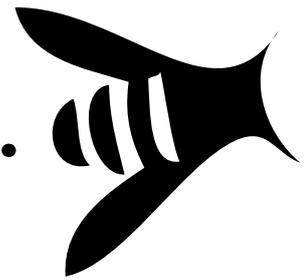


MY BODY MY CHOICE

LEADERS' NOTES
PROMOTING GOOD SEXUAL
HEALTH WITHIN SCOUTING



INTRO

Sex and relationships education isn't a new thing, and lots of people, from health professionals to the government believe it's important that young people have access to information to help and support them through their physical, emotional and moral development.¹

Scouting has a key role to play in the development of young people, and there may be times when our Members come to you as leaders looking for advice and support. We want them to have the confidence and self-esteem to understand their attitude towards sex and relationships, so that they can make responsible and informed decisions, consistent with their values.

BACKGROUND

In 2008 we undertook a consultation on sexual health in Scouting, and as a result produced a factsheet *Promoting Good Sexual Health in Scouting* (FS950000). There was also programme material on Programmes Online for leaders who wanted to approach the subject with their section. Not all leaders said they were comfortable running programmes on sex and relationships; others were, given the right resources and support mechanisms were available.

My Body, My Choice aims to help any adults who want to explore the topic with young people, most often as a response to their questions and requests. It reflects Scouting values and offers a range of programme material. You should use this in conjunction with the factsheet *Promoting Good Sexual Health in Scouting – Advice for adults in Scouting* (FS950000) and the Sexual Health in Scouting webpages at www.scouts.org.uk/shis

WHO IS THIS FOR?

My Body, My Choice is probably most useful for the Explorer Scout programme and therefore we refer to Unit throughout. The programme material could be used with the Scout section; however, section leaders need to consider the appropriateness of the activities and the maturity of the young people in the Troop. These activities should not be used as part of the Beaver and Cub Scout section programme.

HOW TO USE

We recognise that sexual health and relationships is a sensitive topic for young people and their families. Though this doesn't alter its importance, you should take time and care to prepare the session you run with your Unit, and introduce these subjects into the programme with plenty of explanation.

Here are some things to take into account when planning your programme:

- Location of meeting; size and maturity of Unit
- Confidentiality and ground rules you might need to set
- Family values and religious beliefs of young people
- Establishing a safe environment
- Opinions of parents
- Mix of boys and girls in the Unit
- Time for discussions and answering questions.

Notify the young people and their parents in advance of running any of these activities with your Unit. Due to the sensitivity of the topic, everyone should have the chance to ask questions and, if necessary, opt not to take part. Be reassured that the opt-out level for similar schemes in schools is low, so hopefully everyone will want to take part.

You might not feel comfortable delivering these activities yourself, and that's fine. There are many organisations, charities and health centres that have trained staff available to visit your Unit and run similar sessions. Information and contact details for some of these are available at www.scouts.org.uk/shis

Young people should still be able to obtain information and advice from the leadership team or from local sexual health services if they want it.

¹Sex and Relationship Guidance, July 2000



SOME DOS AND DON'TS

DO:

- Follow the Young People First code of good practice. (www.scouts.org.uk/youngpeoplefirst)
- Start your session by establishing some ground rules i.e. confidentiality and not laughing at people
- Listen respectfully, and encourage others to do the same
- Recognise that some families may not wish these topics to be part of the local programme and so give prior warning before approaching the topic, and allow young people to opt out
- Refer to the factsheet *Promoting Good Sexual Health within Scouting* (FS950000) for information on the laws for England, Wales, Scotland and Northern Ireland concerning the age of consent.

DON'T:

- Discuss your own sexual history and experiences with the young people
- Ask young people about their sexual experiences
- Make any assumptions about the answers the young people may provide
- Project your personal beliefs onto the young people
- Make assumptions about young people's sexuality and experiences.

DURING THE SESSION

Hopefully there will be lots of questions during these sessions. If there's something you're not sure how to answer, direct the young people to organisations that specialise in providing confidential advice to young people on these issues.

Brook is the young people's sexual health charity. The charity provides leaflets and publications, training and consultancy as well as an online website and interactive tools for young people and professionals. Visit www.brook.org.uk to find out more.

AFTER THE SESSION

Along with this resource there is a hand-out designed for young people to take home at the end of the session. It contains contact details for further information and some specific hints and tips about staying safe.

SOME BACKGROUND FACTS

- The UK has the highest rates of sexually transmitted infections (STI) and teenage pregnancies in Europe.
- Almost one in five girls say they have been pregnant at least once by the age of 18.
- Just under half (46%) decided to keep their babies, while more than a third (36%) had abortions.
- Those under 24, particularly young women, continue to be the group most affected by STIs in the country.
- Almost half a million new STI diagnoses were reported from sexual health clinics across the UK in 2009 – 12,000 more cases than in the previous year.
- Last year, two-thirds of new STI diagnoses were in women under 25.
- The peak age for an STI in women is between 19 and 20 years old, and in men, between 20 and 23.
- Of all the under 24s diagnosed with an STI last year, around one in ten will become re-infected within a year.²

²Health Protection Agency (August 2010)



PROGRAMME IDEAS

The programme ideas provided have been tried and tested in a range of settings over many years by many organisations and education providers to give sexual health and relationship guidance to young people.

The activities are laid out in the resource in such a way as to make sure that all of the topics are covered and the confidence of young people is built up over the course of the programme.

Handouts to accompany the activities appear, when needed, in the appendices at the back of this resource.

For each idea there is a task bar of useful information to help you in preparing the session. This may include some or all of the following:

 **TIME:** How long the activity takes, which may be spread over more than one meeting

 **FORMAT:** Group work or individual

 **EQUIPMENT:** What you will need to run the activity

 **ADVANCED PREPARATION:** What needs doing before the meeting

 **PROGRAMME ZONES:** Where the activity fits within the Balanced Programme

1. LANGUAGE BARRIER

By undertaking this activity young people should feel more comfortable with, and confident in, being able to talk about sex and relationships. You should agree on the words that shall be used throughout the programme for sex, sexuality and body parts.

 15-30 minutes

 Ice-breaker in small groups

 Paper and pens, enough for each group

 You could provide a filled out sheet with the letters A to Z on. You will need one for each group.

 Values and Relationships

TASK

1. Ask the young people to get into small groups and provide each group with a sheet of paper and pen.
2. Ask the young people to complete the A to Z with all the terms they know relating to sex and relationships.
3. Bring the groups together and discuss the words they have thought of.
4. Make one central list of the words; these are the words that shall be used throughout the programme. It is unlikely that you will end up with all letters covered, only one word should be chosen for each body part, sexual activity and similar.

PROMPTS FOR DISCUSSION

- Were you surprised by any of the words?
- Did you feel insulted by any of the words?
- Were any prejudices reflected or reinforced by any of the words?
- Why do you think that different words have been used to describe body parts or sexual activities?



2. POSTBOX

This activity will help the leadership team understand the topics and questions that young people have about sexual health and relationships and so be able to focus the programme on these areas and provide relevant information.



10-20 minutes



Q&A, individually



A cardboard box made to look like a post-box with a slit in it, small slips of paper, pens



You will need to make the post-box in advance of the meeting. To allow for time to find answers to the young people's questions you could also ask them to post their questions a week in advance of running the programme.



Values and Relationships

TASK

1. Place a post-box somewhere discreet in the meeting place. Encourage the young people to write down a question relating to sex and relationships they'd like to know the answer to on a piece of paper, fold it up and put it in the post-box. Reassure them that this is confidential, and no-one will know who wrote each question.
2. Explain that the questions will be answered at the next meeting, and that if you cannot answer it they will be given information to talk to an appropriate person or organisation.
3. Take the post-box home and look at the questions. You may like to research the issues raised (use the organisations recommended in the Sexual Health in Scouting factsheet (FS950000), discuss with your leadership team or refer to a local sexual health service.
4. At the next meeting, remind the Unit of what happened the previous week, and share the questions, discussing the answers together.

TIP

The box could remain a feature within the Unit and be used whenever members feel the need to discuss any topic. It should be placed somewhere in the meeting place that young people can post into without the others seeing.

3. WHERE DO YOU STAND?

This activity will allow young people to think about what they believe and currently know about sexual health and relationships by choosing whether they agree or disagree with a statement and discussing the answer. The leadership team will also be able to obtain a better understanding of what the young people already know.



5-15 minutes



Whole section or individually



Appendix A, paper for making signs, pens



Print out the Appendix A statements.



Values and Relationships

TASK

1. Begin by asking all young people to make 'Agree' and 'Disagree' signs.
2. Read out the statements from Appendix A and each person is to show either the agree or disagree sign.
3. Ask a couple of people why they have chosen to agree or disagree and discuss whether or not there might be another side to the statement.

TIP

As an alternative to the signs young people could run to one side of the room for agree and another for disagree, or stay in the middle for unsure. It could also be run confidentially by writing whether they agree or disagree to each statement on a piece of paper individually.



4. SEXUALLY TRANSMITTED INFECTIONS (STIS)

This activity will help young people to acquaint themselves with information around sexually transmitted infections (STIs) and their effects. As a result of this, young people should be able to realise the need to protect themselves, should they decide to have sex.

 10-20 minutes

 Mix and match, small groups

 Appendix B

 Cut out the mix and match cards and muddle them up, enough for one set per group.

 Values and Relationships

TASK

1. Ask the young people to get into small groups and provide each group with the mix and match cards.
2. The groups then need to match the name of the STI with its symptoms.
3. They could discuss each STI when one is chosen, to establish what they know. Further information on STIs can be found on the Brook website (www.brook.org.uk) under [Types of STIs](#)

TIP

Keep a copy of the sheet so that you know the answers and can match them up correctly at the end.

This could also be made into a game similar to the card game of pairs but this would increase the time of the activity.

5. FLUID EXCHANGE GAME

This activity will demonstrate to young people how easily and quickly fluid and infection can spread and how it might feel to know that they have an infection.

 15-40 minutes

 Game, individually

 Appendix C, coloured plastic cups (enough for one per person), food colouring (different colours) and water

 Put water in the cups and add food colouring of at least two different colours to a number of the cups.

 Values and Relationships

TASK

1. Ask the young people to sit in a circle.
2. Give each young person a plastic cup and tell them to cover their cup so no-one else can see what's inside. Some cups should contain water, some water mixed with food colouring, and there should be at least two different colours.
3. Explain that the liquid represents their body fluids, a colour is an infection and water is pure.
4. Give each young person a fluid exchange card - each card indicates something that may happen at a party, which may or may not result in the risk of catching a sexually transmitted infection (STI).
5. Each young person should read their card aloud individually.
6. After each one, the Unit should then discuss the risk of infection and decide whether the person should exchange, give or receive fluids from another person.
7. If exchange is chosen, the person gives fluid by tipping a small amount into the cup of the person they wish to exchange fluids with. If they are to receive fluid, another person gives them fluid from their cup. They may give, receive or exchange with one or more people depending on their card but should try and keep the contents of their cup hidden from the other people.
8. After everyone has read their card and exchanged fluids (or not) the young people should look in their cup. Has it changed colour?
9. Explain that everyone whose fluid has changed colour has been 'infected' with an STI.
10. Talk about how it might feel to get an STI, and what to do if it happened to them.

TIP

Depending on the size of your Unit you may like to have more than one colour that is an infection for example; red is chlamydia, blue is gonorrhoea and green is herpes. Water will always be pure.



6. IN THEIR SHOES

This activity enables young people to think about different situations regarding sex and relationships that could arise, and allows them to think about how they would deal with the situation.

 30-45 minutes

 Discussion, small groups of pairs or threes

 Copies of Appendix D for young people and copies of Appendix E for leaders

 Values and Relationships

TASK

1. Split the young people into pairs or threes and give each group a scenario.
2. Ask the young people to read through the scenario.
3. Hold a discussion about each scenario using the prompts for leaders in Appendix E.

DELIVERY METHODS

Alternative methods of delivering the activity are:

- the small groups act out scenarios and then discuss what could happen
- a number of the Unit act out the role-play to the rest of the Unit and then hold a discussion
- the leadership team act out the role-play for all young people to watch who then have a discussion

7. CONDOMS

This activity **MUST** be led by a trained professional such as sexual health nurse, youth worker or other.

If you do wish to include this activity as part of your programme, led by a trained professional, the information below should help explain what the objectives of the activity are and what you can expect.

This activity will allow young people to gain a practical understanding about how to use a male condom and address some of the common misconceptions surrounding this method of contraception, should they choose to have sex.

 30-60 minutes

 Learning by doing, small groups

 Condoms enough for each young person plus one per group, condom demonstrator enough for one per small group, Appendix F, paper and pens

 Print out Appendix F

 Values and Relationships

TASK

1. The trained professional who is leading the activity should cover the following areas:
 - Young people should be able to feel what a condom is like
 - Health and safety of putting on a condom including that the condom has a CE mark on it and is in date.
 - How to put on a male condom correctly.
2. To reinforce the information in this activity, provide each individual with a piece of paper or answer sheet and undertake the quiz in Appendix F.



APPENDICES

WHERE DO YOU STAND?

1. Most people have sex before they're 16.

DISAGREE

This is actually untrue. Sometimes people say they've had sex when they haven't or exaggerate how much experience they've had when it comes to sex and relationships. In general, it's much better to wait until you're ready, and most people who have sex before they're 16 regret it afterwards.

2. Drinking alcohol can affect decision making.

AGREE

This is true, so ask the Unit to consider how your judgement and decision making ability will be affected by the intake of alcohol and why you might regret it later. Suggest talking to their partner about boundaries when they're sober so that they're less likely to get carried away if they do drink.

3. If someone is carrying a condom it must mean they are looking for sex.

DISAGREE

Wrong. It doesn't make them 'easy'. It may be an expression of concern and a positive decision enabling them to protect themselves or their friends.

4. Sexually transmitted infections always have nasty symptoms.

DISAGREE

Not all of them have symptoms straight away, but they can have long-term effects, like infertility (chlamydia). However, some symptoms are nasty and so prevention is better than cure. If you do have unprotected sex, you should seek advice and go and get checked out at a clinic as soon as possible.

5. You can't get pregnant the first time you have sex.

DISAGREE

You can get pregnant every time you have unprotected sex – whether you're on your period, standing up, in the shower or whatever. It is even possible to get pregnant when you have used protection; less likely, but there is still a chance.

6. Loving your boyfriend or girlfriend means you should have sex with them.

DISAGREE

Sometimes waiting until the right time shows you care even more. Having sex doesn't automatically make people closer or more serious about each other. It's always good to discuss these things properly to help make the right decision for you.

7. There are at least ten different methods of contraception.

AGREE

Most people only consider the pill and condoms, but there are lots of other long-lasting options that will stop unplanned pregnancies. Only not having sex and condoms can protect against STIs.

Contraceptive methods are:

- | | | |
|-------------------|--------------------------------------|---|
| 1. Not having sex | 5. Mini pill | 10. Intrauterine system (IUS or Mirena) |
| 2. Male condoms | 6. Injection | 11. Vaginal ring |
| 3. Female condoms | 7. Patch | 12. Diaphragm |
| 4. Combined pill | 8. Implant | 13. Cap |
| | 9. Intrauterine device (IUD or Coil) | 14. Sterilisation |

8. People who have sex before they're 16 are more likely to regret it.

AGREE

Sex is a better experience for both you and your partner if you wait until you're ready and properly prepared. It's a much bigger step than some people think and rushing into it doesn't feel good.

9. Condoms are available in different shapes and sizes.

AGREE

There are many different types of condoms - those giving different sensations during sex and those with added protection, for example.

10. Girls can get pregnant even when on their period.

AGREE

If you have sex without using contraception, you can conceive (get pregnant) at any time during the menstrual cycle, even during, or just after, your period.



SEXUALLY TRANSMITTED INFECTIONS (STIS)

STI:

Chlamydia

Symptoms:

- Unusual discharge
- Pain when urinating
- Pain during sex
- Bleeding after sex
- Often no symptoms at all

Treatment:

- Antibiotics

STI:

Gonorrhoea

Symptoms:

- Lower abdominal pain
- Pain or tenderness in testicles
- Irritation or discharge from the anus
- Penile/vaginal discharge

Treatment:

- Antibiotics

STI:

Genital warts

Symptoms:

- Small, flat and smooth bumps on genitals
- Cauliflower-like bumps
- Usually painless

Treatment:

- Chemical lotion or cream
- Freezing
- Laser treatment/surgery

STI:

Genital herpes

Symptoms:

- Blisters that leave painful sores
- Tingling or itching
- Flu-like symptoms

Treatment:

- Antibiotics to relieve symptoms

STI:

Trichomonas vaginalis

Symptoms:

- Pain when urinating
- Pain during sex
- Change in vaginal discharge/discharge from penis

Treatment:

- Antibiotics

STI:

Pubic lice

Symptoms:

- Itchy skin
- Black powder in underwear
- White eggs

Treatment:

- Lotion or shampoo

STI:

HIV/AIDS**Symptoms:**

- Flu-like illness
- Other symptoms vary

Treatment:

- No cure available
- Symptom-delaying drugs are used

STI:

Syphilis**Symptoms:**

- Painless sore, usually on or near the vagina or penis
- Rash on the body
- Flu-like symptoms

Treatment:

- Antibiotics

STI:

**Hepatitis A,
B(Acute), C****Symptoms:**

- Flu-like symptoms, such as tiredness, general aches and pains, headaches and fever
- Loss of appetite
- Stomach pains
- Nausea
- Vomiting
- Diarrhoea
- Jaundice

Treatment:**Hepatitis A**

- Rest
- Avoid fatty foods if you feel sick
- Normal, healthy diet

Hepatitis B

- Painkillers for symptoms
- Rest and healthy diet

Hepatitis C

- Antiviral
- Protein injections



Fluid exchange card



You get drunk and have unprotected sex with one person.

Fluid exchange card



You and your date are kissing with tongues all night.

Fluid exchange card



You got really drunk and can't remember what you did.

Fluid exchange card



You and your date have sex and use the pill as a method of contraception.

Fluid exchange card



You and your date use a condom, but afterwards realise that you must have split it when you opened the packet.

Fluid exchange card



You have unprotected sex with someone you've known for three years. Your partner says he/she has only had sex two other times and used a condom on both occasions.

Fluid exchange card



You have sex and use a flavoured condom.

Fluid exchange card

You have sex without a condom and then regret it afterwards.

Fluid exchange card

You and your partner have sex and use a condom – plus one of you has had the contraceptive injection too.

Fluid exchange card

You have sex and use two condoms, just to be sure.

Fluid exchange card

You have oral sex and don't use condoms.

Fluid exchange card

You start having unprotected sex, but then you decide you don't want to and stop after a couple of seconds.

Fluid exchange card

Your friend emails you some links to websites that contain pornographic images.

Scenario one

Lucy and Kyle have been going out for a while, and haven't talked about having sex so far. Now they're in Lucy's bedroom and Kyle tells her he wants to have sex for the first time but Lucy hasn't decided if she wants to or not.

How could the conversation go?

Scenario two

Katie, Emily and Nina are chatting in town one Saturday. Nina is worried that she is pregnant. She is on the pill but often forgets to take it and has just had unprotected sex for the first time. **What could Nina do?**

Scenario three

Dan (15) is a virgin and feels like the odd one out among his mates, who are always bragging about sex. He confides in one or two of his close friends about how he's feeling. **What support do Dan's friends give him?**

Scenario four

Sam's mum, Karen, asks him if he is having safe sex with his girlfriend Meera. Sam tells his mum that they aren't using any contraception. You can also involve Sam's dad, Neil, or Meera if you wish. **How could the conversation go?**

Scenario five

Jake and Jasmine have been together for a year, and began having sex after they both got checked for STIs at the clinic, and Jasmine went on the pill. Tonight they're at a party, where Jasmine had been sick earlier but now she feels better and wants to have sex. **What could happen next?**

Scenario six

Saabira has a boyfriend, Ahmed, and because of her religious beliefs she has decided not to have sex until she is married. One of her other friends, Jo, has also decided to wait and asks Saabira for advice on how to say no to sex and deal with peer pressure. **What advice could Saabira give Jo?**

Scenario seven

Alex is at a house party and has just met John – they're both quite drunk and end up kissing in a bedroom. John tells Alex he wants to have sex. **What could happen next?**

Scenario eight

Laura is applying to university and has lots of ambitions for her future, including travelling the world and getting her dream job. She's been seeing Olly for a while and they want to have sex but neither of them have a condom. He says that they should do it anyway and that if she gets pregnant he'll be there for her. **How could the conversation go?**

Scenario one: For leaders

Lucy and Kyle have been going out for a while, and haven't talked about having sex so far. Now they're in Lucy's bedroom and Kyle tells her he wants to have sex for the first time but Lucy hasn't decided if she wants to or not.

How could the conversation go?

Prompts you could use to help discussions:

- Is it a good idea to rush into sex when you're not absolutely sure?
- Who could Lucy talk to to help her make the decisions that are right for her?
- If they do decide to have sex, have they thought about contraception?

What we're getting at:

- Talking about sex is a good thing – perhaps Kyle and Lucy should talk about their feelings some more before making a decision straight away.
- Encourage discussion on ways Lucy could say no if she wants to.
- If they do decide to have sex, they should use contraception, and remember that a condom is the only way to protect against STIs.
- Lucy could talk to her parents, teachers, Explorer Scout Leaders, GP or local sexual health clinic if she'd like more information and advice about sex.

Scenario two: For leaders

Katie, Emily and Nina are chatting in town one Saturday. Nina is worried that she is pregnant. She is on the pill but often forgets to take it and has just had unprotected sex for the first time. **What could Nina do?**

Prompts you could use to help discussions:

- Where should Nina get help or advice?
- Is the pill the right method of contraception for Nina?
- Should she be worried about STIs too?
- How does she feel about losing her virginity?

What we're getting at:

- Nina should contact her local sexual health clinic who would be able to offer help and advice on pregnancy and STIs.
- If Nina finds it difficult to remember to take the pill then perhaps she should think about trying a different method of contraception.
- Reinforce the message that abstinence or a condom are the only methods that can protect against both STIs and pregnancy.
- Try to encourage the Unit to think about how Nina might feel about having sex for the first time. Did she rush into it? Is she in a stable relationship? Does she regret it?



Scenario three: For leaders

Dan (15) is a virgin and feels like the odd one out among his mates, who are always bragging about sex. He confides in one or two of his close friends about how he's feeling. **What support do Dan's friends give him?**

Prompts you could use to help discussions:

- Does Dan think his bragging mates have really all had sex?
- Is it a good idea to rush into sex just because of peer pressure?
- Do you think Dan has done the right thing by talking to his friends?

What we're getting at:

- Perhaps many of Dan's friends haven't had sex either – they might just be trying to look macho and exaggerating what they've done. Encourage the Unit to think about other occasions they remember when mates have exaggerated, (eg 'I scored eight goals at footie last night!' or 'Her heels were like, NINE inches high').
- Most people under 16 haven't had sex yet.
- Dan may regret it if he has sex before he's ready – he'll probably have a better experience if he doesn't rush into it.
- Talking about your feelings is a good thing – if young people can't talk to their friends, they can speak to parents, teachers, Explorer Scout Leaders, GP or local sexual health clinic.

Scenario four: For leaders

Sam's mum, Karen, asks him if he is having safe sex with his girlfriend Meera. Sam tells his mum that they aren't using any contraception. You can also involve Sam's dad, Neil, or Meera if you wish. **How could the conversation go?**

Prompts you could use to help discussions:

- Is it good that Karen is talking to her son about sex and relationships?
- Is Sam having safe sex?
- What methods of contraception could Sam and Meera try?

What we're getting at:

- It's great that Karen and Sam are talking about these issues – discussing sex and relationships with parents can help you to make the right decisions for you.
- Sam and Meera are definitely not having safe sex – they are risking both pregnancy and STIs.
- They should stop having sex until they get some contraception – they could talk to their local GP, nurse or sexual health clinic to find the method that's right for them.
- Sam and Meera should also have sexual health checks to see if they have contracted any STIs.

Secenario five: For leaders

Jake and Jasmine have been together for a year, and began having sex after they both got checked for STIs at the clinic, and Jasmine went on the pill. Tonight they're at a party, where Jasmine had been sick earlier but now she feels better and wants to have sex. **What could happen next?**

Prompts you could use to help discussions:

- Have Jake and Jasmine been drinking alcohol?
- How might alcohol affect their decisions?
- Does the fact that Jasmine has been sick affect anything?
- Are either of them carrying condoms?
- Where could they get condoms from?

What we're getting at:

- Jasmine's contraceptive pill may not be working effectively as she has been sick, so they shouldn't rely on this method of contraception.
- If they have been drinking, they might find it harder to make the right decisions.
- Are either of them carrying a condom? It's always a good idea to carry one so you're prepared for any situation.
- This is especially important at night, as there may not be anywhere to get condoms from.

Scenario six: For leaders

Saabira has a boyfriend, Ahmed, and because of her religious beliefs she has decided not to have sex until she is married. One of her other friends, Jo, has also decided to wait and asks Saabira for advice on how to say no to sex and deal with peer pressure. **What advice could Saabira give Jo?**

Prompts you could use to help discussions:

- What does Saabira say to Ahmed if he ever asks her to have sex?
- Do the girls drink any alcohol? Why might it be a good idea to avoid drinking too much?
- What could Jo say to her other friends if they ask her why she has decided to wait?
- How do people's religious beliefs affect their beliefs towards sex?

What we're getting at:

- Not everyone their age is having sex, so it's a good idea to talk about waiting as an option.
- It's good for young people to practice conversation tips to say no to sex.



Scenario seven: For leaders

Alex is at a house party and has just met John – they're both quite drunk and end up kissing in a bedroom. John tells Alex he wants to have sex. **What could happen next?**

Prompts you could use to help discussions:

- Is this a good time to be making decisions about sex?
- Should they consider using contraception if they are going to have sex?
- Does the alcohol they've drunk affect anything?
- How could Alex say no to sex without upsetting John?

What we're getting at:

- It's best to make decisions about sex when you're sober – alcohol affects your ability to make the right decisions.
- If they do decide to have sex, they should use contraception, and remember that a condom is the only way to protect against STIs.



Scenario eight: For leaders

Laura is applying to university and has lots of ambitions for her future, including travelling the world and getting her dream job. She's been seeing Olly for a while and they want to have sex but neither of them have a condom. He says that they should do it anyway and that if she gets pregnant he'll be there for her. **How could the conversation go?**

Prompts you could use to help discussions:

- Would Laura be able to fulfil her ambitions as easily if she got pregnant?
- Where could they get some condoms from?
- How could Laura explain to Olly that unprotected sex wouldn't be a good idea?
- Have either of them thought about the risks of STIs as well as pregnancy?

What we're getting at:

- Unplanned pregnancies are likely to have a significant effect on your plans and ambitions for the next few years at the very least.
- There's no reason to risk it all – it's easy to get hold of condoms for free at your GP or local sexual health clinic.
- Encourage the Unit to think of ways Laura could explain this to Olly and to talk about what a serious emotional and financial responsibility a baby would mean.
- If they were to have unprotected sex they would also be at risk of STIs – another reason why they should use a condom.



QUESTIONS

1. What are the two things that you need to check on the condom packet before using?
2. How many times can a condom be used?
3. Why do condoms protect against STIs when other methods of contraception don't?
4. If you use more than one condom at the same time will this be stronger?
5. At what time during sex should the condom be put on?
6. When using a condom what type of lubricant can be used?
7. If the condom splits, what can you do to reduce the risk of pregnancy or infection?
8. Condoms are often free but where can you get them from?

ANSWERS

1. The CE Mark and an expiry date.
2. One time only. After use it should be placed in tissue and thrown in the bin.
3. They prevent bodily fluids from being exchanged between people.
4. No, they will be weaker.
5. Before any genital contact.
6. Water-based only as any oil, lotion or cream will rot the latex material.
7. To reduce the risk contact your GP or sexual health service who could provide emergency contraception to females and who can help you get checked out for STIs.
8. From your local contraception and sexual health service, local GP and family planning services.