip

No one likes a gossip! In fact, repeating personal information that others share with us is a sure-fire way to guarantee they won't open up to us again.

Being Afraid of Different Opinions

This is one of the biggest barriers to good communication. When someone expresses an opinion we don't agree with, we begin to see the conversation as a competition and we need to make sure our ideas come out on top. The end result is that both parties are so focused on expressing their opinion that neither is listening to the other. Effective communicators hear opinions that contradict their own without becoming threatened.

Examples of Nonverbal Communication

Body Position

Facing someone with an open body position communicates interest and attentiveness. An open position means facing someone squarely, without tightly crossed arms and legs, for example, which make a person seem defensive.

Posture

Posture can communicate whether a person is anxious or relaxed, excited or bored. Sitting or standing up straight communicates enthusiasm.

Facial Expression

Either exaggerating emotions or showing no emotions can appear insincere. Appropriate facial expressions are somewhere in the middle between these two extremes. For example, if someone says something shocking, you might naturally react with a startled expression that could cause the other person to close up. It would be better to try to appear less shocked. Yet, reacting with no emotion would appear inappropriate. In this situation, a look of mild surprise might be the best alternative.

Eye Contact

You can tell a lot by looking someone in the eye. For example, if someone looks away while saying something, it might be a lie.

Use of Space

Standing close to someone communicates a level of familiarity and trust. When there is a barrier between two people, such as a table or desk, it can cause someone to seem distant or unapproachable.

What Keeps Teens from Communicating with Adults about Sex?

Some of the most common reasons that teens avoid discussions with adults about sexuality include:

- **Fear of judgment.** It can be difficult for teens to talk honestly with adults who believe that sexual activity is not appropriate for teens under any circumstance.
- **Fear of loss of approval.** Teens may feel that a trusted adult will think less of him/her for choosing to be involved in sexual relationships.
- **Fear of punishment.** Depending on personal values, teens may feel that having sex is morally wrong. They can feel ashamed to admit that they are having sex or are thinking about having sex. They might also worry that their parent(s) will make them stop seeing their boyfriend/girlfriend.
- **Embarrassment.** Teens might feel like it's inappropriate to discuss sexuality with adults because they haven't encountered many adults who are willing to openly discuss the subject. That's why it can be important for adults to initiate discussions and let youth know that it's okay.

Door Openers vs. Door Slammers

The terms “Door Openers” and “Door Slammers” refer to the two primary ways adults can respond to children and teens who want to know about issues of sexuality. When we ask questions or try to continue the conversation, we are using Door Openers. When we are unwilling to explore the subject due to our own discomfort, it’s a lot like slamming a door in someone’s face.

Here are examples of Door Slammers and Door Openers.

Door Slammers

“That’s not anything you need to know about.”

“Why do you need to know that? Are you having sex?”

“We can talk about that when the time comes.”

“You’re too young to understand.”

Door Openers

“That’s a great question.”

“What do you think?”

“Why do you feel that way?”

“I’m not sure, but I’ll find out.”

Advice from Teens to Teens⁷

1. Thinking “it won’t happen to me” is stupid; if you don’t protect yourself, it probably will. Sex is serious. Make a plan.
2. Just because you think “everybody is doing it,” doesn’t mean they are. Some are and some aren’t—and some are lying.
3. There are a lot of good reasons to say “No, not yet.” Protecting your feelings is one of them.
4. You’re in charge of your own life. Don’t let anyone pressure you into having sex.
5. You can always say “No”—even if you’ve said “Yes” before.
6. Carrying a condom is just being smart—it doesn’t mean you’re pushy or easy.
7. If you think birth control “ruins the mood,” consider what a pregnancy test will do to your mood.
8. If you’re drunk or high, you can’t make good decisions about sex. Don’t do something you might not remember or might really regret.
9. Sex won’t make him yours, and a baby won’t make him stay.
10. Not ready to be someone’s father? It’s simple: Use protection every time, or don’t have sex.

Reasons Teens May Have Sex Before They're Ready⁸

1. Trying to cure loneliness or unhappiness
2. Wanting to be more popular
3. Using physical sex to avoid close, caring relationships
4. Wanting to “prove” they’re not gay or lesbian
5. Hoping to discover the “fireworks” that go with sex on TV and in music, movies, magazines, and books
6. Believing “the first time” is not important, so just get it over with
7. Getting back at parents
8. Not using good judgment because they’re high on alcohol or other drugs

Top Ten Attitudes of an Askable Adult

What approachable adults communicate to teens (both verbally and nonverbally):

1. No subject is off-limits—even if it makes me uncomfortable. If it's important to you, it's important to me.
2. Values and opinions are unique to every person. Therefore, I won't judge your values when they are different from mine.
3. Because you are important to me, nothing you can tell me will make me think less of you.
4. I realize that providing information is not the same thing as promoting choices.
5. I'll tell you honestly when I don't know the answer to your question, and we'll find out the answer together.
6. I'm always interested in your life—not just at the critical moments.
7. I'm clear about my own values and attitudes, and we can still discuss sex even if we don't share the same beliefs.
8. I'm here to listen more than to give advice.
9. I will do my best to give you accurate information so that you can make informed decisions.
10. I care about what happens to you.

Communication Skit One

Characters: Veneta and Veneta's Mother

Scenario: A mother and her 13-year-old daughter, Veneta, stand in the kitchen. Mom is making dinner as Veneta tries to talk to her about an issue with her boyfriend, Tyrone, an older high school boy who's pressuring Veneta to have sex. Mom is very distracted, not truly hearing what Veneta is saying. She's busy over the skillet and rarely makes eye contact. Veneta is afraid to come right out and say what's on her mind. She hints at it, and Mom misses a critical opportunity to discuss dating and sex.

Script for Veneta's Mother

[Veneta walks into the room and stands behind her mom. Mom stands over the pretend stove, where she's frying something for dinner.]

Veneta: Hi, Mom. What are you making?

Mom [without looking up]: Hmm? It'll be ready in a minute.

[Veneta walks over to her mom and stands beside her. Mom continues to stir and add ingredients.]

Veneta: Mom? Did you have a boyfriend when you were my age?

Mom [without looking at her or thinking about the question]: Now why on earth do you want to know about that?

Veneta [looking down, sounding unsure]: I don't know... I just thought maybe...

Mom [interrupting]: Is this about you and Tyrone? It is, isn't it? I've told you I don't like you seeing that boy! He's too old for you.

Veneta [upset]: Mom, Tyrone loves me.

Mom [sarcastically]: What do you know about love? You're 13 years old!

Veneta: Oh, forget it. You never listen to me.

Mom [finally puts down her pan and looks at Veneta, saying emphatically]: That is not true! I'm always interested in what you have to say. Now what is it you want to know, honey? Did I have a boyfriend at your age? Yes, there was a boy in my neighborhood that I went with. [Pauses] But I had enough sense to date boys my own age.

Veneta: Well, okay, then did you date someone Tyrone's age when you were older?

Mom [turning back to cooking]: Yes, and that's exactly why I don't like it. I know what boys his age are after, and he's not getting it from my daughter!

Veneta: But mom, it's different because Tyrone really loves me.

Mom [slams down pan and turns toward Veneta]: Young lady, you had better not be saying what I think you're saying! I raised you better. I want to know exactly what this boy is telling you!

Veneta [defensively]: Nothing, mom! Forget it... [begins walking out].

Mom [yells after her]: If I ever find out that you are doing anything with Tyrone that you have no business doing, you will never see him again! Do you understand me?

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Communication Skit Two

Characters: Devin and Devin's Dad

Scenario: Dad and his 15-year-old son Devin are watching TV together. This skit is about respect: getting it, and giving it.

Script for Dad

[Dad and Devin sit on the couch, channel-surfing after a football game. Devin sees a hip-hop artist he likes on MTV, and asks his father to click it. In the video, the hip-hop artist sits in a Rolls Royce, surrounded by three scantily-clad young women who are pawing him.]

Dad (rolling his eyes): I can't believe you watch this stuff. Isn't he married? What kind of example is the guy setting?

[The son sits up straight, leans toward his Dad, pumping his fist.]

Devin: Dad, that's one of the original hip-hoppers—he's a legend! He gets all the girls he wants without even trying, and I can't even get next to Tisha in algebra class!

Dad: I don't care, he's a bad example. You think that's how real grown-up men should behave? And look at you—thinking about girls instead of algebra in class.

[Son Devin scrunches down on the couch, folding his arms across his chest.]

Devin: Like what's not grown up about having a Rolls and all the girls you want?

Dad: Like going to school and having respect for the women in your life. Getting a job. At your age you can't understand why that's so important. That's the problem. You watch this garbage and you don't know what's real and what's not.

Devin: No, Dad, I do, come on, it's just that—

[Dad cuts him off, jumping across the room toward his CD collection. He picks out three and hands them to Devin. Dad remains standing, arms crossed, looking down at his son.]

Dad: Here, try this instead of that garbage. These folks can really wail, and they sing, unlike those phonies [nods toward the TV]. Billie Holliday. Sassy Vaughan. Nat "King" Cole. Those were artists.

Devin: Dad, this is stuff Grandma and Grandpa listen to—it's old!

Dad: It's classic! You kids have no idea.

Devin: I do have an idea, if you'd listen a minute. Or let me ask you a couple of questions about Tisha and me. It's—

Dad: Don't argue with me, you're 15 years old. If you want to watch this crap, be my guest. I'm leaving.

[Dad walks out of the room.]

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Communication Skit Three

Characters: Aunt Raquel and Her Nephew Juan

Scenario: Aunt Raquel and her nephew Juan sit side-by-side on the bleachers after soccer practice. The aunt, a supportive adult, tries to bridge a communication gap between her nephew and his father, her younger brother. Juan, 16, feels his father's expectations are too high. Juan is trying to find free time to spend with his girlfriend.

Script for Juan

[Raquel and Juan sit side-by-side as he changes from cleats to running shoes.]

Juan: I think Dad's mad at me.

Aunt Raquel : Why do you think that?

Juan: [Looking down at his shoes]: The only time he talks to me is when he wants to see my grades, or after a game if I've screwed up. Or when he yells at me about getting a job.

Aunt Raquel: Well, chico, I think he just wants to make sure you're doing OK—that your priorities are in order. He knows you'll need money for college.

Juan: Yeah, but I'd like to see Maria more often. She's my girlfriend, after all. I only see her at school as it is, and she can't stay out past eleven on our dates. Dad just doesn't understand at all.

Aunt Raquel: Have you tried to talk to him about it?

Juan [Still focused on his shoes]: He doesn't care. I don't think he remembers what it's like to be sixteen. Or he does remember, and he's envious.

[Aunt grasps her nephew's chin lightly, turning his face toward her, so they're looking each other right in the eye. She smiles.]

Aunt Raquel: You may have something there. But of course your father cares. And he does remember high school, he and I just grew up in a different time. He wants the best for you; he wants you to get into a good college.

[The Aunt pats her nephew's cheek, keeping eye contact.]

Juan: Didn't he and Mom date in high school? He should remember how hard it is to work a girlfriend around studying and sports.

Aunt Raquel: Maybe you need to remind him—why don't you try talking to him the next time he's working in the garage? He's pretty relaxed when he's tinkering with engines. That's when I used to be able to get on his case.

Juan [Sarcastically]: What do I say? That I'd rather see Maria than get a job?

Aunt Raquel: No, just tell him you're feeling overwhelmed—you're trying to work a lot into your life right now, including your girlfriend; you're not sure you have time for a part-time job if he wants you to do well in school plus sports. Is there something more low-key you could do, and still get paid?

Juan: Maybe I could help him with the yard. Or tutor Spanish—my teacher says they need help with the freshman classes.

Aunt Raquel: Well, approach it that way. See how it goes. [Squeezes Juan's shoulder] Your Dad's a reasonable guy. He'll understand if you explain things. Let me know how the conversation turns out, OK?

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Eight Habits for Effective Communication

1. Avoid using closed-ended questions.
2. Use rephrasing, summarizing, and clarifying techniques to check assumptions and show that you've understood what was said.
3. When answering questions, check to see that your answer was clear.
4. Ask questions when you don't understand, or to gather more information.
5. Show that you understand the other person's thoughts or feelings and refrain from making judgments.
6. Use "I" statements instead of "you" statements to address issues.
7. Hear the other person out before you respond.
8. Be aware of nonverbal behaviors and use them to send the message you want to send.

Certificate of Completion

The Plain Talk/Hablando Claro Program certifies that

*has successfully completed the Plain Talk Training Course
for Community Walkers & Talkers/Promotoras.*

Date

Instructor

Home Health Party/*Vecino-a-Vecino* Format

- Walker & Talker/*Promotora* should arrive a half-hour early to help host prepare for the party.
- After guests have arrived, the Walker & Talker and party host introduce themselves and have guests introduce themselves.
- A sign-in sheet is passed out. This sheet will include name, address, and phone number, and can later be used as a recruitment tool for future Home Health Party hosts.
- A confidentiality pledge is passed out and the importance of confidentiality is fully explained.
- Ground rules for the party are given. Guidelines for behavior may include:
 - Don't talk when others are talking.
 - Don't argue or criticize if you don't agree.
 - Raise your hand if you wish to speak.
- Icebreaker – Choose something quick and simple that can help to produce a more relaxed atmosphere.
- Pre-test question sheet – Pass out a True/False questionnaire about the lesson that will be taught later at the party. This same question sheet will be passed out again after the session.
- Use a flip chart to present the Community Mapping Survey results and/or national and local statistics about adolescent reproductive health. Also included in this discussion could be current research about the importance of adult/teen communication about sex (handouts would be helpful here).
- The training session is taught.
- Post-test question sheet – Same as pre-test question sheet. This will help to show if knowledge has been improved by the training.
- Question and Answer period – Give guests a chance to ask questions in response to the training session.
- Raffle – It has been helpful to distribute tickets and hold a raffle at the end of each party. This ensures that participants will stay for the entire party.
- Refreshments – Usually hosts serve light refreshments such as coffee, soda, cookies, or cake. The organization sponsoring the Plain Talk/*Hablando Claro* program in the community usually provides a stipend to the host to pay for refreshments.

Each party should last approximately two hours. It is important to be sensitive to the party host by starting and ending promptly. As you begin to conduct Home Health Parties/*Vecino-a-Vecino* in your community, you may need to adjust the content and/or timeframe.

Home Health Party/*Vecino-a-Vecino* Format, continued

[HOME HEALTH PARTY –PART ONE]

ACTIVITY	TIME NEEDED IN MINUTES
Introductions	5
Sign-In Sheet Confidentiality Pledge Ground Rules	10
Icebreaker	10
Pre-Test Questions	5
Training Session 1: Discussion of Community Mapping Results and current research on importance of adult/teen communication about sex	30
Training Session 2: Pregnancy and Pregnancy Prevention	40
Post-Test Questions	10
Question and Answer Session	10
Raffle & Refreshments	
ACTUAL PARTY TIME:	2 HOURS

[HOME HEALTH PARTY –PART TWO]

ACTIVITY	TIME NEEDED IN MINUTES
Introductions	5
Sign-In Sheet Confidentiality Pledge Ground Rules	10
Icebreaker	10
Pre-Test Questions	5
Training Session 3: Contraction and Prevention of STDs and HIV/AIDS	20
Training Session 4: Communication Skills (role playing)	50
Post-Test Questions	10
Question and Answer Session	10
Raffle & Refreshments	
ACTUAL PARTY TIME:	2 HOURS

Home Health Party/*Vecino-a-Vecino* Pledge of Confidentiality

I, _____, promise to keep confidential anything that is discussed by other participants during the Home Health Party. I understand the material discussed is sensitive, and that everyone needs to be able to talk freely and openly. I will not repeat anything personal that is revealed by anyone during the Home Health Party.

Signature

Date

For More Information About Plain Talk...

Plain Talk: The Story of a Community-Based Strategy to Reduce Teen Pregnancy, 1999

This publication describes, through stories and photos, the experiences of communities involved in the Foundation's Plain Talk Initiative.

The Plain Talk Implementation Guide, 2002

The cross-site evaluation conducted by Public/Private Ventures determined that the Plain Talk framework enabled communities to change the ways that adults communicated with teens. It also showed that youth in Plain Talk communities who talked to adults were less likely to have an STD or a pregnancy. The evaluation confirmed the validity of the three basic Plain Talk components – Community Mapping, Walkers and Talkers, and Home Health Parties. The Implementation Guide includes the community mapping tool and helps communities plan and implement the early Plain Talk stages. It is a companion guide to this training-of-trainers curriculum.

Adult Communication and Teen Sex: Changing a Community, 2001

Written by Public/Private Ventures, the final outcome study of the Plain Talk Initiative outlines the problems addressed by Plain Talk and its effects on neighborhood youth and families, and presents final conclusions.

Plain Talk: Addressing Adolescent Sexuality Through a Community Initiative: A Final Evaluation Report, 1999 (Summary)

Prepared by Public/Private Ventures, this report covers the final three-year implementation period of the Plain Talk Initiative. This report can help guide communities through lessons learned about implementation strategies from an evaluation perspective.



The Plain Talk Planning Year: Mobilizing Communities to Change, 1995

The first in a series of evaluation reports by Public/Private Ventures. This report focuses on the early strategies for engaging residents in the program.

These documents can be downloaded or ordered from:
the Annie E. Casey Foundation's website:
www.aecf.org.



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WALKING THE PLAIN TALK



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