

*The*

# MANY WAYS OF BEING

*workbook*



## INTRODUCTION

### **Welcome to your *Many Ways of Being* workbook!**

This workbook is your personal space to reflect, explore, and grow throughout the sessions. Inside, you'll find the handouts and activities from each session, along with helpful information and facts to deepen your learning. Keep this book with you throughout the sessions so you can jot down ideas, capture insights, or revisit activities. There are no “right” or “wrong” answers here — this is about your journey and your voice. We invite you to be open, curious, and honest with yourself as you continue through the sessions.

## WHAT IS MANY WAYS OF BEING?

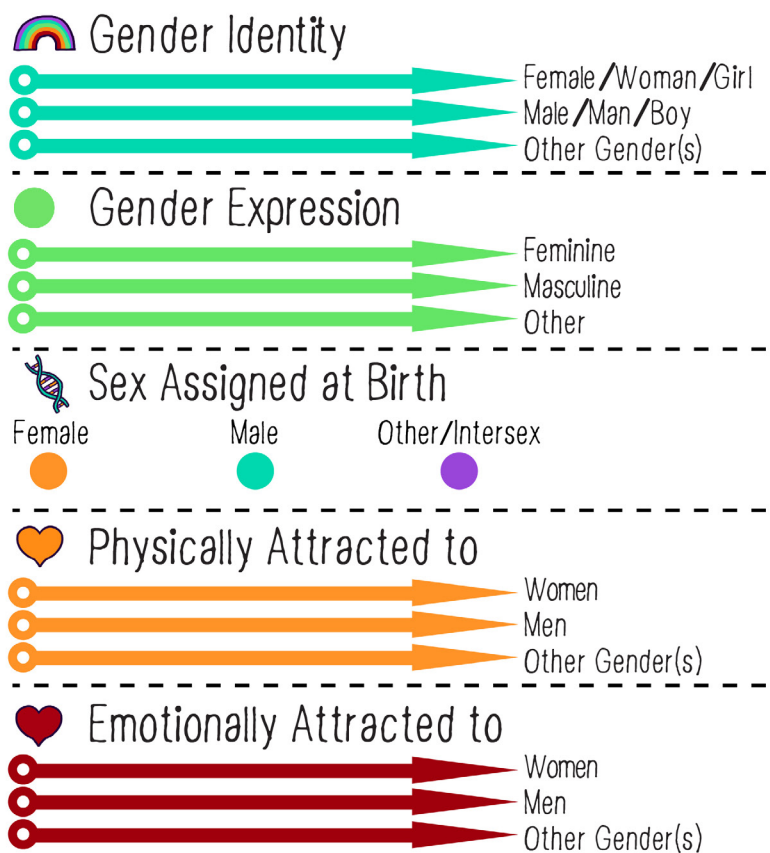
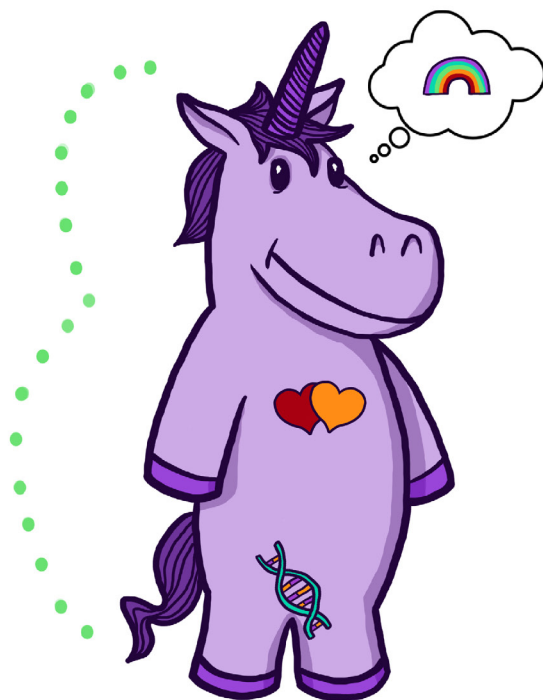
*Many Ways of Being* (MWB) is an eight-session (16-hour) curriculum for young people of all gender identities, ages 15 to 19. The program's overall goal is to reduce the incidence of sexually transmitted infections (STIs) and unplanned pregnancy and to promote healthy, consensual, and violence-free relationships among youth. Gender norms, and how they affect adolescent beliefs and behaviors related to sexual and reproductive health (SRH), are at the core of the curriculum's theory of change. Grounded in gender-transformative approaches, MWB aims to promote shifts from restrictive gender attitudes to more equitable ones and strengthen skills to support youth engaging in healthy behaviors. One core methodology used to achieve this aim is engaging adolescents in critical reflection on the impacts of harmful gender norms related to the aforementioned topics.

## APPENDIX 3

## THE GENDER UNICORN

# The Gender Unicorn

Graphic by:  
**TSER**  
Trans Student Educational Resources



To learn more, go to:  
[www.transstudent.org/gender](http://www.transstudent.org/gender)

Design by Landyn Pan and Anna Moore

This image is a Creative Commons-licensed material created by: Trans Student Educational Resources (TSER). (2015). The gender unicorn. <http://www.transstudent.org/gender>



**GENDER  
IDENTITY\***

One's internal sense of being male, female, neither of these, both, or another gender(s). Everyone has a gender identity, including you. For transgender people, their sex assigned at birth and their own internal sense of gender identity are not the same. Female, woman, and girl and male, man, and boy are also not necessarily linked to each other but are just six common gender identities.

**Cisgender\*\***, or simply cis, is an adjective that describes a person whose gender identity aligns with the sex they were assigned at birth.

**Transgender\*\***, or simply trans, is an adjective used to describe someone whose gender identity differs from the sex assigned at birth. A transgender man, for example, is someone who was listed as female at birth but whose gender identity is male.

**Nonbinary\*\*** is a term that can be used by people who do not describe themselves or their genders as fitting into the categories of man or woman. A range of terms are used to refer to these experiences; nonbinary and genderqueer are among the terms that are sometimes used.

**GENDER  
EXPRESSION/  
PRESENTATION\***

The physical manifestation of one's gender identity through clothing, hairstyle, voice, body shape, etc. Many transgender people seek to make their gender expression (how they look) match their gender identity (who they are), rather than their sex assigned at birth.

**SEX ASSIGNED  
AT BIRTH\***

The assignment and classification of people as male, female, intersex, or another sex based on a combination of anatomy, hormones, chromosomes. It is important we don't simply use "sex" because of the vagueness of the definition of sex and its place in transphobia. Chromosomes are frequently used to determine sex from prenatal karyotyping (although not as often as genitalia). Chromosomes do not always determine genitalia, sex, or gender.

**PHYSICALLY  
ATTRACTED  
TO\***

Sexual orientation. It is important to note that sexual and romantic/emotional attraction can come from various factors including but not limited to gender identity, gender expression/presentation, and sex assigned at birth.

**EMOTIONALLY  
ATTRACTED  
TO\***

Romantic/emotional orientation. It is important to note that sexual and romantic/emotional attraction can be from a variety of factors including but not limited to gender identity, gender expression/presentation, and sex assigned at birth. There are other types of attraction related to gender such as aesthetical or platonic. These are simply two common forms of attraction.

---

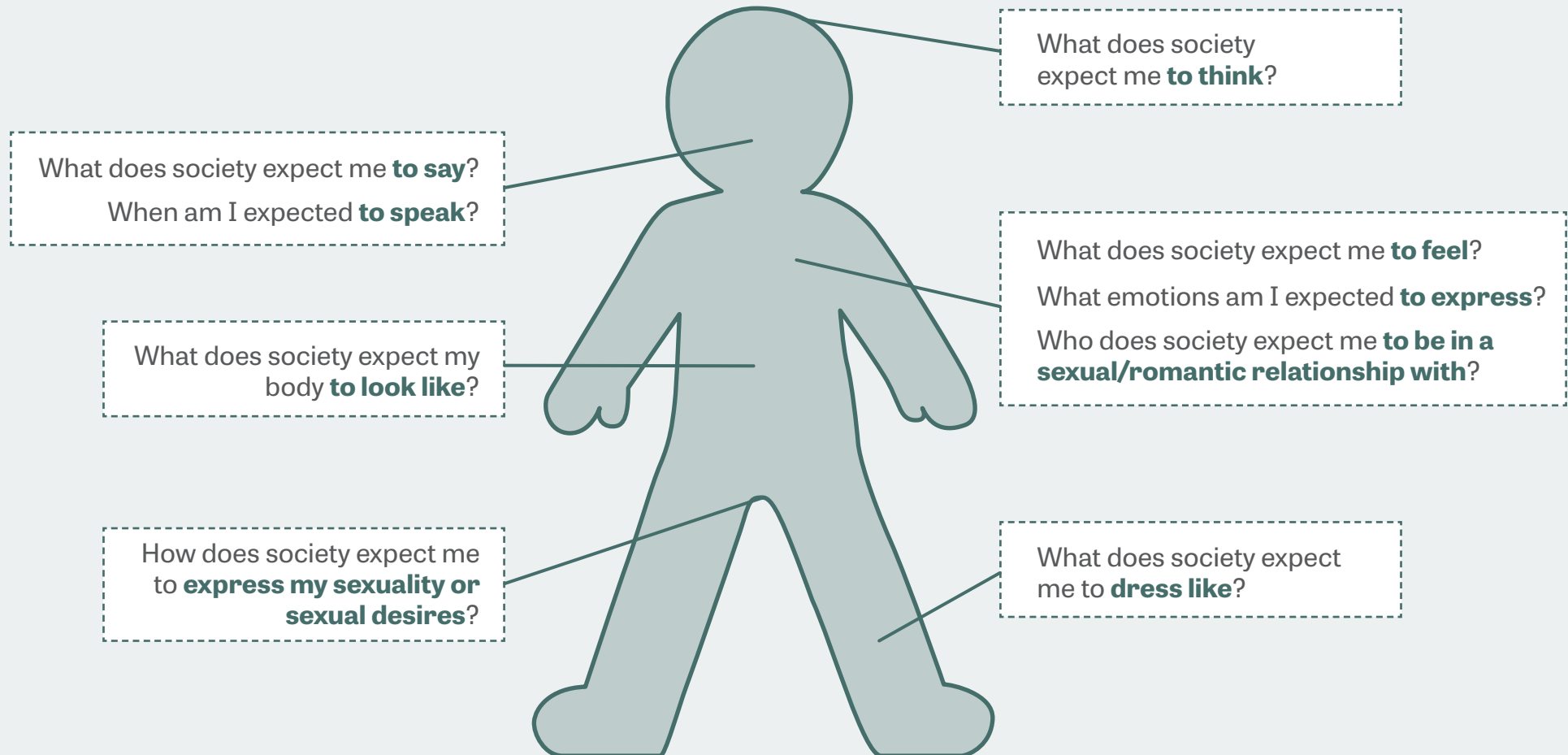
\* Descriptions marked with one asterisk are Creative Commons-licensed materials created by: Trans Student Educational Resources (TSER). (2015). The gender unicorn. <http://www.transstudent.org/gender>

\*\* Descriptions marked with two asterisks are sourced from: Wamsley, L. (2021, June 2). A guide to gender identity terms. NPR. <https://www.npr.org/2021/06/02/996319297/gender-identity-pronouns-expression-guide-lgbtq>

## APPENDIX 5

GENDER BOXES HANDOUT**INSTRUCTIONS**

Think about what messages you've received about your gender throughout your life. Today, we are going to explore the different expectations society places on each of us based on how we are perceived. There are many parts of someone's identity (race, wealth, nationality, body size, etc.), so you can write about those as well and see how they all interact with your **gender**. This worksheet will not be shared with others. When the group debriefs, you do not have to share any information you are not comfortable sharing.



## APPENDIX 6

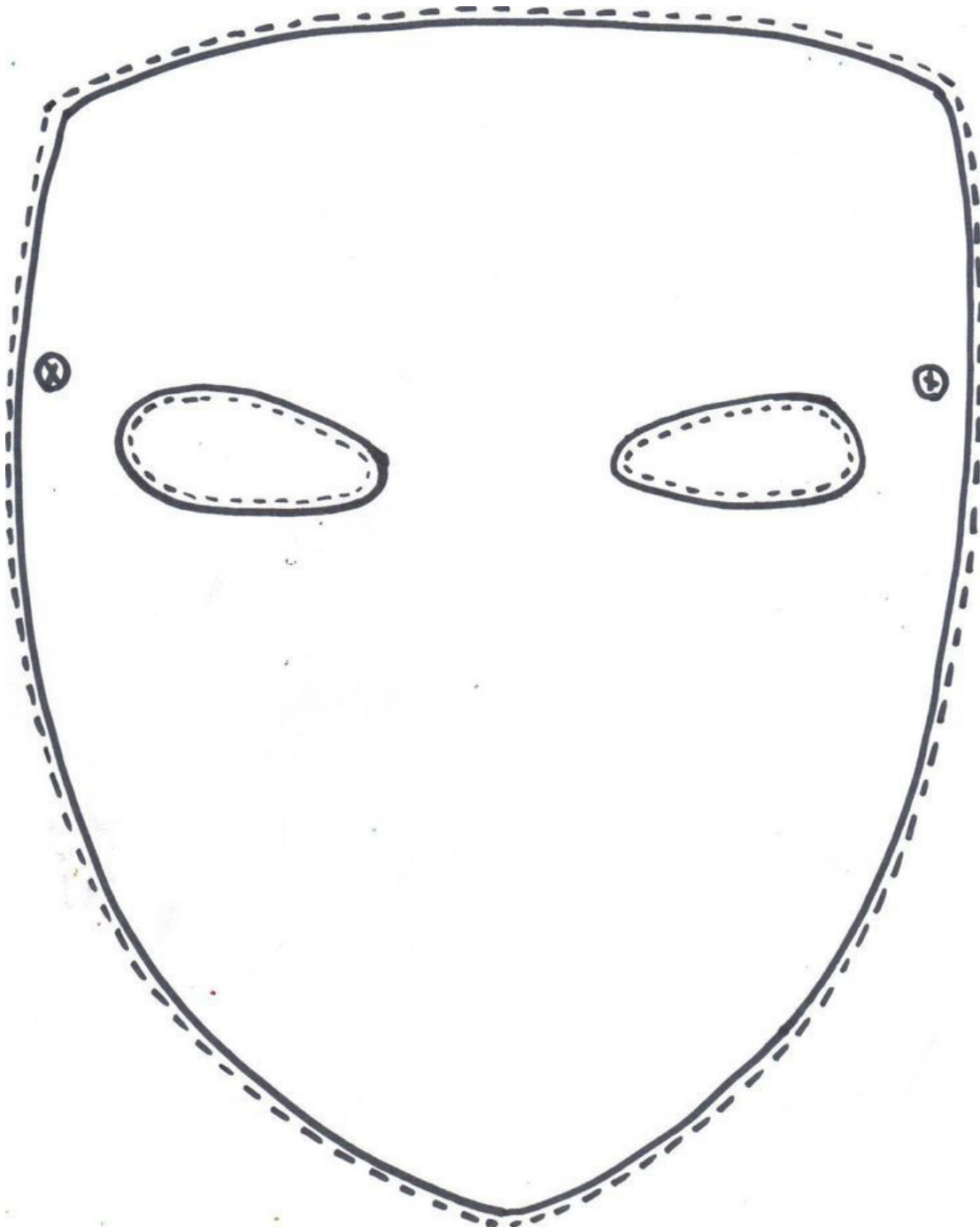
### EMOTION WHEEL



@AVANMUIJEN

This Creative Commons-licensed image was created by: VanMuijen, A. (n.d.). The emotion wheel. <https://www.avanmuijen.com/watercolor-emotion-wheel>

## APPENDIX 7

MASK

This mask image is sourced from [Pinterest](#) as a Mardi Gras Mask Template created by Nerys Challinor.



## APPENDIX 8

UNDER THE SURFACE HANDOUT

If someone experienced the following situations, they might feel angry. Take a moment to think about each scenario and picture how it would feel to be in the situation. Many emotions could be beneath the iceberg. The feelings that anger commonly masks include embarrassment, guilt, worry, hurt, and more.

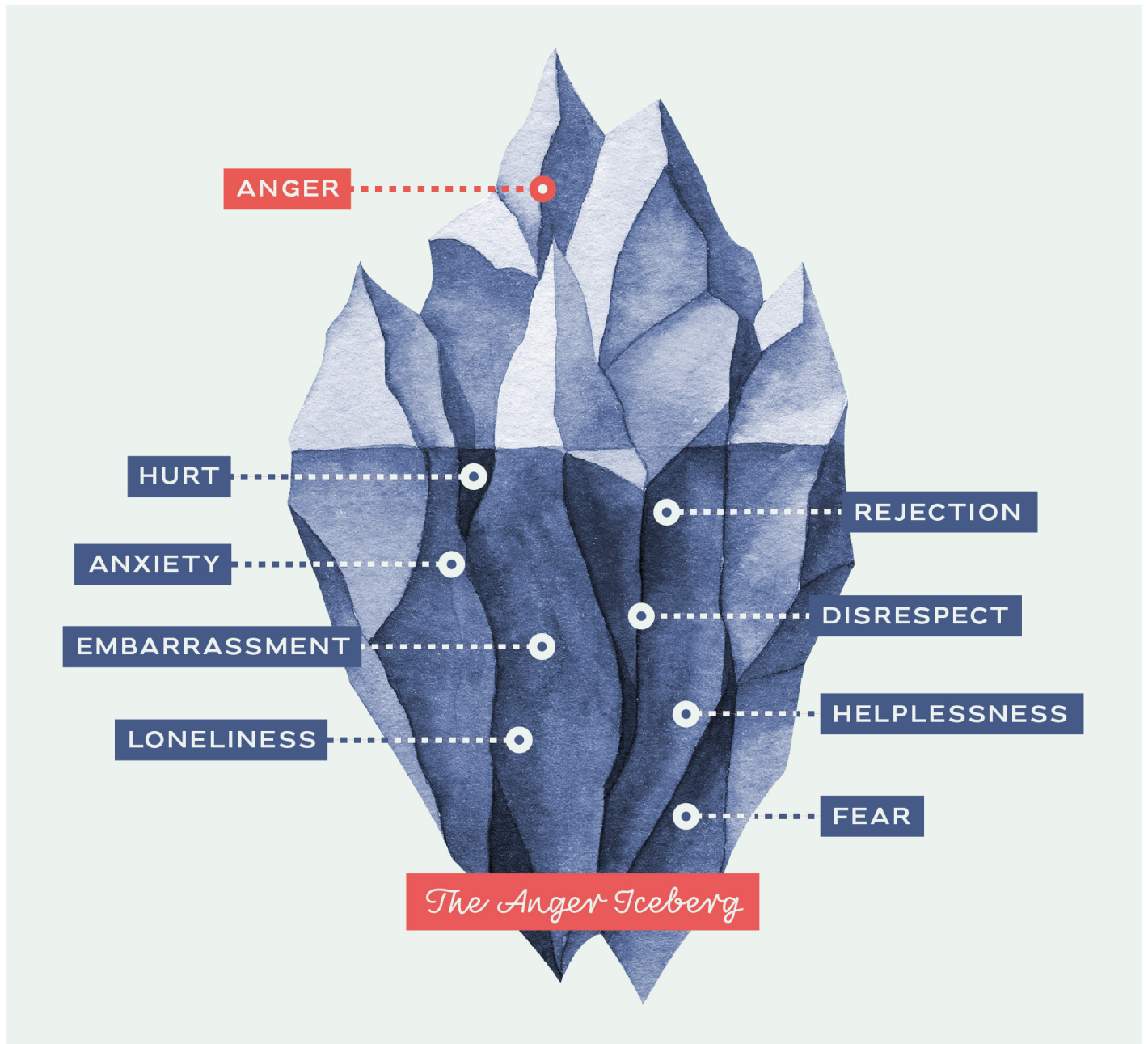


Image created by Equimundo and Healthy Teen Network.

## **EXAMPLE**

Your partner breaks up with you. You feel angry. But what other emotions could be beneath the surface? **Sadness, hurt, loneliness, loss of control**

**YOUR FRIEND  
SPREADS A FALSE  
RUMOR ABOUT YOU.**

You feel angry. But what other emotions could be beneath the surface?

**YOUR PARTNER TELLS  
YOU THAT THEY  
TESTED POSITIVE FOR  
AN STI.**

You feel angry. But what other emotions could be beneath the surface?

**YOUR FRIEND SAYS  
THAT THEY'VE  
BEEN SEXUALLY  
ASSAULTED.**

You feel angry. But what other emotions could be beneath the surface?

**YOUR PARENT OR  
GUARDIAN WALKS IN ON  
YOU AND YOUR PARTNER  
HOOKING UP.**

You feel angry. But what other emotions could be beneath the surface?

**YOU DON'T GET THE  
JOB YOU WANTED.**

You feel angry. But what other emotions could be beneath the surface?

**YOUR PARENT OR  
GUARDIAN SAYS YOU  
CAN'T GO TO A PARTY  
THAT ALL YOUR FRIENDS  
ARE GOING TO.**

You feel angry. But what other emotions could be beneath the surface?

## APPENDIX 10

RELATIONSHIP SITUATION CARDS: RESPONSES**1. THE ONLY IMPORTANT THING IN THE RELATIONSHIP IS SEX.**

**UNHEALTHY:** Although sex or physical desire can be a part of a relationship, it should only be one piece of the larger puzzle of what makes that relationship work – along with things like enjoying time spent together, having similar interests and values, and affirming communication. Some relationships may be more sexual and that's OK; what is important is that both parties are on the same page and communicating well about their boundaries and what they are hoping and expecting.

**2. YOU SPEND SOME TIME BY YOURSELF WITHOUT YOUR PARTNER.**

**HEALTHY:** Alone time is important for you to continue to grow as an individual and do things that you enjoy doing. Establishing a balance of time spent with and apart from your partner should not be seen as an issue, but rather should be celebrated as an opportunity to express autonomy.

**3. YOU HAVE FUN AND CAN BE YOURSELF AROUND YOUR FRIENDS AND FAMILY.**

**HEALTHY:** Having fun and being yourself is key to a healthy relationship. If you are feeling like you have to act like someone else for them to like you, that is a red flag. Although relationships may not always involve having “fun,” finding joy, pleasure, or laughter when you're with someone is a positive sign.

**4. YOUR PARTNER IS STILL CLOSE TO THEIR EX.**

**DEPENDS:** This may be a tricky one and really comes down to the level of trust you and your partner have established. Nevertheless, it's always key to have conversations about your comfort level in situations like this and make sure you're both on the same page with boundaries if they are set.

**5. YOU TALK ABOUT HOW TO PROTECT AGAINST AN UNPLANNED PREGNANCY AND STIS.**

**HEALTHY:** Having conversations about ways to protect yourselves is important and a sign of a healthy relationship. Exploring contraceptive strategies together, making sure you're both on the same page, and keeping each other accountable will keep you both safe and healthy.

**6. YOU MAKE YOUR PARTNER FEEL GUILTY FOR NOT WANTING TO HAVE A BABY WITH YOU..**

**UNHEALTHY:** Having a child is a big deal for both people involved, so it is important for both people to be clear about if and when they are ready. Manipulative behaviors to try to convince your partner of anything is not healthy.

**7. YOU USUALLY MAKE EVERY DECISION IN THE RELATIONSHIP.**

**UNHEALTHY:** Sometimes, in a relationship, there are differences between who likes to make decisions and who doesn't. But for a healthy relationship, it's critical that no one feels in any way coerced or forced. It's important to strike a balance that accounts for partners' personalities but remains healthy.

**8. YOU ALWAYS COMMENT ON HOW YOUR PARTNER LOOKS.**

**DEPENDS:** First off, it depends on what you're saying about their looks. If it is negative, judgmental, or shaming, that would be considered unhealthy. And even if it's positive things that make them feel good, it's important to comment on the non-physical aspects of your partner that you like, too.

**9. YOU STAY IN THE RELATIONSHIP BECAUSE IT IS BETTER THAN BEING ALONE.**

**UNHEALTHY:** In general, healthy relationships should be a source of affirmation, safety, and joy. Therefore, if you're not really feeling invested in the other person but letting on that you are, that's not healthy or respectful to them.

**10. YOU ARE IN CONTROL OF YOURSELF AND ABLE TO MAKE YOUR OWN DECISIONS.**

**HEALTHY:** Exercising your autonomy and making decisions for yourself is a healthy part of a relationship. By doing so, you establish boundaries and a direction for your future.

**11. YOU AND YOUR FRIEND TALK ABOUT PROBLEMS WHEN THEY ARISE.**

**HEALTHY:** Communication is key in any relationship – with friends, family, and romantic partners. No matter how small the problems, discussing them with the other person as they arise can help avoid larger conflicts down the road.

**12. YOU ARGUE OR FIGHT OCCASIONALLY.**

**DEPENDS:** This one depends on the type of argument or fight, as well as the frequency. Disagreement and fights are a normal part of relationships, and it's healthy as long as they don't happen too frequently and they end in peaceful resolutions. But if you are fighting about the same thing over and over, that might be unhealthy. Additionally, if the arguments or fights get violent or manipulative, that's unhealthy.

**13. YOUR PARTNER FORCES YOU TO HAVE SEX WHEN YOU DON'T WANT TO.**

**UNHEALTHY:** Coercive sexual behavior without the express consent of all partners is rape. Being able to express your boundaries and desires, as well as accept someone else's boundaries and desires, is healthy.

**14. ALCOHOL AND DRUGS PLAY A MAJOR ROLE IN YOUR RELATIONSHIP.**

**UNHEALTHY:** You should be able to spend time around your partner without the influence of alcohol and/or drugs. Dependence on alcohol or drugs to make you more comfortable is problematic in a relationship.

**15. YOUR PARTNER HITS YOU.**

**UNHEALTHY:** A relationship in which you are experiencing physical or psychological violence is not okay. You should seek guidance on how to remove yourself from that situation. You deserve to be happy and safe in a relationship.



**16. YOU AND YOUR PARTNER SHARE YOUR SOCIAL MEDIA AND PHONE PASSWORDS WITH EACH OTHER.**

**DEPENDS:** This can be seen as an example of trust in a relationship, but if this is the case, it's important that it is mutually shared and consensual. However, it's a slippery slope to infringing on your privacy and encouraging possibly controlling behaviors.

**17. YOU GIVE YOUR PARTNER THE SILENT TREATMENT BECAUSE YOU FEEL JEALOUS THEY LOOKED AT SOMEONE ELSE.**

**UNHEALTHY:** Prolonged silent treatment is an unhealthy way to express your dissatisfaction with your partner. It is normal to take a moment to process your thoughts and be silent, but once you've collected them, communication and using "I" statements is key for a healthy relationship.

**18. YOU HAVE A FRIEND SPY ON YOUR PARTNER.**

**UNHEALTHY:** This is an example of controlling behavior. In a healthy relationship, there should be a level of trust within the relationship that you wouldn't feel the need to spy on your partner.

**19. YOU PRESSURE YOUR PARTNER TO NOT USE ANY FORM OF BIRTH CONTROL WHEN YOU ARE HAVING SEX.**

**UNHEALTHY:** Although sex or physical desire can be a part of a relationship, it should only be one piece of the larger puzzle of what makes that relationship work – along with things like enjoying time spent together, having similar interests and values, and affirming communication. Some relationships may be more sexual and that's OK; what is important is that both parties are on the same page and communicating well about their boundaries and what they are hoping and expecting.

**20. YOU SEE YOUR FRIENDS LESS BECAUSE YOU SPEND ALL OF YOUR TIME WITH YOUR PARTNER.**

**DEPENDS:** This depends on a few factors, including whose choice it is. At the beginning of relationships, it's natural to spend more time getting to know your partner, and that may result in less time for your friends. But if that persists, or it's not your choice to see your friends less, this could be unhealthy. It's healthy to continue to have a social life outside of your relationship – it allows you to express independence and autonomy, and it recognizes that someone's identity is not just tied to their relationship.

**21. YOU FOLLOW THROUGH ON YOUR PROMISES WITH YOUR FAMILY.**

**HEALTHY:** Dependability and accountability are key in any healthy relationship – with family, friends, and romantic partners. Following through on what you say builds trust.

**APPENDIX 14****ANDRES' STORY**

*Andres (he/him) is getting more serious with his partner, and they are talking about having sex for the first time. Andres has never had sex before; however, his partner has. Andres is excited to explore things that bring them both pleasure. But he's also nervous and feels a lot of pressure to perform. He feels pressure to know what to do because he's a man. He knows that he will be expected to take control in the situation. He's seen porn and thinks he can get some answers from watching more.*

*Andres and his partner are hanging out, and they start hooking up. Andres thinks back to what he saw in the videos he watched. He skips out on the foreplay and doesn't put on a condom. He tries to mimic some of the actions he's seen when watching porn, including getting aggressive. In the moment, he can tell he's aroused and experiencing sexual pleasure, but something's missing...*

*Afterward, Andres asks, "How great was that?!" His partner is visibly reserved and has shut down. They respond, "I really don't know what to say, Andres. That wasn't what I was hoping for."*

**APPENDIX 15****SAFER SEXTING CHECKLIST**

This checklist items were created by Sarah Hyde, youth services coordinator and Team Stronger Than You Think, for [SAVE \(Safe Alternatives to Violent Environments\)](#).

Here are some things to consider about safer sexting. Fill in the blanks if you have more ideas to add to your checklist!

**• Check in with yourself:**

- ☐ Do I want to send/receive sexts? Why?
- ☐ What is my plan to protect myself and my partner from the risks?

**• Check in with your partner:**

- ☐ Do you want to receive or send sexts? Why?
- ☐ What is your plan to protect both of us from the risks?

**• Share your individual boundaries and make some agreements together:**

- ☐ What is off limits? Think through your yes's, no's, and maybes.
- ☐ What app will we use?
- ☐ Do we delete or keep the photos? Is screenshotting okay?
- ☐ \_\_\_\_\_

**• Get and give consent!**

- ☐ Remember that consent is ongoing – anyone can change their mind at any time.
- ☐ Agree to stop if someone is no longer having fun or feeling safe.

**• Turn off message previews.**

- ☐ iPhone: Settings > Notifications > Messages > Show Previews > Never
- ☐ Android: Settings > Apps > Messages > Notifications > Uncheck Boxes

**• Make sure your devices are password-protected.****• If you agree to delete images, you must also clear your trash can file.****• Stick to the boundaries you agreed to.****• Don't show your face or recognizable body markings.**

**APPENDIX 16****MYTH VS. FACT: STI EDITION (ANSWERS)**

Question	Myth or Fact?	Notes
<b>1</b> People who get sexually transmitted infections (STIs) have a lot of sexual partners.	<b>MYTH</b>	All it takes is one infected partner. Anyone who has unprotected sex could get an STI.
<b>2</b> People who take birth control pills are protected from both pregnancy and STIs.	<b>MYTH</b>	<p>Birth control pills DO NOT protect against STIs. They are a hormonal method that reduces the risk of an unintended pregnancy. The pill is not a barrier that protects against fluid exchange. Fluid exchange and skin-to-skin contact are what put people at risk of contracting STIs.</p> <p>Birth control is not a method to protect yourself from STIs. Instead, you can do this by 1) abstaining from (not having) sex altogether, or 2) using a barrier method (condoms). You can protect others from getting STIs by doing 1 or 2, and also by getting tested and sharing your status with any new partner.</p>
<b>3</b> The three main types of STIs are viruses, bacteria, and parasites.	<b>FACT</b>	There are three main types of STIs: viruses (like HIV), bacteria (like chlamydia), and parasites (like pubic lice/crabs). Usually, a single dose of antibiotics can cure many sexually transmitted bacterial and parasitic infections. Viral STIs cannot be cured, but you can manage symptoms with medications.
<b>4</b> Condoms are the most effective protection against the spread of STIs.	<b>MYTH</b>	Abstinence from sexual intercourse is the only way to be 100 percent protected from STIs and to be 100 percent sure to not spread an STI. Condoms are the next-best prevention method.



Question	Myth or Fact?	Notes
<p><b>5</b> HIV can be spread through sexual contact, sharing needles, and sometimes from a mom to a baby during birth or breastfeeding.</p>	<p><b>FACT</b></p>	<p>The important thing to take away is that HIV is like other STIs in that it can be spread by sexual contact where fluids are exchanged, but there is also the risk of contracting HIV through sharing needles when using drugs, as well as from mother-to-child transmission during birth or breastfeeding.</p> <p>HIV cannot be spread by normal activities like sharing food/drinks and is very rarely spread by deep, open-mouth kissing, especially if both partners have sores or bleeding gums.</p> <p>Protecting yourself from HIV is similar to other STIs, with the addition of not sharing needles with other people.</p> <p>There is also a daily medicine called PrEP (pre-exposure prophylaxis) that can be taken when people are at high risk for HIV and want to lower their chances of getting infected. PrEP can stop HIV from taking hold and spreading throughout the body. It does a good job protecting against HIV if taken as directed, but it does not work well if it is not taken the right way. You can find out more from Planned Parenthood on its page about PrEP (<a href="https://www.plannedparenthood.org/learn/stds-hiv-safer-sex/hiv-aids/prep">https://www.plannedparenthood.org/learn/stds-hiv-safer-sex/hiv-aids/prep</a>).</p>
<p><b>6</b> Someone infected with chlamydia usually has noticeable symptoms.</p>	<p><b>MYTH</b></p>	<p>Most people infected with chlamydia show no symptoms (the same is true for gonorrhea). If left untreated, chlamydia and gonorrhea can cause long-term complications (infertility and pelvic inflammatory disease and painful or tender swelling near the penis).</p> <p>People with symptoms may notice:</p> <ul style="list-style-type: none"> <li>• In people with vaginas and/or cervixes: pain or dull ache in cervix, pain when urinating or during intercourse, vaginal bleeding between periods, abnormal vaginal discharge</li> <li>• In people with penises and/or testicles: urethral discharge, pain when urinating, swelling in one or both testicles</li> </ul>

Question	Myth or Fact?	Notes
<b>7</b> A person infected with herpes can infect a partner during anal, oral, or vaginal sex, even if they don't have any visible lesions.	<b>FACT</b>	<p>Transmission is possible in the absence of lesions. In fact, transmission most commonly occurs from contact with an infected partner who does not have visible lesions and who may not know that they are infected.</p> <p>The most contagious time is at the beginning of an outbreak, during “shedding,” when the infected person feels pain or a tingling, burning, itchy sensation but has not yet developed visible lesions.</p> <p>The least contagious period is when the infection is dormant and there are no visible lesions.</p> <p><b>Important:</b> Although herpes cannot be cured, for many people, outbreaks do become fewer and less intense over time. There are also medications that can be taken to help control outbreaks so that people who have been infected with herpes can still have active sexual partnerships, as long as they clearly communicate their status to their partners.</p>
<b>8</b> Most of the time, bacterial STIs can be cured with antibiotics.	<b>FACT</b>	<p>Most STIs are caused by bacteria or viruses. Bacterial STIs, like gonorrhea, can usually be cured with antibiotics. Viral STIs cannot be cured, although they sometimes do go into remission (almost like they go into hiding, meaning they are still present but you have no symptoms); antiviral drugs may help some people keep them in remission. Viral STIs include HIV, HPV, and herpes.</p>
<b>9</b> STIs are annoying, but they don't pose any long-term health consequences.	<b>MYTH</b>	<p>Generally, there are long-term health consequences for untreated STIs. Depending on the STI, these can include chronic pain, not being able to have children, weakened immune system, or in severe cases, death.</p>
<b>10</b> Communicating your STI status to a partner is a sign of a healthy relationship.	<b>FACT</b>	<p>If you test positive for an STI, it is important to communicate that to partners you are currently sexually active with or any previous partners who may be at risk. While it may feel uncomfortable, it is important so that they can also get tested, get treated, and prevent any of their other partners from getting infected. It's the responsible thing to do if you chose to have sex.</p>

Question	Myth or Fact?	Notes
<b>11</b> HPV is the only STI that is preventable by vaccine.	<b>MYTH</b>	<p><b>It's true:</b> HPV is preventable by vaccine. But it's not the only one. Hepatitis A and B are also preventable by vaccine.</p> <p>The HPV vaccine is recommended for all people at ages 11 to 12 (or as early as 9 years old). If you didn't get it around that age, there's still a chance to protect yourself now. It's important to get your HPV vaccine to protect yourself and others from genital warts and cervical cancer. HPV is the most common STI out there.</p> <p>Hepatitis A and Hepatitis B vaccines are recommended for sexually active people. You can get them at any age, so you may have already gotten one when you were younger. You should ask a parent or guardian about your vaccination status and see if you're eligible.</p>
<b>12</b> All STIs have at least some signs and symptoms that will be noticeable.	<b>MYTH</b>	Some STIs have symptoms, like discharge, sores, itching, or pain in the genitals, but most STIs don't have symptoms. Because of this, it is even more important to get tested regularly if you are sexually active.

FOR ADDITIONAL INFORMATION  
AND RESOURCES, VISIT:

- [https://www.cdc.gov/std/healthcomm/fact\\_sheets.htm](https://www.cdc.gov/std/healthcomm/fact_sheets.htm)
- <https://www.plannedparenthood.org/learn/stds-hiv-safer-sex>
- <https://www.plannedparenthood.org/learn/roo-sexual-health-chatbot>
- <https://amaze.org/>
- <https://smartsexresource.com/sexually-transmitted-infections/sti-basics/know-your-chances/>

**APPENDIX 19****EXTERNAL**  
**CONDOM USE STEPS**

- 1** Talk with your partner about using condoms.
- 2** Pick up or purchase condoms and lube.
- 3** Store the condoms in a cool, dry place.
- 4** Check the expiration date and make sure the package isn't damaged. Use a new condom every time, the whole time.
- 5** Place the condom nearby and make it easily accessible.
- 6** Open the package carefully. Do not rip the condom, and make sure there are no tears or defects.
- 7** Pinch the tip, and in the air, unroll the condom a little. If it's easy to do, it's facing the right way.
- 8** Keep pinching the tip and roll the condom on, down to the base of an erect penis.
- 9** Insert the penis into the mouth, vagina, or anus.
- 10** After ejaculation, hold the condom at the base of the penis, and then withdraw the penis from the partner's body.
- 11** Take the condom off before the penis gets soft, making sure that semen doesn't spill out.
- 12** Wrap the condom in a tissue and throw it away. Never use it twice.

**INTERNAL**  
**CONDOM USE STEPS**

- 1** Talk with your partner about using condoms.
- 2** Pick up or purchase condoms and lube.
- 3** Store the condoms in a cool, dry place.
- 4** Check the expiration date and make sure the package isn't damaged. Use a new condom every time, the whole time.
- 5** Place the condom nearby and make it easily accessible.
- 6** Open the package carefully. Do not rip the condom, and make sure there are no tears or defects.
- 7** Squeeze the ring located inside the closed end of the internal condom together between the thumb and middle finger and insert into the body opening (vagina/anus).
- 8** Push condom up into the body, leaving the outer ring (open end) outside the body.
- 9** During penetration, make sure insertion occurs inside the condom – not between the ring and the body opening. The outer ring should remain outside the body, not pushed into the opening.
- 10** To remove, twist the outer ring and gently pull the condom out of the body.
- 11** When removing the condom from the vagina/anus, avoid contact between the condom/body and the partner.
- 12** Throw the condom away in the trash after use (each condom can only be used once).



## APPENDIX 20

TYPES OF CONTRACEPTIVE METHODS**THE INFORMATION BELOW WAS SOURCED FROM THE FOLLOWING WEBSITES:**

- <https://www.bedsider.org/birth-control>
- <https://www.plannedparenthood.org/learn/birth-control>
- <https://www.reproductiveaccess.org/wp-content/uploads/2014/06/2020-09-contraceptive-choices.pdf>

**Group 1: ABSTINENCE**

“Abstinence means different things to different people. For most people, abstinence means not having sex with anyone. Sometimes people use abstinence as birth control to prevent pregnancy. Abstinence prevents pregnancy by keeping semen away from the vagina, so the sperm cells in the semen can’t get to an egg and cause pregnancy. If you’re abstinent 100% of the time, pregnancy can’t happen” ([Planned Parenthood](#)).

But being abstinent doesn’t necessarily mean that you can’t be sexual or intimate with your partner(s) – there is also something called outercourse. “Using outercourse as birth control means you do some sexual activities, but you don’t have vaginal sex (penis-in-vagina) or get any semen (cum) in the vagina. This way, the sperm cells in semen can’t get to an egg and cause pregnancy. Some outercourse examples include kissing, massage, masturbating, using sex toys on each other, dry humping (grinding), and talking about your fantasies” ([Planned Parenthood](#)).

Just remember, some outercourse activities still put you at risk of some STIs. Although activities like anal or oral sex can effectively prevent pregnancy, they still do pose a risk for STI transmission if not using a condom.

**Group 2: SHORTER-ACTING METHODS**

*(cannot be combined with long-acting reversible contraceptive [LARC] methods)*

**Oral Contraception/  
The Birth Control Pill**



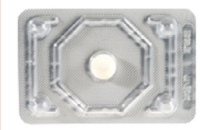
- **What is it?** Also called “the pill,” oral contraception is a hormonal method of birth control.
- **How do you get it?** See a healthcare provider for a prescription or get it through an online service.
- **How often do you take it?** It is taken at the same time every single day.
- **How does it work?** It uses one or two hormones – estrogen and progestin, or just progestin – to keep the ovaries from releasing an egg. It also causes changes in the uterus and cervix to keep sperm from joining with the egg.

	<ul style="list-style-type: none"> <li>• <b>What are possible side effects?</b> Most common are sore breasts, nausea, spotting, and decreased sex drive.</li> <li>• <b>What are the chances of getting pregnant with typical use of this method?</b> 7% – 9%. (Sources: <a href="#">Bedsider</a> and <a href="#">Planned Parenthood</a>)</li> <li>• <b>Does it protect against STIs?</b> No.</li> </ul>
<p><b>The Patch</b></p> 	<ul style="list-style-type: none"> <li>• <b>What is it?</b> A beige, square patch that can be put on your body (arm, abdomen, buttocks, or upper body).</li> <li>• <b>How do you get it?</b> Visit a healthcare provider for a prescription.</li> <li>• <b>How often do you take it?</b> The patch works on a four-week cycle. A new patch is put on each week for three weeks (being thrown out that week). During the fourth week, no patch is worn to have a period.</li> <li>• <b>How does it work?</b> You stick the patch on your skin, and it releases hormones in the bloodstream that prevent your ovaries from releasing eggs. The hormones also thicken your cervical mucus, which helps to block sperm from getting to the egg in the first place.</li> <li>• <b>What are possible side effects?</b> Nausea, irregular bleeding, sore breasts.</li> <li>• <b>What are the chances of getting pregnant with typical use of this method?</b> 7% – 9%. (Sources: <a href="#">Bedsider</a> and <a href="#">Planned Parenthood</a>)</li> <li>• <b>Does it protect against STIs?</b> No.</li> </ul>
<p><b>The Shot</b></p> 	<ul style="list-style-type: none"> <li>• <b>What is it?</b> A shot (commonly known as Depo-Provera or the depo shot)..</li> <li>• <b>How do you get it?</b> Visit a healthcare provider to get the shots administered.</li> <li>• <b>How often do you take it?</b> One shot is given every three months in the buttocks or arm.</li> <li>• <b>How does it work?</b> The shot contains progestin, a hormone that prevents your ovaries from releasing eggs. It also thickens your cervical mucus, which helps block sperm from getting to the egg in the first place.</li> <li>• <b>What are possible side effects?</b> Most common are irregular bleeding and increased appetite that can lead to weight gain.</li> <li>• <b>What are the chances of getting pregnant with typical use of this method?</b> 4% – 6%. (Sources: <a href="#">Bedsider</a> and <a href="#">Planned Parenthood</a>)</li> <li>• <b>Does it protect against STIs?</b> No.</li> </ul>
<p><b>The Ring</b></p> 	<ul style="list-style-type: none"> <li>• <b>What is it?</b> It is a small, flexible ring that you insert into your vagina (ANNOVERA or NuvaRing are the two brands).</li> <li>• <b>How do you get it?</b> You need to visit a healthcare provider for a prescription.</li> <li>• <b>How often do you take it?</b> There are two kinds: monthly (NuvaRing) or yearly (ANNOVERA). In both cases, the procedure is the same: Once you</li> </ul>

insert the ring, leave it in for three weeks (21 days). Take it out for the fourth week (that means that you'll leave it out for seven days). After seven days, put the ring back in again (in the case of ANNOVERA, the same one; with NuvaRing, a new one).

- **How does it work?** The ring works by giving off hormones that prevent your ovaries from releasing eggs. The hormones also thicken your cervical mucus, which helps to block sperm from getting to the egg in the first place. It contains estrogen.
- **What are possible side effects?** It can make monthly bleeding more regular and less painful, may cause spotting the first few months, and can increase vaginal discharge.
- **What are the chances of getting pregnant with typical use of this method?** 7% – 9%. (Sources: [Bedsider](#) and [Planned Parenthood](#))
- **Does it protect against STIs?** No.

### Emergency Contraception



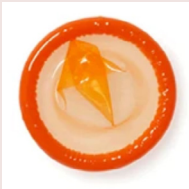
- **What is it?** Emergency contraception (EC) can stop a pregnancy before it starts. This is commonly called the “morning-after pill.” There are four types of EC to choose from, and they all work up to five days (or 120 hours) after unprotected sex. But use it sooner rather than later to reduce the possibility of getting pregnant.
- **How do you get it?** Depending on the type, you may or may not need a prescription from a healthcare provider. It's important to consult with a provider or ask a pharmacist to determine which EC option is the most effective option for you. Each pill has different weight limits, and many may not work as effectively if you weigh more than 155 pounds; if you weigh 195-plus pounds, EC pills may not work for you at all. For more information about the right EC for you, take this quiz on [Planned Parenthood's website](#).
- **How often do you take it?** The number and dose of pills depend on the brand.
- **How does it work?** EC blocks the hormones a body would need to start a pregnancy. EC pills prevent pregnancy by preventing or delaying ovulation, and they do not induce an abortion.
- **What are possible side effects?** EC pills can cause an upset stomach and vomiting.
- **What are the chances of getting pregnant with typical use of this method?** EC provides the possibility of prevention after the fact. There are four types of EC to choose from, and they all work up to five days (or 120 hours) after unprotected sex. But use it sooner rather than later to reduce the possibility of getting pregnant. Given the various factors that determine its effectiveness, there is a 0% – 42% chance of getting pregnant. (Sources: [Bedsider](#) and [Reproductive Access](#))
- **Does it protect against STIs?** No.

### Group 3: BARRIER METHODS

(can be combined with long-acting reversible contraceptive [LARC] methods and shorter-acting methods)

A condom acts as a barrier or wall to keep blood, semen, and vaginal fluids from passing from one person to the other during sex. These fluids can carry HIV and other sexually transmitted infections. If no condom is used, the infection can pass from the infected partner to the uninfected partner.

#### External Condom



- **What is it?** Latex or polyurethane sheath-shaped barrier that slips over the penis.
- **How do you get it?** Grocery stores, pharmacies, and health clinics.
- **How often do you take it?** Use one every time you are having sex.
- **How does it work?** They are designed to keep the sperm from joining with the egg.
- **What are possible side effects?** Usually none (unless someone has a latex allergy).
- **What are the chances of getting pregnant with typical use of this method?** 13% – 15%. Using a condom with another reliable form of birth control – also known as the “dual method” – is the second-best protection from unintended pregnancy and STIs (abstinence is the first!). It is much better than using one method alone. (Sources: [Bedsider](#) and [Planned Parenthood](#))
- **Does it protect against STIs?** Yes.

#### Internal Condom



- **What is it?** A thin pouch that is worn inside the vagina or anus, forming a barrier (in the case of the vagina, to keep the sperm from joining the egg).
- **How do you get it?** You need to consult a healthcare provider (in person or online) for a prescription and fill it at a pharmacy. You can also get it without a prescription on the FC2 website, <https://fc2.us.com/>. The third way to get it is from nonprofit organizations, clinics, or health departments.
- **How often do you take it?** Use one every time you are having sex.
- **How does it work?** Internal condoms work the same way that external condoms do. They keep sperm inside the condom and out of a vagina or anus. The internal condom is packaged with a lubricant. It can be inserted up to eight hours before sexual intercourse.
- **What are possible side effects?** Usually none.
- **What are the chances of getting pregnant with typical use of this method?** 21%. (Sources: [Bedsider](#) and [Planned Parenthood](#))
- **Does it protect against STIs?** Yes.

## Group 4: LONG-ACTING REVERSIBLE CONTRACEPTIVE (LARC) METHODS

(cannot be combined with shorter-acting methods)

### Intrauterine Device (IUD)



- **What is it?** A small, T-shaped plastic device that is inserted into the uterus by a healthcare provider. There are two types of IUDs: hormonal and copper. If inserted soon enough, copper IUDs are also a form of emergency contraception.
- **How do you get it?** Visit a healthcare provider to have the IUD inserted, a process that usually takes less than five minutes.
- **How often do you take it?** Once inserted, you don't need to do anything more. Hormonal IUDs should be replaced every three to five years depending on the brand. The copper IUD is replaced every ten years.
- **How does it work?** Hormonal IUDs release a tiny amount of hormones inside the uterus over a long time, which thickens your cervical mucus to keep sperm from reaching the uterus. Copper IUDs act as a barrier, and properties of the copper make it difficult for the sperm to reach the egg.
- **What are possible side effects?** Increased bleeding and cramping.
- **What are the chances of getting pregnant with typical use of this method?** Less than 1%. (Sources: [Bedsider](#) and [Planned Parenthood](#))
- **Does it protect against STIs?** No.

### Implantable Rod (Implant)



- **What is it?** The implant is a small plastic rod about the size of a matchstick that is placed under the skin of the upper arm. It is also called by its brand name, NEXPLANON.
- **How do you get it?** Visit a healthcare provider to get it inserted.
- **How often do you take it?** The implant is a long-acting form of birth control because it stays in the body for up to three years.
- **How does it work?** It uses the hormone progestin to cause changes in the cervix that can stop sperm from joining with the egg. It may also stop the ovaries from releasing eggs.
- **What are possible side effects?** Irregular bleeding is the most common side effect of the implant.
- **What are the chances of getting pregnant with typical use of this method?** Less than 1%. (Sources: [Bedsider](#) and [Planned Parenthood](#))
- **Does it protect against STIs?** No.

**SOURCE** Bedsider: <https://www.bedsider.org/birth-control>



## APPENDIX 21

WHERE CAN I GO FOR MORE INFORMATION?

Resource (listed in alphabetical order)	How to Access It	Topics
<b>AMAZE</b>	<a href="https://amaze.org/">https://amaze.org/</a>	Videos on all types of human experiences, such as puberty, sexual feelings, sexual orientation, gender identity, and STIs.
<b>Bedsider's "Birth Control" Section</b>	<a href="https://www.bedsider.org/methods">https://www.bedsider.org/methods</a>	Information about birth control, with an emphasis on hormonal birth control.
<b>IOTAS (It's OK To Ask Someone)</b>	(text line) 412-424-6827	Free, confidential text line for youth to ask any question related to sex, relationships, bodies, etc.
<b>It Gets Better</b>	<a href="https://itgetsbetter.org/">https://itgetsbetter.org/</a>	Community for youth who identify as LGBTQIA+ to hear stories from and connect with people who also identify as LGBTQIA+.
<b>Know Your IX</b>	<a href="https://www.knowyourix.org/">https://www.knowyourix.org/</a>	Information and tools to end sexual and dating violence in schools.
<b>love is respect</b>	<a href="http://www.loveisrespect.org">www.loveisrespect.org</a>	Information on healthy relationships.
<b>Planned Parenthood</b>	<a href="https://www.plannedparenthood.org/">https://www.plannedparenthood.org/</a>	Information about sexual health, including puberty, sexual orientation, birth control, and STIs.
<b>Scarleteen</b>	<a href="http://www.scarleteen.com/">http://www.scarleteen.com/</a>	Blog-style website answering questions about relationships and sexuality.
<b>Sex, Etc.</b>	<a href="https://sexetc.org/">https://sexetc.org/</a>	Network for teens designed and written by teens on topics related to sex, bodies, abuse, STDs, etc.
<b>The Trevor Project</b>	<a href="https://www.thetrevorproject.org">https://www.thetrevorproject.org</a>	Support center for LGBTQIA+ youth and allies providing information and people to talk to.
<b>TikTok</b>	@shoncoopermd, @askdoctort, @dr.allison.rodgers, @txshay, @dr.staci.t, @nicolealiciamd, @yes.tess, @alirodmd, @adriannashardey, @drjenniferlincoln	There are several professionals on TikTok who are youth-friendly and have helpful, medically accurate sexual and reproductive health information to share!

## APPENDIX 23

YOUTH-FRIENDLY HEALTH SERVICES IN DC**DC HEALTH**

<https://dchealth.dc.gov/dc-health-and-wellness-center>

DC Health and Wellness Center (Ward 5)  
77 P St. NE  
Washington, DC 20002  
(202) 741-7692

**LATIN AMERICAN YOUTH CENTER (LAYC)**

<https://www.layc-dc.org/sexual-health>

LAYC's Kaplan Building (Ward 1)  
1419 Columbia Road NW  
Washington, DC 20009  
(202) 319-2252

**CLÍNICA DEL PUEBLO**

<https://www.lcdp.org/>

LCDP – 15th Street (Ward 1)  
2831 15th St. NW  
Washington, DC 20009  
(202) 462-4788

La Casa Community Health Action Center (Ward 1)  
3166 Mt. Pleasant St. NW  
Washington, DC 20010  
(202) 507-4800

LCDP – Hyattsville  
2970 Belcrest Center Dr., 301  
Hyattsville, MD 20782  
(240) 714-5247

**WHITMAN-WALKER HEALTH**

<https://www.whitman-walker.org/youth-services/>

<https://www.whitman-walker.org/all-locations>

Max Robinson Center (Ward 8)  
2301 Martin Luther King Jr. Ave. SE  
Washington, DC 20020

Whitman-Walker at 1525 (Ward 2)  
1525 14th St. NW  
Washington, DC 20005

Whitman-Walker at LIZ (Ward 2)  
1377 R St. NW, Suite 200  
Washington, DC 20009  
(202) 745-7000

**UNITY HEALTH CARE TEEN CLINICS**

<https://www.unityhealthcare.org/services/teen-services>

Brentwood Health Center (Ward 5)  
1251-B Saratoga Ave. NE  
Washington, DC 20018

Parkside Health Center (Ward 7)  
765 Kenilworth Terrace NE  
Washington, DC 20019

East of the River Health Center (Ward 7)  
123 45th St. NE  
Washington, DC 20019  
(202) 469-4699

**APPENDIX 24****TIPS AND TRICKS FOR VISITING THE CLINIC****The BEFORE**

- Call to make an appointment and get information about what to expect. You can ask:
  - What sexual and reproductive health services do you offer?
  - How much do they cost? Will my insurance cover the service? If I don't have insurance, will I need to pay?
  - What is involved in a visit?
  - How long will it take?
  - Do I need an appointment?
  - Do I need parental permission?
  - Is it confidential?
  - Can I bring a friend?
  - What do I need to bring?
  - Can I have a [fill in identity] doctor?
  - How do I get there?
- Find out if you have insurance (private insurance through your parents/guardians, Medicaid, TRICARE, or none)
- Make a plan to get to the clinic.
- Think about (and write down) what types of questions you want to ask the healthcare provider and what services you're going to access.
- When you make your appointment, make sure to write down the date and time. Put the information somewhere to help you remember – like in a planner or your phone's calendar. If you need to keep your appointment private, you can put it down as something like "go to the gym," if you remember what it really means.\*

**The DURING**

- Show up early for your first appointment so you have time to do paperwork.\*
- Bring a photo ID, your social security number, and any insurance information, if you have them. If you don't have any of these, don't worry!\*
- Be respectful to staff and know that they should always be respectful to you. Clinic staff should ask about and respect your pronouns, gender identity, and chosen name. Healthcare staff should never put you down, judge you, or force you to do anything that you do not want to do. If any of these things happen to you, you can make a report by speaking with the clinic manager. You can also go to another clinic.\*
- Be truthful! The healthcare provider can't help you to the best of their ability if they don't know what you're going through. Their job is to provide you with the care you need for the specific need you have.
- If you don't know the answer to something, it is completely acceptable to say, "I don't know" or, "I'll have to get back to you about that." This goes for insurance information, family medical history, or anything else!
- Be sure to introduce yourself with your names (and pronouns if you want).
- If you don't feel comfortable with the healthcare provider, it's your right to have someone else take care of you.

- If you don't understand or have questions about something, ask! It's important that you understand all the information, including the risk and benefits of different options. Remember, you also don't need to make any decisions about anything at the moment or even that day. Take your time to think about it if you need to.

### The AFTER

- If you were prescribed something, go to the pharmacy to pick it up and follow the directions.
- Monitor yourself and don't hesitate to call the healthcare provider with questions about the treatment or any new symptoms. You can also schedule another visit.
- If new information was presented during the visit, go home and do some research online to make sure you understand.

The tips with an asterisk were sourced from Teen Source. (n.d.). Tips for visiting a clinic!

<https://www.teensource.org/ hookup/tips-visiting-clinic>

## APPENDIX 25

## CLINIC SCENARIOS: ADVOCATING FOR YOUR RIGHTS

### SCENARIO 1

**Tyrone** has started to be sexually active with his partner and decides it's a good idea to have an STI screening and test. In the room, the doctor asks if Tyrone is sexually active, to which he responds, **"Yes, but me and my partner always use a condom."** The doctor tells Tyrone that he **"is not high enough risk for an STI test."** Tyrone wants to keep himself and his partner safe and healthy, and he's frustrated by the doctor's response.

#### ROUND 1

Are any of the patient's rights being violated? If so, which one(s)?

#### ROUND 2

What could Tyrone say in this situation to advocate for himself?

#### ROUND 3

How could the provider have approached this differently?



**SCENARIO 2**

**Alexis** goes to a clinic because she's heard about different contraceptive methods and wants to see what method would be best for her. During the consultation, the doctor only tells her about two methods – an implant and an IUD. She knows there are more options and asks the doctor to tell her about those. The doctor simply tells Alexis that **they aren't "good options."** Alexis tries to ask more questions about different options but keeps getting shut down. The doctor says that **she would need parental consent for any methods and asks her to come back with a parent or guardian.** She is confused.

**ROUND 1**

Are any of the patient's rights being violated? If so, which one(s)?

**ROUND 2**

What could Alexis say in this situation to advocate for herself?

**ROUND 3**

How could the provider have approached this differently?

**SCENARIO 3**

**Jessie (she/them)** is a 15-year-old who has known for as long as they can remember that their sex assigned at birth (male) didn't fit their gender identity (girl). After doing some research online about options for transgender youth, she decides to go to the clinic to talk with someone about gender-affirming hormone therapy to start their physical transition to a woman. In the consultation, the provider is condescending and dismissive to Jessie, telling them, ***"This is just a phase, and you'll get over it soon,"*** and, ***"This isn't the way God intended people to be."*** The doctor consistently misgenders Jessie throughout the visit, calling them ***"he."*** Jessie feels invalidated.

**ROUND 1**

Are any of the patient's rights being violated? If so, which one(s)?

**ROUND 2**

What could Jessie say in this situation to advocate for herself?

**ROUND 3**

How could the provider have approached this differently?

## APPENDIX 26 RATING RISKS

### FACILITATOR NOTES

For each of the statements below, ask the three following questions to the youth.

1. Why do you think it's a certain risk level? (None, low, medium, or high)
2. What would make this behavior a higher risk?
3. What could be done to lower the risk level?

Statement	Risk Level for PREGNANCY	Risk Level for STI TRANSMISSION
<b>Example:</b> Vaginal sex without a condom or other forms of contraception	High	High
1. Anal sex with a condom	None	Medium
2. Becoming involved in a sexual situation while really drunk/high	High	High
3. Sexting someone without their permission	None	None
4. Performing oral sex on a vulva (outer part of the female genitalia) without a barrier	None	Medium
5. Dating someone who always pays for everything	None	None
6. Use of the pull-out method as your only form of contraception	High	High
7. Condom breaks during vaginal sex (penis in vagina)	High	High
8. You forget to get tested for STIs between your sexual partners	None	High
9. Using a sex toy with yourself only or self-masturbation	None	None
10. Taking emergency contraception often when you forget to use condoms	Medium	High
11. Vaginal sex without a condom where long-lasting hormonal birth control (an IUD or implant) is being used	Low	High

# MWB MANY WAYS · OF · BEING

